

The Level of Service/Case Management Inventory (LS/CMI)

Guidance

Using The LS/CMI in Prison and Throughcare

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1. VERSION CONTROL

Version	Date	Narrative
1.0	13/03/2012	Final version for approval, reflecting agreement from Working Group involving Social Work, SPS & SG.
2.0	September 2024	Revised version agreed by Working Group involving SPS, Social Work & RMA.
2.1	March 2025	Minor updates: adding link to updated Standards & Guidelines for Risk Management, additional guidance and link to MAPPA and QA.

2. PURPOSE OF THIS DOCUMENT

The purpose of this document is to support SPS Integrated Case Management (ICM) staff, Prison Based Social Work (PBSW) and Community Based Social Work (CBSW) staff who are involved in assessment and management planning decisions for individuals involved in offending, specifically in the use of the Level of Service Case Management Inventory (LS/CMI) assessment method and alignment with current case and risk management processes.

It is important to note that this document does not replace the need for staff to continue to apply professional judgement and to share and record information between SPS and social work services.

3. BACKGROUND

The LS/CMI¹ is a comprehensive general offending assessment and case management planning method. It is used by all community and prison-based justice social work services in Scotland to aid decisions on the level and focus of intervention with people (aged 16+) who have been involved in offending.

The LS/CMI in Scotland

The method has been adapted for use in Scotland to enable an evaluation of the pattern, nature, seriousness and likelihood of offending and helps structure professional decision making in a manner that is consistent and comprehensible regardless of the nature or complexity of the case.

The process for administering the LS/CMI follows a triage approach, which enables three levels of increasing assessment:

- **A scan level² or initial assessment:** Applied at the pre-sentence stage to help inform the court of the suitability of community-based disposals.
- **An examination level:** Applied in all cases where the disposal from court involves statutory social work intervention. This depth of assessment is used to inform decisions about the management plan for the person whilst subject to social work intervention – both whilst in custody and for the duration of any period of supervision after release.
- **A scrutiny of risk** is completed for those where there are indicators of a risk of serious harm. The method follows a structured professional judgement approach to analysing the risk of serious harm in depth. The assessment informs decisions on what type of plan is required to manage the risks the person presents including a Risk Management Plan (RMP).

An LS/CMI IT system was developed in 2010 and is used by Justice Social Work services, both community and prison based, undertaking assessments and devising management plans for those subject to supervision.

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

² See [FRAME](#) (Framework for Risk Assessment, Management & Evaluation) 2011 for more information on tiered assessment.

The LS/CMI is broken down into 4 parts:

1) Offender History Form

This is the start of all LS/CMI cases and includes key identifiers such as the name of the individual, date of birth & CHS number; the reason for assessment; sources of information used to inform the assessment, current offences; relevant previous convictions plus disposal from court.

2) Initial Assessment

This allows a scan level of assessment, typically used to inform court reports prior to sentencing and is intended only for use in the community setting.

The Initial Assessment incorporates the LSI-R:SV (an 8-item screening version of Level of Service method) plus an initial analysis of offending (considers the pattern, nature, seriousness and likelihood of offending).

3) Full LS/CMI 1-8

This is a fuller assessment, used in both community and custodial settings and includes the following:

- **Section 1: General Risk/Need Factors.** *Scored section which considers criminal history; education/ employment; family/ marital; leisure /recreation; companions; alcohol/ drug problems; pro-criminal attitude/ orientation; antisocial pattern.*
- **Section 2: Specific Risk/ Need Factors.** *Includes consideration of personal problems with criminogenic potential; history of perpetration (sexual & non-sexual assault, other forms of violence and other forms of anti-social behaviour).*
- **Section 3: Prison Experience.** *History of Imprisonment past & current.*
- **Section 4: Other Client issues.** *Social, Health, Mental Health.*
- **Section 5: Special Responsivity Considerations.**
- **Section 6: Risk/Needs Summary & Override.** *Provides a risk/needs score; an overall risk needs level and, where appropriate the ability to override the score driven risk/need level (overrides are subject to line manager approval).*
- **Section 7: Analysis of Offending.** *A consideration of the impact of offending in terms of pattern, nature, seriousness and likelihood. This informs an evaluation and conclusion on whether further assessment (a full risk of serious harm assessment) is warranted.*
- **Section 7.4: Full risk of serious harm assessment.** *This section enables a scrutiny level of assessment which includes an offence analysis, formulation a judgement on imminence, a summary of the risk of serious harm and a decision of what type of plan is required (a Case Management or a Risk Management Plan).*
- **Section 8: Programme/Placement Decision.** *A summary of findings including the level of supervision required/ recommended.*

4) Management Planning Sections 9 to 11 Where an individual is subject to statutory social work supervision in the community, or will be upon release from custody, either a Case Management or a Risk Management Plan is required.

- **Section 9: Case Management Plan.** *A record of key actions and timescales to address prioritised criminogenic needs, non-criminogenic needs, responsivity issues; and strengths.*
- **Section 9: Risk Management Plan.** *For individuals who present a risk of serious harm and requires intensive and co-ordinated measures to manage the assessed risk(s). Includes a contingency plan.*
- **Section 10: Progress Record.** *For recording and evaluating progress on the actions identified within either the case management or risk management plan.*

- **Section 11: Discharge Summary.** *Completed when the individual is discharged from custody or community supervision.*

4. PROCESS FOR USE OF LS/CMI

Within custodial settings, the use and application of the LS/CMI is the responsibility of PBSW and as such they will have sole responsibility for creating and updating LS/CMI records. Relevant SPS staff will have access to LS/CMI but on a read only basis.

To avoid duplication and twin tracking/monitoring using 2 systems i.e. LS/CMI and PR2 whilst the individual is in the custodial setting, the LS/CMI will be used to assess and inform Case Management Plans (CMP) or Risk Management Plans (RMP) when required. PR2 will continue to be the live system used to track, monitor and record updates of actions which will continue to be updated by ICM staff.

The following are the key steps for the use of the LS/CMI in the custodial and throughcare context:

1. An assessment using the LS/CMI will be undertaken for all individuals subject to statutory post release supervision (Enhanced ICM).
2. Where an assessment using the LS/CMI is required, PBSW should either continue with the record transferred in from the community or, where no community LS/CMI record exists, create a new LS/CMI record.
3. Within five months of sentence: The LS/CMI assessment will be undertaken and made available for the first ICM Case Conference.
4. Whenever the conclusion at Section 7.3.2 is that fuller assessment is merited, a full risk of serious harm assessment should be completed. This includes completing it for the first ICM Case Conference.
5. If a full risk of serious harm assessment is not required, PBSW will draft a CMP (section 9), in preparation for the pre-case conference meeting between the social worker and the ICM Case Coordinator. The social worker will record in section 9.2.6 that the CMP is for information purposes only as the plan is taken forward via the multi-agency ICM process and monitored by SPS.
6. Routine mechanisms will be employed to assure the quality of assessment and management practice.³
7. The pre-case conference meeting will focus on the LS/CMI risk/needs assessment and the draft CMP (section 9.2). The social worker will also discuss the fuller risk of serious harm assessment where required.

In the vast majority of instances, the Risk Management Plan will not be completed by PBSW until the prisoner reaches progression/parole stage in their sentence as

³ See Standard 5 of [FRAME](#)

the risk planning/management within the custodial sentence is the primary role for SPS.

Subject to agreement between PBSW and SPS there may be some limited instances, where the case requires complex management arrangements, when a RMP will be required to be documented using LS/CMI prior to progression/parole and as part of management within custody.

A RMP will need to be completed as part of management within custody when active and alert risk measures are required to manage the risk of seriously harmful behaviour to others within or outwith the custodial setting.

8. The output from the pre-case conference meeting will form the basis of discussion at the ICM case conference.
8. The LS/CMI assessment and draft case management plan will be used for discussion at the Case Conference to refine and agree the CMP which will be recorded on the ICM 'Record of Outcomes' in case conference document. The agreed outcomes of the ICM Case Conference will then be used to update the PR2 record by the ICM case coordinator.
9. PR2 will remain the live system for ongoing tracking and update of the agreed plan.
10. At subsequent ICM case conferences, discussions will focus on the ICM 'Record of Outcomes'. The ICM case coordinator will update PR2 following each meeting. LS/CMI reassessment is triggered by the ICM which immediately preceded the pre-release ICM or the parole qualifying date.
11. If a significant event occurs before any scheduled ICM Case Conference, the LS/CMI should be reassessed and ICMCC convened. A significant event is defined as a something which might result in a significant change to the conclusion of the current assessment &/or management plan for the individual. Further information can be found within [Standards & Guidelines for Risk Management](#).
12. The LS/CMI will be reassessed when progression is being considered (e.g. transfer to less secure conditions, open estate or prior to release).

A full risk of serious harm assessment should be completed where the conclusion at Section 7.3.2 is that a fuller assessment is merited.

The reassessment, updated CMP (or RMP where required) will be used as the basis for RMT discussion.

Where an individual requires active and alert multi-agency risk management, a RMP will require to be developed in collaboration with community partners, PBSW, and psychology, and ratified by the Risk Management Team, prior to progression to less secure conditions and unescorted community access.

For individuals who require active and alert risk management, see chapter 15 of the [MAPPA national guidance](#) for information on the referral process and timescales for referral prior to release.

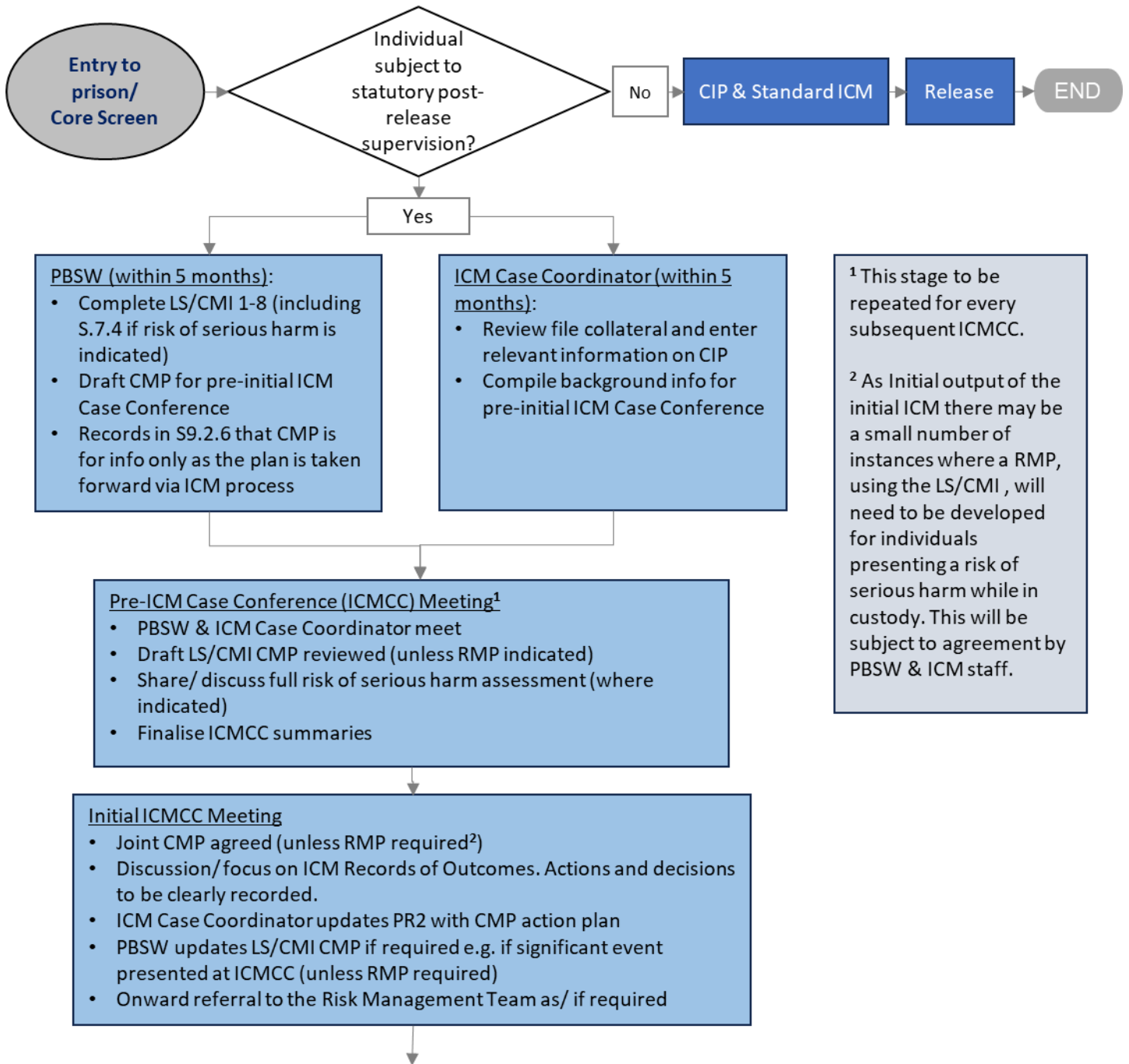
13. PBSW and CBSW must communicate effectively at as early a stage as possible and seek agreement around risk assessment and risk management.

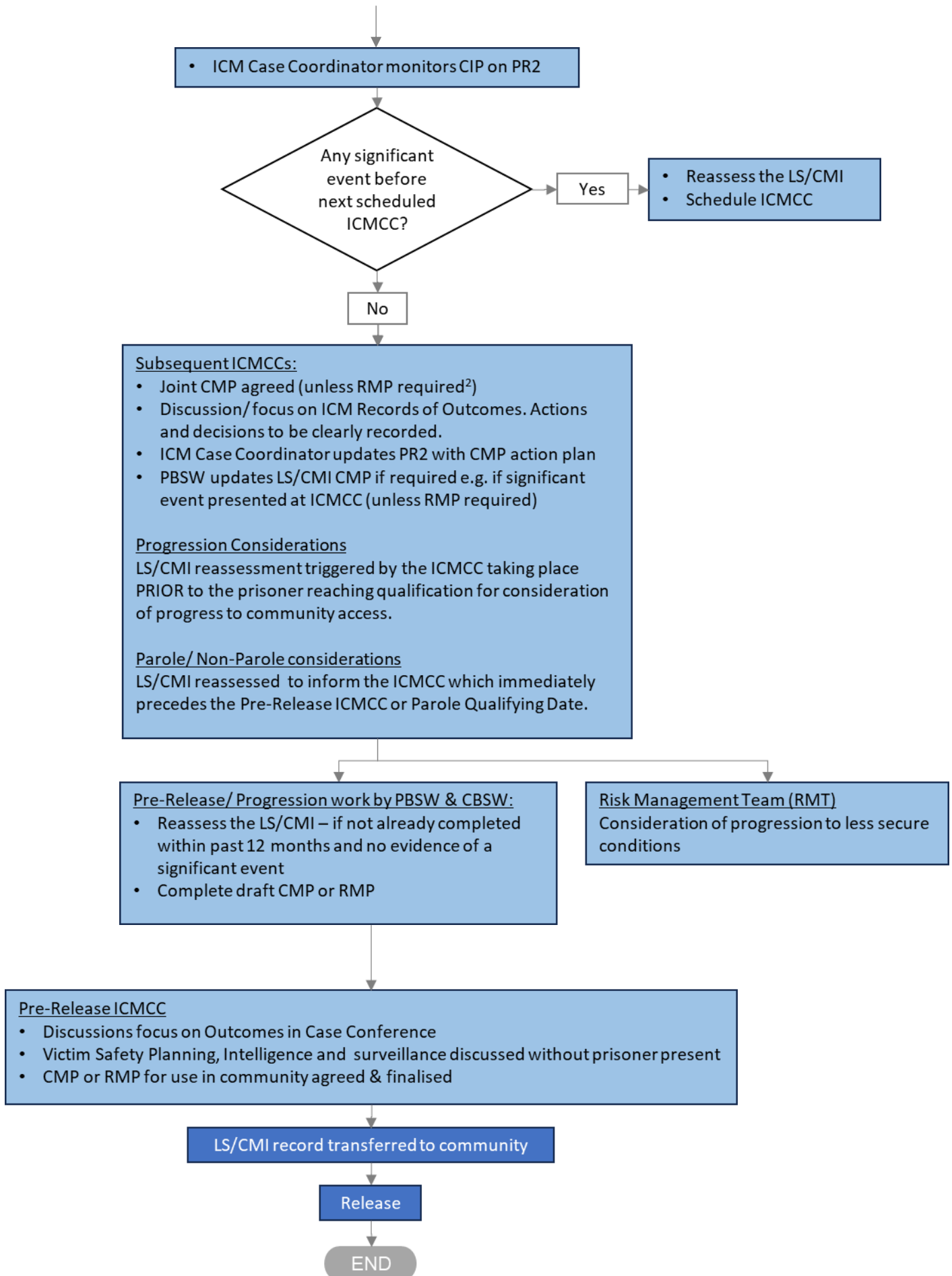
Where there is a lack of consensus between PBSW and CBSW this must be resolved by social work managers – however, ultimate responsibility lies with the local authority (i.e. the Responsible Authority) who will be managing the risk(s) in the community

14. Where an enhanced ICM individual is to be considered for release, refer to the Throughcare Assessment for Release Licence (TARL) guidance [here](#).

5. PROCESS FLOW CHART

The process below illustrates the use of the LS/CMI:





6. ROLES AND RESPONSIBILITIES

The established multi agency ICM Case Conference will remain the primary decision maker for Offender Case Management within SPS. LS/CMI provides part of the information to be considered by the case conference.

In addition to the role and responsibilities of PBSW as detailed above (pages 5-7) other roles and responsibilities associated with LS/CMI delivery and its integration with the ICM process are outlined below.

ICM Case Coordinator and Psychology

ICM case coordinators and psychology should have read only access to the information within the LS/CMI system for the purpose of information sharing.

The ICM case coordinator will be responsible for updating PR2.

Community Based Social Work – Throughcare

Joint assessment and management planning between CBSW and PBSW is critical to the LS/CMI process as there can only be one LS/CMI record for each individual being assessed/ managed.

The RMP, where required, must be discussed at the pre-release ICM meeting and shared as far as possible with the prisoner.

In recall cases the LS/CMI record should be retained by CBSW until a decision is reached by the Immediate Re-release Hearing. Where the decision is to not re-release then the LS/CMI record should be transferred back to PBSW.

Where there is no Throughcare requirement post release the LS/CMI record should be closed and retained within the prison instance of the LS/CMI system. If the LS/CMI record is subsequently required by CBSW (e.g. to inform a Justice Social Work Report for Court) the closed record can be transferred into the community instance of the system without requiring approval by PBSW.