



## **Commission on Justice in Wales Call for Evidence**

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## **Background**

Kaleidoscope is a charity based in Wales which provides services throughout Wales in addition to running a handful of services in England, most notably in Kingston where the Project began its services. We also deliver the SRP (Shropshire Recovery Partnership) in Shropshire in partnership with Addaction, and in the Wirral, we have a 20-bed residential detox facility, Birchwood Treatment Centre.

Kaleidoscope primarily works with people who have substance misuse issues, be that legal drugs such as Alcohol and prescription medications, or illegal substances such as Heroin, stimulants (Cocaine and Amphetamine) or New Psychoactive Substances (Legal Highs). Our support of people taking illicit drugs means we have a direct relationship with the criminal justice system as well as a vast knowledge of behaviours that can contribute to criminal activity such as acquisitive crime, anti-social behaviour and domestic violence.

Kaleidoscope works across the four force regions in Wales and works closely with the Police Crime Commissioners to deliver criminal justice substance misuse interventions. In relation to the Prison estate, Kaleidoscope is a participant in the Dyfodol Partnership which provides services to all the prisons in South Wales as well as the women's prisons in England where there are Welsh Offenders. Dyfodol has been successful in forming a strong relationship with G4S who run Parc Prison. In North Wales we do not have a direct commissioned relationship via HMP Berwyn, but work closely with the resettlement and health care teams to provide integrated support for those being released back into local North Wales communities. We also provide this service across the English estates for Welsh offenders most noticeably in HMP Altcourse and HMP Style. Kaleidoscope provides a range of services from community prescribing to psycho-social interventions. We are known nationally and internationally for our Harm Reduction approaches to treatment.

In terms of personal interest, I was Chair for Skills for Justice Wales and am presently a member of RR3 (Reducing Reoffending Third Sector Advisory Group) for Clinks.

## **Responding to the key questions in relation to the commission on Justice in Wales**

### **1. What is working well in the justice system in Wales? What is not working well? Are there examples of innovation and good practice, both in and beyond Wales, which should be adopted and shared?**

The response to people with drug issues is working well in Wales, not least because of good partnership working. This is demonstrated in Gwent through GDAS where the Criminal Justice (CJ) delivered via G4S are integrated into community services including the provision of substitute opiate medication, pioneering this joint approach between private and third sector provision. This model of partnership has been replicated in Dyfed with the DDAS which is led by Barod, with Kaleidoscope and G4S providing the support to those in the CJ system, but does not include a prescribing element. Across the South Wales region we provide substitute opiate prescribing via Dyfodol partnership with WCADA and led by G4S. This service is integrated into prison delivery across Welsh Prisons excluding HMP Berwyn. In Powys the service is run by Kaleidoscope and includes prescribing. In North Wales, Kaleidoscope provides the support services to people in the CJ system, but does not provide the medical service.

These partnerships have led to the successful instigation of national meetings looking at sharing best practice, problem solving and ensuring continuity of care between Police delivery regions via an 'All Wales CJ Leads' governance meeting held quarterly in Llandrindod Wells. This ensures that as far as possible all areas learn good practice and share experience to enable them to work together more effectively.

DACW (Developing a Caring Wales) is a consortium of Kaleidoscope, CAIS, WCADA, TEDS, Barod, Newlink, Safer Wales and Hafal where we work together to support people with substance use and mental health issues. In Wales working in partnership is important in the provision of innovative services, but is also helpful in taking us out of our silos.

The WCVA is another source of partnership working with the various networks it supports. There are a number of networks which bring agencies together. The only problem I would identify is that although specific themed networks are helpful, better links between the various networks where there could be joint learning may be useful. In the field of CJ there are a number of strands that need to be brought together to help people. The majority of that help is likely to come from agencies that do not perceive themselves primarily and singularly as CJ Services. Kaleidoscope for example would not see itself as such.

The Welsh Government supported Out of Work Peer Mentoring Service, delivered by DACW members via Cyfle Cymru, is a real positive for Wales in terms of supporting people with drug, alcohol and mental health issues which many people within the CJ

system are impacted by. Ensuring that training and employment support are in place to help rebuild and ensure recovery is extremely important. There are difficulties however, which the ESF eligibility criteria underpinning the Peer Mentor Service highlights. For those who have received short sentences, prison leavers must evidence Long Term Unemployment of over 1 year before being able to access this support and advice. It would seem going forward that if the Welsh Government were to fund this sort of project it would have a significant impact on reoffending.

## **What Does Not Work**

Access to Substitute Opiate Prescribing for those within the CJ system is not consistent across Wales. It is often reliant on the good will of the Police Crime Commissioners (PCCs) to fund additional rapid access prescribing services such as in Dyfodol, Powys, and GDAS/IRIS, who can question why they finance this primary health provision. It is useful in Newport and South Wales to have an on-site dispensary in terms of appointments. It would be possible to obtain figures with research but it would be useful to look at the difference between approaches from a cost and attendance basis.

Community treatment is patchy and there are waiting lists for people to get into prescribing services. This has been in part caused by a lack of consistency in what the Welsh Government expects areas to provide. It would seem that Area Planning Boards should have a remit to prioritise access to treatment as this is one of the determining factors in a person electing to commit crime to sustain their drug habit. I think every person should have access to basic treatment such as Methadone which is very inexpensive. Treatment does then need to develop in terms of Psycho-Social Interventions and develop a broader range of activities that may well lead to recovery but the priority has to be to deal with the basic need first.

In some services people are given time limited treatment, where they need to demonstrate treatment outcomes. In many ways this approach can be justified to avoid people simply being stuck in treatment. There is a need to challenge someone who becomes comfortable on long term maintenance, however the problem with this approach is that service users may leave a supportive service too early and relapse into chaotic use. The priority should be stability and Key Performance Indicators need to prioritise Harm Reduction targets with an emphasis on keeping people safe.

Housing options for prison leavers are still patchy at best. Evidence shows that two of the biggest determinants of sustained recovery are housing and employment. Without stable recovery housing offering specialist support, prison leavers are extremely susceptible to re-offending and indulging in further cycles of offending, substance use and imprisonment. The current system where prison leavers are often housed in hostels, offers nothing more than a quicker route into substance use and offending due to the nature of other residents living chaotic lifestyles and the risks that this brings to abstinent prison leavers.

Another issue is the lack of service user consultation in the design, delivery and review of criminal justice services. Service users can teach commissioners of services valuable lessons in what works and what doesn't, and yet they are very rarely asked their views. Often, if they are consulted it is tokenistic and it then becomes a tick box exercise. There are sporadic pockets of service user involvement in Wales and criminal justice service users are often left out of the dialogue as they are wrongly labelled as 'too chaotic to be involved'. We know this

isn't the case, as before the inception of GDAS in Gwent, a criminal justice focussed group of service users were actively involved in the set up and implementation of GDAS and participated better than service users not involved in the CJ system.

The Recovery agenda also shifted the focus from genuine service user involvement and consultation to recovery focussed groups spearheaded by people who have long since left treatment.

Genuine service user involvement needs to be a priority area going forward – and service users within the system should have their views heard and should be invited to participate at the highest level.

**2. What are the economic, social, geographical, technological, constitutional and other barriers to improvement and how could these be overcome?**

Rural communities are disadvantaged when it comes to community services and this certainly has an impact on illicit drug users. Access to services is limited because of transport issues and rural communities continue to see cuts to services; in Monmouthshire for example, the bus service between Chepstow and Monmouth is being threatened.

Services are provided in the most concentrated population centres of rural communities such as Newtown Powys, and Aberystwyth Ceredigion. However they still face the challenge of low population funding allocation compared to urban areas, and the reduced services this impacts. Compromises are apparent around opening times, on site prescribing vs pharmacy delivery, smaller staff teams and access to community wrap around support by other social care providers in housing, domestic abuse and mental health are similarly limited.

The sparse population in rural communities is also problematic when it comes to group work and peer support services.

There needs to be imaginative thinking where there can be virtual support groups, one to one sessions and clinical meetings. This does however create problems due to limitations on capital funding and equipping staff with appropriate technologies, access to good broadband, phone network and safe places to meet. If more investment was put into community hubs open to all social care providers and not excluding CJ services, and other places where there could be IT links and private rooms, these issues may be resolvable.

The design of virtual clinics and support services could also be rolled out across Wales reducing service users' travel costs and improving efficiency, as service users and staff could work from a range of bases.

**3. What problems face the people who work within the justice system in Wales (including policing, prosecution, courts, prisons and probation) and the people who are affected by it?**

The women of Wales are imprisoned outside their own country which is difficult to justify. Such an approach means those women imprisoned are at a significant distance from their families, and any integration back into the community is made more difficult because of the limited support that can be made available to them from agencies in Wales.

Kaleidoscope does not however wish to see a women's prison in Wales, but more innovative community responses. The UK Government seem to be moving in the right direction in relation to this policy, however the money to support women caught in the CJ system will be insufficient. The reduction in funding seems to be significant and may not be enough to provide the support that is necessary to make community sentences work. The Welsh Government will need to look at the shortfall and see if there are ways of either financially supporting services or ensuring by services working together so that the right levels of support can be given.

Short sentences are common amongst women and are relatively ineffective. This also applies to men caught into this system and in order to support men who may no longer go to prison, we need to make sure a community response works.

In Wales we have had Transform Rehabilitation (TR) enforced on us by the UK Government. There is acceptance that this approach has not worked and in particular the engagement of third sector agencies in partnership working has been poor. This is certainly the case for us at Kaleidoscope which is very disappointing.

The key issue has been a reduction in funding for the service. I would also argue that partnership working has been successful in Wales and if powers were devolved, a commissioned service based on an approach where Welsh Providers are brought together in developing a service would be of great benefit.

At Kaleidoscope we welcome the appointment of a Welsh Officer for Clinks who should ensure that Clinks develops its policy base informed by the Welsh experience, as well as providing specific support and advice to Welsh based services.

Independent advocacy is integral, especially within the criminal justice system where police forces in different areas operate differently and often have a different approach to criminalisation. Funding that was previously given to advocacy groups across the UK is now invested into abstinence based recovery hubs and recovery cafes, leaving those still at the start of their recovery isolated and unrepresented.

**4. Does the justice system in Wales currently provide access to all who require its services, including advice? How would you improve access to justice in Wales?**



Advice is important for those with substance misuse issues and it is my view this needs to be separate from the providers of service. Citizens Advice does provide a valuable service on more generic issues. Release provides free expert legal advice, advocacy and guidance to service users within substance misuse treatment systems including CJ. Due to funding and commissioning strategies this is primarily in England. I think it would be good to have a Welsh Service linked to the London Branch, but one that can support Welsh people and give advice in the medium of Welsh.

**5. What impact has devolution had on the justice system in Wales? What impact do you believe devolution will have in the future?**

Devolution has initially been negative for Wales as the Government did not prioritise the issues that come out of the CJ System. I remember in my role as Chair for Skills for Justice how difficult it was to engage the Assembly in recognising its role in supporting workers in the field.

There has, however, been a change in responding to support workers and with the Police Crime Commissioners so that the interest in the CJ system has improved significantly.

The work with Young People in the CJ System is an example of where Wales has used its devolved powers to make a significant difference. The Invisible Walls Service has also shown how to improve support to prisoners and reduce reoffending. This again is unique to Wales but shows what innovation can be achieved.

I believe that bringing the CJ system into Wales will have a significant benefit for prisoners and workers. I believe there will be more integrated work which has not been best helped by the imposition of the TR system for example. I think a more communitarian based approach will also lead to a reduction in the use of Prisons which are extremely expensive and relatively ineffective and we will see an increase in community sentences. It is vital however, that funding is devolved so that sufficient funds can be put in place to make such sentences effective so that justice is being served, but with a keen eye to rehabilitation.

Community Services need to be supported so that they can have preventative work with people who have drug, alcohol and mental health issues.

I would hope that greater devolution of powers would enable Wales to have a more radical approach to designing its own drug policy which would look at the issue of the criminalisation of people taking drugs and develop a system where drugs are strictly regulated.

I think the fact that drugs such as cannabis are still classified as illegal makes little sense and is expensive to manage.

I would also like to see a change to policy in relation to drug consumption rooms/ enhanced harm reduction rooms. There is clear evidence that needle syringes are a significant problem for communities, that injecting on the streets presents high risks to health and providing safe places for people to consume their drugs would be the best option. There have been no deaths globally from such an approach and evidence shows that people who will not access traditional services will make use of such facilities.

In terms of devolved powers, the UK Government has failed to have an evidenced approach to CJ and in particular the imposition of short sentences they justify as a "short sharp shock". It does appear now there is a change in policy but as Safer Wales reports, evidenced based community services have halved since 2006.

The Guardian had an interesting article on the subject in 2017.

<https://www.theguardian.com/society/2017/nov/03/non-custodial-sentencing-falls-sharply-in-england-and-wales>

**6. Could local authority services in relation to justice and the local provision of legal advice be better organised and co-ordinated with policing, prosecution, courts, prisons and probation?**

It would be beneficial to see some services co-located, but I have a limited view in relation to this.

**7. Are there changes that should be made to the capabilities and effectiveness of the ways in which the police, probation and prisons approach their tasks? What should be done to increase community safety, wellbeing and social**

**cohesion and reduce crime? What can be learnt from other countries where rates of crime and imprisonment are lower?**

One of the critical issues for communities is the use of alcohol and its relationship to anti-social behaviour and domestic violence. Minimum Pricing is welcomed as a first step in realising that alcohol does cause a problem in communities and that cheap drink is a particular issue.

I do also believe there needs a conversation in Wales about behaviours being accepted because a person is drunk. In other societies being drunk is not used to condone certain behaviours and I do think we need to view how culpable a person is when drunk.

The issue of alcohol is key when looking at community safety and ideas such as 'drink tanks' are beneficial not only from a health perspective but also to raise awareness.

Reducing access to alcohol and looking at behaviour and drink could save the police considerable time and would also reduce violent incidents.

In terms of drug policy we have the highest drug use amongst our population with the most severe penalties for similar substance use in other European countries. There is a need to look at models developed in countries such as Portugal so we can have a fresh and workable response to the issues of drugs.

The link between prescribing drugs to children is a key gateway into problematic drug use that needs addressing. Drug Prevention at school is of limited use, evidence shows it has little impact if any but targeted support to vulnerable youngsters should be invested in if we want to tackle demand going forward.

Relapse Prevention for prison leavers has improved in the last decade, but there are still needless fatalities to overdose due to low tolerance levels. Widespread access to naloxone, retoxification and RP medications such as naltrexone needs more investment.

**8. What impact is the divergence between Welsh and English law having upon sentencing? What impact do you foresee in the future? Should Wales**

**implement a different approach to sentencing than England? If yes, what lessons can be learnt from other jurisdictions?**

Wales needs to develop more community sentencing. There needs to be investment in alternatives to imprisonment, so that in the drugs field there is better access to rehabilitation and detox services. We must also ensure that people from low socio economic communities do not have harsher sentences because community alternatives are more difficult to source.

**9. What are the capabilities in the justice system in Wales for responding to Brexit?**

Brexit will create significant challenges not least the loss of ESF Funding as well as capital money for major regeneration. Where regeneration works crime is reduced. It is vital the UK Government re-provides this resource so Wales can ensure investment particularly in deprived communities continues.

**10. What steps do you think need to be taken to facilitate positive change in the justice system in Wales?**

I think more devolved powers should ensure the justice system is closer to people. I would like to see greater integration of services, so that justice services are more part of community services.

**11. How could the strength and sustainability of the legal sector in Wales be promoted? How could its contribution to the prosperity of Wales be optimised?**

Not able to comment

**12. To what extent do current university curriculum and vocational and professional development courses reflect the law in Wales and the need to deal with the digital revolution and how should they be further developed?**

Not able to Comment

**13. What is the current provision for the Welsh language within the justice system and legal education in Wales? How should Welsh language provision within the justice system and legal education in Wales be improved?**

By bringing the legal system within Wales the language and culture of Wales should and will be better promoted. It is important that Welsh speakers should have services in their native tongue.

**14. Is access to Welsh law properly available?** Not able to comment