
By Stephen Whitehead
The Community Advice and Support Service (CASS) in Plymouth Magistrates’ Court is a great example of how a support service in a court setting can help vulnerable individuals and enable criminal justice agencies to meet their objectives. By helping magistrates understand the backgrounds of the defendants who come before them, and tackling the long-term causes of offending, CASS also helps the court focus on people as well as on the facts of cases.

The service works with a range of court users: defendants, victims, witnesses, and families. It balances direct support with practical problems and helping clients access long-term support for chronic issues, such as mental illness and addiction. Its pragmatic and flexible approach enables it to provide a client-centred service with no thresholds or other barriers to entry.

CASS’s well supported team of voluntary advisers provides a comprehensive service to around 500 clients a year at a relatively low cost.

CASS’s promising model – and in particular its use of volunteers alongside professional staff – may be valuable in informing the development of other in-court support projects, including liaison and diversion services.
1. About this paper

This paper describes the work of the Community Advice and Support Service (CASS), a volunteer-led service at Plymouth Magistrate’s Court. Working from an office in the public area of the court, the service operates an open-door policy working with clients referred from a variety of sources and with a wide range of needs. This paper lays out the key elements of the CASS model and reports on stakeholder evaluations of its impact.

This paper offers information which may be useful to practitioners developing or commissioning in-court support services oriented towards reducing re-offending and/or improving the health and well-being of vulnerable people. In particular, this model may be relevant to liaison and diversion services.

This paper is part of Better Courts, a joint programme of work from nef and the Centre for Justice Innovation, which argues that by embracing procedural justice and problem-solving justice our courts can help reduce re-offending. The programme is built on a vision of courts which:
• are seen to be fair
• act with authority
• focus on individuals
• and process cases swiftly.


2. Overview

CASS was established in 2005. It works with the courts, police and probation service to understand and meet the needs of people using Plymouth Magistrate’s Court. The volunteers who deliver the service help clients find out about and access long-term support services such as alcohol treatment, a community mental health service or supported housing. They also provide immediate help with practical issues like benefits claims or outstanding fines, and provide emotional support.

CASS shows how the voluntary sector can help courts focus on the people who come before them as well as the facts of the cases they hear. The service enables the court to identify and address the needs of a population which might not otherwise receive support. In particular, CASS focuses on early intervention, identifying and addressing issues before they become entrenched. Service users often experience a range of low-level problems that disrupt their lives and, in some cases, could lead to a pattern of persistent and prolific offending.

CASS demonstrates how a volunteer-centred model can achieve success in a court setting. The whole service has only two staff members to run its three sites. The Plymouth site alone assists almost 500 clients a year and works with existing services outside the court to support long-term outcomes.

Figure 1 presents an overview of the CASS model in the form of an impact map. The impact map describes the inputs which make the work of the service possible, the activities that it undertakes and the outcomes which it achieves. CASS’s inputs are broadly split into three groups:
• the human resources of the service such as paid staff and volunteers,
• support acquired via relationships with partners such as court space, police support and organisational backing
• and the engagement of clients.
The activities of the service are split into two strands:
- firstly, it supports the work of the Plymouth’s community court
- secondly, it provides support to clients via a broad range of activities.

The activities of the service are described in more detail in Section 4.

CASS stakeholders describe the service of having impact in two, overlapping areas: firstly, for individual clients it produces a range of direct benefits; secondly, it enables criminal justice partners to meet key objectives.

3. Background

CASS is an innovative partnership between the court service and the voluntary sector, made possible by a fortunate coincidence of local leadership, charitable funding and a central government pilot.

CASS opened its doors in Bodmin Magistrates’ court in October 2005, with funding from the Tudor Trust and the Lankelly Chase Foundation, and overseen by Pact. At its inception the service aimed to work with defendants and other court users to identify and respond to specific needs underlying their offending. The service expanded to Plymouth Magistrates’ Court in May 2006. However, the implementation of the Ministry of Justice Community
Court Pilot at Plymouth Magistrates’ Court in 2007 enabled the service to embed its position in the local criminal justice system.

The Plymouth community court was one of ten pilots which sought to adapt the community court model developed at North Liverpool and Sefton to a mainstream court setting. The pilots convened specialist sittings for low-level offenders residing in specific areas (in Plymouth’s case, the deprived Devonport and Stonehouse neighbourhoods) with a remit to engage more directly with offenders both during trials and at post-sentence reviews. While most of the pilots foundered due to a lack of resources or support, the presence of CASS enabled the Plymouth community court to deliver meaningful and effective interventions to low-level offenders. The community court became the focus for a community justice partnership. The police sergeant responsible for the target neighbourhoods and in-court probation officers collaborated with CASS to identify and support vulnerable individuals.

Today, CASS and the community court are key features of the magistrates’ court in Plymouth. The community court still sits weekly and its remit has been expanded to guilty-pleading low-level offenders from the whole of Plymouth. CASS, now part of Rethink Mental Illness, delivers services in three sites – Plymouth, Bodmin and Truro – and is part of consortium providing this type of support across Devon and Cornwall magistrates’ courts. It is now open in Plymouth three days a week, serving a population that extends well beyond community court defendants. While the community court now provides only a sixth of CASS’s clients, it remains an important point of contact between the service, police, probation and courts.

Local context

Plymouth is a city of 256,000 people located in the south-west of Devon on the border with Cornwall. The city is relatively ethnically homogenous, with 92.9% of inhabitants describing themselves as white British, compared to 80.5% for the whole of England and Wales. There are notable geographical inequalities in Plymouth with around half of families in the Stonehouse, North Prospect and Barne Barton neighbourhoods dependent on welfare benefits, compared to one in five families across the city as a whole. The city has a disproportionate number of high crime areas. More than 15% of Plymouth’s areas are in the worst 10% of the country in terms of crime levels.

Plymouth has a significant alcohol abuse problem. Hospital admission for alcohol related conditions are 20.3% higher than the national average. Alcohol use is a significant contributor to violent crime and is a factor in 40% of all recorded domestic abuse incidents. The city also has an above average number of adults in receipt of incapacity welfare benefits for mental illness.

Numbers of problem drug users are typical at around 0.7% of the population, but present a major problem in terms of crime, anti-social behaviour and health problems. Most identified priority offenders are illicit drug users.

The city has an active network of voluntary support agencies providing services including alcohol and drug treatment, community mental health support, women-specific support, emergency housing and food banks.

4. The work of CASS

CASS offers flexible and pragmatic support options for a range of offenders. Working from an office in the public area of the court, the service operates an open-door policy working with clients referred from a variety of sources and with a wide range of needs.

In 2012, CASS delivered 488 interventions to clients, seeing an average of 18 new clients and 23 repeat clients each month. Just under half of clients (44.1%) were in court as defendants, while the remainder were either
attending courts as victims, witnesses or supporters of participants, or they had come to the court specifically to use the CASS service.

Around one in six clients were referred to the service by the community court. The rest came other routes, including referrals by magistrates, courts staff, defence solicitors, community agencies and self-referrals. CASS Clients have a wide range of needs, of which the most common are mental health, benefits, alcohol and housing.

The bulk of CASS interventions are delivered by volunteers. Currently, the service has only two paid staff members; a full-time service lead who splits her time between three sites, and a support worker dedicated to the Plymouth site working two days a week. The service has a team of around ten volunteers who receive training and support in identifying and responding to mental illness and dual diagnosis. Volunteer turnover is relatively low, enabling the team to develop and retain experience. Volunteers work with clients in pairs and a paid staff member is always on call to deal with problems. Volunteers also handle much of the administration and co-ordination work.

**Figure 2: Needs profile of CASS Clients 2012**

- Alcohol (58)
- Drugs (31)
- Benefits (59)
- Debt (32)
- Mental Health (80)
- Family & Relationships (24)
- Employment & Training (39)
- Housing (61)

CASS Clients (488)
Community court
Although it represents only a sixth of clients (see figure 3), work with the community court represents a keystone of CASS's work. The community court sits for one day a week in the magistrates’ court and is overseen by a specific bench of magistrates. The court follows the Criminal Justice: Simple, Speedy, Summary (CJSSS) model, focusing on cases where a guilty plea is expected. Community court magistrates are encouraged to engage directly with clients to both uncover more about the background to offences and to help defendants understand the court proceedings. Devon and Cornwall police have assigned an officer to attend the community court sittings and she works closely with CASS in supporting the court.

Figure 3: Makeup of CASS client group 2012

Community court sittings are preceded by a pre-court meeting in the CASS office. The designated police officer and the court probation officer review the court list and identify defendants who might benefit from CASS intervention, based on the nature and circumstances of the offense and data on the defendant taken from the police computer.

CASS volunteers attend all community court hearings. At the beginning of each hearing, magistrates point out the volunteer to the defendant and highlight the option of requesting CASS support. During community court hearings, magistrates have the option of adjourning a case and requesting that CASS, together with the police liaison, offer the defendant a problem-solving intervention or ‘problem-solve’. Magistrates may opt for a problem-solve in any case, not just the ones identified in the pre-court meeting, and do not have to opt for a problem-solve in the pre-identified cases.

Magistrates say that having the option of problem-solves enables them to better understand the background of offenders.
Problem-solves are conducted in the CASS office or court interview rooms. The defendant meets with a CASS worker and the police liaison to discuss the background to their offending. The CASS worker conducts a structured needs assessment and creates a voluntary action plan. This may involve providing direct interventions or referring the client to statutory or third-sector support. A police officer is always present, but CASS workers, clients and the officer agree that discussions during a problem-solve are usually very open. After a problem-solve, the police liaison reports back to the court, describing the needs identified and any actions to be taken by CASS or the defendant.

**Case-study: community court problem solving**

Ms C was a defendant in a community court who was referred by magistrates for a problem-solve. She was interviewed by CASS and the police liaison, together with a probation officer. In the interview she described a wide range of issues including debt, depression, alcohol abuse and a history of domestic violence. CASS created an action plan for her, referring her to the Citizens Advice Bureau and an alcohol support service, and helping her register with a GP. Based on the problem-solve's report, magistrates sentenced her to a community order which included a Specified Activity Requirement to attend Promise – a local service which specialises in supporting vulnerable women offenders and could offer specific support with dealing with the repercussions of domestic violence.

Magistrates say that having the option of problem-solves enables them to better understand the background of offenders – particularly in cases where the offence does not warrant a probation report. The action plans created also enable them to make a more informed assessment of the resources available for the individual in the community that can support more appropriate sentencing.

Although the community court is crucial to CASS's relationship with the court in Plymouth, it's worth emphasising that the service also operates in two sites – Bodmin and Truro – which do not have a community court. Some stakeholders suggested that in those sites, CASS may operate in a wider range of sittings and with a broader set of magistrates than in Plymouth where the service is particularly associated with the community court. Even in Plymouth however, CASS volunteers attend a range of non-community court sessions.

**Supporting clients**

CASS supports clients both within the framework of community court-directed problem-solves and outside them. For non-community court clients, needs assessment is less structured and more client-directed. This is because clients often access CASS at a point of crisis needing an immediate and focused response. CASS workers receive special training in identifying and addressing mental health and dual diagnosis issues.

**Case-study: support with the court system**

Mr A was referred to CASS by his Community Mental Health Team a month before he was due to appear in court. He had been diagnosed with anxiety and depression which had been exacerbated by the court case, the nature of which had led to him moving out of his family home.

On arriving at court to meet with CASS, Mr A was extremely anxious and had difficulty entering the court building. CASS workers took Mr A into an empty court room to explain who would be present and how proceedings would occur. They helped him consider what he needed to discuss with his solicitor and agreed that the CASS worker would accompany him to the hearing as a supporter.
CASS tends to offer three main forms of support: support with managing a court case, direct intervention for practical problems and supported referrals to long-term support.

**Support within the criminal justice system**
CASS workers report that many defendants with mental health issues or other vulnerabilities find the experience of attending court very difficult. They can be intimidated by the formal trappings of the court or unsure about what is required of them. Where appropriate, CASS supports these people to minimise their distress and avoid potentially harmful outcomes such as non-attendance.

Many agencies in Plymouth are aware of CASS and refer vulnerable clients who have a pending court date. Other clients come into contact with CASS either because they are visibly distressed in the court building or because they request help from a member of court staff and are referred.

- CASS offers many forms of support to people in court including:
  - explaining court proceedings
  - offering a supportive presence in court in the way that a family member might
  - explaining particular needs to courts staff where they have been overlooked
  - on rare occasions, assisting unrepresented clients in presenting their experience to the court.

**Direct practical support**
CASS staff also work directly to resolve issues that clients might be facing outside of the court. Many CASS clients have vulnerabilities such as illiteracy, anxiety, poor communication skills, learning difficulties or mental health issues which make it difficult for them to overcome bureaucratic hurdles. CASS workers will work directly with clients through simple interventions such as making phone calls, filling out forms, and sometimes visiting benefits or housing offices and other agencies. The most common areas for direct support include unpaid fines, benefits, housing and access to healthcare.

However, the range of issues is hugely diverse. CASS takes a pragmatic approach to tasks as varied as, for example: researching access to employment grants for a young person with who has a job offer if he can find the money to pay for driving lessons; holding money for a gambling-addicted client; and helping an unexpectedly remanded client pass his car keys to a relative so that his minicab – his main source of income – is not towed away.

The scale of these problems can sometimes seem small. But both workers and clients report that the flexible way CASS workers respond to clients’ priorities underpins their ability to form a rapport with clients and encourage them to access long-term support.

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**Case-study: direct practical support**

Mr J was a Bristol resident referred to CASS by probation. He had been in Plymouth a week waiting for his case to progress. In that time he had missed a job centre appointment which led to the cancellation of his benefits. CASS helped him arrange a crisis loan and access a food bank to support him over a further week that he had to remain in Plymouth. CASS followed up with Mr J after his return to Bristol and found that, due to ongoing benefits issues, he had missed his first probation appointment and did not have mobile phone credit to contact his probation officer. CASS contacted the probation officer on his behalf who rearranged the appointment, potentially avoiding early breach proceedings.

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Supported referral to long-term services

Referring individuals to long-term support is a third aspect of CASS's work. Many of the needs which clients present with – such as mental health problems and drug or alcohol misuse – require a long-term programme of support. CASS workers, and especially the service lead, have strong relationships with staff in a wide range of services in the city, including drug and alcohol treatment, community mental health, supported housing and food banks. CASS also has formal information-sharing agreements with a number of agencies. They can use these relationships to facilitate the process of referral, arranging rapid inductions, sharing information on particular client needs and directing clients to named individuals.

Where accessing a service is difficult – for example, alcohol support services which often have long waiting lists – CASS can refer to an interim service, such as Alcoholics Anonymous, to support the client until the first choice of service becomes available.

Case-study: supported referral to long-term services

Mr L, was a 19-year-old Plymouth resident who was directed to Plymouth CASS after engaging with the service at Bodmin Court while appearing on an assault charge. He had been brought up in care and faced a range of issues including alcohol abuse, unemployment and a benefit suspension. He had been referred to a local alcohol treatment agency by police but had not engaged.

CASS workers talked him through the potential benefits of accessing alcohol treatment and also of registering with a GP, and explained how he could do so. They also sorted out outstanding paperwork with his benefits claim and arranged for a hot meal to be provided by a local food bank.

Mr L visited CASS again three weeks later and reported that he had registered with a GP, begun alcohol treatment and secured a part-time job. He asked the CASS worker to contact the Senior Attendance Centre to ensure that his work would not interfere with his attendance, and for more information about apprenticeships and training, which was provided.

Following up with clients

Although, CASS's work is focused on immediate intervention, follow-up support by telephone is an important part of the model. The schedule of follow-up calls is tailored to each client, but at a minimum each client receives one follow-up call around one or two weeks after their initial interview. Follow-up calls offer clients an opportunity to highlight further support needs. This can be particularly useful if the initial intervention was aimed at resolving an immediate crisis.

A follow-up call will often be scheduled for shortly after a referral appointment. If a client has not successfully engaged with a referral – either because they failed to attend an induction appointment or if the service did not meet their expectations – the follow-up call will pick this up and resolve it, either by rescheduling or by making an alternative referral.

In addition to active follow-up, CASS maintains an open door for all past clients and frequently sees further support requests after the initial intervention. In fact, in 2012 just over two fifths of all interventions were delivered to repeat clients.

5. Stakeholder perceptions of impact

Unfortunately, there has not yet been an impact study of CASS. nef is conducting an outcomes evaluation which we anticipate will report in mid-2014. As part of the scoping for this project, we have interviewed a range of stakeholders including clients, volunteers, magistrates and police about their perceptions of the project's impact.
Stakeholders described the outcomes of the service from two perspectives. For clients, they pointed to long-term life changes triggered by engagement with CASS and with the services which CASS referred on to. These were:

- improvements in well-being, both in the short term where a supportive engagement with CASS can improve self-esteem and optimism about the future, and in the longer term because getting support for chronic needs can lead to life changes
- greater financial stability as CASS resolves issues around benefits and fines and refers clients to services which can help with debt
- greater employability as CASS helps clients identify and access training and volunteering opportunities
- better managed addictions, potentially leading to abstinence as a result of accessing alcohol or drug treatment
- a greater understanding of, and trust in, the criminal justice system

Stakeholders in the criminal justice system described how CASS enabled them to perform their roles better. By referring people to services that provide long-term support with the issues that lead to offending – such as addictions, mental illness and homelessness – it is widely believed that CASS was helping to reduce re-offending in the long term. Nef will seek to verify this perception as part of our evaluation.

Magistrates reported that the information CASS provides the community court helps them to sentence more appropriately. For example, CASS assessments identified mitigating factors or support options which could be incorporated into a community order. Clients said that because CASS helps them understand their sentence they are better able to comply with fines and orders.

6. Key success factors

Stakeholders identified a range of factors which underpin CASS’s success.

- **Use of volunteers:** The use of volunteers allows CASS to provide services to around 500 clients a year with only two staff members working part time at the site. However, using volunteers successfully depends on a strong supporting infrastructure that includes both supervision by paid staff and training provided by Rethink Mental Illness.

- **Strong leadership:** All stakeholders stressed the importance of the service lead’s role in building relationships with other agencies and supporting volunteers.

- **An open-door policy:** The fact that CASS welcomes all clients regardless of need profile, offending status or other qualifier, was seen as important to reducing barriers to entry, facilitating open relationships with clients, ensuring that all clients had their needs met and building the culture of the service to be inclusive and flexible.

- **Supported referrals:** CASS workers take responsibility for ensuring that referrals are successful, supporting clients through the referral process and following up to verify that the referred service is meeting clients’ needs. Stakeholders cited numerous examples where significant support was required to help a client engage with a service and are sceptical as to whether a more streamlined ‘sign-posting’ service could achieve the same success.

- **Strong links with the local voluntary sector:** CASS’s ability to make effective referrals depends on its knowledge of and relationships with other agencies.

- **Entrenched position within the justice system:** CASS maintains strong links with key criminal justice system practitioners including in-court probation officers, police, sentencers and courts staff. This enables CASS to access potential clients and resolve issues on their behalf. These relationships are facilitated by CASS’s involvement in the community court.

- **Visible in-court location:** CASS is based in a visible office in the public area of the courts, which enables clients to self-refer to the service and promotes transparency.

By referring people to services that provide long-term support with the issues that lead to offending – such as addictions, mental illness and homelessness – it is widely believed that CASS was helping to reduce re-offending in the long term.

The fact that CASS welcomes all clients regardless of need profile, offending status or other qualifier, was seen as important.
7. Implications for liaison and diversion

The example of in-court support offered by CASS is particularly salient in the context of the current expansion of in-court liaison and diversion services. The Coalition Government’s 2010 Spending Review committed to rolling out liaison and diversion services in courts and police stations by 2014. A £19.4 million fund for these services was announced in January 2012.

Liaison and diversion services aim to identify and respond to the needs of vulnerable people within the criminal justice system. A 2012 study identified 101 liaison and diversion services in England and Wales using a wide range of models. This included some which are led by health practitioners and focus specifically on offenders who need secondary mental health care. Others have a broader remit and work with a variety of clients, often with complex or multiple needs. Although it is different to most liaison and diversion services, the CASS model offers a useful example of an effective service for people with multiple needs.

Studies estimate as many as 3.5% of the UK population experience multiple needs such as mental illness, personality disorder, drug and alcohol dependence and homelessness. Persistent offenders – who currently represent a third of all offenders convicted – are more likely to experience multiple needs than the general offending population.

People with multiple needs face many barriers which prevent them from accessing services including:
- not being aware of services
- the complexity of the range of services available
- the thresholds and boundaries which govern access to particular services – around age, location or specific needs thresholds
- bureaucratic barriers to entry, such as long and complex forms or a need for multiple forms of identification.

A service such as CASS, which offers help in locating and accessing long-term support services, can help offenders with multiple needs overcome these barriers. By creating a visible, supportive and welcoming first port of call, CASS increases the likelihood that people with multiple needs will access the support that they require. CASS suggests that other services wanting to fulfil this role – which may include some liaison and diversion services – will want to consider three factors:
- reducing barriers to entry
- making strong links with local support services
- making appropriate use of volunteers.

Stakeholders emphasise that because CASS services are easy to access, CASS can reach clients who might not otherwise get any form of support. This ease of access has two main characteristics. Firstly, clients do not have to meet a needs threshold to receive support. Secondly, clients are not required to complete forms, pre-book appointments or present documents so bureaucratic barriers to entry are minimised.

CASS staff emphasise that their ability to successfully attach clients to long-term support depends on strong relationships with other agencies. This enables them to make informed judgements about where a given client should be referred to. It also helps with the referral process because CASS staff can work with their contacts to ensure the client’s needs are well understood by the staff in other agencies.

Using volunteers allows CASS to support a broader range of clients than a model which relies on highly-trained and specialised, forensic, psychiatric staff. While specialised medical staff are essential for dealing with clients...
who have significant mental health needs, their time is limited. Services may feel that engaging clinical staff to work with clients who have other sets of complex needs may be a poor use of resources. CASS suggests that by broadening their model to use volunteers alongside clinical staff, there may be scope for liaison and diversion services to meet the needs of a wider range of clients.

8. Endnotes


3. Plymouth Joint Strategic Needs Assessment 2009,


7. Plymouth Joint Strategic Needs Assessment 2009


9. The announcement was made in a written statement to Parliament by Paul Burstow MP, Minister of State in the Department of Health available online at http://www.publications.parliament.uk/pa/cm201212/cmhansrd/cm120112/wmstext/120112m0001.htm#12011281000100


15. Rosengard, op cit.


Find out more about CASS

As part the Better Courts programme, nef is working in a strategic partnership with CASS to help the service measure its impact and develop its model. If you’d like to know more about the work that CASS does please contact Stephen Whitehead:

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This work has been made possible by the generous support of the Hadley Trust.

The Better Courts Programme is a partnership between nef and the Centre for Court Innovation.

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Thanks to: Ben Estep, Carole Edwards, Liz Hand, Helen Kersley, Phil Bowen, Rosemary McGuire, Jessie Barnard and everyone who participated in our research – in particular all of the volunteers at CASS.

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Registered charity number 1055254
© October 2013 nef (the new economics foundation)
ISBN 978-1-908506-48-1

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