SCOTTISH EXECUTIVE

Serious Violent and Sexual Offenders: The use of risk assessment tools in Scotland

Crime and Criminal Justice

SERIOUS VIOLENT AND SEXUAL OFFENDERS: THE USE OF RISK ASSESSMENT TOOLS IN SCOTLAND

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EXECUTIVE SUMMARY

INTRODUCTION AND METHODS

The report of the MacLean Committee on serious violent and sexual offenders (Scottish Executive, 2000) identified a need for further research into risk assessment and recidivism in relation to this group. In response to the MacLean Committee recommendations the Scottish Executive commissioned research on risk assessment tools in use in Scotland. The aim of this research is to provide an audit of risk assessment instruments currently in use with serious violent and sexual offenders, to describe how they are used and to assess progress with the validation of risk assessment instruments for use in Scotland.

Two principle methods of data collection were employed in this study. This first consisted of a postal survey (audit) of tools and approaches being employed to assess risk among serious violent and sexual offenders in Scotland. This was supplemented by interviews with a range of professionals involved in risk assessment to explore in greater depth the issues associated with risk assessment and management in practice.

TOOLS IN USE IN SCOTLAND

Various different approaches to risk assessments were being adopted by different professional groups working in different settings across Scotland. Social workers were most likely to use tools developed to assess risk of recidivism amongst general offender populations while the police did not make use of standardised instruments in the risk assessments they undertook.

Psychologists – in prisons and in forensic health settings – were most likely to employ tools that had been developed to assess risk of sexual or violent offending (or close correlates thereof) that had been validated, though only three of the tools used had been validated against Scottish populations.

Tools in use had mostly been validated against or based on research evidence derived from male populations. Particular populations for whom existing tools were considered mostly inappropriate included young offenders (under 18 year of age), women and offenders with mental health problems.

RISK ASSESSMENT IN PRACTICE

Risk assessments were undertaken in a variety of contexts, including prisons community justice settings, secure and medium secure units and mental health in-patient and out-patient facilities. Risk assessments variously informed risk management plans, helped inform multi-agency risk management strategies, assisted in the matching of offenders to interventions and aided recommendations regarding release/discharge/ sentencing in court.

Various professionals were involved in the completion and interpretation of risk assessments. They had, in most cases received training appropriate to this task and

mechanisms appeared to be in place to quality assess the work. Risk assessments usually were time-consuming and resource demanding and sometimes constrained by external time frames. Respondents also identified important gaps in the availability of information to inform risk assessments, including witness statements and court records.

STRENGTHS AND WEAKNESSES OF DIFFERENT APPROACHES TO RISK ASSESSMENT

Tools had most often been adopted for use in risk assessments on account of the ease with which they could be administered and/or scored, their ability to identify risk of harm and their ability to identify the risk of sexual offending. Social workers were more likely to use tools that were relatively easy to administer while psychologists were attracted to tools that had been validated, particularly if normative data for Scotland were available. One specialist project had developed its own tools which, although it had not been validated, was being considered for national adoption by the police.

A primary consideration for all professional groups in their approach to risk assessment was the ability to make defensible decisions backed up by appropriate tools. Different tools and approaches were perceived to have different strengths, however their ability to inform risk management plans was considered critical. Weakness associated with different tools included their complexity, their lack of objectivity, their lack of validation and their inability to measure the specific risks associated with the types of offenders who are the subject of this report.

RISK MANAGEMENT

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A primary consideration for all professional groups in their approach to risk assessment was the ability to make defensible decisions backed up by appropriate tools. Different tools and approaches were perceived to have different strengths, however their ability to inform risk management plans was considered critical. Weakness associated with different tools included their complexity, their lack of objectivity, their lack of validation and their inability to measure the specific risks associated with the types of offenders who are the subject of this report.

MULTI-AGENCY RISK ASSESSMENT AND MANAGEMENT

There was a general recognition, among those who participated in the research, of the value of a multi-agency approach to risk assessment and, in particular, to risk

management, though the extent to which this occurred was somewhat variable. Opinions were divided as to whether it was feasible or desirable to implement a common approach to risk assessment across different disciplinary groups, though a greater degree of consistency would be welcomed.

Multi-agency risk management operated in different ways and at different levels within various settings. The strengths of multi-agency approaches to risk management included the increased ability to tailor responses to the risks presented by an individual and the avoidance of a single agency being accountable for any adverse outcomes. Effective multi-agency approaches could, however, be undermined by issues such as the failure to share relevant information and the varied approaches adopted by different agencies towards risk assessments and their interpretation.

CONCLUSIONS

The study revealed wide variations in the approaches adopted to assessing risk among serious violent and sexual offenders by different professional groups. Even within agencies or professional groups different methods of risk assessment were evident, though there was evidence of a movement towards greater consistency within prisons and across Scottish police forces. Little use was being made of validated risk assessment tools outwith prison and health settings and concerns were expressed about the absence of tools for use with young people, women and mentally disordered offenders. The current situation undoubtedly detracts from the effectiveness of multi-agency risk assessments and may have adverse consequences for the effective management of offender risk.

CHAPTER ONE: BACKGROUND AND METHODS

BACKGROUND AND OBJECTIVES

1.1 The report of the MacLean Committee on serious violent and sexual offenders (Scottish Executive, 2000) identified a need for further research into risk assessment and recidivism in relation to this group. In response to the MacLean Committee recommendations the Scottish Executive commissioned research on risk assessment tools in use in Scotland. The aim of this research was to provide an audit of risk assessment instruments currently in use with serious violent and sexual offenders, to describe how they are used and to assess progress with the validation of risk assessment instruments for use in Scotland.

1.2 The specific objectives of the research were to:

- Conduct an audit of the risk assessment instruments and techniques currently used with serious offenders in Scotland by different professional groups;

- Identify the range of risks assessed by different instruments and by different professional groups in determining which offenders pose a high risk to public safety;

- Describe how the instruments are used, including an examination of their administration;

- Examine the use made of risk assessment information in different contexts, including if and how this information is translated into risk management for different groups of offenders by the range of professionals and how different professional groups work together and communicate in respect of risk assessment and risk management; and

- Assess progress with the validation of different instruments for use with different groups of offenders in Scotland and review any existing evidence on their predictive efficacy.

1.3 The research takes account of the wide range of professional groups using risk assessment tools, the differing tools and differing views of risk subsequently generated, and issues for inter-agency risk assessments and multi-agency responses to risk management. The main methods used are (a) a literature review; (b) an audit of risk assessment tools via a survey; (c) interviews with managers and staff involved in the use of risk assessment tools across a range of agencies and professional groups; (d) observation, where appropriate, of the use of tools 'on the ground'[1]; (e) exploration of implementation issues, including the interface between the secure establishment and the community, and mental health services and the community.; and (e) exploration of the role of multi-agency fora in the assessment and management of offender risk. The literature review (including the assessment of the

[1] This, in practice, did not prove to be a feasible since in most cases risk assessments were conducted over several contacts with offenders and/or were based on the review of documentation from a range of sources.

predictive efficacy of tools) is published as a separate report (Kemshall, 2002). A review of the statistics and literature on recidivism among serious violent and sexual offenders constitutes the third report in this inter-related series. (Loucks, 2002). The present report presents the findings from the audit of risk tools (a national survey of risk assessment tools utilised by different professional groups involved in assessing risk among serious violent and sexual offenders) and in-depth interviews with a range of professionals involved in risk assessment and risk management in Scotland.

METHODS

1.4 Two principle methods of data collection were employed in this study, with the resulting findings integrated throughout this report. In essence the research involved a broad, largely quantitative audit of tools in use across Scotland combined with a more detailed qualitative analysis of approaches to risk assessment and management among different professional groups.

Audit of risk assessment instruments in use

1.5 In order to determine the range of tools employed in Scotland, and their validation status, a survey of relevant agencies was conducted. The survey aimed to gather, via completion of a relatively structured questionnaire, the following information:

- Type of tools in use.
- The reasons for their adoption.
- Their validation status and proposals for any future validation.
- Offender group and risks covered by the tool.
- Grade and type of staff involved in their use.
- How they are administered and quality assured.
- Type of setting used in.
- Scale of multi-agency use and significant inter-agency issues.

1.6 A two-stage approach was adopted in the survey. Relevant organisations were first contacted by letter to establish whether they were willing to participate in the survey and to obtain details of individuals to whom questionnaires should be sent for completion. Two questionnaires were then sent to those individuals identified by their organisation as having responsibility for completing them. The first sought information about the range of risk assessment tools employed by the organisation[2]. The second questionnaire sought information about specific risk assessment tools, with a questionnaire being completed for each type of tool employed. A covering letter provided guidance on the completion of the questionnaires. Copies of both questionnaires and the accompanying guidance are provided as an Annex to this report.

1.7 Initial contact letters were sent to each of the Scottish Police Forces, all local authority social work departments, the Scottish Prison Service, Secure Units for

[2] The summary form also asked respondents to provide estimates of the numbers of serious violent and sexual offenders and mentally disordered offenders known to their organisation who met the developing criteria for an Order for Lifelong Restriction (OLR). This data was intended for use in the review of statistics and literature on recidivism among serious violent and sexual offenders. In practice, however, the differing bases on which estimates were apparently made prevented any meaningful conclusions from being reached from them about the numbers of these high risk offenders in Scotland.

Children, Child and Adolescent Psychiatric Units, Secure and Medium Secure Hospitals, Forensic Psychological/Psychiatric Services, Intensive Psychiatric Care Units and a range of voluntary organisations involved in providing services to offenders. The letters requested that where more than one group of professionals or area of service might be involved in risk assessments, each be asked to complete a questionnaire relating to their area of responsibility.

Response

1.8 Sixty summary audit responses were returned. The organisations that responded to the audit were as follows:

- 35 summaries were received from 24 (of the 32) local authority social work departments. This included separate returns from four prison social work units and two specialist projects involved in work with sex offenders. Whilst most local authorities completed a single form covering criminal justice social work services – usually completed by the service manger - two submitted summaries completed at an area level. One local authority response pertained to addiction services and one summary was returned by a manager of children and families services.

- 15 summaries were obtained from seven police forces. This included nine separate responses from the divisions in Strathclyde police. The forms were completed by officers with a variety of ranks: Detective Sergeant (5); Detective Inspector (3); Constable (3); Sergeant (1); Detective Constable (1); and sex offender registrar (1). In one case the designation of the person who completed a summary form was not provided.

- Seven summaries were completed by staff in health service settings, though in one case the organisation was not identified and three respondents indicated that they did not employ risk assessment tools with these groups of offenders. Three respondents were psychologists (in two cases chartered forensic psychologists), one was a consultant psychiatrist, one was a nurse and one was a risk management advisor. In one case the designation of the person completing the form was not provided.

- Two summaries were completed by prison psychologists (one on behalf of the Scottish Prison Service and one on behalf of HMP Kilmarnock). The Scottish prison Service has recently developed a uniform risk assessment procedure for use with long-term prisoners (that is, those serving sentences of four years or more). It was therefore agreed that a single set of forms would be completed on behalf of the agency, rather than separate forms being completed by each establishment in which serious violent and sexual offenders may be detained. The private prison at Kilmarnock adopted a similar approach to risk assessment as the Scottish Prison Service.

- One summary was submitted by a voluntary organisation involved in the provision of services to young offenders as an alternative to custody. For the purpose of comparative analysis by professional group or setting, the response from this organisation is included with the social work responses.

1.9 Respondents were asked to complete an individual questionnaire for each tool in use in their organisation. Since organisations often made use of more than one tool,

the total number of completed questionnaires was higher – at 99 – than the number of organisations that responded. The numbers of individual questionnaires completed by the respective professional groups were: social work[3] (67); police (15); prison psychologists (12); and health (5). It should be noted that no information was available about the extent of usage of each tool within an organisation, nor can it be assumed that the failure of an organisation to respond to the audit implied that they were not involved in risk assessments or the use of risk assessment tools.

Interviews with professionals involved in risk assessment

1.10 Interviews were conducted with a range of professionals involved in the assessment of risk among serious violent and sexual offenders. The majority of respondents were identified through the audit responses, with additional agencies approached to widen the range of, in particular, health settings included in the study. The information provided by these latter respondents about the types of risk assessment tools employed supplemented the data obtained through the audit of risk tools.

1.11 Twenty-two individuals were interviewed from a range of settings. One respondent, who had a split post, was able to offer comment on approaches to risk assessment in two different settings (prison and health). The number of interviews conducted with respondents from different settings was as follows: prison, including the private prison at HMP Kilmarnock (7); police (3); health (4)[4]; social work (8)[5]; and the voluntary sector (1)[6].

1.12 All of the interviews were tape recorded and fully transcribed for analysis. They explored similar issues covered in the audit, but in greater depth and with a view to identifying issues associated with risk assessment and risk management in practice. The broad areas covered in the interviews were: the types of tools or approaches employed and the reasons for their adoption; the advantages and disadvantages of different tools and approaches to risk assessment; how the tools were administered, including 'quality control' measures; the relationship between risk assessment and risk management; and issues arising from multi-agency involvement in risk assessment and risk management.

[3] This includes the voluntary organisation's return.
[4] This includes respondents from the State Hospital, a medium secure unit and forensic mental health services for adults and adolescents.
[5] This includes two social workers from specialist projects and a Sex Offender Liaison Officer (SOLO).
[6] A voluntary sector project working with children and young people who sexually abuse others.

STRUCTURE OF THE REPORT

1.13 The remainder or this report is organised into six chapters. In Chapter Two the range of approaches to risk assessment by different professional groups is discussed and the progress of validation in respect of the different risk assessment tools in use is examined. Chapter Three focuses upon risk assessment in action: who carries out risk assessments, how they are carried out and the mechanisms that are in place to ensure a consistent approach to risk assessment within organisations. In Chapter Four the perceived advantages and disadvantages of different approaches to risk assessment are considered while Chapter Five explores how risk assessments inform risk management and Chapter Six examines issues associated with multi-agency involvement in risk assessment and management. In Chapter Seven the conclusions are presented along with a classification of risk assessment tools and approaches in use in Scotland against a number of essential and desirable criteria for risk assessment tools derived from previous research.

CHAPTER TWO: RISK ASSESSMENT TOOLS IN USE IN SCOTLAND

INTRODUCTION

2.1 This chapter provides an overview of the risk assessment tools and other approaches to risk assessment that were employed by different professional groups who participated in the audit and in the research interviews. Whilst the list is clearly not exhaustive (being influenced by the individuals and organisations who responded to an invitation to participate in the research), it nonetheless provides an indication of the varying approaches to risk assessment that are in place and an indication of how approaches to risk assessment vary between different professional groups.

2.2 The purpose of this chapter is not to provide a detailed description of the features of different risk assessment tools and the types of risk they purport to assess. Such a description is provided in the report by Kemshall (2002) to which readers of this report are referred. However, to ease understanding of this report, brief details of some of the more widely used risk assessment tools (drawn largely from Kemshall, 2002) are provided in an Annex to this report (Annex Two).

OVERVIEW OF TOOLS IN USE

2.3 Table 2.1 presents a summary of the risk assessment tools in respect of which individual audit forms were completed. The most commonly used tools were the RAGF and the LSI-R, with more specialist tools employed relatively infrequently and usually then by psychologists in prisons or healthcare settings. The most striking feature of the data in Table 2.1 is the absence of a consistent approach to risk assessment across the different professional groups.

2.4 Social work departments were mostly making use of non-specialist tools in their risk assessments. The RAGF was mentioned by 25 social work respondents, including the prison social work units that responded separately to the survey while LSI-R was included in 19 social work returns. Matrix-2000 was the most common ‘specialist’ tool being used by social workers, being employed by four local authorities. Three local authorities were employing Crime Pics in their assessment of serious violent and sexual offenders and two indicated that they made use of the Dunscore. The latter instrument is an actuarial tool that was developed to assist social workers in assessing offenders’ risk of having a custodial sentence imposed by the courts.

2.5 One specialist sex offender project (The Tay Project) had developed its own risk assessment tool – TAYPREP30 – which focused upon 14 historical (static) factors and 16 contemporary (dynamic) factors. This tool – which has still to be validated – was also increasingly being used by other local authority social work departments. Four social work departments other than the one in which the project is based reported making use of the Tay Project assessment tool, though not all completed an individual audit form for this tool.

Table 2.1: Overview of tools is use (number of returns which mentioned the tool)

Tool	Social Work	Police	Prison	Health	Total
RAG-F	25				25
LSI-R	19		1		20
Procedure developed by police		12			12
Matrix 2000	4	1	1		6
Locally developed procedures	4			1	5
HCR 20			2	2	4
Tay Project Assessment	1	2			3
Crime Pics	3				3
PCL-R			2	1	3
Dunscore	2				2
Static 99	1		1		2
SARA			2		2
HOAG	1				1
RRASOR	1				1
SVR-20			1		1
VRS			1		1
VRS-50			1		1
SAOQ	1				1
YLS	1				1
Other	4			1	5[7]
Total	**67**	**15**	**12**	**5**	**99**

2.6 A second specialist project, which worked with adolescent abusers and which participated in interviews but not in the audit, had also developed its own risk assessment form based upon tools used by other projects working with this younger age group. The initial risk assessment would be undertaken over a period of three months, involving a minimum of 12 sessions with the young person.

2.7 A different approach to risk assessment was adopted by police forces. Completed audit returns suggested that little use was being made of structured risk assessment tools. Instead, forces had developed their own risk assessment frameworks and protocols, sometimes in collaboration with local social work departments:

"Police utilise a police developed risk assessment tool"

"Not named but is used for risk assessment of sex offenders"

2.8 In interviews police officers reported that a national working group had developed a standard document for use in risk assessments that essentially served as a tool for information gathering. Risk assessments drew upon information from a range of sources, including home visits to the offender. They were normally undertaken first within two weeks of an offender's release from prison and the document completed again on each subsequent visit. Police officers emphasised the importance of gathering 'intelligence' as part of their risk assessments and to inform risk management strategies, for example:

[7] This includes an individual rating form, a drug and alcohol assessment, an approach based on Sainsbury's risk assessment, Barnardo's Brief Assessment and a structured tool for the assessment of sexually aggressive children and young people.

> *"…where does the person live? Who does he live with? Who lives by him? What vehicle does he drive? What does he do for a living? All sorts of stuff that we need to manage while he is in the community that can reduce his risk as well. E.g. if he is living next to a vulnerable family we would have to take action to get him moved, or maybe disclose to them to give them some protection."*

For this reason, existing risk assessment tools, such as Matrix 2000, were viewed as providing only some of the information the police required.

2.9 Police respondents sometimes referred to their approach to risk assessment as 'holistic', drawing upon information provided by a range of agencies (though most commonly social work) involved in sex offender risk assessment and management. For example:

> *"…a holistic approach to R/A [risk assessment] in conjunction with SW RA3+4 and clinical rating form where these are available."*

2.10 Several police respondents pointed to the absence of a consistent national approach to risk assessment as a weakness of the current arrangements (making it more difficult, for example, to share information with other forces if offenders moved address). This issue was being addressed by ACPO (Scotland) who were considering the possibility of the Tay Project Assessment Tool being introduced as a standardised approach across each of the Scottish forces.

2.11 The most disappointing response to the risk audit was from health agencies. Some of those who did respond indicated that they were not involved in risk assessments of serious violent or sexual offenders or, if they were, only on a very occasional basis. However what is evident from the health respondents - including the prison psychologists and psychologists in forensic/secure settings – is their greater reliance upon standardised and/or validated specialist tools such as the HCR-20, PCL-R and SARA (Spousal Assault Risk Assessment).

2.12 The two-stage SPS risk assessment procedure involves an initial collateral file review, which may trigger a more detailed psychological risk assessment, undertaken by a forensic psychologist under the supervision of a chartered forensic psychologist. The detailed risk assessment includes the administration of the HCR-20 and other psychometric tools as required, though SPS acknowledge the importance of the resulting psychological reports being considered in conjunction with other relevant sources of data (Scottish Prison Service, 2001).

2.13 This was confirmed in interviews conducted with social workers and psychologists in forensic settings and in prisons, who also variously made mention of the SVR 20, CARE (Child Abuse Risk Evaluation), the VRAG and SORAG, though one respondent suggested that the latter two instruments would only be employed to supplement risk assessments because of their actuarial nature. Another respondent stressed the value of combining structured clinical and actuarial methods, with the latter providing a cross check for the structured clinical opinion:

> *"If the two measures are out of sync you would have to go back and look at your structured opinion again so it's quite a good check to see if the methods are all consistent."*

2.14 The same respondent suggested that Scottish research had shown that actuarial measures could have similar predictive ability to structured clinical assessments, though the former were less helpful in informing multi-disciplinary risk management plans.

TYPE OF TOOLS IN USE

2.15 Respondents were asked to indicate whether each of the tools included in the audit was actuarial (i.e. using a formal objective procedure such as an equation), structured clinical (i.e. based on clinical assessment of risk factors) or a combination of both. In two-thirds of returns (64) the tools were described involving as a combination of actuarial and structured clinical methods, in 23 they were described as structured clinical and in 9 they were classed as being solely actuarial[8]. However it also appears that respondents had some difficulty classifying instruments in this may, since the same tool was often categorised differently by different respondents. For instance, The RAGF was described as actuarial by one respondent, as structured clinical assessment by 6 respondents and as a mixture of both by 17. Likewise, LSI-R was categorised by 16 respondents as involving actuarial and clinical approaches, by two as involving actuarial methods and by one as involving structured clinical assessment.

2.16 In the majority of audit returns (90) the tools were said to assess both static risk factors (i.e. factors not amenable to change, such as age or criminal history) and dynamic risk factors (i.e. factors amenable to change, such as offender attitudes). In only four reruns were static factors alone said to have been assessed by the tools while in three returns only dynamic factors were said to have been assessed[9].

WITH WHOM THE TOOLS ARE USED

Types of offenders

2.17 The types of offenders with whom the tools were employed are summarised in Table 2.2. Overall, risk assessments were most often undertaken with sexual offenders. However in 43 returns tools were described as being 'generic' in their use, that is applied to all types of offenders. This was true of tools designed for general offender populations, such as the RAGF, LSI-R and Crime Pics.

[8] Data were missing in three cases.
[9] Data were missing in two cases.

Table 2.2: Types of offenders with whom risk assessment tools were employed

Type of offender	Social Work (n=67)	Police (n=15)	Prison (n=12)	Health (n=5)	Total (n=99)
Sexual	58	15	9	3	85
Violent	47	-	11	3	61
Mentally disordered	38	-	6	4	48
Other	5	-	3	1	9

2.18 With the exception of the police – whose risk assessments were confined to sexual offenders – the other professional groups were utilising risk assessment tools with a range of offenders. However, the proportions of different types of offenders assessed varied across the groups. Social workers were most likely to use the tools in the assessment of sexual offenders while the tools used in prison were most often applied to violent offenders and those used by health professionals were most often applied to the assessment of mentally disordered offenders. Some reservations were expressed about the use of generic tools, such as the LSI-R, in assessing risk among particular categories of offenders, including sexual offenders:

> *"Acknowledge that this tool is not helpful with sex offenders, serious violent offenders, domestic violence and often women."*

> *"LSI-R is pretty useless for sexual offenders and domestic violence and there are other categories that it is not perfect for – women offenders, road traffic in some cases."*

> *"Concerns about use with sex offenders and young people have led to considerations of using other tools."*

2.19 LSI-R may be more limited in its applicability with these groups of offenders because the relative significance of the factors it draws upon to derive a composite risk score may vary according to the type of offence and may also differ between men and women (McIvor et al., 2001).

2.20 Although the current risk assessment tools being used in prisons were considered by psychologists to be the best currently available, there were some adult prisoners – for example those convicted of very serious crimes who have no prior history of offending and no evidence of psychopathy - for whom they were said to be not "hitting the mark". This perceived strengths and weaknesses of different types of risk assessment tool are discussed in more detail in Chapter Four.

Types of risk assessed

2.21 The types of risks assessed by the tools are shown in Table 2.3. Other 'risks' that were said to be assessed included attitudinal change, risk of custody, risks related to drug use, criminogenic needs and the existence of serious personality disorder.

Table 2.3: Types of risks assessed

Type of risk	Social Work (n=67)	Police (n=14)[10]	Prison (n=12)	Health (n=5)	Total (n=98)
General recidivism	43	3	4	2	52
Sexual offending	28	14	8	2	52
Violent offending	29	2	6	3	40
Harm	39	7	5	2	53
Other	8	-	4	1	13

2.22 Social workers were most likely to use tools that predict risk of general recidivism and risk of harm, with the latter being assessed principally through the use of the RAGF. Psychological risk assessment tools, on the other hand, were more often used to assess specific types of risk.

Age of offenders

2.23 Table 2.4 shows the ages of offenders with whom the tools were reported to be employed. The ages of offenders upon whom risk assessments were conducted could not be easily classified, since different agencies were assessing offenders in different age groups, depending upon their remit and the nature of the setting. To simplify matters, the tools referred to in the audit returns have been classified according to whether they were reported to be used with young people under 16 years of age, with young offenders (that is, those aged between 16 and 20 years of age) or with adults (that is, those aged 21 years and over). The column total in Table 2.4 exceeds the number of returns received since some in many cases the tool included in the audit was said to be used with more than one age group of offender.

2.24 It is clear that in the majority of cases tools were being used with adults. Only social workers and the police indicated in the audit that they made use of risk assessment tools with young people under 16 years of age.

Table 2.4: Age of offenders with whom the tools were used

Age of offender	Number of returns (n=99)
Under 16	28
16 – 20 years	78
21 years and over	95

2.25 The voluntary sector project that worked with adolescent abusers observed that the age and risk profile of their clients had changed in recent years. Whilst older adolescents were still being referred, they tended to be those presenting the highest risk. Increasingly they – and other similar projects – were working with children under 12 years of age and in some instances with children as young as four or five. A second trend that the project had observed was an increase in the number of girls being referred, many of whom had been abused themselves and were exhibiting "concerning" behaviour. Finally, this project also suggested that perhaps as many of 40 per cent of the children and young people they worked with had learning difficulties. The specialist social work project working with adults in the same area also estimated that around 40 per cent of their referrals involved people with learning difficulties.

[10] Data were missing in one case.

2.26 Two of the interviewees worked with children and young people who had sexually abused others or who were displaying inappropriate sexual behaviour. Both stressed the inappropriateness of existing tools for use with children because the factors they covered were not necessarily appropriate to the younger age group. A clear need was therefore identified for a risk assessment tool that could be applied in different settings in Scotland where work is undertaken with young people who sexually abuse others. As one respondent explained:

> *"If I am asked to do a risk assessment on a 14 year old who has committed a sexual offence…I have a big problem in terms of doing that. I can either rely on clinical impression, which is the way it has been done for decades and it is the way it is still being done by many professionals in the NHS … or I can take the tools that are currently available and adapt them to fit that group… I think this is a better way of doing it rather than just having a subjective impression of risk, but I think it's not a good way of doing it… I have a problem with other professionals making judgements on risk and dangerousness without providing systematic evidence, without identifying all the risk factors and backing up their evidence."*

2.27 This respondent suggested that the absence of risk assessment tools for use with children and young people possibly reflected the fact that intervention with adolescent offenders had traditionally been the responsibility of child psychiatry and child and family social work services, neither of which have specific expertise in forensic risk assessment. In addition, there was said to be an absence of relevant research from which structured clinical or actuarial measures might be developed.

2.28 Research is currently being conducted into the relative effectiveness of the Youth Level of Service Case Management Instrument (YLS-CMI)– a version of the LSI-R that has been developed to provide a general assessment of risk and needs among young people – and a youth version of the PCL-R. Initial indications suggest that YLS-CMI is a useful initial screening tool for boys, but that it is less so for girls because girls have different criminogenic needs. This would be consistent with the previous finding that the LSI-R has less predictive accuracy with women (McIvor et al, 2001).

2.29 The need for a robust risk assessment tool for use with adolescents was believed to be urgent in view of the proposals contained in the Criminal Justice Bill for the introduction of Orders for Lifelong Restriction. These orders could be imposed upon offenders of all ages, with decisions about their imposition informed by risk assessments, despite the available evidence to support risk assessments of adolescents still being weak.

Sex of offenders

2.30 In 30 of the returns the tools included in the audit were used exclusively with men, while in 68 returns they were used with both men and women[11]. The sex of the offenders with whom the tool is used will, of course, be partly influenced by the setting in which it is employed. In a male prison, for example, risk assessments will be carried out exclusively with men.

2.31 Tools employed with both men and women were more likely than those employed solely with men to assess risk of general recidivism and risk of harm. Conversely, tools employed uniquely with men were more likely than those employed with men and women to assess risk of sexual or violent offending.

2.32 In general, there was a view among those interviewed that there were no tools available that were specifically for use with women and the applicability of some existing tools for use with women was called into question.

Mentally disordered offenders

2.33 Interview respondents explained that the HCR-20 can be used with people with mental health problems and can be used with women. However the PCL-R, despite its widespread use in prisons and forensic health settings, has not been designed specifically for a psychiatric population. This, one respondent suggested, means that care needs to be taken when using it with mentally disordered offenders, since certain behaviours may be present as a result of mental health problems, rather than being an indication of underlying psychopathy.

VALIDATION STATUS

2.34 Respondents were asked to indicate whether the risk assessment tools they used had been validated. As Table 2.5 indicates, in fewer than half of returns were the tools to which the referred known to have been validated. Social workers and police were least likely to have employed validated tools while all the tools employed by prison psychologists and most used in health settings were said to have been validated in some context. It should be noted, however, that respondents' understanding of the nature, process and importance of validation may have varied across professional groups. Psychologists would be most likely to be expected to have detailed knowledge of the evaluation status of the instruments they employed while it may be assumed that other professionals had less technical expertise in this respect. The information gathered about the validation status of the instruments will consequently be based on varying levels of understanding and its accuracy will therefore be variable as a result.

[11] Data were missing in one case.

Table 2.5: Perceived validation status of the tools referred to in audit returns

Has tool been validated?	Social Work (n=63)	Police (n=14)[12]	Prison (n=12)	Health (n=5)	Total (n=94)
Yes	26	1	12	3	42
No	12	8	-	1	21
Don't know	25	5	-	1	31

2.35 According to audit respondents, locally developed tools had not been validated, nor had one of the most widely used generic risk assessment tools, the RAGF. Tools what were said to have been validated included the LSI-R, Matrix 2000, Crime Pics, Static 99, SARA, HCR-20, RRASOR, PCL-R, SVR-20, VRS, VRS-50 and SOAQ. In most returns in which respondents indicated that the tool had been validated (35) it had been validated by the person or persons who developed it. In some cases tools developed elsewhere (e.g. LSI-R, PCL-R) were said to have been validated for use in the UK. Tools were thought by audit respondents to have most commonly been validated against prison populations, followed by samples of offenders subject to supervision in the community (Table 2.6).

Table 2.6: Settings in which the tool was understood to have been validated

Tools for use with sexual offenders	Number	Tools for use with violent offenders	Number
Prison	16	Prison	17
Community supervision	9	Community supervision	11
Mental health	4	Mental health	6
Specialist programme	4	Specialist programme	3

2.36 The characteristics of the samples that were understood to have been used to validate the tools are summarised in Table 2.7. Around one quarter of the returns indicated that the tools they referred to had been validated for use with UK populations but only 15 returns indicated that they had been validated using a Scottish sample to generate local norms. Tools were, it seems, most likely to have been validated for use with adult populations, with only two returns indicating that the tools to which they referred had been validated for use with young people under 16 years of age. In one third of the returns the tool was understood to have been validated using populations of male offenders. However in less than one half of this number of returns were tools thought to have been separately validated for use with women. In only 12 returns did respondents indicate that the tool being used been validated for use with offenders with mental health problems.

[12] Data were missing in one case.

Table 2.7: Samples understood to have been employed for validation of tools

Type of sample	Number
UK sample (non-Scottish)	24
Scottish sample	15
Under 16 years of age	2
16-20 years of age	17
Adults (21 years of age and over)	29
Male sample	34
Female sample	15
Mentally disordered offenders	12

2.37 In 10 returns respondents indicated that their organisation planned to validate the tool for use with sex offenders in prison (5 returns), on community supervision (3 returns) and in specialist programmes (2 returns). In five returns validation of tools for use with violent offenders was planned (in four cases using prison populations). In most returns in which respondents indicated that there were plans on place for the tool to be validated the timescales for validation were unknown, though one tool was expected to be validated within 12 months, one within two years and two within five years.

2.38 Whilst the tools employed by other professional groups had not, in general, been validated, in interview psychologists expressed a clear preference for validated instruments, while recognising that relatively few – the HCR-20, PCL-R and VRAG being the primary exceptions – had been validated against Scottish populations (Cooke et al, 2001). Psychologists admitted to having greater confidence in tools that had been validated and expressed concern at the possibility of being having their risk assessments discredited in court if they were not sufficiently evidence-based. As one respondent commented, "*if it has been validated there is evidence to suggest it has merit. If it hasn't, you are in trouble*."

SUMMARY

2.39 Various approaches to risk assessments were being adopted by different professional groups working in different settings across Scotland. Social workers were most likely to use tools developed to assess risk of recidivism amongst general offender populations while the police did not make use of standardised instruments in the risk assessments they undertook.

2.40 Psychologists – in prisons and in forensic health settings – were most likely to employ tools that had been developed to assess risk of sexual or violent offending (or close correlates thereof) and that had been validated, though only three of the tools used had been validated against Scottish populations.

2.41 Tools in use had mostly, it was understood, been validated against or based on research evidence derived from male populations. Particular populations for whom existing tools were considered mostly inappropriate included young offenders (under 18 year of age), women and offenders with mental health problems.

CHAPTER THREE: RISK ASSESSMENT IN ACTION

INTRODUCTION

3.1 Having reviewed in Chapter Two the approaches to risk assessment being adopted by different professional groups in Scotland, this chapter describes the manner in which risk assessments are carried out. For example, who is responsible for undertaking and interpreting risk assessments, what training have they received to do so and what systems are in place to encourage consistency in the administration of risk assessment tools and their interpretation? This chapter concludes by considering a number of issues that have been identified as impacting upon the completion of risk assessments in practice.

CONTEXTS IN WHICH RISK ASSESSMENTS WERE UNDERTAKEN

3.2 The tools included in the audit were being used in a wide range of settings. This included prisons, community justice settings (social work and the police), secure and medium secure units, specialist projects for sexual offenders, mental health in-patient and out-patient settings, hostels and supported accommodation. In only 15 instances were the tools included in the audit employed alone. More usually, tools were employed alongside other tools in the assessment of offender risk. In just over one third of returns (36) the tools were always used in combination with other tools, in 16 returns they were said usually to be used in combination with other tools and in 32 returns they were reportedly sometimes combined with other tools (Table 3.1).

Table 3.1: Frequency of combined use of audit tool with other tools

Frequency	Social Work (n=67)	Police (n=15)	Prison (n=12)	Health (n=5)	Total (n=99)
Always	26	3	5	2	36
Usually	13	1	2	-	16
Sometimes	23	3	4	2	32
Never	5	8	1	1	15

3.3 Social workers were most likely to combine the use of the LSI-R and the RAGF, while staff in prison and health settings were more likely to use a battery of psychological risk assessment tools. Police were least likely to employ other tools, however they observed that the risk assessment procedures that had been developed drew upon a range of information from other relevant agencies:

> *"Police risk assessments will, however, include reference to any relevant information supplied by external agencies (e.g. social work) who use various assessment tools."*

> *"As part of the Police Risk Assessment with other agencies, sometimes an outside agency may bring into the forum another method of risk assessment and that may be incorporated into the overall assessment."*

The issue of multi-agency risk assessments will be considered in more detail in Chapter Six of this report.

3.4 The purpose to which risk assessments were put clearly varied from agency to agency, depending upon the setting and the respondent's role (Table 3.2). The role of risk assessments in informing risk management was emphasised by all professional groups whereas the use of risk assessments to inform the development and review of intervention or treatment plans was a prominent concern of social workers, psychologists and other health service personnel, but not of the police. In general, social workers, prison psychologists and health service personnel tended to use risk assessments for a wider range of purposes than did the police who, interviews suggested, undertook risk assessments mainly to inform their strategies for monitoring offenders in the community.

Table 3.2: Purposes to which the tools included in the audit were put

Purpose	Social Work (n=67)	Police (n=14) [13]	Prison (n=12)	Health (n=5)	Total (n=98)
Inform risk management plans	48	14	11	4	77
Inform multi-agency risk management strategies	45	12	8	2	67
Develop treatment/intervention plans	49	2	11	4	66
Review treatment/intervention plans	43	2	8	3	55
Assess/measure offender change	35	9	7	2	53
Inform recommendations in reports to court	50	-	-	3	53
Inform recommendations to Parole Board	27	-	12	2	41
Inform decisions about release from prison	21	-	12	2	35
Inform decisions about release from hospital	5	-	3	2	10
Inform decisions about registration	5	1	-	2	8
Other	5	-	-	-	5

3.5 Social workers indicated that risk assessments were sometimes put to other uses. This included informing recommendations to the children's panel and decision-making about children who offend. As one social worker explained, risk assessments could be drawn upon to inform *"decision-making around a child. Deciding what management strategies we need to put into place in the short term."*

RISK ASSESSMENT IN PRACTICE

Who undertakes risk assessments?

3.6 The questionnaires sought information about the designation of staff involved in the administration of the risk assessment tool. The resultant data are summarised in Table 3.3. Consistent with the emphasis placed by the police on 'holistic' assessments, risk assessments conducted by the police were most likely to involve the input of other professional groups.

Table 3.3: Personnel involved in the administration of the tools used by different groups

[13] Data were missing in one case.

Person administering the tool	Social Work (n=67)	Police (n=14)[14]	Prison (n=12)	Health (n=5)	Total (n=98)
Social workers	67	3	-	-	70
Psychologists	-	-	12	2	15
Police	-	14	-	-	14
Psychiatrists	-	1	-	4	5
Psychiatric nurses	-	1	-	4	5
Prison officers	-	2	-	-	2

3.7 Social work risk assessments were conducted and interpreted by criminal justice social workers or by social workers in specialist projects or units (for example in the medium secure unit). Police risk assessments were carried out by dedicated officers, though one police respondent indicated that child protection officers – who had received the national training on sex offender assessment and monitoring – would undertake this task if workloads became excessively high. In the areas with a social work sex offender liaison officer (SOLO) all initial assessments undertaken by dedicated police officers would be discussed between the crime manager for the area and the SOLO. In health and prison settings, specialist risk assessments of serious violent or sexual offenders were undertaken and interpreted by chartered forensic or clinical psychologists.

Training received by staff undertaking risk assessments

3.8Respondents to the audit were unaware in ten returns what type of training staff had received in the use of the tools. However in most instances it appeared that some form of training had been provided. In 48 returns staff were said to have received the initial training as specified by the person or persons who had developed the tool to which the return referred. This had been supplemented in 18 returns by locally developed training and in eight returns by more in-depth specialist training. In 18 returns locally developed training alone had been provided in the use of the tool to which they referred.

3.9 The police officers who took part in the survey had participated in a five-day residential course on the risk assessment and monitoring of sex offenders provided by the Scottish Police College at Tulliallan, supplemented in some cases by additional training provided locally. However, one police respondent indicated that s/he had received no training in this area and was *"very much left … to get on with it*".

3.10 Psychologists and other professionals using more specialised, standardised tools had received training in their use, usually by the person responsible for developing the tool. Interviewees emphasised that psychologists would not be permitted to undertake risk assessments using these tools unless they had been trained in and had had some supervised experience in their use. In prisons, all risk assessments had to be undertaken by or supervised by an accredited, chartered clinical or forensic psychologist.

How are the risk assessments carried out?

3.11 In most instances (82 returns) tools were said to be administered through a combination of interviews with the offender and the use of information contained in

[14] Data were missing in one case.

agency records. In 12 returns administration of the tool was said by audit respondents to be based solely on an interview with the offender and in four cases administration of the tool was reported to require only information derived from existing documentary sources[15]. In a few returns (4) respondents reported that administration of the tool also drew upon information from other relevant third parties.

What mechanisms are in place to ensure a consistent approach?

3.12 In four cases no mechanisms were said by audit respondents to have been put into place to ensure that the tool was being used appropriately. In most cases (85) staff supervision was used as a quality control mechanism, usually supplemented by the sampling of cases in which the tool was administered (51 cases) and/or observation or video recording of the use of the tool in practice (21 cases and 3 cases respectively). Other mechanisms that were in place to ensure that tools were being used appropriately included scrutiny of assessments by line managers, assessment meetings, co-working, review by an external consultant and external audit by the organisation responsible for developing the tool. For example:

> *"All risk assessments are submitted to and approved by Head of Department (Detective Chief Inspector) and Divisional Commander (Chief Superintendent) and countersigned with any appropriate comment."*
>
> *"All risk assessments checked by senior social worker."*
>
> *"RAGF 1-3 is much less monitored. RAGF 4 is always scrutinised by the line manager."*
>
> *"Some co-working is done. Senior social worker reviews all risk assessments and makes comments before countersigning."*
>
> *"The developing company took a range of samples from the authority and audited them."*

3.13 Mechanisms for ensuring consistency in the use and scoring/interpretation of risk assessment tools varied across professional groups. In social work departments this usually involved a combination of monitoring of Social Enquiry Reports by team leaders and staff supervision. Police risk assessments were subject to scrutiny by more senior officers and were, in some areas, either conducted jointly with or discussed with social workers.

3.14 In some forensic settings risk assessments were viewed as a joint responsibility between team members and therefore discussed as a team before being "signed off". Psychologists in prisons and in the State Hospital periodically engaged in exercises aimed at checking the consistency of scoring and interpretation of 'practice' cases.

How are risk assessments interpreted and by whom?

3.15 Risk assessment tools were reported by audit respondents to be scored or interpreted through the use of professional or clinical judgement (37 returns), with

[15] Data were missing in one case.

reference to a scoring manual (33 returns) or through a combination of both (22 returns). Social workers were most likely to use professional judgement and a scoring manual (either in combination or separately). Prison based psychologists and health professionals always used a scoring manual, supplemented in some cases by the use of professional judgement[16], while the tools used by police officers relied mostly upon the exercising of professional judgement. Other methods of interpreting or scoring the risk assessment tools included the use of locally developed normative data against which scores could be compared, discussion with line managers, reference to research and through the use of a computerised programme.

3.16 According to most returns (95) risk assessment tools were interpreted or scored by the person who administered them, in some cases in conjunction with others (13 returns). In only two returns was it indicated that the person who undertook the risk assessment was not directly involved in interpreting the results[17]. The 'others' involved in scoring/interpretation were usually line managers or other members of multi-disciplinary risk assessment fora:

> *"It is interpreted jointly by police and social worker who administer it. The findings are then submitted via a supervisory structure." (Police respondent)*

> *"Multi-disciplinary team, predominantly psychologist and psychiatrist." (Health respondent)*

> *"Scored/assessed by social worker, checked by manager, risk management plan drawn up by team manager/senior using multi-agency case conference if necessary." (Social work respondent)*

PRACTICAL DIFFICULTIES ASSOCIATED WITH UNDERTAKING RISK ASSESSMENTS

3.17 The interviews revealed a number of issues associated with the practical implementation of risk assessments. Broadly speaking, however, these can be grouped under two headings: limitations imposed by various resource constraints and limitations imposed by the difficulties associated with accessing particular types of information.

Resource constraints

3.18 One social work respondent indicated that s/he would prefer to complete a full Matrix 2000 assessment for all offenders convicted of a sexual offence for whom a Social Enquiry Report (SER) was being prepared. In practice, however, this was not possible within the timescales for preparation of an SER. As a compromise, the static element of Matrix 2000 was applied to all sex offender referrals, and a full assessment completed for those subsequently placed on statutory orders. The static element alone was acknowledged, however, not to be especially helpful in determining the overall level of risk. In particular, it was argued that it tended to identify people as lower risk than would be the case if a full risk assessment were carried out.

[16] An exception to this was the risk assessment tool that had been developed in one Health Trust, which relied solely upon professional judgement.
[17] Data were missing in two cases.

3.19 In general, risk assessments were acknowledged to be time-consuming, regardless of where they were conducted and the types of tools employed. As one social worker observed in relation to the RA1-4:

> *"Normally risk assessments are not just a one-off thing where you might interview me and tick a few boxes and say 'he's obviously a scary guy'…Certainly I did it over several interviews when I was doing them."*

3.20 Time constraints were also experienced by prison psychologists when preparing risk assessments for prisoner tribunals at the request of the Parole Board. Whilst in principle the Parole Board had agreed to request risk assessments three months prior to the date of a tribunal, in practice requests often came as little as six weeks in advance.

3.21 In the prison setting other time constraints were imposed by the lengths of sentences prisoners had received. It was suggested, for example, that there sometimes appeared to be a discrepancy between the level of risk presented by an offender and the length of custodial sentence imposed. As a result, there was insufficient time during the custodial portion of the sentence for risks to be identified and risk factors addressed.

3.22 The resources provided for risk assessment and management were said by some respondents not to have matched the amount of work involved is assessing and managing risk among serious violent and sexual offenders. Much of the activity around risk assessment and management by social work and the police was, it was suggested, undertaken on a goodwill basis, though, in reality, these agencies – unlike some others - did not have the option of declining to become involved in a case.

3.23 Finally, structured clinical assessments undertaken in forensic mental health settings were often supplemented by detailed file reviews. Since professionals working in one setting were usually reluctant to forward their files to professionals working in other settings, this meant that staff who were involved in conducting detailed and comprehensive documentation reviews had to travel to where the files were located. As a result, the process of conducting risk assessments based on information of this types was extremely time-consuming and, accordingly, demanding of resources.

Difficulties obtaining information

3.24 Social workers reported that they had well developed protocols for the sharing of information between them and the police. However information from other agencies was sometimes more difficult to access. For example, health professionals – such as GPs and psychiatrists – were said to be reluctant to give access to information that might be of value in informing assessments of risk.

3.25 Neither witness statements nor the original court records were routinely available to inform risk assessments undertaken by different professionals, even though they could, if provided, supply important information about the circumstances of the offence and the demeanour of the offender at the time of its commission and could, therefore, make a vital contribution to the accurate assessment of risk. In the case of forensic psychologists, whether or not witness statements were made available appeared to depend upon an individual's link with Crown Office. However, as one psychologist observed, *"…it shouldn't be on a personal level. If you are working in the forensic service where you are doing a risk assessment on somebody it should be automatically available."*

3.26 Social work respondents indicated that they sometimes received the indictment and the trial judge's notes – both of which were extremely useful – but that this did not occur on a consistent basis. Social workers therefore reported that they would also welcome having access to witness statements, like their colleagues in the probation service in England and Wales. When considering whether there were any limitations imposed upon risk management strategies by the risk assessment tools employed, one social work respondent observed that "*there's not been consistent areas that have proved problematic to us, apart from available information.*" Another respondent working in a forensic setting identified the lack of information about offending by young people under 16 years of age to be a problem[18].

3.27 Police respondents observed that the exchange of information on sex offenders who moved within Scotland was good – the entire file would be passed on to the police force in which the offender now resided – but that some English forces were reluctant to share full information about offenders who moved north of the border. This they attributed to court cases in England and Wales in which local authorities had been criticised for passing on information to another local authority when an offender moved address. The result was that the type of information provided was "*down to each individual force or person*".

SUMMARY

3.28 Risk assessments were undertaken in a variety of contexts, including prisons community justice settings, secure and medium secure units and mental health in-patient and out-patient facilities. Risk assessments informed risk management plans, helped inform multi-agency risk management strategies, assisted in the matching of

[18] For instance, criminal records held by the Scottish Criminal Record Office do not usually contain details of children's hearings appearances and outcomes. This makes it difficult to identify from these records whether or not a young person has a history of violent or sexual offending.

offenders to interventions and aided recommendations regarding release from prison, discharge from hospital or sentencing in court.

3.29 Various professionals were involved in the completion and interpretation of risk assessments. They had, in most cases received training appropriate to this task and mechanisms appeared to be in place to quality assess the work. However, risk assessments usually were time-consuming and resource demanding and were sometimes constrained by external time frames. Moreover, respondents also identified important gaps in the availability of information to inform risk assessments, including witness statements and court records.

CHAPTER FOUR: STRENGTHS AND WEAKNESSES OF DIFFERENT APPROACHES TO RISK ASSESSMENT

INTRODUCTION

4.1 As Kemshall (2002) observes in her review of current issues associated with the assessment and management of risk among serious violent and sexual offenders, different risk assessment tools have been shown to have particular strengths and weaknesses: for a detailed discussion of these the reader is referred to that review and to Cooke (2000). In this chapter the perceived strengths and weaknesses of different approaches to risk assessment ***in practice*** are examined. First, however, the reasons why different agencies and professional groups adopted particular tools or particular approaches to risk assessment are discussed.

REASONS FOR ADOPTING PARTICULAR APPROACHES TO RISK ASSESSMENT

4.2 Respondents were asked in the audit questionnaire to indicate the reasons that their organisation had opted to use the particular risk assessment tool to which the audit return referred. The relevant responses are summarised in Table 4.1.

Table 4.1: Reasons for adopting risk assessment tools

Reason	Social Work (n=65)[19]	Police (n=14)[20]	Prison (n=12)	Health (n=5)	Total (n=96)
Ease of administration/scoring	35	1	7	3	45
Ability to identify risk of harm	27	7	5	2	41
Ability to identify risk of sexual offending	22	9	6	2	39
Known accuracy of the tool	28	-	7	3	38
Knowledge of its use in other locations	28	2	5	3	38
Ability to identify risk of violent offending	19	-	9	3	31
To ensure compatibility with other agencies	20	6	4	1	31
Cost	5	-	7	-	12
Other	18	3	1	1	23

4.3 The factors most commonly said to lie behind the choice of tool were: the ease with which the tool could be administered and/or scored; the ability of the tool to identify risk of harm; and the ability of the tool to identify the risk of sexual offending. Cost, by contrast, was least often indicated as being a factor that had encouraged adoption of a particular tool by an organisation.

4.4 The reasons for choosing particular risk assessment tools varied somewhat among the different professional groups. The factors accorded greater prominence by social workers were ease of use, known accuracy of the tool and knowledge of the tool's use

[19] Data were missing in two cases.
[20] Data were missing in one case.

in other locations. Police, on the other hand, emphasised the ability of the tool to identify risk of sexual offending and risk of harm. Tools employed by prison psychologists were most often chosen because of their ability to predict risk of violence, their ease of administration, known accuracy and cost.

4.5 Psychologists were most attracted to tools – such as the PCL-R and HCR 20 - that had been validated and for which Scottish norms were available. As one prison-based psychologist explained:

> *"… they are well-researched and they work and I think they are tools that everyone agrees measure what they are meant to measure."*

A further advantage of the use of standardised tools was, according to this respondent, the opportunity they afforded for a consistent approach to decision making, thereby ensuring that all prisoners were treated in a similar way.

4.6 Given that the nature of the tools being used varied enormously, it is instructive to consider also the reasons underlying the choice of particular tools. Clearly this is not possible with many of the tools being used, since they were only included in the audit on one or two occasions. Instead, the comparison focuses upon the four most widely used tools. The police-developed risk assessment procedures have been included since, although they differed slightly from force to force, they represented a common underlying approach to the assessment of risk. The relevant data are presented in Table 4.2.

Table 4.2: Reason for adopting particular tools

Reason	**RAGF (n=24)**	**LSI-R (n=20)**	**Police RA (n=11)**	**Matrix 2000 (n=6)**
Ease of administration/scoring	9	13	1	3
Ability to identify risk of harm	16	3	7	1
Ability to identify risk of sexual offending	9	-	9	5
Known accuracy of the tool	2	16	-	5
Knowledge of its use in other locations	9	11	1	2
Ability to identify risk of violent offending	11	2	-	5
To ensure compatibility with other agencies	10	8	5	2
Cost	1	1	-	2
Other	7	8	2	-

4.7 The RAGF was most commonly selected because of its ability to predict risk of harm, its ability to identify risk of violent offending and its compatibility with approaches adopted by other agencies. In only two cases, however, was its adoption said to have been influenced by its known accuracy in predicting risk. A key factor in the use of RAGF was its introduction and assumed support by the Scottish Executive, with some local authorities having participated as pilot areas for its use:

> *"The fact that the Scottish Executive issued, and therefore by implication endorsed, the framework."*

> *"This tool was adopted as a result of guidance (Red Book) issued by the Scottish Executive."*

"RA1-3 was introduced by the Executive and we adopted it as the central government advice on risk assessment."

4.8 Another reason given for adoption of the RAGF was the fact that it helped to structure the risk assessment process and assisted practitioners to justify risk decisions they had reached:

"Rather than the tool's 'ability' to identify, it assists practitioners to think clearly through the risk assessment process and 'justify' the assessment which they have reached."

4.9 LSI-R on the other hand, had most often been selected for use because of its known accuracy, its ease of administration and knowledge of its use in other locations. Other reasons for opting to use the LSI-R included its ability to assist in gate-keeping and the targeting of resources, its ability to inform action plans, its positive reputation and, related to most of these factors, its ability both to predict risk of recidivism and to identify criminogenic needs. For example:

"LSI-R helps this department target its resources more appropriately to those whose need is greatest."

"Ability to identify criminogenic needs as well as likelihood of re-offending."

"To provide a tool to assist in gate-keeping. We use LSI-R as an indication of the appropriate level of intervention."

"Measures both static and dynamic risk factors. Believed to be a forerunner in field."

4.10 The cost of the LSI-R was, however, viewed as a disincentive by social work respondents, especially since a cheaper alternative – in the form of the RAGF - was available:

"LSI-R is being used pretty widely and we have had a lot of training in it and are fairly confident using it. That is not to say we think it is the best, but probably up there with the ones that are most efficient. None of them are perfect in any way. We have kind of questioned if we should use them for the cost, as it is pretty expensive to keep buying all the forms. So we have contemplated if we should shift to using OGRS or OASys or RA 1-4 because they are cheaper. The Scottish Executive are not pushing very strongly for one or the other so we are left with a judgement call in terms of the one we feel most comfortable with."

"Well, we got this guidance from the Scottish Executive so rather than pay a pound a sheet for LSI-R…"

4.11 Known accuracy and ability to predict risk of sexual and violent offending most often encouraged agencies to adopt Matrix 2000, while their ability to predict risk of sexual offending and risk of harm most often lay behind the choice of risk assessment procedures adopted by the police. One officer explained, however, that the current approach to risk assessment was likely to be an interim measure:

"Risk assessment form adopted until a recognised/tested system has been identified which will fulfil the needs of the organisation."

4.12 The Tay Project had decided to develop their own tool – drawing upon research by Hanson and Thornton - since they did not feel that existing tools covered the range of relevant risk factors. Although David Thornton had subsequently developed Matrix 2000, which incorporated dynamic risk factors, project staff did not feel comfortable using it on account of its complexity and lack of ease of administration. As one interviewee commented, "*it's not user-friendly. It's almost like an academic experience rather than like a risk assessment*."

4.13 The project staff were confident that their tool was reasonably effective in helping to allocate offenders to categories of risk, on the basis that the resulting score was usually congruent with the worker's subjective impression. Similarly, the proportions of offenders falling into each category on the basis of risk assessments informed by the tool appeared appropriate. Staff reported that where there appeared to be some discrepancy between professional judgement and the categorisation resulting from the tool, the scoring would be double-checked using RRASOR or Matrix 2000.

4.14 The Scottish prison Service had also given consideration to the use of locally developed tools such as the Tay Project risk assessment instrument but decided against its adoption because of its lack of validation. As one prison respondent explained:

"It didn't seem to us to have any merit in that it wasn't validated in any way and no research had been carried out into its effectiveness. It wasn't standardised in its operation."

The staff at the Tay Project were acutely aware of the need for the tool to be assessed and validated but considered this task to be beyond their ability. They were keen that the TAYPREP-30 should be validated externally and any necessary improvements made to enhance its predictive ability.

Defensible decision-making

4.15 A number of respondents in interview emphasised how their choice of risk assessment tools or approaches had been driven by a need to engage in defensible decision-making: that is, the ability to back up risk assessment decisions with empirically based evidence. For example, one police officer commented that the police had been scrutinising the Tay Project risk assessment tool for possible adoption *"basically to give as a more defensible position"*. Another police respondent explained the position more fully:

"We have quickly come to the conclusion after a wee while of working with it [police risk assessment procedure], realising that if we were called into question, if we were asked to go to court and give an account of why we had come up with this risk grading it would only be based on opinion and, as you know, in a court of law opinion doesn't stand for anything…. We have realised for some time now that we need something that is accredited or backed up by some sort of research and we are currently looking at the Tay Project."

4.16 Social work respondents similarly believed that a more structured approach to risk assessment promoted defensible decision-making. The ability to make defensible, transparent decisions also lay behind the approach to risk assessment that had been adopted by the Scottish Prison Service. Risk assessments had to be completed for mandatory and discretionary life sentence prisoners who were having their tariffs – that is the 'punishment' part of the sentence - set by the courts. Those who had already served in excess of the 'tariff' would be referred to a tribunal who would decide, on the basis of a risk assessment, whether the prisoner could be released or should continue to be detained. Risk assessments therefore needed to be evidence-based, employing the best available tools that had, ideally, been validated against a Scottish or other UK population.

PERCEIVED STRENGTHS OF THE TOOLS

4.17 The perceived strengths of the risk assessment tools employed by different professional groups are summarised in Table 4.3 and the perceived relative strengths of different tools are presented in Table 4.4. These data are based upon audit responses but the issues generated were also explored in interviews.

Table 4.3: Perceived strengths of the tools referred to in audit returns

Strength	Social Work (n=67)[21]	Police (n=14)[22]	Prison (n=12)	Health (n=5)	Total (n=98)
Ease of administration/scoring	40	3	8	2	53
Ability to identify risk of harm	34	6	4	2	46
Widely used in other agencies	34	2	5	1	42
Ability to identify risk of sexual offending	23	10	5	2	40
Enables compatibility with other agencies	26	7	4	2	39
Known accuracy of the tool	27	-	8	1	38
Ability to identify risk of violent offending	25	-	9	3	37
Cost	11	-	8	-	19
Other	12	2	1	1	16

[21] Data were missing in one case.
[22] Data were missing in one case.

4.18 The most commonly perceived strength of the tools used by social workers was their ease of administration, their ability to predict risk of harm and the fact that they were widely used in other agencies. Police officers, on the other hand, identified their ability to identify risk of sexual offending and risk of harm and their compatibility with the risk assessments undertaken by other agencies the main strengths of their approaches to risk assessment. Prison psychologists most often viewed the strengths of the tools they used as their ease of administration, known accuracy and ability to predict risk of violent offending.

Table 4.4: Perceived strengths of particular tools

Strengths	**RAGF (n=25)**	**LSI-R (n=20)**	**Police RA (n=11)**	**Matrix 2000 (n=6)**
Ease of administration/scoring	13	14	1	4
Ability to identify risk of harm	19	4	6	1
Widely used in other agencies	16	16	1	2
Ability to identify risk of sexual offending	10	-	9	5
Enables compatibility with other agencies	13	10	6	2
Known accuracy of the tool	4	16	-	3
Ability to identify risk of violent offending	13	5	-	4
Cost	6	1	-	2
Other	3	4	2	-

4.19 Just as different risk assessment tools had been adopted for different reasons, so were they perceived by audit respondents as possessing differing strengths. Its ability to identify risk of harm, its wide use in other agencies, its ease of use, its compatibility with other risk assessment procedures and its ability to predict violent offending were viewed as the main strengths of the RAGF. RAGF was also viewed by social work respondents as assisting professional judgements of risk and encouraging a more structured approach to assessment and case planning:

> *"Assists and records basis for professional judgements. Records risk factors and analysis based on them."*

> *"Enables/encourages social workers to assess and implement action plans in a more structured way."*

4.20 The most commonly identified strengths of the LSI-R were its known predictive ability with respect to re-offending, its wide use in other agencies and its ease of administration and/or scoring. Through its attention to both need and risk, LSI-R was said to assist in the targeting of criminal justice social work services and it was also believed to encourage greater consistency in assessment.

> *"Ability to identify risk of reconviction and link to appropriate services."*

> *"Increased consistency in SER (Social Enquiry Report) standards. Efficient resource allocation."*

4.21 The strength of the LSI-R was not seen, on the other hand to lie in its ability to predict risk of harm or risk of sexual or violent offending. Matrix 2000, however, was believed to be good at predicting risk of sexual offending and violent offending and was considered by some respondents to be relatively easy to use. The police risk

assessment procedures were considered good at assessing risk of sexual offending and risk of harm and were believed to be compatible with approaches to risk assessment in use in other agencies. A further strength of these procedures was thought to be their ability to combine a variety of information from a range of relevant agencies and engender common ownership of the resulting risk assessments and risk management plans:

> *"Risk assessment contains information obtained from all agencies having involvement with the subject and is a signed document agreed between the agencies."*

4.22 The HCR-20, SVR-20 and PCL-R, by measuring both dynamic and static risk factors, were said by those who used them to provide a sound basis for developing risk management plans. They were also perceived as having the advantage of being applicable in a multi-disciplinary context. HCR-20 and PCL-R were also said to have the advantage of being widely known and, therefore, providing for a common understanding across within and across disciplinary groups. HCR 20 and SVR 20 were said to be well structured for use in interviews and resulting risk assessment reports. These tools, and the PCLR, were also reported have good validity and reliability (see Kemshall, 2002).

4.23 HCR20, in particular, was believed by those who used it to encourage a focus on risk management both in the short and longer term:

> *"We are not just saying 'this guy is high risk, just leave him', we are actually saying 'okay, this guy is high risk at the moment, this is how you can manage it so you can lower his risk'. That's good for us from a professional point of view."*

4.24 Other psychological risk assessment tools – such as the VRS and VRSSO – were viewed as having fewer strengths than those just described, but they had an additional advantage insofar as they were able to identify where an offender was placed in terms of their motivation to change.

4.25 The SPS risk assessment strategy was thought by managers and psychologists to encourage a more focused approach that nonetheless yielded a considerable amount of relevant information. It was also said to promote a more standardised approach to risk assessment, which ensured that all prisoners were treated the same way. One psychologist succinctly summarised its perceived strengths as follows:

> *"Consistency between raters, use of evidence based materials, transparency in decision-making, fairness to prisoners who can see why decisions are being made and when they are being made."*

4.26 The TAYPREP-30 was described both by project staff and by police officers as being user-friendly and easy to use after some training. Project staff believed that it tended to encourage a more consistent approach to the assessment of sex offender risk and ensured that workers gave consideration to a wide range of risk factors. Precisely because it covered all the relevant dynamic factors, project staff believed that it was particularly useful for informing risk management strategies

PERCEIVED WEAKNESSES OF THE TOOLS

4.27 The risk assessment tools in use in Scotland were also perceived to have a number of weaknesses. These are shown in Table 4.5.

Table 4.5: Perceived weaknesses of the tools referred to in audit returns

Weakness	Social Work (n=62)	Police (n=14)	Prison (n=12)	Health (n=3)	Total (n=91)
Predictive accuracy uncertain	24	9	2	1	36
Inability to identify risk of sexual offending	26	-	-	1	27
Not widely used in other agencies	13	4	6	1	24
Inability to identify risk of harm	15	-	-	-	15
Inability to identify risk of violent offending	12	-	-	-	12
Difficult to administer and/or score	9	2	1	-	12
Not compatible with tools used in other agencies	8	1	-	1	10
Cost	6	-	-	-	6
Other	11	6	-	2	19

4.28 Some of the standardised tools in use in health settings (such as the PCL-R and HCR-20) were said to be limited by the absence of normative data from samples of Scottish in-patients. For this reason, their effectiveness with mentally disordered offenders was unknown. In the case of the tools employed by prison based psychologists, the main disadvantage was perceived to be their limited use in other agencies and, hence, the absence of a common basis for risk assessment. The cost of training staff in the use of standardised instruments was also said to be high. The police risk assessment procedures were also viewed as limited because they differed from the approaches used by other agencies but they were most often criticised for their lack of validation and unknown predictive accuracy. The risk assessment tools employed by social workers were said to possess a number of weaknesses including their inability to predict risk of sexual offending, their lack of validation, their inability to predict risk of harm and their inability to predict violent offending.

4.29 The perceived weaknesses of different risk assessment tools are summarised in Table 4.6. In addition to their unknown predictive accuracy, the police risk assessment procedures were thought by one respondent to be insufficiently objective:

> *"Is very heavily dependent on personal judgement, with unclear guidance how to assess clinical and actuarial factors."*

However there was also some reluctance among the police interviewees to adopt Matrix 2000 – the tools being used by some police forces in England and Wales – because, while it might provide an indication of risk level, it was regarded as less useful for informing risk management plans.

4.30 The lack of a consistent approach between forces and between different agencies was also believed by police to be a weakness of the risk assessment procedures they adopted:

"Many sex offenders move frequently and there is no general police risk assessment format throughout Scotland."

"Weaknesses are found where an offender moves from our area from outside and the previous criminal justice team from another local authority use their own tool for risk assessment."

4.31 One social work respondent, who regularly liaised with the police over the management of sex offenders, expressed some concern that the relatively unstructured approach to risk assessment might result in the exaggeration of offender risk. In other words, people might be categorised as high risk on the basis of what they might do in the future rather than on the risk that they currently present.

Table 4.6: Perceived weaknesses of particular tools

Weakness	RAGF (n=22)	LSI-R (n=20)	Police RA (n=11)	Matrix 2000 (n=6)
Predictive accuracy uncertain	17	1	7	-
Inability to identify risk of sexual offending	7	17	-	-
Not widely used in other agencies	3	-	2	3
Inability to identify risk of harm	-	12	-	-
Inability to identify risk of violent offending	1	9	-	-
Difficult to administer and/or score	5	1	1	2
Not compatible with tools used in other agencies	4	-	-	2
Cost	-	6	-	-
Other	4	3	5	1

4.32 RAGF was criticised primarily for its unknown ability to accurately predict risk and, to a lesser extent, for its inability to identify the risk of sexual offending. Other concerns about the RAGF included the fact that it was time-consuming to complete, ran the risk of being insufficiently objective and did not produce an overall 'score' to indicate the offender's level of risk. One social work respondent also thought there was a possibility that workers using the RAGF might underestimate risk as a means of workload management. For example:

"Staff find initial risk of harm repetitive. 'Automatic High Risk' list is too wide. RA4 is too long and repetitive and still needs a risk management plan at the end of it."

"Can be subjective if administrator is either over simplistic or over pragmatic."

"Lack of a points system means a reliance on social workers' judgement, but this can be positive too."

4.33 The main drawbacks of the LSI-R were perceived to be its inability to identify risk of sexual offending, risk of violent offending and risk of harm and its cost. Other less commonly mentioned weaknesses included the perception that it is overly prescriptive and can disadvantage people from deprived backgrounds, its tendency to replicate what is already gleaned from the interview, its use of confusing language (e.g. double negatives) and the absence of validation against a Scottish sample. One social work respondent also observed that the significance of the resulting score might

vary widely between rural and urban areas. Most concern, however, centred upon the limited value of the LSI-R with particular groups of offenders, notably those who are the focus of this report:

> *"The tool is of limited value in work with sexual offenders and most serious violent offenders."*
>
> *Does not specifically address violent behaviour and should not be used with sexual offending. Caution must be used. Does not identify risk of harm."*

4.34 The VRAG was suggested by interview respondents to be limited because of its purely actuarial nature and its lack of attention to dynamic risk factors. However some psychologists questioned how 'objective' some of the more favoured structured clinical measures – such as the PCR-L – actually were, stressing the importance of these tools serving as an aid to clinical assessment rather than replacing it:

> *"I think if, as a service, we think it [PCLR] is an absolute, reliable, hard tool then we are slipping up. It should augment your clinical practice, not replace it."*

4.35 Because most tools require an element of judgement, some respondents also saw the potential for a lack of consistency in the administration and interpretation of structured clinical tools, either within or between professional groups. For instance, one prison psychologist explained:

> *"…other people through in health, for example, or mental health tended not to stick to the format, so it's easy in may ways for the format to be shifted or to be modified… [different professionals] come from different theoretical bases and although they try to adopt a psychological theoretical basis or orientation, it actual fact it becomes quite skewed and quite changed."*

4.36 One weakness perceived to be associated with the PCL-R was not inherent to the tool itself, but rather concerned how others interpreted the scores derived from it. A high score on the PCL-R, for example, tended to lead to stereotyping and a diversion of attention away from risk management issues. As one psychologist explained:

> *"If you give someone a score that is high on the PCL-R, then you have immediately given them this kind of label of psychopathy which sends everyone a bit sky high. Everyone has got that great Hollywood image of Anthony Hopkins in Silence of the Lambs. You have lost them – they stop looking at risk management at that point."*

4.37 One psychologist also suggested that there was too much reliance upon psychological risk assessment tools that could only be administered by trained forensic psychologists and psychiatrists and that this could also limit the level of multi-disciplinary involvement in risk management plans. Instead, s/he suggested, ***initial*** screening could be undertaken with a general risk measure such as LSI-R, which could be employed by and understood by a wider range of professional groups.

IDENTIFYING DIFFERENT LEVELS OF RISK

4.38 There was a view among social work respondents that existing tools is use were useful for providing a general indication of risk level but that they needed to be supplemented by clinical judgement, particularly since some types of offenders were not adequately 'covered' by existing tools.

4.39 Psychologists saw the strengths of the tools they employed less in terms of their ability to assign offenders to different levels of risk, but more in terms of their ability to help identify offenders' risk management needs. For example one respondent commented, "*it's not important if they are low, medium or high: it is about how you manage it*" while another suggested that "*it is more about hazard identification and hazard situation management*".

SUMMARY

4.40 Tools had most often been adopted for use in risk assessments on account of the ease with which they could be administered and/or scored, their ability to identify risk of harm and their ability to identify the risk of sexual offending. Social workers were more likely to use tools that were relatively easy to administer while psychologists were attracted to tools that had been validated, particularly if normative data for Scotland were available. One specialist project had developed its own tool which, although it had not been validated, was being considered for national adoption by the police.

4.41 A primary consideration for all professional groups in their approach to risk assessment was the ability to make defensible decisions backed up by appropriate tools. Different tools and approaches were perceived to have different strengths, however their ability to inform risk management plans was considered critical. Weakness associated with different tools included their complexity, their lack of objectivity, their lack of validation and their inability to measure the specific risks associated with the types of offenders who are the subject of this report.

CHAPTER FIVE: RISK MANAGEMENT

INTRODUCTION

5.1 As the discussion towards the end of Chapter Four indicated, risk assessment is not and end it itself but should, rather, be a means for informing strategies for managing offender risk. In this Chapter audit responses and interviews are drawn upon to examine how risk assessments undertaken by different professional groups are used to inform risk management plans and strategies. This analysis identifies issues associated with the management of risk in the transition from one setting to another and concludes, in particular, by considering some of the issues raised in respect of the management of mentally disordered offenders in their transition from prison/hospital to the community.

RISK ASSESSMENT AND RISK MANAGEMENT

5.2 Whilst at one level risk assessment was viewed by some social work respondents as a mechanism for assisting in resource allocation, there was universal agreement across the various professional groups who where interviewed that the most important purpose of the risk assessment was the development of a risk management plan:

> *"Largely speaking it is so we can manage risk appropriately both in terms of what kind of services people get should they get on statutory orders and also to look at the general risk management strategy that we would need to undertake."* (Social work respondent)

> *"Assessment is also used to plan risk management strategies – identifying what we can do now and also to make plans for the future."* (Health respondent)

> *"…the most important reasons from my point of view would be to generate a risk management plan. I see risk assessment as a way of developing a course of action rather than a risk assessment as such."* (Prison respondent)

5.3 As was indicated previously, each of the professional groups who participated in the audit regarded their contribution to risk management as the most prominent purpose of the risk assessment tools. Given the importance of managing the risk presented by serious violent and sexual offenders, the audit questionnaire also sought information about the manner in which risk assessment tools inform risk management strategies within organisations. The resulting data are summarised in Table 5.1.

Table 5.1. How the tools referred to in the audit were used to inform risk management strategies

Contribution made by tool	Social Work (n=67)	Police (n=14)[23]	Prison (n=12)	Health (n=5)	Total (n=98)
Identify risk factors to be reduced through programme provision	57	4	9	4	74
Identify the level of monitoring or surveillance required	45	14	10	5	74
Identify the likely impact of the risk should it occur	37	11	4	4	56
Inform decisions about conditions to be attached to orders or licences	41	3	7	2	53
Inform the role of different professionals in risk management	31	8	4	2	48
Inform decisions about how any conditions should be enforced	28	4	5	4	38
Other	3	-	-	-	3

5.4 The risk assessment tools included in the audit were said in most returns (94) to inform risk management strategies. In only four returns (each of which pertained to tools used by social workers) were the resulting risk assessments said not to contribute to risk management[24]. As Table 5.1 indicates, risk assessment tools were most often said to contribute to risk management by identifying risk factors to be reduced through the provision of appropriate programmes of intervention and by identifying the level of monitoring or supervision of the offender that was required.

5.5 The manner in which the results of risk assessments informed risk management strategies varied from agency to agency. For instance, risk assessments conducted by the police were most commonly used to identify the level of monitoring or surveillance required or the likely impact of the risk (i.e. the likely harm that would be caused) should it occur.

5.6 The police risk assessments categorised sexual offenders as high, medium or low risk. This risk classification, in turn, determined how frequently offenders were visited by the police as part of their risk management plan. As one police respondent explained:

> *"If it is a low risk offender, then we would only visit them once a year. A medium risk offender, then a couple of times a year. High risk, then a minimum of every three months. If they are really high risk when we do it then we will visit them daily or weekly. That doesn't go on forever as it's very resource intensive. But initially, if we have got problems with someone or if they are just out they might get daily or weekly visits."*

5.7 Police risk assessments were essentially used, therefore, to determine the intensity of monitoring of sex offenders. As one officer explained, even though they had been given statutory responsibility for managing the risk presented by sex offenders in the community, the police had, in practice, limited powers under the Sex Offenders Act 1997 and were therefore constrained in terms of how they might implement risk management strategies:

[23] Data were missing in one case.
[24] Data were missing in one case.

> *"The level of risk when it is eventually arrived at will determine how often we will visit offenders at their home to try and monitor them, to make sure they are still staying at the address they have told us they are at. In effect that is the only thing we can really do by law. As I say, they are not even required to comply with the risk assessment process under the Sex Offenders Act."*

5.8 Risk assessments undertaken by prison psychologists most often aided decisions about the level of monitoring required, identified factors to be addressed through participation in prisoner programmes and informed decisions about whether and what conditions should be attached to parole or non-parole licences. As one prison psychologist explained, the purpose of risk assessments was:

> *"To look at what interventions you can put in place in terms of programmes and things but also how much support and where they can get support from on their release."*

5.9 Risk assessments conducted on offenders with mental health problems usually contributed to decisions about monitoring and the enforcement of any conditions attached to orders or licences, identified an appropriate focus for programmes of intervention and provided information about the likely impact of the risk. In the prison and hospital settings, risk assessments were also used to inform decisions about progression and release. For example:

> *"… [if] their last assault on a member of staff … [was] premeditated that makes a big difference to how we might look to place that person in the community or whether or not they leave here."*

5.10 The risk assessment tools used by social workers most often were employed to provide information about the nature of risk factors to be addressed through structured intervention with the offender and to identify the level of monitoring or surveillance required. They were also said to be drawn upon to inform decisions about whether and what conditions should be attached to court orders or licences and to provide information about the risk of harm. Each of the professional groups also regarded the risk assessment tools they used as informing the role of different professionals in the risk management process, with social workers and the police most likely to utilise them in this way.

OTHER INFORMATION INFORMING RISK MANAGEMENT

5.11 The audit of risk tools indicated that other information was also drawn upon in the development of risk management plans. Information derived from the tools would usually be supplemented by information from existing agency records (96 returns), by interviews with the offender (90 returns) and by information provided by other agencies, such as criminal records or offence details (87 returns).

5.12 Most interviewees indicated that they would draw upon information other than that derived from risk assessment tools when developing risk management plans. These included local knowledge about offenders and information derived from case conferences involving a range of relevant agencies, such as social work (criminal

justice and child protection), police, housing etc. Police officers emphasised that they were willing to share information with all agencies involved in the management of sex offenders, whether in prison or in the community, but that they did so strictly on a need to know basis even among the police force itself.

5.13 Psychologists in the State Hospital drew upon a wide variety of information including hospital and medical files, school reports, information from educational psychologists and social work files. It was, however, said sometimes to be difficult to get access to certain types of information and the process of doing so could be very time consuming.

5.14 Prison psychologists were able to talk to other professionals who had contact with prisoners on a regular basis (such as personal officers, work party officers or social workers) to garner further information about a prisoner's behaviour and demeanour and to verify statements made by the prisoner. As one respondent noted, "*the principle I'd work on is don't necessarily believe what they tell you until you can check it out for yourself.*"

5.15 Prison psychologists also undertook collateral file reviews to inform risk assessments and risk management plans for individual prisoners, but in doing so were able to draw only upon information that was in the public domain. Information included in the prisoner's warrant file alone could be included in the risk assessment report, though potentially relevant information – for example the fact that a prisoner was taking psychotropic medicine - was not always placed in the warrant file. It was also suggested that prisoners' files might contain conflicting accounts of offences or events from different professionals, making it difficult to establish the true version of what occurred.

5.16 In addition to the information routinely made available in warrant files, prison psychologists suggested that a range of other information would be of value in informing risk assessments. This included witness statements, social work records, medical files and psychiatric notes, though it was recognised that some of these sources could have their limitations by being based primarily upon information provided by the prisoner

5.17 Some social workers highlighted problems regarding access to information held by other agencies, especially detailed information about the offence. For example:

> *"There is the ongoing difficulty about obtaining 'full' offence details from the PF."*
>
> *"It is important to obtain as much information as possible. However as you will be aware we receive very little information re the actual offence. This is required for good risk assessments."*

5.18 Another social worker highlighted how a range of information was drawn together in the context of multi-agency risk management:

> *"Most risk management planning is carried out in multi-agency case conferences involving criminal justice and child protection social work, police, housing, education (if appropriate), vol. orgs. (if appropriate)."*

5.19 In the Scottish Prison Service, multi-disciplinary risk management groups – consisting of prison managers, social workers ands psychologists – were being established in long-term prisons. Their purpose will be to consider initial needs/risk assessments, to decide whether a more detailed psychological risk assessment is required and to agree a risk management plan for the prisoner while in custody and in the transition to the community.

5.20 Prison psychologists suggested that there was a tendency for the recommendations that flowed from risk assessments to be influenced by the availability of existing programmes and interventions rather than directly reflecting individual risks. An ongoing debate centred on the validity of recommending an intervention that was not available or, similarly, of assessing a condition – such as psychopathy – for which no treatment was available.

5.21 Prison psychologists identified the transition from prison to the community as the main weakness in terms of risk management, particularly because the models of intervention employed by social workers in local authorities were different from those that underpinned prison based programmes. This made a seamless transition very difficult to achieve.

MENTALLY DISORDERED OFFENDERS

5.22 According to interviewees from forensic health settings, disagreement tended to occur between psychologists and psychiatrists with respect to the contribution that mental illness made to risk. One psychologist suggested that psychiatrists tended to adopt the view that if the person was no longer ill, they no longer presented a risk. On the other hand, psychologists were more concerned to look beyond the presenting mental health problems to determine ***why*** behaviour may have become manifest in particular ways.

5.23 Another difficulty pertaining to the transition of mentally disordered offenders from secure settings to the community concerned a lack of clarity with respect to who was responsible for their supervision. It was suggested that social work departments were reluctant to assume responsibility for the supervision of offenders returned to the community who subject to forensic risk management orders. This meant that forensic social workers were expected to continue working with these offenders, and this had implications for the time they were able to devote to this and to other tasks.

5.24 A forensic psychologist who was interviewed explained that the ability to manage mentally disordered offenders who presented a risk of serious violent or sexual offending was sometimes constrained by the legislative basis of treatment. For example, offenders transferred from the State Hospital were subject to Section 58 of the Criminal Procedures Act (a hospital order with restrictions) which meant that any restrictions imposed upon them were guided by risk assessments. In the cases of offenders referred for treatment under Section 18 of the Mental Health Act, on the other hand, when the compulsory element expired any contact with forensic or other services was on an informal basis, regardless of whether or not they continued to present a risk. As s/he explained:

> *"The difficulty comes in with a Section 18, when you can only pull them back in for two periods of six months and thereafter they become*

informal and often people say they don't want to see you anymore. Now we might think they are still at risk, but if they haven't got the appropriate Section there is not a thing we can do about it."

5.25 Forensic psychologists also indicated that there were limited powers to recall serious violent or sexual offenders who were no longer mentally ill but who refused to engage with interventions aimed at addressing their offending behaviour. Offenders who became ill again or who were not taking their medication could be re-hospitalised, but those who were not ill yet who still evidently posed a significant risk could not.

SUMMARY

5.26 Risk assessment was considered not as an end in itself, but as a means of informing risk management strategies and plans. Risk assessments did this in various ways, but most often by identifying risk factors to be reduced through programme provision and, particularly in the case of the police, helping determine the level of monitoring or surveillance required.

5.27 Those engaged in managing the risk presented by serious violent and sexual offenders usually drew upon a range of information from various sources, in addition to formal risk assessments, to develop and implement risk management plans.

5.28 Particular difficulties were identified regarding the transition of prisoners from prison to the community and in respect of the management of mentally disordered offenders in the community. The latter, it was suggested, was constrained by legislative provision that prevented appropriate steps from being taken in some circumstances in which an offender was assessed as presenting a significant risk

CHAPTER SIX: MULTI-AGENCY RISK ASSESSMENT AND MANAGEMENT

INTRODUCTION

6.1 As the discussion in Chapter Five will have made clear, effective risk management was considered by those who took part in the audit and in the interviews usually to require a co-ordinated, multi-agency approach (see also Maguire et al., 2001). This chapter, therefore, considers the extent to which and ways in which different agencies were involved in the process of risk assessment and in the development and implementation of risk management plans. The chapter concludes by identifying the perceived strengths of a multi-disciplinary approach along with the factors that were perceived to hinder more effective multi-agency work.

MULTI-AGENCY RISK ASSESSMENT

Use of risk assessment tools in multi-agency risk assessment

6.2 Respondents who participated in the audit were asked to indicate how frequently risk assessment tools were employed in a multi-agency context. The resulting data are summarised in Table 6.1.

Table 6.1: Use of tools referred to in the audit in multi-agency risk assessments

How often used in multi-agency context	Social Work (n=65)	Police (n=13)	Prison (n=12)	Health (n=5)	Total (n=95)
Always	8	7	4	1	20
Usually	14	3	4	1	32
Sometimes	29	2	3	2	36
Never	14	1	1	1	17

6.3 In around half of the returns the tools were reported as always or usually being used as part of a multi-agency risk assessment. In a similar proportion of returns they were said to be only sometimes or never employed in this way. Police officers and prison-based psychologists were more likely than social workers or health professionals to report that they regularly employed tools in a multi-agency context.

6.4 There was also a tendency for specialist tools to be more often employed than generic risk assessment tools as part of a multi-agency risk assessment. In Table 6.2 the various ‘specialist’ tools have been combined to facilitate comparison. Locally developed police risk assessment procedures were also used regularly as part of a multi-agency risk assessment.

Table 6.2: Frequency of use of different tools in multi-agency risk assessments

How often used in multi-agency context	RAGF	LSI-R	Police RA	Specialist tools[25]
Always	3	2	7	8
Usually	7	2	2	6
Sometimes	13	8	-	9
Never	2	8	1	2

Who is involved in multi-agency risk assessment?

6.5 The range of other professionals involved in multi-agency risk assessments of serious violent and sexual offenders is summarised in Table 6.3. The nature of other agencies involved in the risk assessment and management process will clearly differ according to the location of the offender (e.g. in prison, in the community, in a mental health setting). Amongst the sample of respondents in the audit survey (in which social workers were over-represented) the other agencies that were most often involved in multi-agency risk assessments were the police, housing agencies, psychiatrists and 'other mental health professionals'. Staff from education departments were least likely to be involved in multi-agency risk assessments (or decisions flowing from them), presumably because their involvement (like those of other agencies) was on a 'need to know' basis.

Table 6.3: Other agencies involved in multi-agency risk assessments involving the tools referred to in the audit

Agency	Social Work (n=67)	Police (n=15)	Prison (n=12)	Health (n=5)	Total (n=99)
Police officers	43	-	-	1	44
Housing	31	7	-	-	38
Psychiatrists	20	3	7	3	33
Other mental health professionals	19	2	2	3	26
Prison officers	13	2	8	2	25
Social workers	-	12	10	3	25
Psychologists	15	3	-	2	20
Psychiatric nurses	8	1	7	1	17
Education	9	1	-	1	11
Other	4	3	-	-	7

6.6 'Other' agencies included the Parole Board, tribunal members, staff in secure accommodation and any other agency who might have information relevant to the assessment of offender risk:

> *"Any agency / professional who has knowledge of the particular person."*

> *"Anyone or any agency who / which has information to assist in the assessment process."*

[25] Includes Matrix 2000, Tay Project Risk Assessment Tool, Static 99, SARA, HCR-20, RRASOR, PCL-R, SVR-20, VRS, VRS 50 and SOAQ.

"In cases of high risk sex offenders assessments are shared amongst relevant individuals involved in our multi-disciplinary 'Sex Offender Forum'."

6.7 Social workers did not generally conduct risk assessments jointly with other agencies, though information provided by other agencies often informed these assessments and the resulting risk management plans. As one respondent explained, *"Other agencies are used for sources of information, they do not complete the assessment."*

6.8 Social workers – including those in specialist projects - shared their risk assessments of sexual offenders with the police. In one area, however, joint visits for the purpose of assessing sex offenders were usually undertaken by social workers and police officers. This arrangement was perceived by the police respondent as more effective (in terms of information sharing) and more efficient (since it avoided duplication of effort).

6.9 Staff in health settings were more likely to adopt a multi-agency approach to risk assessment, with staff from different professional groups assuming responsibility for relevant parts of the assessment (for example, nurses might be asked to examine a patient's medical history or history of admissions). In the State Hospital there was an intention to move towards multi-disciplinary risk assessment though at present different elements of risk assessment were said to be being carried out independently of each other.

6.10 In prisons, psychologists were responsible for undertaking risk assessments. However, as previously noted, Risk Management Groups were being established in long-term prisons to improve the targeting of detailed risk assessments. The Risk Management Groups – consisting of prison managers and officers, social workers and psychologists – would consider the information provided by the collateral file review and decide whether a full psychological risk assessment was required. The risk assessment would then be discussed by the multi-disciplinary team who would have an opportunity to feed into the resulting recommendation.

6.11 The perceived advantages of this arrangement were that it provided psychologists with access to a wider range of information and perspectives and engendered a sense of ownership of risk management plans. The perceived disadvantages were that differences of opinion might arise and that some members of the group might have limited understanding of risk assessment and management, including the tools that are used.

Issues arising from the use of the tools in multi-agency risk assessments

6.12 A number of issues were identified from the audit returns, some of which pertained to the adequacy of individual instruments and some of which concerned their use in a multi-agency context. In general, views about multi-agency risk assessment were mixed, with some respondents indicating that it did not prove problematic. Overall, however, issues were said to have arisen in 30/78 returns in which the tool was reported to be employed as part of a multi-agency risk assessment process, with each of the professional groups indicating that difficulties of this type had been encountered (Table 6.4).

Table 6.4: Whether issues had arisen in the use of the tool in a multi-agency context

Have issues arisen?	Social Work (n=51)	Police (n=12)	Prison (n=11)	Health (n=4)	Total (n=78)
Yes	15	6	7	2	30
No	32	4	3	1	40
Don't know	4	2	1	1	8

Table 6.5: Types of issues that have arisen in multi-agency risk assessment

Issue	Social Work (n=15)	Police (n=6)	Prison (n=7)	Health (n=2)	Total (n=30)
Other agencies using different tools	13	6	5	2	26
lack of agreement over interpretation of results	10	2	4	1	17
Lack of clarity as to how tool should inform risk management	11	1	3	1	16
Other	6	1	1	-	6

6.13 The types of issues identified are summarised in Table 6.5. Respondents most often believed that difficulties had been created by the use of different tools by different professional groups. For example, as one social work respondent commented:

> *"The [specialist project] have assessed sex offenders as medium risk when the case holder using RA1-4 assesses high risk. This can be confusing for the courts."*

6.14 Respondents also indicated that there had sometimes arisen lack of agreement as to how to interpret the results. As one police officer observed:

> *"Social work apply Thornton Risk Matrix 2000 for production of their assessment although **all** interviews are joint police/social work. Occasionally there is 'disagreement' on the assessed risk. All cases go before the Joint Scrutiny Board who recommend/confirm grading to be applied as well as management processes in respect of subject." (original emphasis)*

6.15 In some cases respondents suggested that there had been a lack of clarity as to how the results should inform risk management strategies. As one mental health respondent explained, different agencies sometimes placed:

> *"…different emphasis on importance of mental illness in contributing to risk assessment and management."*

6.16 In addition to these shared concerns, some of the different professional groups who participated in the audit raised particular issues. Some social work respondents expressed some concern that if different tools were being used by different professional groups the same offender may be identified as presenting different levels of risk. One social work respondent also suggested that problems had arisen with

respect to disclosure, particularly in the context of joint police/social work risk assessments of sexual offenders.

6.17 Police officers' concerns centred on the fact that different risk assessment procedures were adopted by different forces and by different local authorities, creating particular difficulties when offenders moved from one part of the country to another. Multi-agency risk assessments were also thought by some police respondents to be hampered by the fact that police risk assessment procedures had not been validated and relied heavily upon professional judgement: structured tools such as Matrix 2000 or the Tay Project Assessment Tool would be welcomed but were not yet widely used.

6.18 In practice, although they adopted different approaches to risk assessment, police and social workers' assessments were said generally to be in accordance. Thus while the use of common tools might, in principle, reduce the potential for disagreement, this did not appear to be a salient concern. One of the challenges in developing a common approach to risk assessment would, it was suggested, be how the tool could be incorporated in a wider framework that met the specific information needs of the two organisations.

6.19 The benefit of different agencies approaching risk assessment differently was thought by respondents in different professional groups to be that it enabled a wider range of information to be brought into a multi-disciplinary forum. However, instances were cited where different conclusions about risk had been reached by different professionals, usually because there had been no communication between them prior to the preparation of risk assessment reports.

6.20 Discrepancies were also reported occasionally to have arisen when patients in the State Hospital hired independent psychologists to provide risk assessments because they were unhappy with the risk assessment carried out at Carstairs. Independent psychologists tended, it was suggested, to be less objective in their scoring and interpretation of risk assessment tools and to be inclined to produce more favourable risk assessment reports.

A consistent approach to risk assessment?

6.21 In their attempt to bring uniformity and a greater degree of structure to their risk assessments, the Scottish police forces were considering the adoption of the Tay Project's risk assessment tool. In interview the police respondents expressed a clear preference for this tool over Matrix 2000 (which has been adopted by police forces in England and Wales). The former they believed was more comprehensive and was easier to use, though the fact that it had not yet been validated was recognised as a disadvantage. Social work respondents were also open to the possibility of adopting the TAYPREP-30, particularly if it was adopted nationally by the police, since this would allow for a more consistent approach to risk assessment by different agencies.

6.22 Some respondents believed that there would be value in having a common approach to risk assessment across Scotland, though others were less convinced that this was necessary so long as whatever tools were being used provided the information required. As one social work respondent observed:

"It doesn't particularly bother me what risk assessment it is as long as they've used something which encapsulates risk of re-offending, risk of harm, criminogenic needs, that sort of stuff."

6.23 Other social work respondents questioned whether it would be possible to have a standardised approach to risk assessment while different professional groups operated with different theoretical and value bases. Another stressed that using the same tool was not enough if the different agencies did not communicate adequately with each other. There was, however, some support for the development of a more standardised approach to the production of reports, with a consistent emphasis upon identifying risk factors and how different agencies might have a role in managing various risks.

MULTI-AGENCY RISK MANAGEMENT

6.24 Social workers reported being involved with other agencies in risk management. These included the police, psychologists, psychiatrists and any other agencies that had a relevant input to make. Police officers would similarly involve other agencies in the management of offender risk, for example by informing education or housing departments if they believed that a particular offender's behaviour suggested that they might pose a risk.

6.25 In some parts of the country more formalised arrangements had been instituted for liaison between different agencies. In Edinburgh, for example, designated sex offender liaison officers – SOLOs - had been appointed by the police, social work and housing. This arrangement was said by the police to have greatly facilitated the exchange of information to manage sex offender risk.

6.26 Psychologists in health settings were also keen to encourage multi-agency involvement in risk management since they reviewed this as essential for the effective management of risk. Within Carstairs, for example, risk management plans were reported to be shared between all relevant disciplines and information forwarded in the event of a patient being transferred to another institution.

6.27 Another example of multi-agency risk management was described by the Tay Project, where a nurse co-ran the groups for sex offenders with learning disabilities. There were also plans in place for the sex offender registration officers from the local police force to share premises with the project to facilitate the sharing of information and their attendance at reviews.

6.28 Prison personnel perceived the absence of a national framework for risk assessment by social workers as undermining the potential for effective risk management of prisoners once they returned to the community. A prison-based psychologist suggested that "*if psychology is the lead agency in risk assessment, I think social work is the lead agency in risk management*". The potential for a 'seamless' transition from prison to the community was also said by prison respondents to be undermined by the fact that similar programmes of intervention were not in place in the two settings, with the result that there was little continuity of provision when a prisoner was released.

6.29 Within prisons, the nature and extent of multi-agency risk management between prison psychologists and other professionals appeared to vary across establishments.

At one level, a copy of the risk management plan would be placed in the prisoner's warrant file and therefore be available to any other professionals who wished to access it[26]. At another level, other disciplines would be brought into a case if particular issues or difficulties arose. At a third level, one psychologists reported regularly involving prison and community-based social workers in discussions about the management of offenders' risk and would have welcomed the opportunity for this to occur on a more formalised basis.

6.30 Overall, therefore, different professional groups recognised the value of multi-agency working and expressed willingness in principle to engage in it. As one prison psychologist explained:

> *"If we were able to develop good written multi-disciplinary risk management plans that are short, medium and long term so that there are plans for within the establishment, plans for when someone leaves and that the targets are set for each professional within the multi-agency group and those plans are reviewed as the prisoner progresses through the system – I think that would be a good way forward in terms of bringing in more disciplines into the risk management process."*

6.31 At a practical level, however, there was acknowledged to be some way to go before different agencies adopted a common approach to risk assessment and management.

Perceived advantages and disadvantages of multi-agency risk management

6.32 Multi-agency risk management was seen as having a number of advantages. For example, it enabled the approach adopted to be tailored to the nature of the risks posed by the offender and it also served to spread responsibility for managing the offender's behaviour across a number of agencies rather than it being the sole responsibility of one. As one social work respondent commented:

> *" I think it's a rather brave person who would say that our agency can do it all… So I think there's a bit of support*."

6.33 A respondent from a specialist project suggested that the sharing of information among different professionals could provide a forum for obtaining feedback about how effective various elements of the programme had been and could also help communicate a message to offenders that their behaviour was being closely scrutinised. A similar point was made by a police respondent as follows:

> *"Most high risk offenders are well aware that we do sit down and discuss them with everybody… Particularly your older offenders are well aware that police and social work did not work well together in the past or got on that well. They are now under the impression, quite rightly, that we now work closely. They realise we sit down and talk about them."*

[26] Though how easily they were able to understand and make use of the information contained in it is, perhaps, another matter.

6.34 In principle, therefore, respondents viewed multi-agency involvement in risk management as something to be encouraged. However, some disadvantages, which might undermine an effective partnership approach to the management of serious violent and sexual offenders, were also identified. They can be summarised as:

- Some agencies having to assume responsibility for a disproportionate amount of the work.

- If sensitive information is going to be shared with other agencies on a need to know basis, they need to be trusted to deal with it appropriately and not to over-react.

- The practical difficulties involved in getting all the relevant parties together, especially when a large number of agencies might be involved[27].

- Lack of agreement about the risk presented and resources required in a particular case, possibly as a result of different agencies placing differing emphases on issues.

- Obtaining information from health services as a result of issues around patient confidentiality, though in some areas local protocols have been developed.

- While the sharing of information between social workers and the police was generally good, social workers occasionally omitted to pass information on.

- Lack of agreement as to who should contribute what in terms of funding of risk management strategies.

- Different agencies having different priorities.

- Other agencies' lack of knowledge and understanding of issues relating to sex offenders (e.g. community care workers who were said often to have little awareness of the issues presented by sexual offenders with learning disabilities).

6.35 Multi-disciplinary working required mutual trust and could in some circumstances result in the blurring of professional boundaries. As one respondent, who worked in a multi-disciplinary team in a health setting explained, *"it is sometimes shocking when a person from another discipline volunteers to or is asked to take on a piece of work that is another discipline's"*.

SUMMARY

6.36 There was a general recognition, among those who participated in the research, of the value of a multi-agency approach to risk assessment and, in particular, to risk management, though the extent to which this occurred was somewhat variable. Opinions were divided as to whether it was feasible or desirable to implement a common approach to risk assessment across different disciplinary groups, though a greater degree of consistency would be welcomed.

[27] One social work respondent cited an instance in which 20 people attended a case conference.

6.37 Multi-agency risk management operated in different ways and at different levels within various settings. The strengths of multi-agency approaches to risk management included the increased ability to tailor responses to the risks presented by an individual and the avoidance of a single agency being held accountable for any adverse outcomes. Effective multi-agency approaches could, however, be undermined by issues such as the failure to share relevant information and the varied approaches adopted by different agencies towards risk assessments and their interpretation.

CHAPTER SEVEN: CONCLUSIONS

7.1 This study has revealed wide variations in the approaches adopted to risk assessment by different professional groups. Even within agencies or professional groups different methods of risk assessment were evident. Police respondents to the audit, for example, highlighted the absence of a national approach to risk assessment, which could create difficulties when offenders moved from one part of the country to another. This issue has been recognised by ACOP (Scotland) which has established a working group to identify the most appropriate tool for use on a national basis. The introduction of a consistent approach to risk assessment should facilitate the sharing of information across forces and reduce the likelihood of differing interpretations being placed on risk assessments derived from different approaches.

7.2 The Scottish Prison Service is also in the process of introducing a standardised approach to risk assessment which draws upon a battery of risk assessment tools. Risk assessments will be undertaken by psychologists on all prisoners sentenced to four years or more to inform their management within the prison system, to facilitate the matching of prisoners to appropriate prisoner programmes and to inform decisions about their release. However the absence of a co-ordinated approach to risk assessment between prisons and community-based services will, unless addressed, limit the usefulness of prison-based assessments once a prisoner has been released.

7.3 The audit has also highlighted the limited use being made of tools for assessing risk of sexual or violent offending that have been appropriately validated. The use of validated instruments was most evident in prison and mental health settings, though the fact that tools had not been validated on Scottish psychiatric populations was thought to detract from their value with the latter. Where tools used by social workers had been validated, these had not been validated for use with Scottish offender populations and their ability to predict risk of sexual and violent offending and risk of harm had not been assessed.

7.4 With a few exceptions – usually specialist projects working with sex offenders – the tools employed by social workers had been developed as generic risk assessment instruments and were not designed specifically to assess the risk presented by serious violent or sexual offenders. The most commonly used tools – the RAGF and the LSI-R – had complementary weakness and strengths but neither was considered sufficient for the task. Whilst RAGF was better able to identity risk of harm, it had not been validated and was considered by some to over-rely upon subjective judgement. LSI-R was viewed as useful in aiding targeting of resources, informing supervision plans and facilitating the measurement of change but it was limited in its ability to assess the risk of harm and had not been validated for use in the Scottish context. More importantly, strong doubts were expressed about the value of the LSI-R with sexual offenders, young people, violent offenders and women.

CRITERIA FOR THE CHOICE OF RISK TOOLS

7.5 There was clearly some interest among various professional groups in the development of a standard approach to risk assessment. However this was accompanied by a recognition that in practice it was not something that might easily be achieved. In the interim there would be some merit in a movement towards the

adoption of tools for assessing risk of serious violent or sexual offending based on their 'fitness for purpose' since at present factors other than their validity and predictive ability often appear to have informed the approaches to risk assessment employed. This report therefore concludes by summarising what existing research would suggest are essential and desirable characteristics of risk assessment tools for use with these groups of offenders.

7.6 Existing research would suggest that the following are **essential** features of risk assessment tools:

- Validated – at least one peer reviewed publication on validation of the tool
- Validated against a relevant population commensurate with the target group for the tool
- Actuarially based and empirically grounded in risk factors with a proven track record in the research literature
- Must be able to differentiate between high, medium and low risk with a high degree of accuracy (to ensure risk categories and subsequent risk management plans are justified and proportionate)[28]
- Has inter-rater/assessor reliability (all assessors will use the tool the same with the same result)
- If possible, validated against a Scottish population (or it could be validated retrospectively in a reasonable time-scale, for example against case, prison or parole records)

7.7 The following, on the other hand, can be considered **desirable** features of risk assessment tools:

- User-friendly
- Resource lean
- 'Easy' to train staff to use appropriately
- Process of use is transparent and accountable[29]

7.8 It is then possible, drawing upon the material summarised by Kemshall (2002) and the experiences reported by respondents who have used them to classify each of the main risk assessment tools employed in Scotland against these criteria (Table 7.1).

[28] Essential for Human Rights compliance
[29] Again important for HR compliance

Table 7.1: Criteria for the selection of risk assessment tools

	Essential criteria						Desirable criteria			
Tool	**Validated**	**Validated on relevant population**	**Actuarially based and empirically grounded**	**Accurate differentiation of risk levels**	**Inter-relater reliability**	**Validated against Scottish population**	**User friendly**	**Resource lean**	**Easy to train staff to use appropriately**	**Transparent and accountable**
RAG-F	✗	✗	✔	?	?	✗	✔	✔	✔	✔
LSI-R	✔	✗	✔	✔[A]	?	✗	✔	✔	✔	✔
Matrix 2000	✔	✔[B]	✔	✔	✔	✗	✗	✔	✗	✔
HCR 20	✔	✔[C]	✔	✔	✔	✔	✗	✗	✗	✔
Tay Project Assessment	✗	✗	✔	✔	✔	✗	✔	✔	✔	✔
PCL-R	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔
Static 99	✔	✔	✔	✔	✔	✗	✔	✔	✔	✔
VRAG	✔	✔	✔	✔	✔	✔	✗	✗	✗	✗

[A] With general offender populations but not established with serious violent or sexual offenders.
[B] Validated only with male prisoner population.
[C] Mostly validated on patient populations.

7.9 This classification may assist practitioners in assessing the potential value of some of the range of tools that are available to assist in the assessment risk among serious violent and sexual offenders. Overall there appears to be some trade off between predictive validity on the one hand and ease of administration on the other. Those tools which appear best suited to assessing risk of offending and risk of harm among the specific groups of offenders who are the subject of this report are those that have been developed specifically for this purpose and whose administration requires both training in their use and clinical skills.

7.10 In addition, such tools are often highly specific, developed in particular settings such as psychiatric hospitals or prisons, and are targeted at particular client groups (for example the PCL-R at high risk psychopaths). It cannot therefore be assumed that they will have general transference to all high risk groups. This suggests that tool selection must also pay attention to the target group of the tool (sexual, violent, psychopathic) as well as to the other essential criteria. This indicates that risk assessment is unlikely to be carried out in the future by one stand alone tool, but is perhaps better understood as a process in which a combination of well validated tools may be required. This may, for example, consist of a user friendly, validated tool for initial screening for high risk for use by frontline criminal justice practitioners. In those few cases that warrant further in-depth assessment in order to provide well informed risk management strategies or to inform courts in the cases where an Order for Lifelong Restriction is being considered, appropriately chosen specific tools could also be used.

7.11 The main conclusion to be drawn from this study is that there is currently no consistent, co-ordinated approach to the assessment of the risk presented by serious violent and sexual offenders in Scotland. Different professional groups are utilising different methods of risk assessment. This undoubtedly detracts from the effectiveness of multi-agency risk assessments and may have adverse consequences for the effective management of offender risk, particularly for those offenders making the transition from secure penal or health settings into the community.

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ANNEX ONE

QUESTIONNAIRES AND ACCOMPANYING GUIDANCE USED IN THE AUDIT

Guidance to those responsible for completing the forms

SERIOUS SEXUAL AND VIOLENT OFFENDERS: AUDIT OF RISK ASSESSMENT INSTRUMENTS IN USE IN SCOTLAND

The University of Stirling and De Montfort University have been commissioned by the Scottish Executive Justice Department to undertake an analysis of risk assessment and recidivism among serious violent and sexual offenders in Scotland. The research has been commissioned following the recommendation of the MacLean Committee on Serious Violent and Sexual Offenders that more research was required on risk assessment and recidivism in relation to this group. As part of that analysis we are seeking information from organisations and individuals who are involved in assessing or managing the risk posed by serious violent or sexual offenders. The ultimate aim of the study is to inform better integration of different types of risk assessment and management.

The attached questionnaire is seeking information about the use of tools to assess risk among serious violent and sexual offenders in Scotland. The questionnaire forms the basis of an audit of risk assessment tools, by which we mean a survey aimed at establishing which tools are being used by relevant organisations and in what way. We are particularly interested in learning ***what*** tools are being used and ***how*** they are being used in different contexts: that is, in how they are being used ***in your organisation***.

We are also, however, interested in the extent to which risk assessment tools have been validated. Validation means that the tool has been tested to determine how accurate it is at predicting the outcome it is intended to predict. Equally, we are interested in whether the tools are being used with the types of offenders in respect of whom they have been validated. This is of interest since it is important to get a sense of how robust risk assessments undertaken by organisations using these tools are likely to be. It may be that you are unable to provide responses to these questions, in which case we would ask you to indicate this in the appropriate places on the form.

We are also reviewing information about recidivism among serious violent and sexual offenders in the Scottish context. The review will consider the issues associated with assessing recidivism and aim to estimate the numbers of offenders in Scotland who pose a continuing high risk. To this end, the audit of risk assessment tools also contains a few questions aimed at estimating the numbers of serious and violent offenders who are currently known by the organisations who complete the audit. We appreciate that this information is likely to an approximate estimate and for this reason are also seeking some information as to the basis on which the estimate was made.

Completion of the audit

Your organisation has identified you as someone who has knowledge of the use of risk assessment instruments with serious violent and sexual offenders and who can therefore provide the information required. Please complete the forms enclosed with regard to your particular area of responsibility: if risk assessments of this kind are undertaken in a number of contexts or by different professional groups, then it is likely that your organisation will have identified others who can complete a separate set of forms in relation to their specific areas of responsibility. Again, we should stress that we are interested in ***what*** risk assessment tools are being used and ***how*** they are being used ***in your organisation***.

The audit consists of two parts. The first part is seeking summary information about the range of tools in use in your organisation. The second part is seeking information about the use of each of these tools. In this part of the audit ***a separate audit form should be completed for each tool in use.*** Most of the questions simply require you to indicate which of a number of options applies and to provide more detailed information only if the circumstances that apply have not been covered by the existing options. Since we are asking you only to complete one summary form, it is important that this form and the completed audit forms for the individual tools are returned together. It would be helpful if they could be returned to the University of Stirling by **18 January 2002**.

The audit form can be copied as required. If you would prefer to complete the form electronically, we can arrange for you to do so. Please e-mail me at g.c.mcivor@stir.ac.uk and I will arrange for one to be e-mailed to you.

We hope that the form will be relatively easy to complete. However, if you have any questions about completion of the form, please do not hesitate to contact me at the above e-mail address or telephone 01786 467724.

Yours sincerely

Professor Gill McIvor
Social Work Research Centre
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SERIOUS SEXUAL AND VIOLENT OFFENDERS:
AUDIT OF RISK ASSESSMENT INSTRUMENTS IN USE IN SCOTLAND

SUMMARY FORM

Name and address of organisation

……
……
……
……
……

Name of contact ***Designation***

…… ……

Telephone number ……

OVERVIEW OF RISK ASSESSMENT TOOLS IN USE

Which risk assessment tools are being used by you/your organisation to assess risk among serious violent or sexual offenders? Please indicate from the list below, which tools are in use. Please tick all that apply and add any tools that you are using that are not included.

Violence Risk Assessment Guide (VRAG) ❒
Sex Offender Risk Appraisal (SORAG) ❒
Rapid Risk Assessment for Sex Offender Recidivism (RRASOR) ❒
Structured Anchored Clinical Judgement (SACJ) ❒
Static-99 ❒
Matrix 2000 ❒
HCR-20 ❒
Psychopathy Checklist – Revised (PCL-R) ❒
Sexual Violence SVR-20 ❒
Early Assessment Risk for Boys (EARL – 20B) ❒
Level of Service Inventory - Revised (LSI-R) ❒
Offender Group Reconviction Score (OGRS) ❒
SWSI Risk Assessment Guidance and Framework (RAGF) ❒
ACE ❒
OASys ❒

Other tools in use (please specify):

ESTIMATING THE INCIDENCE OF SERIOUS VIOLENT OR SEXUAL OFFENDERS

As indicated in the accompanying guidance, we are also taking the opportunity of using this audit as a means of estimating the numbers of serious violent and sexual offenders who are currently known to a range of organisations in Scotland. To do this, we would ask you to consider the following definition and indicate how many offenders your organisation is in contact with who meet the definition.

A person may be defined as a serious violent or sexual offender if s/he presents a substantial and continuing risk to public safety as evidenced by her/his meeting one of the following criteria:

a) the offender has been found guilty of offences that demonstrate a likelihood of causing death or serious physical or psychological harm to the public and has demonstrate d substantially harmful behaviour which indicates that the offender's future behaviour is unlikely to have regard for the normal standards of behaviour restraint and therefore may lead to further substantially harmful conduct; or there is a pattern of behaviour which suggests that such likelihood exists.

(b) the offender has been found guilty of offences that demonstrate a pattern of aggressive behaviour which demonstrates a substantial degree of indifference for the consequences for others and has demonstrated substantially harmful behaviour which indicates that the offender's future behaviour is unlikely to have regard for the normal standards of behaviour restraint and therefore may lead to further substantially harmful conduct; or there is a pattern of behaviour which suggests that such likelihood exists.

1. How many people known to your organisation would meet the first criterion?

2. On what basis have you made this estimate?

3. How many people known to your organisation would meet the second criterion?

4. On what basis have you made this estimate?

5. How many people known to your organisation would be considered ‘dangerous’ according to these criteria, but only as a result of a treatable mental illness?

6. On what basis have you made this estimate?

7. How many people known to your organisation have a history of mental illness but would be considered ‘dangerous’ according to these criteria even in the absence of the mental illness?

8. On what basis have you made this estimate?

Thank you for completing this section of the audit. Please now complete one copy of the audit form enclosed for each risk assessment tool that is used by your organisation in relation to serious sexual or violent offenders.

PLEASE COMPLETE ONE AUDIT FORM FOR EACH TOOL USED

SECTION ONE: TOOLS AND THEIR USE

1. What is the name of the risk assessment tool?

2. What ***type*** of tool is this (please tick)?

   Actuarial (i.e. using a formal objective procedure, such as an equation) ❒
   Structured clinical (i.e. based on clinical assessment of risk factors) ❒
   A combination of both ❒

3. What types of risk factors are assessed by the tool?

   Static (factors not amenable to change such as age, criminal history) ❒
   Dynamic (factors amenable to change, such as offender attitudes) ❒
   Both ❒

4. With what types of offenders is the tool used in your organisation? (please tick all that apply)

   Sexual offenders ❒
   Violent offenders ❒
   Sexual and violent offenders ❒
   Mentally disordered offenders ❒
   Any offenders (generic) ❒
   Other specific groups of offenders (please specify) ❒

5. With what age group of offenders is the tool used in your organisation (please tick all that apply)?

Under 16	❒	16-17	❒
18-20	❒	21-25	❒
26-30	❒	31-35	❒
36-40	❒	41-60	❒
61 and older	❒		

6. With what sex of offender is the tool used in your organisation (please tick all that apply)?

   Male ❒ Female ❒

7. Approximately how many offenders are assessed by this tool per annum in your organisation?

8. What types of risks does this tool assess? (please tick all that apply)

Risk of recidivism (general)	❒
Risk of recidivism (sexual)	❒
Risk of recidivism (violent)	❒
Risk of harm	❒
Other (please specify)	❒

9. How often is the tool used in your organisation as part of a battery of tools (that is, in combination with other tools aimed at assessing offender risk)?

Always	❒
Usually	❒
Sometimes	❒
Never	❒

10. If it is used as part of a battery of tools, with which other tools is it used?

SECTION TWO: HOW THE TOOL IS USED

11. In what settings is the tool used in your organisation? (please tick all that apply)

Community justice (social work)	❒
Community justice (police)	❒
Prison	❒
Mental health (in-patient)	❒
Mental health (out-patient)	❒
Medium secure unit	❒
Secure unit	❒
Local forensic units	❒
Hostel	❒
Supported accommodation	❒
Specialist project (community-based)	❒
Specialist project (prison-based)	❒
Specialist project (health-based)	❒
Other (please specify)	❒

12. For what purpose is the tool used in your organisation? (please tick all that apply)

To inform recommendations in reports to the court	❒
To inform recommendations to the Parole Board	❒
To inform decisions about registration	❒
To inform decisions regarding release from prison	❒
To inform decisions regarding release from hospital	❒
To develop treatment/intervention plans	❒
To review treatment/intervention plans	❒
To inform risk management strategies within the organisation	❒
To inform multi-agency risk management strategies	❒
To assess/measure offender change	❒
Other (please specify)	❒

13. How is the tool administered in your organisation?

Using existing records	❒
Through interview	❒
Both	❒
Other (please specify)	❒

14. What types and grades of staff are involved in the use of the tool in your organisation? (please tick all that apply)

		Grades
Psychologists	❒	
Psychiatrists	❒	
Social workers	❒	
Police officers	❒	
Prison officers	❒	
Psychiatric nurses	❒	
Other (please specify)		

15. What training have staff in your organisation received in the use of the tool?

Initial training as specified by those who developed the tool	❒
Further training in addition to that specified	❒
Training developed locally	❒
None	❒
Don't know	❒
Other (please specify)	❒

16. What mechanisms are in place in your organisation to ensure that the tool is being used appropriately? (please tick all that apply)

Staff supervision	❒
Observation of the use of the tool	❒
Video-recording of the use of the tool	❒
Sampling of cases in which the tool was administered	❒
None	❒
Don't know	❒
Other (please specify)	❒

17. How is the tool interpreted or scored in your organisation?

With reference to a scoring manual	❒
Through the use of professional/clinical judgement	❒
Using a computerised programme	❒
Other (please specify)	❒

18. By whom is the tool interpreted or scored?

The person who administers it	❒
A psychologist	❒
Other (please specify)	❒

19. Do these assessments inform risk management strategies in your organisation?

Yes ❒
No ❒

20. If yes, how do they inform risk management strategies? (please tick all that apply)

Identifying risk factors to be reduced through programme provision ❒
Identifying the level of monitoring/surveillance required ❒
Identifying the likely impact of the risk should it occur ❒
Informing decisions about conditions to be attached to orders/licences ❒
Informing decisions about how any conditions should be enforced ❒
Informing the role of different professionals in risk management ❒
Other (please specify) ❒

21. What other information, if any, is used to inform risk management strategies in your organisation? (please tick all that apply)

Information from existing agency records ❒
Information from interviews with the offender ❒
Information from other agencies ❒
Other (please specify) ❒

SECTION THREE: CHOICE OF TOOL AND VALIDATION

22. What were your organisation's reasons for adopting this tool? (please tick all that apply)

Ability to identify risk of sexual offending ❒
Ability to identify risk of violent offending ❒
Ability to identify risk of harm ❒
Ease of administration and/or scoring ❒
Known accuracy of the tool ❒
Knowledge of its use in other locations ❒
To ensure compatibility with other agencies ❒
Cost ❒
Don't know ❒
Other (please specify) ❒

23. What do you see as the strengths of this tool? (please tick all that apply)

Ability to identify risk of sexual offending	❒
Ability to identify risk of violent offending	❒
Ability to identify risk of harm	❒
Ease of administration and/or scoring	❒
Known accuracy of the tool	❒
Widely used in other agencies	❒
Enables compatibility with other agencies	❒
Cost	❒
Don't know	❒
Other (please specify)	❒

24. What do you see as the weaknesses of this tool? (please tick all that apply)

Inability to identify risk of sexual offending	❒
Inability to identify risk of violent offending	❒
Inability to identify risk of harm	❒
Difficult to administer and/or score	❒
Predictive accuracy unknown	❒
Not widely used in other agencies	❒
Is not compatible with tools used by other agencies	❒
Cost	❒
Don't know	❒
Other (please specify)	❒

25. Has the tool been validated (that is, its predictive ability assessed)?

Yes	❒
No	❒
Don't know	❒

26. If yes, by whom has it been validated?

The person who developed it
By my organisation
Don't know
Other (please specify)

27. If yes, what types of offenders were used to validate it? (please tick all that apply)

a) Sexual offenders:

In prison	❒
In mental health settings	❒
On community supervision	❒
In specialist programmes	❒
Don't know	❒
Other (please specify)	❒

b) Violent offenders:

In prison	❒
In mental health settings	❒
On community supervision	❒
In specialist programmes	❒
Don't know	❒
Other (please specify)	❒

28. Has the tool been specifically validated for use? (please tick all that apply): -

	Yes	**No**	**Don't know**
In the UK (i.e. validated on UK sample)	❒	❒	❒
In Scotland (i.e. validated on Scottish sample)	❒	❒	❒
With juveniles (under 16 years)	❒	❒	❒
With young offenders (16-20 years)	❒	❒	❒
With adult offenders (21 years and over)	❒	❒	❒
With male offenders	❒	❒	❒
With female offenders	❒	❒	❒
With offenders with mental health problems	❒	❒	❒

29. If it has not been validated, does your organisation plan to validate the tool?

Yes	❒
No	❒
Don't know	❒

30. If yes on whom will it be validated?:

a) Sexual offenders:

In prison	❒
In mental health settings	❒
On community supervision	❒
In specialist programmes	❒
Don't know	❒
Other (please specify)	❒

b) Violent offenders:

In prison	❒
In mental health settings	❒
On community supervision	❒
In specialist programmes	❒
Don't know	❒
Other (please specify)	❒

31. Which types of offenders will it be validated for use with? (please tick all that apply)

Juveniles (under 16 years)	❒
Young offenders (16-20 years)	❒
Adult offenders (21 years and over)	❒
Male offenders	❒
Female offenders	❒
Offenders with mental health problems	❒

32. What type of timescale is envisaged?

Validation will be completed within the next 12 months	❒
Validation will be completed within the next 2 years	❒
Validation will be completed within the next 5 years	❒
Don't know	❒

SECTION FOUR: MULTI-AGENCY USE OF TOOLS

33. Is the tool used to assess risk in a multi-agency context?

Always	❒
Usually	❒
Sometimes	❒
Never	❒

34. If it is used in this way, what other agencies/professionals are involved? (please tick all that apply)

Police officers	❒
Prison officers	❒
Social workers	❒
Psychologists	❒
Psychiatrists	❒
Psychiatric nurses	❒
Other mental health professionals	❒
Housing professionals	❒
Education professionals	❒
Other (please specify)	❒

35. Have any issues arisen through the use of the tool in multi-agency risk assessment and management?

Yes	❒
No	❒
Don't know	❒

36. If yes, what types of issues have arisen? (please tick all that apply)

Other agencies using different tools	❒
Lack of agreement over interpretation of results	❒
Lack of clarity as to how tool should inform risk management	❒
Other (please specify)	❒

Many thanks for taking the time to complete this questionnaire. Please return the completed audit form/s to the Social Work Research Centre in the envelope provided (no stamp needed) ***by 18 January 2002 or earlier if possible.***

ANNEX TWO

SUMMARY OF MAIN RISK ASSESSMENT TOOLS FOR USE WITH SERIOUS VIOLENT AND SEXUAL OFFENDERS

GENERIC TOOLS

LSI-R is an actuarial predictive scale which combines risk of re-offending and needs assessment (Andrews and Bonta, 1995). It uses static factors such as age and previous convictions and dynamic factors such as alcohol or accommodation problems. It was developed in Canada with the purpose of matching offenders to probation interventions. The assessment is completed with the offender and recorded on a form. Problem areas are scored and the total number of problem 'points' indicates the level of risk of re-offending.

Guidance is given about appropriate levels of supervision or containment according to the level of risk an offender poses and problem areas such as employment or drug misuse are identified for appropriate programmes or intervention. A number of local authority social work departments in Scotland now use LSI-R. Its applicability to Scottish offenders has recently been assessed. This analysis suggested that it may be less well suited to certain groups of offenders, including women (McIvor et al., 2001).

The **RAGF** (sometimes referred to as RA1-4) is a structured professional judgement tool combining actuarial indicators with clinical or professional judgements (Social Work Services Inspectorate, 2000). It was developed by the Scottish Executive in consultation with the Association of Directors of Social Work. It incorporates risk of re-offending (RA1), criminogenic need (RA2) and risk of harm (RA3) schedules with a full risk of harm schedule (RA4) for high-risk offenders requiring risk management action plans. It is still in evolving form and has been piloted in 17 local authorities across Scotland. The RA1 uses the same predictive factors as the Offender Group Reconviction Score (OGRS) used widely in England and Wales, but there is no algorithm to determine precise levels of risk and judgements are made using 'high', 'medium', or 'low' descriptions. The assessment is completed with the offender and recorded on the schedule and it may take a number of sessions to complete. The predictive capacity of the RAGF is currently being assessed by the Social Work Research Centre at the University of Stirling.

TOOLS FOR ASSESSING RISK OF SEXUAL OFFENDING

The **SORAG** is an adaptation of the Violence Risk Appraisal Guide (VRAG) and is principally designed for use with men convicted (or committed to psychiatric institutions) for offences of rape or child molestation (Quinsey et al., 1998). It comprises a fourteen-item multi-variate assessment guide that includes a psychopathy score and which draws upon a range of static and dynamic factors. It is the subject of ongoing evaluation.

Sexual Violence Risk–20 – **SVR-20** - is a 20-item instrument that covers a range of static and dynamic factors and includes items aimed at informing risk management plans (Boer et al., 1997). Some of the items in the tool are drawn directly from the HCR-20 (see below). SVR-20 is being used by the Scottish Prison Service to provide a more detailed assessment of risk of sexual violence among offenders initially assessed using HCR-20.

The Rapid Risk Assessment for Sex Offence Recidivism (RRASOR) is essentially an actuarially based tool that weights a number of key variables in terms of their predictive utility (Hanson, 1997). The initial seven items were based upon a meta-analysis and four were subsequently substantiated as having predictive accuracy for sex offence recidivism. The variables that comprise the tool can be scored to produce an overall risk weighting. The ability of the tool to distinguish between high and low risk has been validated and it has been extensively tested both on both developmental and validation samples.

The Structured Anchored Clinical Judgement (SACJ) attempts to avoid over-dependence upon static predictors (e.g. age, gender) and archival data (e.g. previous convictions) by including a more dynamic component to allow for changes in risk status over time (Hanson and Thornton, 2000). It operates as a three-stage 'step-wise' system rather than a simple summative process based on weighted items as is the case with RRASOR. Stage One involves an initial actuarial screening based on five items. Stage Two consists of a more in-depth analysis of aggravating factors, including the addition of dynamic factors. Stage Three consists of the careful monitoring of offender performance over time to note the impact of treatment on risky dispositions, and is heavily reliant upon the availability of clinical data and information on dynamic factors. A shortened version of the SACJ using stage 1 and the first four variables of stage 2 and known as **SACJ –MIN** is also available although it has yet to be extensively tested outside the United Kingdom prison population.

RRASOR and the SACJ-Min have been combined to produce **STATIC 99** (Hanson and Thornton, 1999). Research found that STATIC 99 outperformed both the RRASOR and SACJ-MIN though the improved prediction achieved was relatively small. STATIC 99 is a developing tool to which further dynamic risk factors are likely to be added to improve its predictive accuracy.

The SACJ has subsequently been updated into **MATRIX 2000** (Hanson and Thornton, 2000). MATRIX 2000 represents an important improvement on the SACJ as it provides for greater accuracy and refinement in the identification of high risk offenders, and offers two versions, one for sex offenders and one for violent offenders. Whilst the tool has not yet been subject to extensive published evaluations, it has been validated retrospectively. Development and validation of both versions have however been undertaken with male offenders (and often male prisoners) and they may have a limited transferability to other groups. Furthermore, these tools are also designed to predict recidivism and not levels of harm: the latter is a key concern for staff tasked with decisions about release, community location, treatment interventions and victim safety.

TOOLS FOR ASSESSING RISK OF VIOLENT OFFENDING

The **Violence Risk Assessment Guide** (VRAG) is the most widely used actuarial tool for violence offence recidivism (Quinsey et al., 1998). It was developed in Canada, based upon patients detained in secure hospitals between 1965 and 1980, and has been the subject of extensive evaluation which has confirmed its predictive utility. The VRAG contains twelve items, with weighted factors used to assign individuals to one of nine risk categories. The limitations of the VRAG include its inability to predict the nature, severity, imminence, and frequency of future violence and its tendency to encourage those who use it to ignore other risk factors that might be strongly associated with violence. VRAG also does not provide a basis upon which risk management plans can be developed.

The **Violence Prediction Scheme** (VPS) is designed for the assessment of dangerousness in high-risk men (Webster et al., 1994). The scheme utilises the twelve items of the VRAG (called RAG) to produce an actuarial score, combined with structured assessment of ten, largely dynamic items: antecedent history, self presentation, social and psychological adjustment, expectations and plans, symptoms, supervision, life factors, institutional management, sexual adjustment, and treatment progress. While the addition of the dynamic factors adds very little to the accuracy of the actuarial (V)RAG score, the structured clinical assessment is importance for the establishment of treatability and formulation of appropriate risk management plans.

The **HCR-20** is a systematic model for assessing the risk of violence (Webster et al., 1997). The assessment combines historical factors that have a track record in predicting risk, with clinical variables such as respondent insight, attitude, motivation to change and for treatment, stability, and general symptomology. In addition, the assessment tool has the 'value-added' component of structuring the assessor's attention towards case management plans, motivation to change and individual coping mechanisms. The HCR-20 is divided into 3 sub-scales: a historical scale, a clinical scale and a risk management scale. Whilst initially formulated as an 'aide memoire' in order to make decisions transparent, the predictive validity of the HCR-20 has been evaluated and its applicability to the Scottish context has been assessed (Cooke et al., 2001).

The **Psychopathy Check List-Revised (PCL-R)** and its derivatives (the PCL:YV for adolescents and the PCL:SV 'screening version') is a clinical construct rating scale used in semi-structured interview (Hare, 1991). It involves rating 20 items on a 3 point scale divided into three broad categories: interpersonal/affective, social deviance and 'additional items'. As Kemshall (2002) observes, whilst initially developed from research on male forensic patients and offenders, various studies have confirmed the applicability of the PCL-R to other offender and patient populations. It has also been shown to be a highly reliable tool when used by well-trained assessors. Although not designed as a measurement of violence risk, it may measure the most important factor in the risk of predatory violence, that is, psychopathy.

Spousal Assault Risk Assessment (SARA) is a 20-item checklist that has been designed to screen for risk factors for spousal or family-related assault (Kropp et al. 1999). It covers a range of static, dynamic and risk management factors, drawing in part upon items included in the HCR-20. Like the SVR-20 it is being employed by the Scottish Prison Service to provide a more detailed assessment of risk of spousal assault among offenders initially assessed using HCR-20.

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