Pathways to Recovery: Redesigning Residential Rehabilitation Pathways

Embedding Lived Experience in the Commissioning and Contracting of Residential Rehabilitation Services in Scotland, Healthcare Improvement Scotland engagement analysis and findings

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Executive Summary

The purpose of this report is to provide insights for consideration to inform Scotland Excel's work to develop national commissioning and contracting arrangements for residential rehabilitation services in Scotland. To ensure that national arrangements are mindful of the needs of people who use services, Healthcare Improvement Scotland (HIS) Public Involvement Advisors worked closely with Scotland Excel to undertake a range of engagement activities with people with lived and living experience. This involvement of HIS Public Involvement Advisors helped to ensure the engagement was carried out in an ethical and person-centred way.

This report sets out the key findings and themes from our engagement with people in relation to the availability and accessibility of residential rehabilitation services across Scotland.

Methodology

Ensuring a fullness of understanding, we engaged with over 50 people who have lived and living experience of residential rehabilitation, family members and third sector organisations who deliver alcohol and drug support services, in the recognition that recovery is different for everyone and requires a person-centred approach that supports people beyond admission and discharge from residential services.

A number of engagement activities were undertaken which include:

- Learning from the Redesigning Residential Rehabilitation Pathways Equality Impact Assessment was applied to target engagement and eliminate where possible, any inequity of understanding accessibility and availability of services in the design of the National Framework.
- Development of 3 separate online surveys for people with lived experience, family members and third sector organisations.
- An in-person discussion group held at South Lanarkshire Beacons.
- 2 online discussion groups held with Simon Community staff and peer support workers.
- 1 online discussion group with family members from Scottish Families Affected by Alcohol and Drugs.
- 1 telephone conversation with a family member from Scottish Families Affected by Alcohol and Drugs.

Public Involvement Advisors analysed the feedback from the engagement activities via Miro boards which was arranged into key insights and themes.

Key Findings

People with lived and living experience reflected on their experience and shared a number of insights. 9 key themes were identified and are highlighted below:

1. People find the referral and assessment process difficult to navigate and early care planning and support in collaboration with third sector organisations would be helpful.

2. There should be specific considerations for women with children when accessing residential rehabilitation as residential rehabilitation can be a barrier for women with caring responsibilities.

3. A trauma informed approach needs to be taken when supporting people in residential rehabilitation, staff with a trauma informed skillset is vital for a person-centred service.

4. Preparation for residential rehab is key because if people are not prepared, this can lead to an early exit from the service.

5. Timely flow from detox to residential rehab is vital. Due to the risk of potential overdose during this period, it would be beneficial for people to receive support from the recovery community and services and a seamless transition into residential rehabilitation.

6. Support on discharge whether scheduled or unscheduled when leaving residential rehabilitation is key, this can help to ensure a safe environment and continued support for the individual.

7. Effective aftercare is essential for positive outcomes. It would be helpful for the provider to link into recovery communities' aftercare support prior to the individual leaving to ensure the support is continuous.

8. Consideration of housing and accommodation needs before, during and after residential rehabilitation is critical.

9. Inclusion of family members and carers early in the process is important for the family member and individual to sustain their personal relationships.

Summary of key considerations for future commissioning and contracting agreements

Based on the insights gathered from people with lived and living experience, Scotland Excel should consider the following when developing national commissioning and contracting agreements:

- Contracting agreements should consider the specific needs of women and their children
- At times, people are unaware of the option to access residential rehab as a treatment choice. Third sector organisations can support people to understand their options and choices in their care and treatment
- There needs to be a better flow from detox to entering residential rehabilitation. Support for the individual from third sector organisations and family members is key for positive outcomes
- Consideration needs to be made in preparing people for their residential rehabilitation stay. Providers should work with people to help them understand the structure and expectations of their service
- Family support sessions run by the provider are beneficial in building relationships and understanding substance use and addiction, consideration should be made to implement support for family members during their loved ones stay
- Having support from a peer support worker/someone with lived experience is beneficial for someone during their residential rehabilitation journey
- Housing and accommodation needs should be discussed during the persons stay as part of their preparation to leave the residential rehabilitation service
- Links to recovery communities should be established with the support of the residential rehabilitation service prior to leaving. This support should be for as long as the individual needs
- People who have unexpected/early discharge from a residential rehabilitation service should be provided with continued third sector and recovery community support with clear communication from the service provider.

Introduction

Scotland Excel has been commissioned by the Scottish Government to design and deliver a National Contract (national framework agreement) for alcohol and drug residential rehabilitation services in Scotland. This work supports the work of the National Mission and the recommendations from the Residential Rehabilitation Working Group to improve access to residential rehabilitation services and alcohol and drug support across Alcohol and Drug Partnerships (ADPs) in Scotland.

In January 2023, Scotland Excel and Healthcare Improvement Scotland (HIS) held discussions to plan opportunities that would gain meaningful feedback from people with lived and living experience of residential rehabilitation. It was agreed that as well as family members/carers

we would seek views from third sector organisations who also provide treatment and recovery services.

Summary of Key Findings

Nine key themes from the engagement work have been identified, the themes are:

- Difficult referral and assessment process
- Preparation for residential rehabiliation is key
- Effective aftercare
- Considerations for women with children
- Timely flow from detox to residential rehab
- Housing and Accommodation considerations
- Trauma informed approach
- Support on discharge (scheduled or unscheduled)
- Inclusion of family members and carers

Analysis of the findings from our engagement activities identified that:

1. People find the referral and assessment process difficult to navigate. People are often unaware of their choice of residential rehab as a treatment option and it is often seen as an 'aspiration' rather than an available treatment choice. Early care planning and support in collaboration with third sector organisations would be helpful particularly around navigating the assessment and referral process.

2. There should be specific considerations for women with children when accessing residential rehabilitation. Residential rehabilitation can be a barrier for women with caring responsibilities, services are not designed to facilitate or accommodate the needs of dependent children and women are often frightened that they will lose their children if they say they need residential rehabilitation. Women can feel safe, and children protected, by being stabilised in a supported environment with their children in specialist services. There are examples of this in Scotland, Harper House - Specialist Family Service and Aberlour - Mother and Child Recovery House.

3. A trauma informed approach needs to be taken when supporting people in residential rehabilitation. Engagement from staff with a trauma informed skillset is vital, people often feel that questions are intrusive and triggering, the approach needs to be person centred for individuals to feel psychologically safe.

4. Preparation for residential rehab is key. We heard that people could achieve a more positive experience if they understood the expectation and structure of residential rehabilitation before entering the service. If people are not prepared, this can lead to an early exit. People told us it would be helpful for them to have conversations/preparation sessions with the provider prior to accessing the service to ensure they are fully informed and making the right choices.

5. Timely flow from detox to residential rehab is vital. People who had waited up to 16 weeks to access residential rehabilitation from detox told us that it would be helpful for detox to be part of the overall residential rehabilitation pre-care package. Due to the risk of potential overdose during this period where tolerances to substances may have reduced, it would be beneficial for people to receive support by the recovery community and services to support a seamless transition into residential rehabilitation.

6. Support on discharge, whether scheduled or unscheduled, support when leaving residential rehabilitation is key. It would be helpful for the provider to link in with third sector recovery organisations and have continued communication with the alcohol and drugs service, third sector organisations and family member on discharge, this can help to ensure a safe environment and continued support for the individual.

7. Effective aftercare is essential for positive outcomes. It would be helpful for the provider to link into recovery communities' aftercare support prior to the individual leaving to ensure the support is continuous. People told us that the peer/lived and living experience model of support is very beneficial for people who are in recovery suggesting that this is a welcome element of aftercare. This support should be provided long term and can reduce the risk of relapse (according to Scottish Drugs Forum (SDF) Moving Beyond 'People-First' Language people who stop or limit their use of substances for whatever reason, often subsequently use substances again. This is often referred to as 'relapse').

8. Consideration of housing and accommodation needs before, during and after residential rehabilitation is critical. We heard that people had no choice but to give up tenancies in order to enter residential services. The thought of losing this critical protective factor is a barrier to attending residential rehabilitation and can cause anxiety for the person, additional feelings of failure alongside worry about what happens when you leave residential rehabilitation. It would be helpful for providers to link in with housing services prior to admission and before to consider any housing issues or complexities to support a return to the community. People also told us that at times, they don't want to go back to their home (including if they have come to a residential rehabilitation service out with their area) as they realise their vulnerability stepping back into their former lives. People told us they want to live where they feel safe.

9. Inclusion of family members and carers early in the process people shared how important it was to support people to sustain their personal relationships. There was a sense that open communication between the provider and family members is helpful in nurturing recovery. People told us that they found family support sessions provided by the residential rehab

service beneficial in re-building relationships with loved ones and understanding the complexity of substance use. Some people told us that there was no support provided by the residential rehabilitation service for family members to engage in their care or participate as a support structure, but this would have been helpful, along with consistent communication between them, the provider and their loved one.

Engagement Approach

Method

We engaged with over 50 people using a variety of engagement methods that through discussions, met the needs of the people taking part. To ensure that we captured the views and experiences of people who had accessed/tried to access residential rehabilitation, family member and third sector organisations, a number of engagement activities were undertaken:

- Support was given to Scotland Excel to develop separate online surveys for people with lived experience, family members and third sector organisations.
- Survey content and structure were sense checked by Scottish Families Affected by Alcohol and Drugs (SFAD) and Scottish Recovery Consortium (SRC) and distributed by Scotland Excel to ADPs, voluntary and third sector organisations to support people to complete.
- Healthcare Improvement Scotland used the survey questions as a basis for structuring a blend of face to face and online discussion groups where people were able to discuss their experiences with the support of peers and third sector support organisations.

Time was taken by the Public Involvement Advisors to build relationships with the organisations taking part, this was to ensure that people were safeguarded whilst participating in the discussion groups. Working in collaboration with third sector staff ensured that an ethical approach was taken throughout the engagement and people taking part were supported by people they knew and trusted. Discussion groups were conducted as follows:

- An in-person discussion group was held at South Lanarkshire Beacons
- 2 online discussion groups were held with Simon Community staff and peer support workers
- 1 online discussion group with family members from Scottish Families Affected by Alcohol and Drugs
- 1 telephone conversation with a family member from Scottish Families Affected by Alcohol and Drugs
- Consent was sought and data information was explained to every participant

- Participant information sheet was provided for the survey

Data collection and analysis

- HIS Public Involvement Advisors collected feedback for the online discussion groups (3), face to face discussion group (1) and telephone conversation (1) via Miro, an online whiteboard.
- The Miro board link was sent to participants to add to if they had any post discussion group reflections.
- Public Involvement Advisors analysed the feedback from the Miro boards and arranged into key insights and themes
- The online survey was distributed by Scotland Excel to third sector organisations across Scotland, responses were sent from Scotland Excel to HIS securely (with no identifiable information) through a secure portal via Scotland Excel member page in line with Scotland Excel and Healthcare Improvement Scotland's information governance arrangements.
- The online survey feedback was analysed by Public Involvement Advisors and arranged into key insights and themes via Miro in line with the analysis detailed above.
- Miro board feedback was analysed by Healthcare Improvement Scotland. Thematic analysis was carried out to identify the key themes and insights including those based from the Beacons, Simon Community, SFAD and online survey and was categorised by Healthcare Improvement Scotland.

Findings

Key themes were identified through questions based around people's experiences of availability and accessibility of residential rehabilitation, preparation prior to residential rehabilitation, and their experience during and aftercare following residential rehabilitation. Examples of the survey questions for people with lived and living experience, family members and third sector support organisations can be seen in appendix 1. Examples of the Miro board questions for the discussion groups can be seen in appendix 2.

The findings relating to each theme identified are detailed below and the insights gained provide an understanding of what a good residential rehab service should provide to support the needs of the people they support.

We have used quotations in the text below to illustrate all main themes and findings from the overall engagement work. Themes:

Referral and assessment process

- When deciding to go into residential rehabilitation, people told us that referral into a residential rehabilitation service can be difficult (when not self-funding), with some people and third sector organisations feeling that residential rehabilitation can often be seen as an aspiration, something unachievable, however it is not always provided as an option in their care and treatment. People cited the requirement to become abstinent or achieve a marked reduction in methadone or other opiate substitute treatments being very difficult to achieve, this is a barrier to people who want to access residential rehabilitation services.

"*third sector have to be clear when speaking to people about residential rehabilitation that it's very difficult to get into and they are unlikely to meet the criteria, they have to manage expectations".*

- Often people and family members do not know how to access residential rehabilitation, with there being a lack of communication between services. It would be helpful for family members (and where suitable, third sector support organisations), to support loved ones by being able to directly refer on their behalf (with consideration being given to consent and confidentiality).
- We heard that people would value the consistent support of a third sector organisation/key worker through the referral/assessment process, with continued support through their residential rehabilitation journey with the residential rehabilitation provider and services working together in a timely way.
- People also spoke about there being barriers to assessment, often being asked the same questions a number of times by different people, which some people found difficult and traumatic. Third sector organisations told us that they could support people in this process as they have built up trusting relationships with each other, including linking in with the residential rehabilitation provider.

"People are feeling over assessed, different services who duplicate questions (which can be inappropriate) can lead to people reliving their trauma"

- Care planning should start as early as possible with clear communication between the individual, alcohol and drug service, third sector, family members and the residential rehabilitation provider. A person-centred approach should be taken to ensure the individual knows their care and treatment choices.

Consideration for women with children

- Third sector organisations and individuals told us that the specific needs of women and their children need to be considered by residential rehabilitation providers.
- Women who have children/caring responsibilities can feel that this is a barrier to accessing residential rehabilitation. With the worry that they will lose their children, women often find it difficult to be honest about the challenges they face.

- Women need to feel safe, in a place where they can be stabilised in a supported specialist family service/environment with their children.
- We heard that women who are mothers can face a further barrier to accessing residential rehabilitation through experiencing stigma and shame, and this can affect the support they receive.
- Providers should be able to meet the needs of women with children and specific family needs.

"Mothers asking for help but not getting any support due to stigma and shame, services not being designed with women in mind – need more mental health provision regarding appreciation of gender"

Preparation for residential rehabilitation in achieving positive outcomes

- People told us it would be helpful for those considering residential rehabilitation for the first time to understand the structure and expectations. People added that understanding the structure will lessen the shock of the new environment which will bring about more positive outcomes as people are less likely to leave early if they know what to expect.
- There is a risk of disengagement if people are not prepared for the lifestyle changes needed or strict structure of the residential rehabilitation programme.
- People told us they would have further benefited from conversations/preparation sessions with people with lived experience of Residential Rehabilitation before admission, so they knew what to expect and feel reassured and hopeful about the future.
- We heard from people who left residential rehabilitation early because they were not prepared enough to understand what accessing this service would involve. It would be beneficial for the provider to work with services and organisations to enable pre-arranged visits for people in preparation for their stay including, where possible, family members and carers.

"I have seen the benefits of individuals engaging and connecting with people that have experienced residential treatment. Connecting with individuals who have gone through similar experiences and can understand their fears, worries and anxieties"

Trauma informed approach

- In providing support when accessing residential rehabilitation, a trauma informed approach needs to be taken to understand the experiences and journey individuals may have been on and their experiences.
- People told us that questions asked can be intrusive and triggering and support needs to be provided in safe places away from any potential triggers and understanding of what could trigger someone during any assessment process.

- The approach to care and treatment needs to be person centered with specific needs of the individual being understood and planned for before entering into residential rehabilitation services.
- Engaging with staff with the right trauma informed skillset is vital in building a trusting relationship that supports the person to engage with the residential rehab service.

"People should not be judged; they should be treated like human beings (which they are)"

Transition from detox to residential rehabilitation

- People shared with us that it would be helpful if detox was part of the overall residential rehabilitation care package. Some people had waited up to 16 weeks to access residential rehabilitation following detox.
- Due to the high risk of potential overdose where a person has reduced their intake of substances resulting in lower tolerance levels, immediate access to residential rehab from detox services would be beneficial.
- During the transition period where immediate access to a residential rehab placement is unavailable, people should be supported by the recovery community to reduce the risk of potential overdose or other harmful situations.
- The lower dosage requirement of methadone needed for people to access residential rehabilitation can be a barrier, this can sometimes feel unachievable for people who are at crisis point or those who are on considerably higher doses.
- We heard that fortnightly drug testing over the waiting time period from detox is very difficult to maintain and detrimental to the persons mental health.
- It would be beneficial for people to understand detox pathways and the options available to them, this can help them make an informed choice and prepare them for residential rehabilitation.

"Son has found two-weekly drug testing very difficult, this is a long time to do this over 13-16 week waiting time without much support – detrimental to their mental health"

- Person centred specialist support to meet additional health related needs such as mental health should be considered as well as detox.

"It is important to treat the whole person, to include their families and friends who will visit. The mental health aspect of addiction is far greater than most professionals give credence to"

Support on discharge (scheduled and unscheduled)

- We heard from individuals and third sector organisations that it would be beneficial for residential rehabilitation providers to link in with local recovery communities prior to discharge. This can help ensure the right support is in place on discharge and help provide positive outcomes in terms of support in recovery, volunteering and workplace opportunities.

- People told us that communication from the provider is key following an unscheduled exit from residential rehabilitation, particularly with family members, alcohol and drug services and third sector support organisations. This can help safeguard the individual from potential overdose and help ensure the right follow-up support is in place.
- Support on discharge is essential for the individual as well as their family members.

"More support on discharge is vital so the person can benefit from his/her time spent in the rehab, being able to continue their recovery/return quickly after lapsing, they must feel like they haven't failed and that there are options/hope for their recovery"

After care is key in supporting recovery

- There needs to be a support plan in place during a residential rehabilitation stay for people to understand their options after rehabilitation that is inclusive of aftercare as well as what recovery communities there are and can access, before they leave.
- People told us that it is extremely important for a person's recovery journey that aftercare is provided for as long as needed to build confidence in their recovery within the community, the best examples were when services provided open ended aftercare and support. Alongside this, the peer/lived and living experience support model worked well for people who are in recovery.

"We believe the person would benefit from a peer who can offer both practical and emotional support to prepare for a stay in residential rehabilitation… building a relationship when the person is preparing to access rehab, and continuing these connections, continuing to build upon the trust-based relationship while the person is staying in rehab and crucially being there as they leave, to walk alongside them while exposing them and facilitating their access to recovery opportunities and communities immediately after leaving residential rehabilitation"

- It is also beneficial to have the continuity of consistent staff during the residential rehab stay into aftercare, building trusting relationships.
- It is important that the residential rehabilitation provider links in with after care support providers through third sector organisations and recovery communities to ensure a seamless transition from residential rehab to after care.
- After care should be linked with MAT standards and The Continuum of Recovery for Near-Fatal Overdose (CORNFO) pathways.

Consideration of housing and accommodation needs

- We heard that at times, people can be scared to go back home (and be close to triggers) if they are attending a residential rehabilitation service out with the area they live in. People want to stay in an area where they feel safe.
- People told us that housing and accommodation needs need to be considered when leaving residential rehabilitation as standard, with it being helpful for providers to link in with housing support services prior to discharge.
- Third sector organisations highlighted that people having to give up their tenancy is a massive barrier to accessing a residential rehabilitation service and causes a lot of

anxiety. It would be helpful for housing services and providers to communicate before, during and after the residential rehabilitation stay to remove any barriers. Providers can also link in to support provided by the third sector.

"I think a lot of individuals that I have worked with have to move away from their drug/alcohol using peer group either before or after residential rehab. I think people need support to be able to do this if they wish, so better access to housing and planned discharges after rehab"

Inclusion of family members and carers

- Family and carer involvement needs to be early in the residential rehabilitation process and there should be continuous communication between the provider and family member, with considerations given to consent of family member involvement.
- Family members and their loved ones found it helpful to attend family support group discussions during the residential rehabilitation stay.
- Where providers did provide family support, people found this a beneficial process, both helping build relationships and also helping the family member and loved one understand what each other had been through. It is important for family members to understand what substance use and addiction can feel like for the person they are trying to support.

"My son was overwhelmed by it all, I want to be able to advise my son"

- Family members should be listened to and communicated with by the service provider, this can help alleviate anxieties. Those that did not receive support had to actively seek it and often felt that their experiences and concerns were not listened to.

What does a good residential rehabilitation service look like?

As part of the engagement, we asked people with lived and living experience, family members and third sector organisations what a good residential rehabilitation service would look like to them:

- People would benefit from a 'one stop shop', **wrap around care** with services coming together in one place, this can provide more positive outcomes for people.
- **Building good relationships** and links with the third sector and statutory organisations to support effective pre rehab and after care.
- Care planning for the **whole care pathway** from assessment, referral and pre care to support within the service and effective aftercare planning is essential. This must include the person being able to exercise **choice and control** over their treatment plan which should include counselling and support for family members.
- **Safe spaces** for talking with peers and people with lived and living experience.

- **Structured** support/strong **peer** support.
- Family support and **inclusion** during residential rehabilitation.
- **Choices** in their care and treatment options.
- Fun, informal **activities** which also provide support.

Key considerations to be included in future national commissioning and contracting agreements

Scotland excel were keen to understand what good Residential Rehabilitation services look like from people with lived and living experience. This section of the report brings together key insights from our engagement activities (from people with lived and living experience, family members and third sector organisations) that should be used to develop contracting arrangements that are mindful of the needs of people using services.

Deciding to go into residential rehabilitation

This question was asked to gain insight into what helped people go into residential rehabilitation and how this could have been easier. People told us that:

- There is a barrier for women with children to go into residential rehabilitation, women are scared that if they are honest about their needs, their children will be taken away from them. **People told us they would have been more open to a specialist family residential rehabilitation service** (such as Harper House).
- Often, there was not a residential rehabilitation option considered in their care and treatment. We heard that some people had spent a long time trying to gain access, but it was not seen as an accessible option, this is often due to the l**evel of Opioid Substitution Treatment (OST) consumption required for access**. Third sector support colleagues can support people to understand their options.
- They felt stigmatised because of their substance use when accessing services and it was a barrier for them. A trauma informed approach from staff is required. This vital skillset is critical in helping to tackle stigma help overcome this as a barrier.
- When trying to access residential rehabilitation, some people found the questions asked **intrusive and triggering**, or having to share their experience a number of times which was highlighted as a barrier as people would disengage. If people were supported through this process by the alcohol and drug service, third sector support workers or family members and where possible the same key worker throughout, this could help bring about more positive outcomes.

Preparing for residential rehabilitation

This question was to gain insight on what helped people prepare for going into residential rehabilitation. People told us that:

- It is important that family members are involved early as family support, involvement and understanding of their loved one's substance use is needed to provide the support they need.

- There needs to be a better flow from detox into residential rehabilitation. Some people shared with us that they had waited up to 16 weeks after detox which brings about a high risk of potential overdose if they are not supported during this waiting period. It would be beneficial for detox to be part of the overall residential rehabilitation care package. Where waiting times can't be met, support from third sector organisations and family members is key.
- Residential rehabilitation providers need to work with people to help them to understand the structure and expectations of their service, this could be through a prior visit or access to information. People want to make an informed choice that this is the right care and treatment for them. Where preparation for residential rehabilitation is not in place, there is a risk of disengagement.

Experience in residential rehabilitation

This question was asked to gain insight into how residential rehabilitation helps people with their recovery, and what makes a good experience. People told us that:

- Family support sessions run by the provider were beneficial in building relationships and understanding substance use and addiction. Where people had not received family support, they felt that this would have been helpful.
- Having support from a peer support worker/someone with lived experience was beneficial when accessing residential rehabilitation.
- Being able to build relationships with other people accessing the service and having consistent, understanding staff as well as a strict day to day structure helped make it a good experience.

Additional support during a residential rehabilitation stay

This question was asked to gain insight into what support people need and how residential rehabilitation services can help. People told us that:

- Learning about structure and life skills is important for people to prepare for leaving residential rehabilitation.
- Housing and accommodation needs should be considered during the residential rehabilitation stay for preparation for leaving, having the provider being linked in with housing service can help reduce anxiety for the individual.
- As well as detox, mental health and other health related conditions specific to the person, should be supported as an overall residential rehabilitation package.
- Support for family members during their loved one's stay is beneficial and is identified as a need.

Support after residential rehabilitation

This question was asked to understand what support helps people continue their recovery after leaving residential rehabilitation. People told us that:

- Support for as long as it is needed should be available from recovery communities in a timeframe that is meaningful to the individual, this can support positive outcomes.
- Links to recovery communities should be established with the support of the residential rehabilitation service prior to leaving.
- People who have unexpected/early discharge from a residential rehabilitation service should be provided with continued third sector and recovery community support with clear communication from the service provider.
- The peer support/lived experience worker model works well for people in recovery.
- Continuity and consistent staff is beneficial for people during their residential rehabilitation stay and in aftercare.

Conclusion

The findings from this engagement work illustrate key insights into people's experiences of accessing and trying to access residential rehabilitation. These findings alongside feedback from family members and third sector organisations should be used to inform the establishment of national contracting arrangements, ensuring that any national framework for alcohol and drug residential rehabilitation services are designed to be person centered and meet the needs of people requiring access to residential rehab services in Scotland.

Acknowledgements

Healthcare Improvement Scotland would like to thank our third sector collaborators including Scottish Families Affected by Alcohol and Drugs, Simon Community Scotland and the South Lanarkshire Beacons, the people with lived and living experience who took the time to give us their feedback as well as family members and carers. Without your support and participation this work would not have been possible. We would like to thank our colleagues at Scotland Excel for their support in this engagement work.

We aimed to write this report using language that is non-judgmental and non-stigmatising. However, we are aware that language tends to evolve rapidly and reflect societal attitude changes towards substance use.

Appendices

Appendix 1: Miro Board for Lived and Living Experience Feedback

Scotland Excel Alcohol and Drug Residential Rehabilitation National Commission: What is it about?

To create a new national framework agreement which supports the service standards and budget allocation of residential rehabilitation services.

We would like to hear about your experience of the residential rehabilitation services and experience of supporting others using the service.

We aim to engage with people and organisations to help shape the National Commissioning and Procurement Arrangements for Alcohol and Drug Residential Rehabilitation Services.

While participating remember:

- You can choose to stop participating at any point.
- Everything will be anonymous.
- Data will be summarised and be shared with other relevant public bodies.
- We may use your feedback and quotes in reports but this will be anonymous.

If appropriate, you can also provide insights you've gained from supporting people in your work:

Can you tell us a bit about your residential rehabilitation journey?

- Have you experienced residential rehab, or tried to access it?
- What support helped you to stay engaged with the service?
- Did you stay engaged with the residential rehab service?
- Were you supported to re-engage?
- If not, what could have helped you to stay engaged?
- Thinking about the referral process:
- How were you referred into the service?
- Did you have third sector/family support?
- Did you have support to choose which residential rehab service provider you accessed?
- How did you find the referral process?
- Assessment

Thinking about getting ready for residential rehabilitation – preparation:

- Where you supported to prepare for residential rehab?
- If no, what would have been useful?
- If yes, what did this look like?
- Did the provider offer support to get ready for residential rehab?
- Where there any barriers for you to access rehab at this stage?
- Detox services?

Can you tell us about your stay at residential rehab and aftercare?

- What worked well for you? For example, staff support?
- What could have improved and how?
- During your stay, were you linked in with recovery support organisations?
- If not, what would have been helpful?
- Did your family receive support at this time?
- Did the provider support your engagement with recovery organisations or provide continued support?
- What would a good residential rehab service look like for you
- What does good aftercare look like for you

Appendix 2: Miro Board for Family Members and Carers

Scotland Excel Alcohol and Drug Residential Rehabilitation National Commission: What is it about?

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- Everything will be anonymous.
- Data will be summarised and be shared with other relevant public bodies.
- We may use your feedback and quotes in reports but this will be anonymous.

Can you tell us a bit about your loved ones experience of their residenatial rehabilitation journey:

- Before
- During
- After
- What follow up support would be helpful after leaving residential rehabilitation?

What support did you receive as a family?

- Type of support?
- What did you like?
- Who provided the support?
- What could have been better?

Were you involved in your loved ones support and treatment?

- How were you involved?
- What would have helped you to feel more involved?

Reflecting on the questions, what does a GOOD residential rehabilitation service look like? And how is it best to involve family members and carers?

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