

Level of Service / Case Management
Inventory in Practice National Report

Criminal Justice Social Work
Services



RMA

Risk Management Authority

Working towards a Safer Scotland

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Introduction

The Level of Service/ Case Management Inventory (LS/CMI)¹ is a comprehensive general offending risk/ need assessment and case management planning method. This approach is used in Scotland to aid decisions on the level and focus of intervention with people (aged 16+).

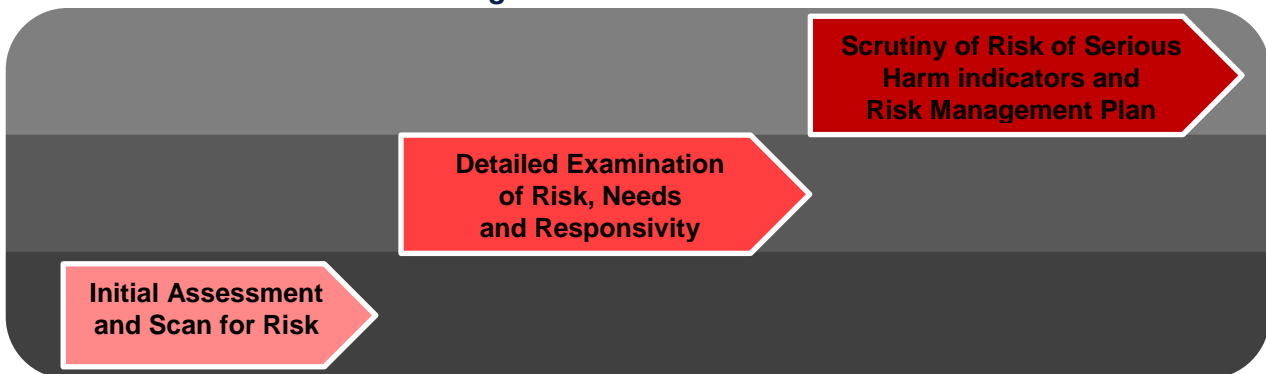
The Scottish LS/CMI approach was developed in an effort to combine the robustness of the 'conceptual actuarial approach' (Hanson & Morton-Bourgon, 2007)² and the track record of the LSI system (Campbell et al, 2007)³ with a structured professional decision making approach. The method includes an evaluation of the nature, seriousness and pattern of offending and structures professional decision making. To this end, a number of additional components have been built-in to the method of using the LS/CMI in Scotland.

The additional Scottish sections were designed by the RMA in close consultation with the criminal justice social work and prison services, the Effective Practice Unit and the Social Work Inspection Agency. This process conforms to the broad approach of the RMA's standards and guidelines (RMA 2006; 2007, 2011, 2013) and, in particular, FRAME.⁴ The method was piloted in Renfrewshire Council and Scottish Prison Service, and this led to further development prior to implementation.

Administration: A tiered approach

The process for administering the LS/CMI system follows a **tiered** approach, which enables three levels of assessment of risk in terms of *likelihood* and *impact*. Essentially a process of risk scanning, and proportionately greater levels of assessment and intervention are applied dependent on the features of the individual case. This approach promotes proportionality and evidence based practice - fundamentals of defensible, responsible and ethical practice.

Figure 1 - LS/CMI method



¹ Andrews, D.A., Bonta, J.L., & Wormith, S.J. (2004). LS/CMI: The Level of Service/ Case Management Inventory. Toronto: Multi-Health Systems.

² Hanson, R. K., & Morton-Bourgon, K. (2007). The Accuracy of Recidivism Risk Assessments for Sexual Offenders. Public Safety and Emergency Preparedness Canada.

³ Campbell, M. A., French, S. & Gendreau, P. (2007). Assessing the utility of risk assessment tools and personality measures in the prediction of violent recidivism for adult offenders (User Report 2007-04. Ottawa: Public Safety Canada).

⁴ Risk Management Authority. (2006, 2007, 2011, 2013). Standards and Guidelines for Risk Assessment. Standards and Guidelines for Risk Management. Framework for Risk Assessment Management and Evaluation. Scotland.

Available from: <http://www.rmascotland.gov.uk/standardsandguidelines/> and <http://www.rmascotland.gov.uk/frame/>

Tier 1: Initial Assessment and Scan for Risk. On referral a file review and interview/s are conducted before the Level of Service Inventory - Revised: Screening Version (LS-R:SV)⁵ is used. At this point the practitioner considers the sources and adequacy of the available information. The LSI-SV is administered to give a *preliminary identification of risk and needs*, and tentative indication of the need for further assessment / intervention. The next step involves analysing the information identified in the file review, interview/s and LSI-SV in an exploration of the nature, seriousness, pattern and likelihood of offending. The purpose of this risk scan is to ground the initial assessment in a brief actuarial tool and to provide a second layer of structured consideration of the nature, seriousness, pattern and likelihood of offending.

This then allows an evaluation of the decision making options based on the initial assessment of offending, against knowledge of the suitability of community disposals. The advice to Courts offered in Criminal Justice Social Work reports is informed by this evaluation.

Tier 2: Detailed Examination of Risk, Needs and Responsivity. On the occasions where fuller assessment is required pre disposal, and in all cases where a sentence involves statutory supervision a fuller assessment is undertaken to inform a case management plan. A more thorough exploration of the nature, pattern and seriousness of previous and current offending follows the administration of the LS/CMI sections 1-7, and draws on the overall assessment process and particularly the scoring of sections 1 and 2.

By Section 7, the assessor will have reviewed:

- General risk / need factors
- Strengths
- Specific risk / need factors with case management implications
- History of perpetration
- Prison experience (If appropriate)
- Social / personal concerns
- Responsivity factors
- Concluded on the 'level of service'
- Completed a risk / needs profile

This then leads in section 7.2 to a structured consideration of the likelihood nature, pattern and seriousness of offending to inform the assessor's decision in 7.3 about the appropriate next steps to reduce the risk of future offending:

Section 7.2 provides a structure whereby the assessor reviews the assessment thus far, identifying matters that inform the understanding of the likelihood, nature, seriousness and pattern of offending. To undertake this, an analysis of offending is needed, and indeed such analysis may likely refine the findings of the 'Initial Assessment and Scan for Risk' in the light of the increased contact, further enquiry and more thorough identification of issues afforded by the LS/CMI.

Tier 3: Scrutiny of Indications of Risk of Serious Harm. Where a need for fuller assessment of risk of serious harm is indicated, Section 9.3 takes the process begun in 7.2 further to develop a *risk formulation*, and involves a review of the analysis in 7.2 based on further information. It necessitates more detailed *offence analysis*.

⁵ Andrews, D.A. & Bonta, J.L. (2002). LSI-R:SV The Level of Service Inventory-Revised: Screening Version. Toronto: Multi-Health Systems.

A risk formulation is a term used for the ‘understanding’ of a case. The detail of such an ‘understanding’ should be proportionate and appropriate to the age and stage of the individual being assessed, to the specific circumstances of the case and task, and when assessing the risk of serious harm it needs to include a hypothesis of how, why and when such offending occurs. It demonstrates the interaction and role of respective and relevant risk factors, and highlights precipitating risk factors that may identify early warning signs and indicate *imminence*. This level of understanding is reached through detailed ‘*offence analysis*’. It is the link between risk assessment and risk management.⁶ (RMA, 2011)

Risk Management

Risk management is the collection of preventative and contingency measures identified as necessary to minimise the risk of serious harm. Broadly speaking, risk management comprises of four activities:

- i. Monitoring*
- ii. Supervision*
- iii. Intervention*
- iv. Victim Safety Planning*

A risk management plan (section 9) conveys the role that each activity plays in addressing the relevant risk factors, and clearly communicates who must do what and when.

Training and IT systems

The use of the LS/CMI in Scotland was supported by the development of a new IT system (the LS/CMI system). Training in the method and the IT system was delivered across all 32 local authority Criminal Justice Social Work Services, between October 2010 and February 2012.

Aims of this report

The LS/CMI system enables the sharing of information across different local authority criminal justice social work services and between community and custodial settings. During 2013, the RMA provided each Criminal Justice Social Work Service with a report on its use of LS/CMI in practice.

This report is drawn from the analysis of aggregated data provided by Criminal Justice Social Work Services from across Scotland at the end of September 2013. The analysis is based on a total of 40,719 community based records using Version 2 of the LS/CMI system. Version 2 of the system was implemented across Scotland during 2012.

The purpose of the report is to provide an analysis of information from the use of the LS/CMI system in Scotland to support the development of self-evaluation, quality assurance measures and service planning. This analysis is also intended to provide local authorities with a national comparison to the data analysed in each local authority report during 2013. Percentages may not always add up to 100 due to rounding.

Acknowledgements

The Risk Management Authority would like to thank all local authority Criminal Justice Social Work Services for their continued collaboration in the analysis, development and quality assurance of the LS/CMI approach in Scotland.

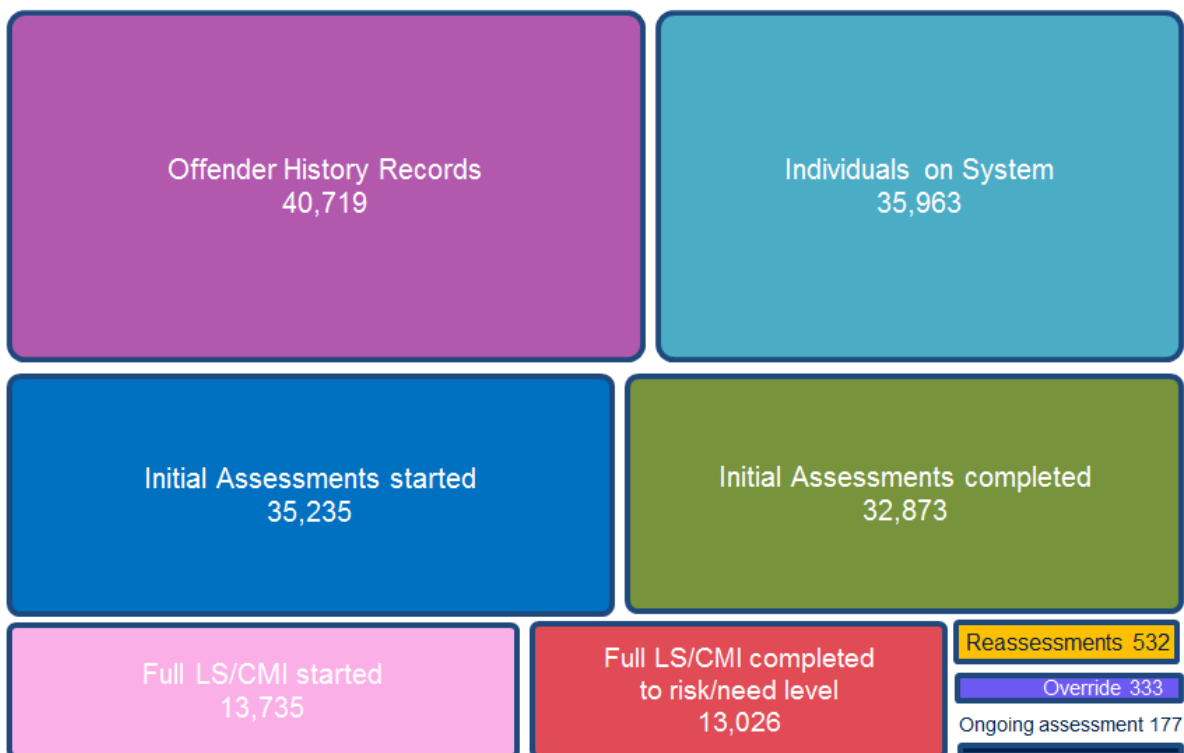
**Risk Management Authority
November 2014**

⁶ Risk Management Authority. (2011) Framework for Risk Assessment, Management and Evaluation. Scotland. Available from: <http://www.rmascotland.gov.uk/frame/>

Executive summary

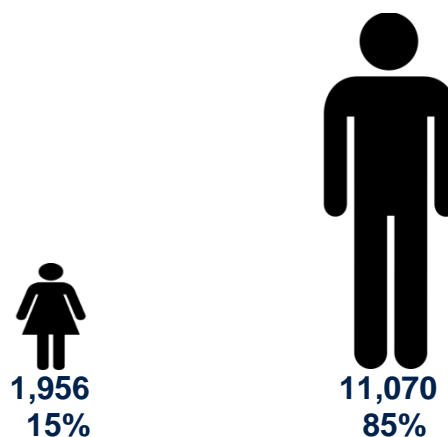
The criminal justice social work service in each local authority in Scotland agreed to provide anonymised monthly data sets of their LS/CMI assessments. Together these provided information on 40,719 records relating to 35,963 individuals at the end of September 2013. Following the initial assessment (32,873), a smaller proportion of full LS/CMI assessments (13,558) were then completed for those who required more in depth assessment. The report also provides local authorities with information on data integrity and frequency of assessments.

Case records



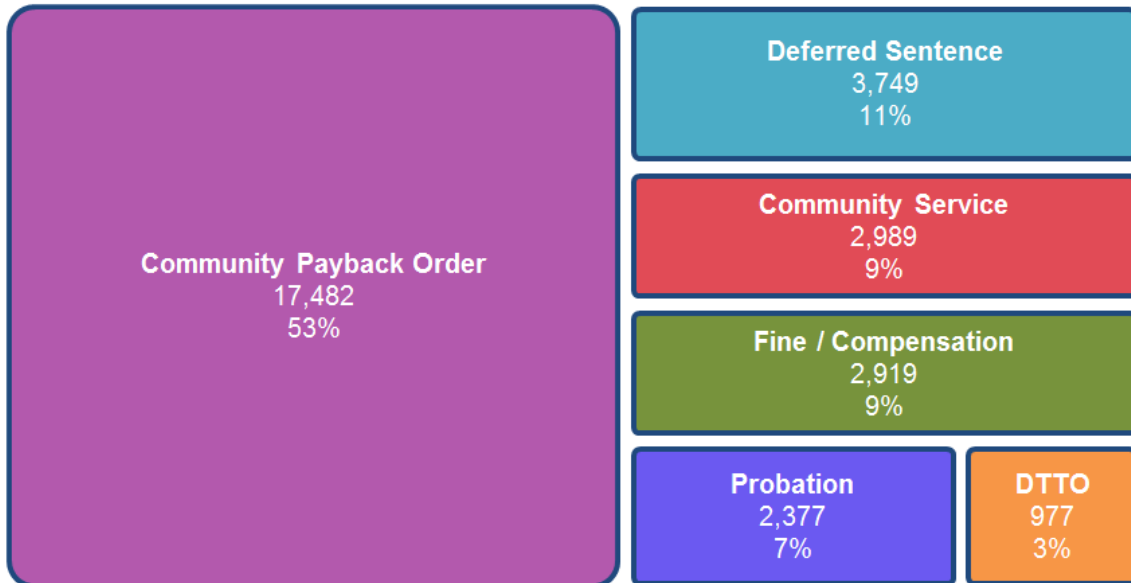
Gender

Of the 13,026 full LS/CMI assessments completed to risk /need level, the gender distributions was as follows:



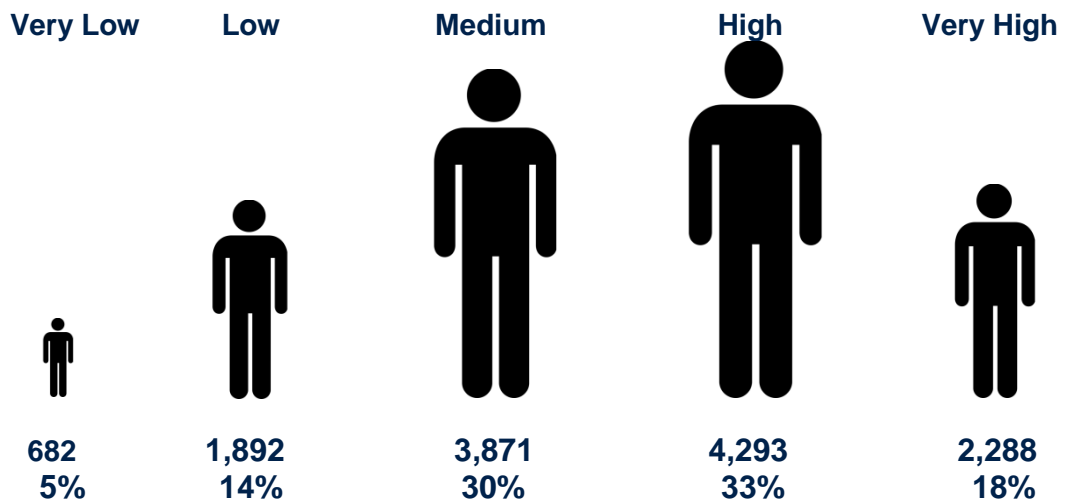
Preferred option for disposal

Of 35,235 Initial Assessments started, 32,873 (93.29%) have reached the evaluation and conclusion stage. At that stage the assessor considers whether a community based disposal is feasible and, if so, specifies their preferred option for disposal.



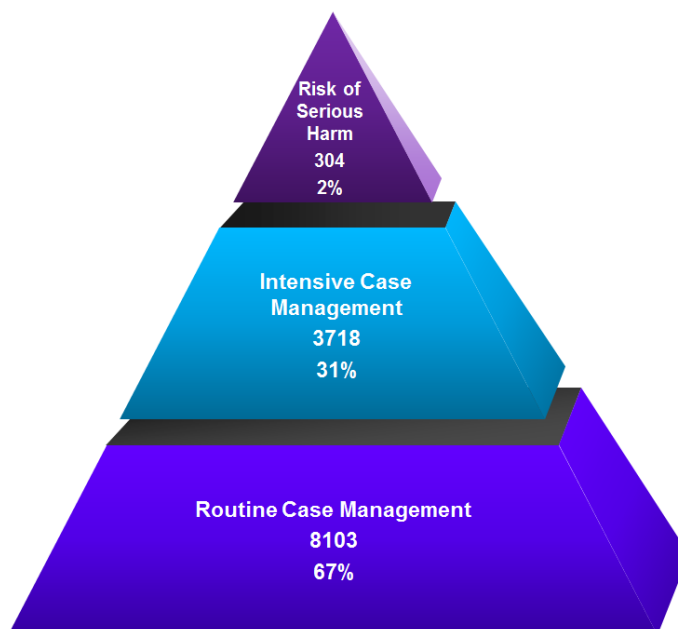
LS/CMI Risk Need Distribution

The distribution of risk/needs (including male and female) was as follows:



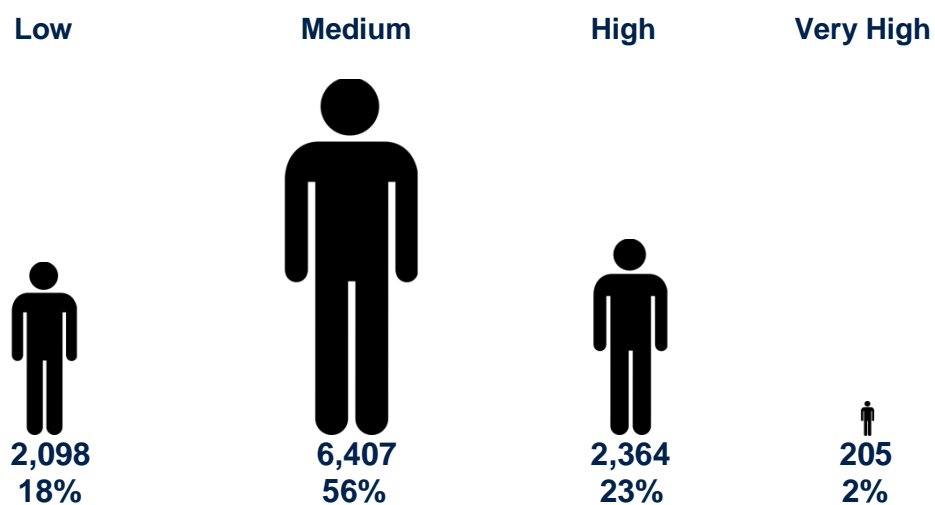
Evaluation and conclusion

At the evaluation and conclusion stage of the assessment, assessor selects the most appropriate approach for supervision within Section 7.3.2 of the LS/CMI. There were 12125 *Evaluations & Conclusions* relating to community based assessments and the distribution of these options reflects the tiered approach:



Supervision intensity

When an individual is subject to supervision and a case management plan is being devised, the case manager specifies the supervision intensity level that is required within Section 9.1.4 of the LS/CMI. There were 11377 (83%) cases where a decision on supervision intensity had been made:



Within each level of supervision intensity, the largest proportion of cases correspond directly to the assessed level of risk/need

As highlighted above, the data provided in the LS/CMI in practice national report indicates a number of encouraging areas of practice. The report also includes 5 recommendations for the focus of local authorities own self-evaluation and quality assurance. The RMA Quality Assurance Lead will also be available to provide support to the LS/CMI mentors identified in 31 of the 32 local authorities.

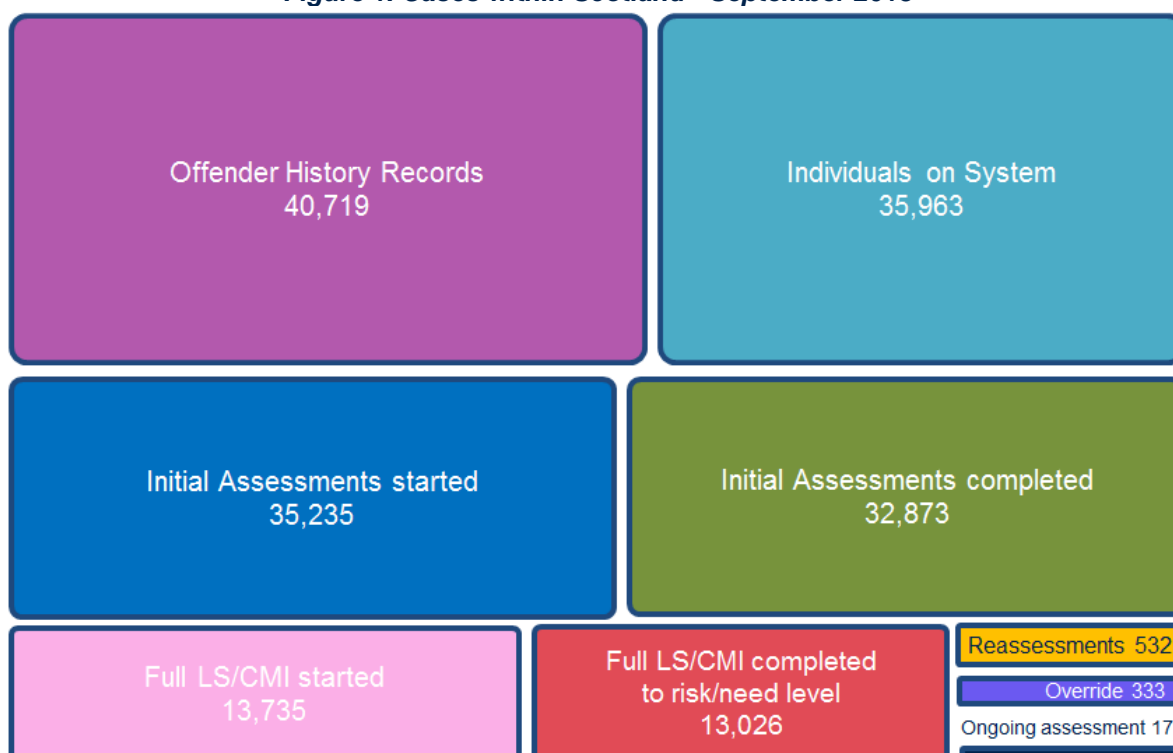
The RMA will continue to work with Social Work Scotland and the Scottish Government establish development priorities for the LS/CMI system to enhance the reporting facility to inform local service planning.

Case materials provided

The criminal justice social work service in each local authority in Scotland agreed to provide anonymised monthly data sets of their LS/CMI assessments. At the end of September 2013 these provided information on 40,719 records relating to 35,963 individuals recorded.

The broad practice process involves the application of the Level of Service Inventory-Revised: Screening Version (LSI-R:SV)⁷ and an initial analysis of offending at the Criminal Justice Social Work (CJSW) court report stage to assist in the formulation of advice on sentencing. The LSI-R:SV is used as an aide-memoire or checklist to ensure that the assessment is grounded in a brief identification of the main risk/need factors and to provide an indication of the need for further intervention. This is followed by an analysis of the pattern, nature, seriousness and likelihood of offending and concludes with the need for supervision, and any identified child/adult/public protection issues.

Figure 1. Cases within Scotland - September 2013



Using a gender specific item in section five of the full LS/CMI as a filter, there were 1956 LS/CMI assessments undertaken for females and 11,070 undertaken for males recorded on the system.

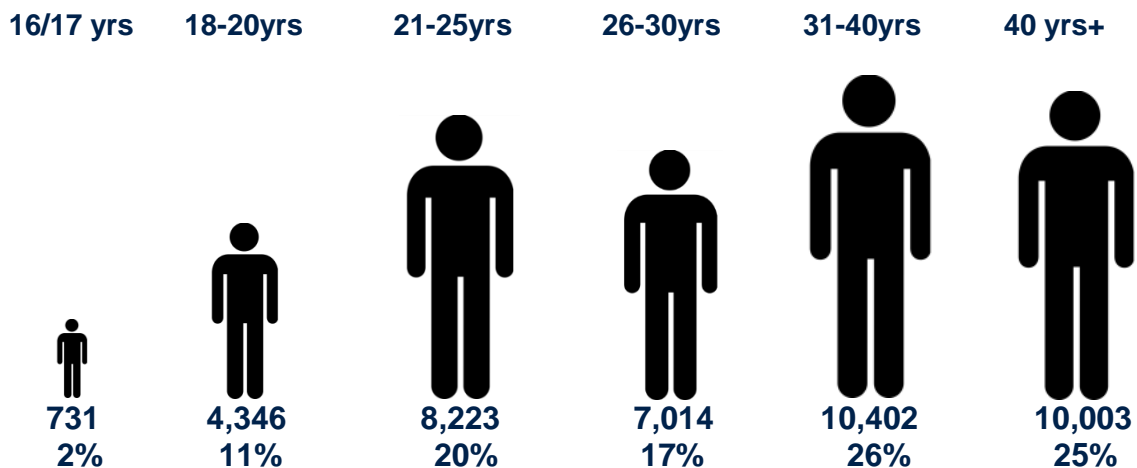
The age groupings used in this report are based on those used within the Criminal Justice Social Work Statistics bulletins.⁸ (Scottish Government, 2012)

51% of assessments are for those over 31 years old, distributed across the 31-40 and 40yrs+ categories.

⁷ Andrews, D.A., Bonta, J.L. (2002) Level of Service Inventory-Revised: Screening Version. Multi-Health Systems. Toronto.

⁸ Scottish Government. Criminal Justice Social Work Statistics 2011-2012. Scotland. Available from: <http://www.scotland.gov.uk/Publications/2012/12/1332/downloads>

Figure 2. Age group distribution



LSI-R:SV and Initial Analysis

It is expected that the number of initial assessments undertaken should correspond broadly to the number of CJSW court reports prepared in the reporting period. Of the 40,719 records on the system, an initial assessment comprising the LSI-R:SV and an initial analysis of offending has been undertaken for the majority, 35,235 (86%).

From 2011-2012 31,879 court reports were submitted by Criminal Justice Social Work Services.⁹ (Scottish Government, 2013) During the same period, 10,563 initial assessments were recorded on the LS/CMI system. From 2012-2013, 28,022 court reports were submitted by Criminal Justice Social Work Services.¹⁰ (Scottish Government, 2014) During the same period, 17,403 initial assessments were recorded.

The increase of initial assessments undertaken to inform court reports from 33% to 62% would in part, be due to the fact that the system was implemented in a phased basis with and not in use nationally until Spring 2012.

Whilst the number of initial assessments should largely correspond to the number of court reports, it may not always be necessary to apply a new assessment to inform a court report. For example, where an individual is already subject to statutory supervision, the current assessment and record of progress may be sufficient in some cases to inform a new court report.

The reducing disparity between the number of initial assessments applied and number of court report submitted is encouraging. A more accurate comparison between assessments applied and court reports submitted would be possible at a local authority level utilising data from the LS/CMI system and the local information system.

⁹ Scottish Government. Criminal Justice Social Work Statistics 2011-2012. Scotland. Available from: <http://www.scotland.gov.uk/Publications/2012/12/1332/downloads>

¹⁰ Scottish Government. Criminal Justice Social Work Statistics 2012-2013. Scotland. Available from: <http://www.scotland.gov.uk/Publications/2014/05/4795/0>

LS/CMI

A fuller assessment comprising the LS/CMI and a further analysis of offending is undertaken at the beginning of any period of supervision. The approach also allows for this to be undertaken at the court report stage when the user considers that this is merited by the nature or seriousness of the case

The number of full LS/CMI assessments is expected to correspond with the number of individuals being made subject to statutory supervision.¹¹ (Scottish Government, 2010) Out of the 40,719 records entered on to the local authority databases 13,558 (33%) have completed an LS/CMI assessment to stage of obtaining a risk/ need band.

Of these full assessments, 4,622 (34%) have been applied without conducting a screening evaluation (LSI-R:SV & Initial Analysis of Offending). There are a number of possibilities as to why assessors went straight to the full LS/CMI:

1. Assessor may have judged that a full Risk Need Responsivity (RNR) assessment was necessary at court report stage;
2. First assessment may have been for supervision intake i.e. not to inform court report;
3. Assessor may have moved onto conducting a full RNR assessment at court report stage in error (likely to reduce once users become familiar with the system).

Reason for assessment

At the start of the assessment process users provide an indication of the reason for the assessment.

Table 1. Reason given for assessment

Assessment reason	Number	Percent
Youth assessments	189	0.5
Community: Other	334	1
Institutional assessments	528	1
Community: Reassessment	797	2
Community: Post Release Supervision Intake	1,077	3
Community: Supervision Intake	2,970	7
Community: Court Report	34,612	85

As indicated in table 1, 'court report' is given as the reason for 85% of occasions where an LSI assessment has been applied. Given this high proportion, the *reason for assessment* may often be overlooked as an item to change when assessments beyond the court report stage are being applied.

Most assessments indicated as 'Institutional' are likely to be cases that have been transferred to the community and have a yet to have a community based assessment applied.

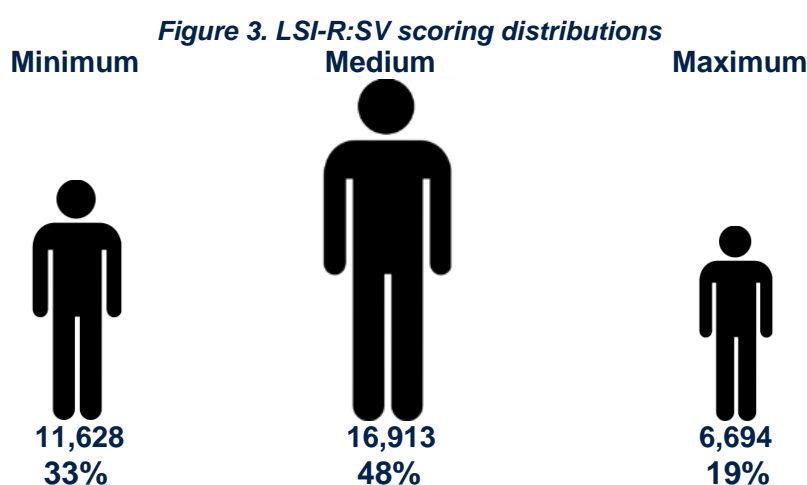
¹¹ Scottish Government. (2010) National Outcomes and Standards for Social Work Services in the Criminal Justice System: Community Payback Orders Practice Guidance 2010. Available from: <http://www.scotland.gov.uk/Publications/2011/10/11085558/11#a112>

Case prioritisation

Initial Assessments

There have been 35,235 Initial Assessments incorporating the LSI-R:SV completed to the point of providing a risk/need band to inform advice given within a Criminal Justice Social Work (CJSW) report for court. The LSI-R:SV briefly reviews the major risk/needs factors to give a broad indication of the need for and focus of further assessment /intervention. This is relevant to the advice given in a report on the suitability of community based disposals.

At the time of data analysis not all of the cases submitted will have the assessment process completed. The distribution in the initial national data indicates that for the 35,235 screening assessments there were 33% in the minimum category, 48% in the medium category and 19% in the maximum category.



Case prioritisation according to the screening version has shown to be similar across the local authority areas in Scotland.

Preferred disposal

Out of the 35,235 Initial Assessments started, a total of 32,873 have reached the evaluation and conclusion stage. At that stage the assessor considers whether a community based disposal is feasible and, if so, specifies their preferred option for disposal. A breakdown of the preferred options recorded across Scotland is provided in table 2:

Table 2. Preferred Option Disposal

Disposal	Number	Percent
Supervised Attendance Order	51	0.2
Admonition	327	1
Probation with Unpaid Work	435	1
Restriction of Liberty Order	487	1
Other	692	2
Structured Deferred Sentence	823	3
Probation with Conditions	963	3
Drug Treatment & Testing Order	977	3
Probation	979	3
Fine/Compensation Order	2,919	9
Community Service	2,989	9
Deferred Sentence	3,749	11
Community Payback Order	17,482	53

Table 2 indicates a Community Payback Order was the preferred option in the majority of cases (53%) followed by a deferred sentence, community service or financial penalty. These four options combined account for 82% of the conclusions made by assessors at the court report stage.

The distribution of these preferred options is common across most areas in Scotland when compared with the data provided in local authority reports.¹² It would be informative to examine the association between assessor's preferred option (section 6.5 of the Initial Assessment) and the actual disposal from court. At present the LS/CMI system report does not provide information on the recorded disposal outcome, however this analysis is possible at a local authority level.

Further assessment on case allocation

The second stage of assessment provides information that allows for more detailed analysis of how initial assessments undertaken on LSI-R:SV correspond to those later undertaken using the LS/CMI. To understand this, the risk bands obtained from the LSI-R:SV were compared to the risk bands obtained from the LS/CMI. It should be noted that this analysis can only use the information from cases in which both the initial assessment and full LS/CMI assessment stage has been completed. Of the 35,235 LSI-R:SV assessments, 8,897 had a full LS/CMI assessment applied.

Table 3. The LSI-R:SV Minimum group (n= 2,233)

LS/CMI risk/need band	Number	Percent
Very Low	467	21
Low	923	41
Medium	720	32
High	111	5
Very High	12	0.5

Just over 5% of those assessed as 'minimum' when the screening version assessment was applied were assessed with a high or very high LS/CMI risk/needs.

Table 4. The LSI-R:SV Medium group (n= 4795)

LS/CMI risk/need band	Number	Percent
Very Low	43	1
Low	378	8
Medium	1,856	39
High	2,050	43
Very High	468	10

1% of those assessed as 'medium' when the screening version assessment was applied were assessed with very low LS/CMI risk/needs.

10% of those assessed as 'medium' when the screening version assessment was applied were assessed with very high LS/CMI risk/needs.

¹² Risk Management Authority. (2012) LS/CMI in practice reports. Available from: <http://www.rmascotland.gov.uk/quality-assurance/>

Table 5. The LSI-R:SV Maximum group (n= 1899)

LS/CMI risk/need band	Number	Percent
Very Low	2	0.1
Low	9	0.5
Medium	132	7
High	809	43
Very High	947	50

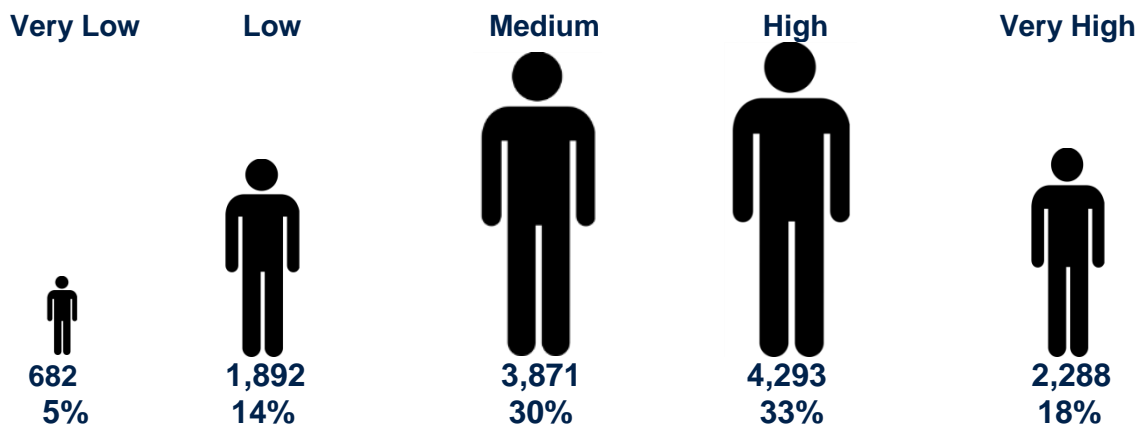
Those assessed as ‘maximum’ when the screening version assessment was applied recorded a low or very low LS/CMI risk/need band in less than 1% of cases.

In some cases, there is a large difference between the screening version risk/ needs band when compared to the risk/needs band from the fuller LS/CMI assessment.

There could be a number of reasons for this difference. For example, the fuller assessment would have been applied some time after the screening version during which circumstances may have changed and/or new information may have come to light between the time of the screening and fuller assessment.

The distribution of cases across the final LS/CMI risk/needs bands (Figure 4) allows each local authority to consider the proportion of their cases in each of the risk/needs bands compared to the national data set. (13,026 individuals.)¹³

Figure 4. Distribution of LS/CMI risk/needs bands - Scotland



¹³ The dataset contained 13,558 completed LS/CMI assessments. However, 532 were reassessments (the application of a further full assessment on the same individuals in an open case.) Only the risk/need band drawn from the application of the first full assessment was used to determine the distributions given in Figure 4.

Distributions of general risk/need factors

The LS/CMI provides a risk/need profile for the individual being assessed. This helps to identify the greater offending related needs in order to guide case management planning.

The average score for each of the subsections of Section 1 for the 13,558 LS/CMI assessments are provided in table 6. The median score is the middle value of the scores for each item.

Table 6. Risk items average scores

Section 1	Risk/ Need Scoring Range	Average score in Scotland	Median Score
Criminal History	0-8	3.8	4.0
Education / Employment	0-9	5.3	6.0
Family / Marital	0-4	1.4	1.0
Leisure / Recreation	0-2	1.4	2.0
Companions	0-4	1.9	2.0
Alcohol / Drugs	0-8	3.3	3.0
Pro-criminal Attitudes	0-4	1.0	0
Antisocial Pattern	0-4	1.6	1.0

Across the central eight risk factors, figure 5 illustrates the national overview of cases were risk/needs were assessed as medium to high.

Figure 5. Central Eight Factors (Cases assessed medium to very high)

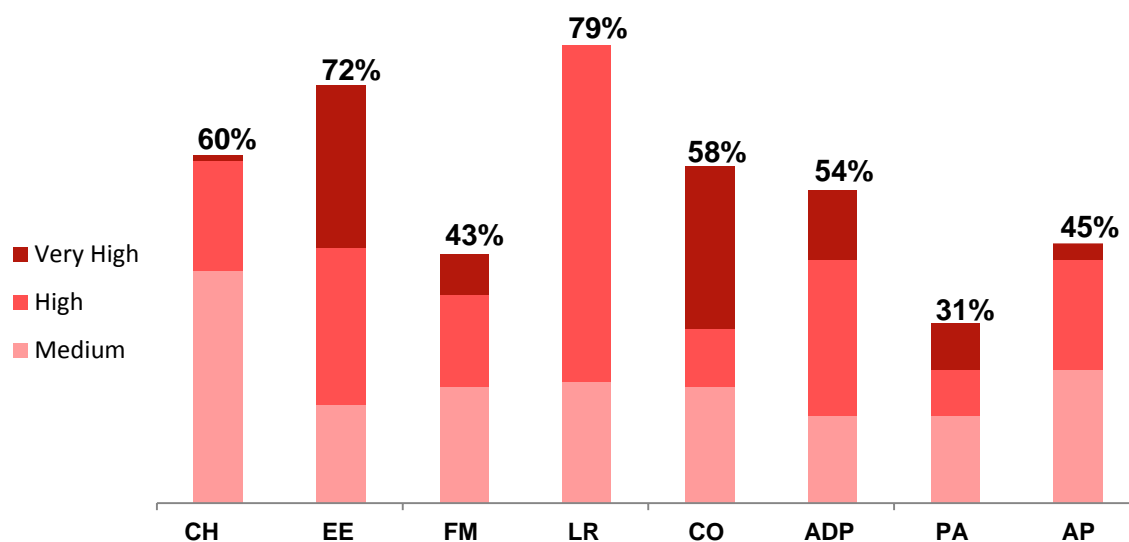


Table 7 illustrates all the central eight risk/needs as assessed from very low to very high.

Table 7. Distribution (in percentages) of risk/needs according to the Central Eight Factors

Risk/Need Level	CH	EE	FM	LR	CO	ADP	PA	AP
Very High	1	28	7	-	28	12	8	3
High	19	27	16	58	10	27	8	19
Medium	40	17	20	21	20	15	15	23
Low	24	13	27	-	14	26	17	24
Very Low	16	15	30	21	28	19	51	31

Gender

Identifying the gender of the individual being assessed was possible in a total of 13026 LS/CMI assessments: 1,956 females and 11,070 males.

Figure 6a. Risk/Need band distribution - Males

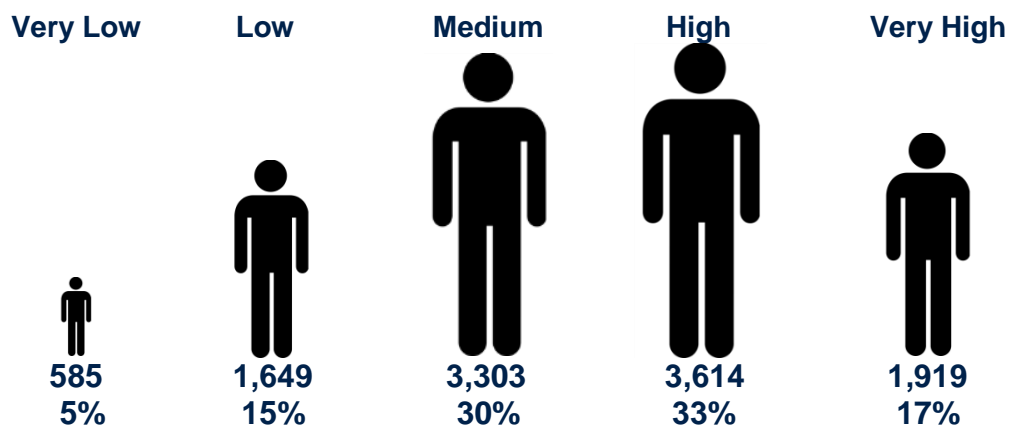
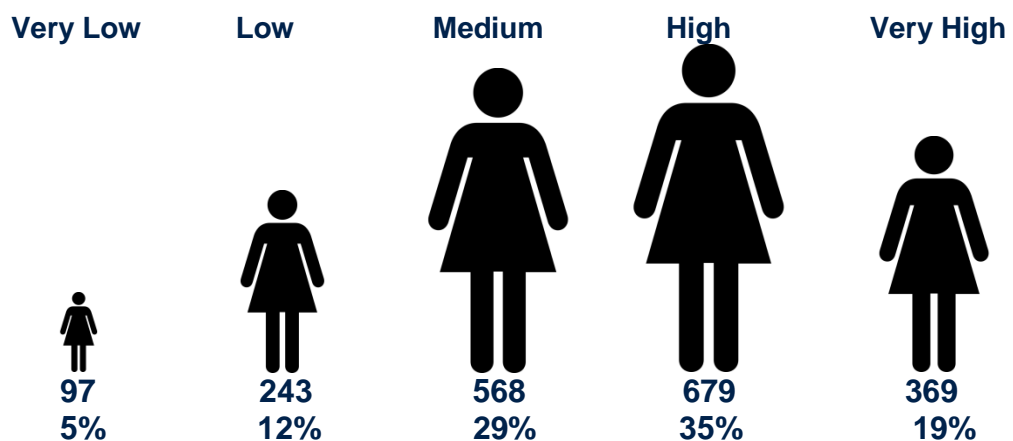


Figure 6b. Risk/Need band distribution - Females



Strengths

The LS/CMI provides an opportunity to identify client strengths that may promote desistance. The appropriate identification of strengths had arisen as an issue during the [learning evaluation](#)¹⁴ scoring accuracy checks. Table 8 provides the numbers in each age group that have identified strengths for each subcomponent of Section 1 of the LS/CMI. The percentages provided in table 8 relate to the percentage of the overall age group.

Table 8. Identification of Strengths according to risk factor and age group

	16 and 17 yr old	18 to 20 yr old	21 to 25 yr old	26 to 30 yr old	31 to 40 yr old	Over 40 yr old	Total
Criminal History	21 (3%)	145 (3%)	165 (2%)	130 (2%)	188 (2%)	283 (3%)	932
Education/Employment	20 (3%)	91 (2%)	198 (2%)	181 (3%)	257 (2%)	241 (2%)	988
Family/Marital	27 (4%)	187 (4%)	297 (4%)	238 (3%)	370 (4%)	319 (3%)	1438
Leisure/Recreation	16 (2%)	64 (1%)	146 (2%)	139 (2%)	184 (2%)	186 (2%)	735
Companions	12 (2%)	82 (2%)	156 (2%)	166 (2%)	272 (3%)	363 (4%)	1051
Alcohol/Drugs	20 (3%)	93 (2%)	174 (2%)	153 (2%)	222 (2%)	274 (3%)	936
Procriminal attitude	24 (3%)	154 (3%)	274 (3%)	255 (4%)	379 (4%)	409 (4%)	1495
Antisocial Pattern	7 (1%)	53 (1%)	100 (1%)	106 (1%)	174 (2%)	180 (2%)	620

¹⁴ Risk Management Authority. (2011) LS/CMI learning evaluation reports. Available from: <http://www.rmascotland.gov.uk/quality-assurance/>

Scored and non-scored items

The sub categories and items for each section were examined for the 13558 full LS/CMI assessments undertaken:

Section 1 - General Risk/Need Factors

Table 10. General Risk/Need Factors

	Number	Percent
Criminal History		
Previous episodes of offending, two or more	10,775	81
Probation/supervision breach	5,435	41
Arrested/charged under 16	3,425	26
Education/ Employment		
Currently unemployed	9,349	71
Unsatisfactory peer interaction	8,757	71
Unsatisfactory authority interaction	8,672	70
Left school at minimum leaving age	9,253	70
Family / Marital		
Unsatisfactory parental relationships	5,509	42
Criminal family/spouse	4,140	33
Unsatisfactory marital situation	5,164	40
Unsatisfactory, other relatives	4,307	33
Leisure / Recreation		
Absence of organised activity	9,859	75
Better use of time warranted	8,512	64
Companions		
Some criminal acquaintances	9,021	68
Few anti-criminal acquaintances	4,817	37
Some criminal friends	6,504	50
Few anti-criminal friends	5,685	44
Alcohol/ Drug Problem		
Alcohol problem, ever	8,789	67
Alcohol problem, current	5,161	39
Drug problem, ever	7,051	53
Drug problem, current	3,796	29
<i>Where substance problem is current:</i>		
Law violations	6,928	96
Marital / family situation affected	5,713	80
Education/work affected	3,999	57
Procriminal Attitude		
Supportive of crime	4,898	37
Poor toward convention	3,448	26
Poor toward supervision	2,576	20
Poor toward sentence	2,947	22
Antisocial Pattern		
Official record of assault/ violence	9,581	73
Pattern of generalised trouble	6,885	52
Early & diverse antisocial behaviour	4,883	37
Specialised assessment required	766	6

As noted previously identifying the gender of the individual being assessed was possible in a total of 13,026 LS/CMI assessments: 1,956 females and 11,070 males.

Section 2 – Specific Risk/Need Factors

The items most frequently identified as being personal problems with criminogenic potential are:

Table 11. Specific Risk/Need Factors

Problem solving deficits	6,799	52
Anger management	5,271	40
Underachievement	5,133	46
Problems of compliance	3,469	28

Section 2 – History of Perpetration

Sexual Assault

When examined at a local authority level the items where history of sexual assault were recorded were small in number. Nationally, the aspects of sexual assault that stood out as most prevalent are illustrated within table 12 below. From the 13,026 individuals where an LS/CMI has been completed and where gender is identifiable, it was possible to identify 25 (0.2%) women with a history of perpetration for sexual assault and 1,585 (12%) men.

Table 12. History of sexual assault for all cases

History of Sexual Assault	Number	Percent
Internet / mobile offences (grooming, indecent images)	481	4
Extrafamilial female child victim	443	3
Non-contact other	307	2
Intrafamilial female child victim	228	2
Extrafamilial adult female stranger victim	228	2
Extrafamilial adult female known victim	173	1
Non-contact indecent exposure female child victim	167	1
Non-contact indecent exposure adult female victim	165	1
Extrafamilial male child victim	130	1

Other Forms of Violence

Within Section 2.2 there are thirteen items to identify various forms of violence, table 13 illustrates the prominent five.

Table 13. Other Forms of Violence

	Number	Percent
Physical assault, extrafamilial adult male victim	6,241	48
Physical assault, extrafamilial adult female victim	1,371	10
Physical assault, intrafamilial adult/partner victim	3,244	25
Assault, authority figure	3,036	23
Knife use	2,698	21

Other Forms of Antisocial Behaviour

From the eleven items indicating antisocial behaviour the following were the prominent three

Table 14. Other Forms of Antisocial Behaviour

	Number	Percent
Theft/housebreaking	4,297	33
Shoplifting	3,595	27
Driving under influence	2,362	18

Section 4 – Other client issues.

The client issues in Section 4 may require special consideration in case management plans. The most prominent issues were:

Table 15. Other client issues

	Number	Percent
Financial problems	5,748	44
Victim of physical assault	4,563	35
Low self-esteem	4,217	32
Accommodation problems	3,689	28
Victim of family violence	3,333	26
Evidence of emotional distress	3,050	23
Suicide attempts/threat	2,433	19

Section 5 – Special responsivity considerations.

Service provision and/or supervision should be informed by responsivity issues to encourage engagement and overcome barriers. The most frequently identified were:

Table 16. Special responsivity considerations

	Number	Percent
Denial / minimisation	6,080	47
Motivation as a barrier	3,989	31
Interpersonally anxious	2,364	18
Mental disorder	871	7

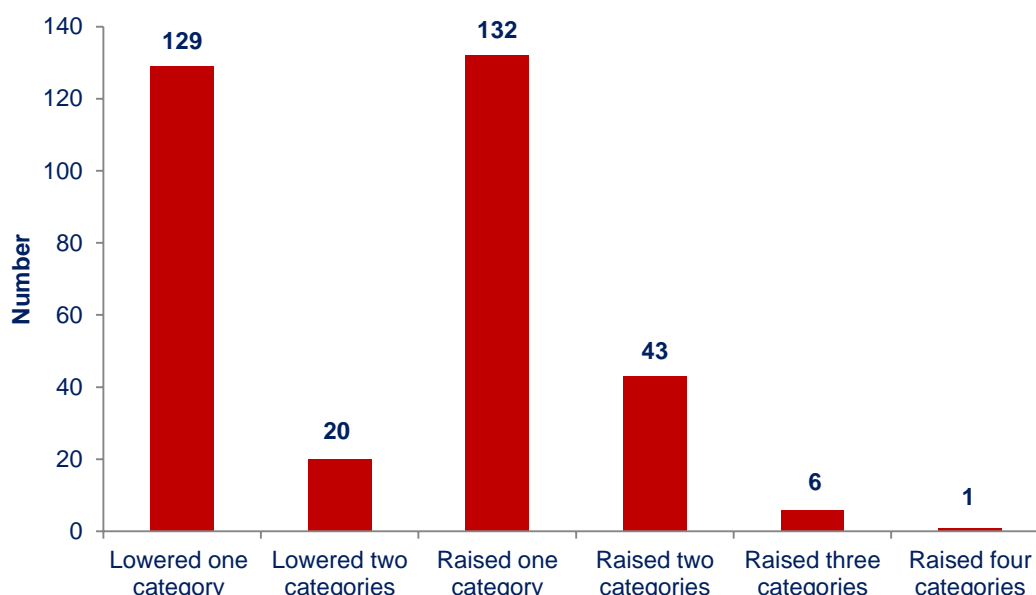
Overrides

As the use of the professional override with the LS/CMI “can lead to a slight, but systematic deterioration in the predicative validity of the LS/CMI,” (Wormith, Hogg and Gu, 2012)¹⁵ it is encouraging that the frequency of override within Scotland is very low.

Of the 13,558 LS/CMI assessments 2.5% (333 cases) indicated that an override to the risk/need level had been applied. According to the LS/CMI authors, where the overrides applied exceed 10% or more cases this should trigger exploration of the reasons for this.¹⁶

Of the overrides applied the majority resulted in changing the risk/ need level by 1 category. However, there are 70 instances (21% of all overrides) where the risk/ need level was overridden by more than one category - see figure 10. This includes one example of an assessment being changed from very low to very high risk/ needs level.

Figure 7. Use of overrides in Scotland



Currently the system report does not provide the recorded reason for an override being applied. It would be useful to develop the system report further to provide this information as this would contribute to quality assurance measures. This additional information could also help identify whether there are common reasons or circumstances for requesting an override or not.

¹⁵ J.S. Wormith, S. Hogg and L. Guzzo (2012). Offender Recidivism and an Exploration of the Professional Override: The Predictive Validity of a General Risk/Needs Assessment Inventory on Sexual, Canada. Available from: <http://cjb.sagepub.com/content/39/12/1511.full.pdf+html>

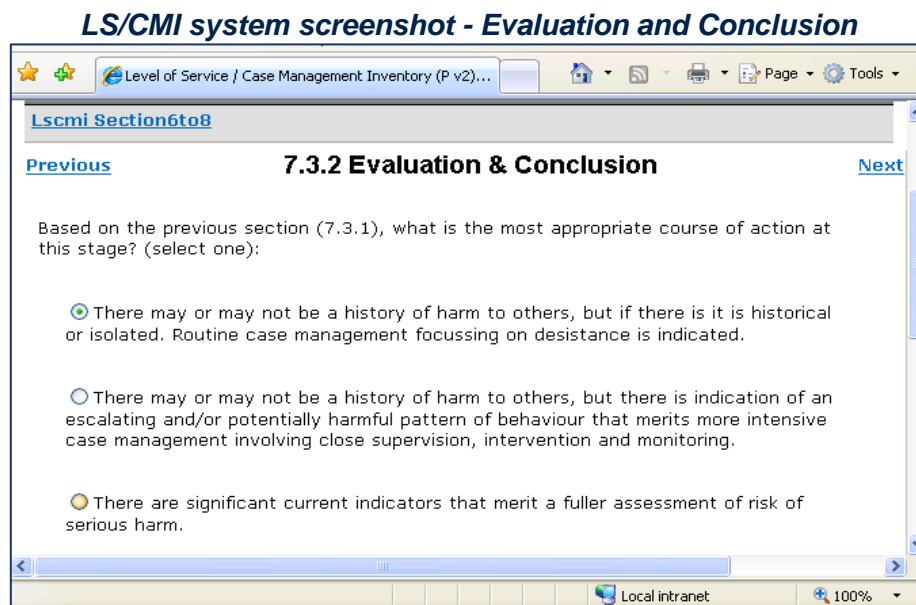
¹⁶ D.A. Andrews, J.L. Bonta, J.S. Wormith. (2004) LS/CMI User’s Manual. Multi-Health Systems. Toronto

Assessment conclusions

After completing the first 6 sections of the LS/CMI and producing a risk/needs profile and suggested risk/needs level for offending generally, the assessor is led through an analysis of the pattern, nature, seriousness and likelihood of offending (Section 7.3.1) to consider the relevance to the risk of harm to others posed by offending before evaluating this against criteria for further action.

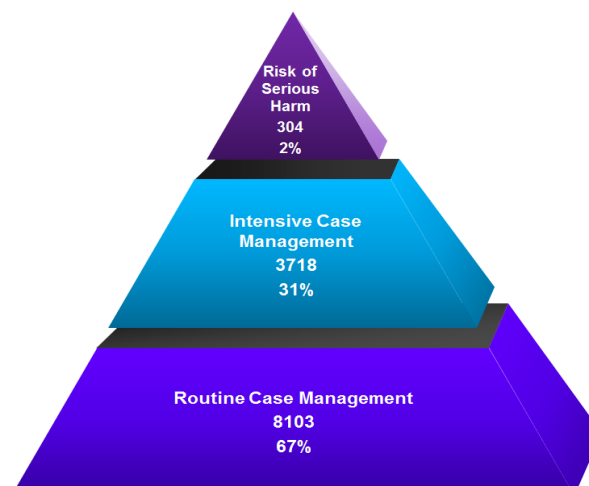
The available conclusions are:

- routine case management;
- intensive case management with close supervision, intervention and monitoring; or
- fuller assessment for risk of serious harm.



These conclusions were compared with the supervision intensity levels indicated in section 9.1.4 *reporting requirement* to consider how consistent the conclusions and supervision outcomes were. Within the national data the 12,125 *Evaluations and Conclusions* that relate to community based assessments were distributed as follows:

Figure 8. Distribution of Evaluation and Conclusion



Of these cases, the distribution across the three levels of assessment follows the **tiered** approach with proportionately greater levels of assessment and intervention.

The community case management conclusions were compared with the supervision intensity decisions. National Outcomes and Standards¹⁷ provides guidelines on the expected level or intensity of supervision, based upon the likelihood and impact of further offending.

Of the 8,103 cases where **routine case management focussing on desistance is indicated** the supervision intensity decision is shown below:

Level of supervision for the 8103 cases:		
• Low	24%	(n=1,930)
• Medium	55%	(n=4,477)
• High	11%	(n=880)
• Very High	0.7%	(n=55)
• Other	0.1%	(n=12)
• Not indicated	9%	(n=749)

For the 3,718 cases that **merit more intensive case management involving close supervision**:

Level of supervision for the 3718 cases:		
• Low	2%	(n= 92)
• Medium	46%	(n=1,708)
• High	40%	(n=1,479)
• Very High	3%	(n=97)
• Other	0.2%	(n=9)
• Not indicated	9%	(n=333)

There were 304 cases where a **risk of serious harm assessment** had been indicated:

Level of supervision for the 304 cases:		
• Low	3%	(n=8)
• Medium	10%	(n=31)
• High	53%	(n=161)
• Very High	15%	(n=45)
• Other	3%	(n=10)
• Not indicated	16%	(n=49)

At the 7.3.2 stage of the LS/CMI, if the option to complete a fuller risk of serious harm assessment is selected then the level of detail in the assessment process becomes more intensive. The relatively few assessments that are conducted at this level may conclude that a risk management plan is required.

It is presumed that the numbers that have no supervision intensity indicated will be where, following the evaluation and conclusion in Section 7.3.2, the cases have not yet progressed onto Section 9 case management planning.

¹⁷ Scottish Government (2010) National Outcomes and Standards for Social Work Services in the Criminal Justice System.
Available from: <http://www.scotland.gov.uk/Resource/Doc/925/0103556.pdf>

A total of 460 cases drawn from the community systems had an institutional based conclusion recorded:

Enhanced Integrated Case Management	(n= 421)
Referral to Risk Management Team	(n= 39)

These are likely to cases which have either transferred from the prison estate and have yet to have a community based assessment applied or, in some instances, may be custody assessments applied by prison based social work using the locally available community system. During the early stages of implementation, at least 1 prison based social work unit conducted assessments on the community system until issues with accessing the prison system were resolved.

Resulting supervision levels

When an individual is subject to supervision and a case management plan is being devised, the case manager specifies the supervision intensity level that is required within Section 9.1.4 of the LS/CMI.

Supervision intensity levels are specified in National Outcomes and Standards for Social Work Services in the Criminal Justice System. (Scottish Government, 2010)¹⁸ The four levels of intensity allow for flexibility in levels of contact within the following parameters:

Very high intensity – Contact with the case manager should be at least once a week and up to seven contacts per week with other staff or partners.

High intensity – Contact with the case manager should be at least once a week and up to three contacts per week with other staff or partners.

Medium intensity – Contact with the case manager should be once a week to be reviewed after the first three months.

Low intensity – The case manager should have one contact per month reviewed every six months.

This approach of matching the level of risk/needs with the level of service / intervention provided is based on the risk, needs, and responsivity model. (Andrews, D. A. & Bonta, J. (2010)¹⁹

The LS/CMI final risk/needs level was compared with the supervision intensity decision, to provide an indication of where resources are likely to be targeted and to what extent assessment matched decisions on intervention.

There were 11,377 cases where a decision on supervision intensity had been made:

Supervision Intensity ratings:

Low Intensity	18%	(n=2,098)
Medium Intensity	56%	(n=6,407)
High Intensity	23%	(n=2,634)
Very High Intensity	2%	(n=205)
Other	0.3%	(n=33)

Where an intensity level is specified but no risk/need level is recorded will be cases where a full reassessment is being applied. Excluding the 33 cases where the supervision intensity was 'Other', the association between the assessed risk/ need level and the subsequent intensity of supervision decision is illustrated in table 17:

¹⁸ Scottish Government (2010) National Outcomes and Standards for Social Work Services in the Criminal Justice System.

Available from: <http://www.scotland.gov.uk/Resource/Doc/925/0103556.pdf>

¹⁹ Andrews, D.A., Bonta, J.L. (2010) The Psychology of Criminal Conduct. Newark, NJ..

Table 17. Comparison of LS/CMI risk/need categories with supervision intensity ratings

Final LS/CMI Risk/Need Category	Supervision Intensity rating			
	Low intensity	Medium intensity	High intensity	Very High intensity
Very Low	399 (19%)	143 (2%)	37 (1%)	0
Low	845 (40%)	697 (11%)	121 (4%)	4 (2%)
Medium	545 (26%)	2,534 (39%)	360 (14%)	3 (1%)
High	202 (10%)	2,241 (35%)	1,138 (43%)	30 (15%)
Very High	57 (3%)	664 (10%)	914 (35%)	161 (78%)
No risk/need level recorded	50 (2%)	128 (2%)	64 (2%)	7 (3%)

Within each level of supervision intensity, the largest proportion of cases correspond directly to the assessed level of risk/need.

Within National Outcomes and Standards the level of supervision and intensity of contact can further be determined by consideration of the pattern, nature and seriousness of the offending. Therefore, in some cases this will inform the level of supervision intensity required, based on the risk of serious harm posed or the complexity of the case.

Local authority reports have highlighted where there may be benefit in monitoring what appear as anomalies in the supervision intensity decisions, not following the approach of following the risk, needs and responsivity principles. For example in the national data:

13% (n=259) of the low intensity supervision decisions have been assessed as high or very high risk/needs.

5% (n=158) of the high intensity supervision decisions have been assessed with low or very low risk/needs.

3% (n=7) of the very high intensity supervision decisions have been assessed with low or medium risk/needs.

The resources required to provide high or very high supervision would need to be justified for clients with low risk/ needs and conversely a decision to manage a client with high risk needs at low supervision intensity levels would require supporting rationale.

Frequency of assessments

There are a number of instances where multiple assessments have been applied on the same individuals:

- 5% of cases where more than one initial assessment on the same individual has been applied;
- 3% of individuals where more than one full LS/CMI assessment has been applied.

There are a range of possible reasons for applying a further assessment - some of which will be appropriate and are to be expected whilst others may be due to misunderstanding as users became familiar with the IT system:

- A further *initial assessment* on the same individual with a *different* case number.
This situation would arise where the first assessment has been completed and closed then a new case created some time later. This would be expected and appropriate where:
 - Initial assessment #1 applied to inform a court report and the record was closed because the outcome from court did not involve community supervision at that stage;
 - Initial assessment #2 applied some time later to inform a new court report.
- A further full assessment on the same individual with the *same* case number.
Applying a further, full LS/CMI on the same case could occur for a couple of reasons:
 - a further full assessment is warranted because a 'significant event' has occurred or a significant period of time has elapsed which could result in significant changes to the original risk/ need level or management plan;
 - the assessor has selected to 're-assess' in error.

There is an issue with the accurate recording of reason for assessment as where a further full assessment has been applied the recorded reason for assessment was unchanged – see table 12.

Table 18. Recorded Reason For Assessment Unchanged

1st assessment reason = same as 2nd assessment	Number
Court report	458
Community supervision intake	165
Post release supervision intake	53
Community other	22

This suggests that some users have not been aware of the need to change the reason for assessment to 'reassessment' (and specifying the reason) when a further full LS/CMI is being applied in an open case.

Data Integrity

A 'holding' Unique Reference Number (URN) was apparent within a small number of cases from the national data. For example:

S000000/000 - used by ten different areas;
S000000/00A - used by nine different areas;
S000001/00A - used by three areas;
S999999/99A - used by two areas.

Numbers such as these will have been created where the individual being assessed has no URN. This situation is likely to occur when the Criminal Justice Social Work Service is required to assess and/ or manage an individual on behalf of another offender management jurisdiction and the individual concerned has not previously been involved in Scotland.

In all there are just short of sixty Unique Reference Numbers which appear to be created by the assessor, which equates to 0.1% of all records.

The integrity of local reference numbers (the local information system number, (e.g. example, the CareFirst/ CareJustice, SWIFT or SWIS reference number) was an issue in a far larger number of records. The local reference number was missing in at least 18% (n=7,500) of all records and clearly incorrect in a further 5% (n=2100). Incorrect reference numbers tended to be either a court reference number or single letters, numbers or symbols.

The records where the local reference number is missing will be assessments started within Version 1 of the system, when that particular field was not mandatory. This particular field became mandatory within Version 2 of the system.

Conclusion

Analysing the national data available in September 2013, highlighted a number of positive trends regarding the application of the *tiered* approach to assessment. This included a rise in the number of initial assessments undertaken to inform court reports from 33% to 62% between 2011 and 2013.

The evaluation and conclusion of assessments illustrated increasingly greater levels of assessment for those individuals who required more intensive examination or scrutiny. Similarly the assessed level of risk/need corresponded directly to supervision intensity levels, for largest proportion of cases in each level.

The purpose of the LS/CMI in practice report is to provide an analysis of information from the use of the LS/CMI system in Scotland to support the development of self-evaluation, quality assurance measures and service planning. This national comparison can be used to identify differences from the data analysed in each local authority report during 2013.

In addition, a number of recommendations have been identified to support the local provision of quality assurance.

Recommendations

Applying Initial Assessments:

Whilst the extent of initial assessments undertaken at court report stage has increased to 62% by 2013, the number of these assessments should broadly correspond to the number of court reports undertaken as applying the initial assessment at the court report stage should be sufficient in most cases.

Recommendation 1: Services should monitor the use of the method at the court report stage to ensure an appropriate level and depth of assessment is being applied.

Applying Full LS/CMI Assessments:

Nationally, 33% of all cases have had a full LS/CMI applied but at a local level this proportion varied widely. This depth of assessment is required to inform case management and/ or risk management planning decisions. The widely varying proportions between areas suggests that the full LS/CMI is not being applied on all individuals subject to statutory supervision within some areas.

Recommendation 2: Services should ascertain whether the full LS/CMI is being applied in all new statutory supervision cases.

Reason for Assessment:

The vast majority of all records have 'court report' recorded as the reason for the assessment being applied. Whilst this reason is to be expected in most cases, it is evident that there are a number of instances where the specified reason for assessment is not accurate. For example, in 5% of cases where more than one full LS/CMI has been applied, the reason for the further assessment has not been amended to.

Recommendation 3: Services establish a method for ensuring that the recorded reason for assessment is accurate.

Override:

Overriding assessments is a result of assessor and line manager agreement. There is some evidence that in some cases the overriding process could benefit from closer examination given the degree of override being approved.

Recommendation 4: Services should establish a means to monitor the level of adjustment being applied in cases where an override is being approved and aim to ensure the degree of override being applied is warranted.

Supervision Intensity Decisions:

Decisions on supervision intensity levels generally reflect the assessed risk/ need level. However, in a small proportion of cases there is variation between the assessed risk/ need level and decision on the intensity of supervision.

Recommendation 5: Services should ascertain the rationale for decisions on supervision intensity which run counter to the assessed risk/ need levels to ensure proportionate management decisions are being applied.

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Risk Management Authority
7 Thread Street
Paisley
PA1 1JR

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