

Prison-based social work review: Phase 2 report



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Introduction

Scotland has one of the highest imprisonment rates in western Europe (149 per 100,000 population as noted in August 2025)¹. In 2025 the average daily prison population was the highest ever recorded, with 8,441 people in custody on 11 November 2025². It remains significantly over capacity. Prison-based and community-based social work services and partners continue to be impacted by the increasing prison population.

This report represents phase 2 of a wider piece of scrutiny work with a focus on prison-based social work. Undertaken jointly by the Care Inspectorate and **His Majesty's Inspectorate of Prisons for Scotland (HMIPS)**, phase 1 of our [Thematic Review of Prison-Based Social Work \(2024\)](#) involved a high-level review of prison-based social work services. It considered the strengths and challenges in the governance, leadership, and accountability arrangements of prison-based social work in Scotland. We identified a number of areas for improvement. Following a period of limited progress, we are encouraged to see action now being taken to address some of these areas, as well as some of the recommendations made in [HMIPS' Thematic Review of Prisoner Progression in Scottish Prisons \(2024\)](#). It is too early for some of these improvement actions to demonstrate impact.

As noted in our phase 1 report, prison-based social work and their justice partners continue to face considerable pressures, working within fragmented systems. Guidance and commissioning arrangements remain outdated and ineffective, compounded by a lack of sufficiently clear governance, leadership, and accountability arrangements.

That said, the Scottish Prison Service (SPS) are committed to undertaking a significant programme of improvement work in order that people in Scotland's prisons are: "...better supported to safely follow a progression pathway towards release, in ways that prioritise public protection."³ As such, **SPS' Prisoner Pathway Programme Board** includes the following aims.

- ▶ Reviewing and revising case management and **progression** processes.

 - ▶ Establishing a clear prisoner pathway from custody to community.

 - ▶ Production of a single plan based on individual risk, need and responsivity and using this information to:
 - aid decision-making within **Risk Management Team (RMT) and Integrated Case Management (ICM)** processes
 - agree access to opportunities, interventions and programmes that support **rehabilitation** and **reintegration**
 - support progression to less secure conditions.
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¹ ScotPHO: <https://www.scotpho.org.uk/population-groups/prisoners/data/prison-population/>

² [Safer Communities and Justice Statistics Monthly Data Report \(Scottish Government, November 2025\)](#)

³ [SPS Corporate Plan 2023-28](#)

Within phase 1 of our review, we committed to undertaking further scrutiny work with a specific focus on the efficiency and effectiveness of prison-based social work practice. The **Level of Service/Case Management Inventory (LS/CMI)** assessment undertaken by prison-based social workers is central to identifying risk, needs, and responsivity considerations for people in custody. Therefore phase 2 focused on how the LS/CMI is currently used in prison-based social work practice and within key SPS decision-making forums.

Informed by the existing [justice quality improvement framework](#) and in partnership with HMIPS, we focused on the delivery of key SPS decision-making processes. This specifically related to prison-based social work's use of LS/CMI to assess risk and need, and inform effective planning to address these. We also considered how people in custody were involved in the key processes which affect their journey through custody to community. We sought to highlight what is working well, and identify any barriers to efficient and effective practice. This review is independent from the SPS-led progression programme. However, the findings aim to inform and add value to their wider considerations on the role of prison-based social work, the use of the LS/CMI in key processes, and improving case management during a person's journey through custody.

For the purposes of this report, the term 'partners' refers to the people and organisations we engaged with as part of this work (please see Appendix 1).

Key terms are highlighted in **bold** and explained in Appendix 3, 'terms we use in this report'.

Key messages

The use of LS/CMI in custody and throughcare

- ▶ Up-to-date assessments of sufficient quality are aiding effective decision-making on how best to meet needs and respond to risk at key stages of a person's journey through custody.

- ▶ LS/CMI plans tend to be considered only near the end of the person's sentence, which limits their potential to support early, consistent and defensible planning.

- ▶ Ineffective implementation contributes to a lack of awareness of, and adherence to, the LS/CMI in custody and throughcare guidance, undermining its overall value.

Assessing and responding to risk and need

- ▶ Prison-based social work services have reached critical capacity levels across most of the SPS estate. Limited resources often delay LS/CMI assessments and reduce opportunities for staff to build consistent relationships with people in custody. This means that, at times, prison-based social workers are providing views about a person's risk in key decision-making forums based on very limited contact with the person.

- ▶ There is an absence of national, multi-partner training to develop and consistently apply a shared understanding of the language of risk, in accordance with the FRAME principles.

- ▶ A disconnect between risk practice training and the understanding and application of fuller risk of serious harm assessments is experienced in practice. This undermines confidence and contributes to frustration for social work staff and partners.

Contributing to the planning for effective interventions

- ▶ A clear commitment to collaborative working between partners is reflected within decision-making forums and in a range of plans to meet need and respond to risk.

- ▶ There is a lack of clear, cohesive planning for people's journey through custody. This contributes to frustration and anxiety for people in custody, and a duplication of resources.

- ▶ The SPS view the prison-based social work role as crucial. Yet, prison-based social work staff do not feel valued in this way, and lack influence.

Involving people in custody

- ▶ Whilst people in custody participate in and contribute to their risk assessments, they generally do not fully understand the purpose of the LS/CMI and what it means for their journey through custody.

- ▶ People in custody in some establishments feel they have very limited time to build relationships with prison-based social workers, despite them having a significant amount of influence on the key decisions that affect them.
- ▶ Mechanisms for people to fully participate in and provide feedback or challenge on the key SPS decision-making processes that affect them are limited, which often contributes to a sense of powerlessness.

Key messages from people in custody

- All agencies should work better together to properly prepare people for release - for example, better information throughout their sentence, better preparation for different regimes such as the open estate, and co-operative professional relationships. This would help them to form trusting relationships with social workers and others.
- Regular, good quality engagement with prison-based social workers would be ideal for people. Contact once or twice a month would be welcomed, as annual contact serves no purpose.
- Continuity of community-based social workers could also be improved. Frequent changes of worker, often without being informed of the change, is a source of confusion and frustration. It feels like a lack of courtesy.
- ICMs should continue to be annual, not targeted. The introduction of targeted ICMs has left some people feeling 'forgotten'. They feel ICMs are like a "tick-box exercise".
- People feel they have no sense of a clear plan for their time in custody. There should be a consistent management plan for people's sentences, and everyone involved should stick to it.
- There's an overreliance on programmes to demonstrate change. These come too late in people's sentences, particularly for long-term prisoners or people serving life sentences. There should be more life skills and counselling courses, and better access for everyone to community integration units. This would better promote change than simply attending a programme.

Context

Prison-based social work responsibilities

The [Social Work \(Scotland\) Act 1968](#) states that all local authorities in Scotland have a legal duty to provide “advice, guidance and assistance” for people in prison or subject to any form of detention. Scottish Government ministers therefore provide funding to the SPS that enables them to pay local authorities for the provision of prison-based social work services. Each of the 17 custodial establishments in Scotland has a dedicated social work service provided by the relevant local authority. These local arrangements are incorporated within a **memorandum of understanding (MoU)** between the SPS and every local authority with a prison in their area.

The social work service provided by a local authority is therefore integral to the legal, efficient, and effective operation of any prison or custody unit. In this context, the range of statutory social work services provided to people in prison and their families is termed **‘throughcare’**. This is from the point of being sentenced to custody, during the period of imprisonment, and following return to the community. Prison-based social workers hold important responsibilities for the assessment and communication of risk and need within prisons, including application of the LS/CMI, and preparing people to return to the community.

In general, prison-based social work services work with people who will be subject to statutory supervision following their release from custody. Prison-based social workers do not generally provide a service to people on remand or serving short-term prison sentences of under four years. The exception to this is people convicted of a sexual offence serving a short sentence, and people subject to supervised release orders. Voluntary throughcare support is available from community-based justice social work services and/or third sector partners for people serving non-statutory short sentences. People in custody serving the following types of statutory sentences (each of which has its own legislative basis) require a prison-based social work service.

- ▶ Supervised release order

- ▶ Long-term sentence (four or more years)

- ▶ Extended sentence

- ▶ Life sentence

- ▶ Order for lifelong restriction

- ▶ People subject to a short-term sex offender licence

- ▶ Recalled prisoners

Prison-based and community-based social work services must adhere to standards and guidance that are intended to support the quality and consistency of social work practice. To date, services have been relying on significantly outdated standards. However, updated [National Throughcare Guidance for Justice Social Work Services](#) was published in March 2026. The [National Outcomes and Standards for Social Work in the Criminal Justice System \(2010\)](#) have also been updated by the Scottish Government

and are nearing publication. It is too early to gauge the impact of these updates on social work practice.

Resource challenges

Statutory throughcare demands have risen sharply. [Scottish Government prison population statistics \(2025\)](#) note that for 2024-25, people receiving a sentence of ten years or more increased by 15%. Further, the largest increase in the average daily sentenced population was for those serving sentences for sexual offences, a rise of 14%.

As of 31 March 2025⁴, a total of 4,300 people were serving statutory sentences in custody - an eight per cent increase from 2023-24 and also a 10-year high. In 2024-25, 1,000 people were released on statutory supervision - the highest level in a decade. In the community, a total of 2,000 people were on statutory supervision, up six per cent from the previous year. Overall, 68% of the throughcare caseload on 31 March 2025 was custody-based, with 32% community-based. In addition, 2,600 throughcare-related reports were completed – a two per cent increase from 2023-24 and the highest in 10 years.

All of this means an increase in people requiring a prison-based social work service during their sentence and statutory supervision by community-based social work upon release. This often includes an increasingly aging population requiring care, people with complex risk and needs, and people involved in serious and organised offending. Overall, resourcing of prison-based social work services has not kept pace with this ever-increasing demand. Concerningly, there was a consensus amongst all partners during this review that prison-based social work services across the estate have reached critical capacity levels.

Our phase 1 report in 2024 highlighted that a review of prison-based social work funding arrangements was a priority area for improvement, with this only recently being actioned by the SPS and the Scottish Government. Moreover, the recent [Report of the Scottish Sentencing and Penal Policy Commission \(2026\)](#) compels the Scottish Government and the justice social work sector to: **"Resource prison-based social work to provide statutory reports and risk assessments."** They go further, recommending sufficient funding to allow prison-based social work to provide **"...support on basis of need. This should be extended to short-term prisoners on a needs basis rather than sentence length alone."** These aspirations, and the wider systemic challenges impacting the operation of a safe and effective prison service, will not be possible without a fundamental review of current arrangements and commensurate resourcing.

As a response to the increasing capacity pressures, the Scottish Government convened a short-life working group to consider the role and resourcing of prison-based social work services. This has included specific consideration of current and future resourcing requirements for a sustainable prison

⁴ [Justice Social Work Statistics in Scotland: 2024-25 - Part 1](#) (Scottish Government, 2025)

based social work service across the prison estate. This offers opportunities to address the critical capacity issues facing the service.

We are also mindful of the resource challenges facing other key partners including the SPS and psychological services within prisons.

The use of LS/CMI in custody and throughcare

What is the Level of Service/Case Management Inventory (LS/CMI)?

The [LS/CMI](#) is a comprehensive general offending assessment and case management planning method. It has been adapted for use in Scotland by the **Risk Management Authority (RMA)** for all community and prison-based justice social work services to aid decisions on the level and focus of intervention with people (aged 16 and over) who have been involved in offending. It enables an evaluation of the pattern, nature, seriousness and likelihood of offending. It helps to structure consistent, comprehensible professional decision-making, regardless of the nature or complexity of the offending and circumstances.

An LS/CMI IT system was developed in 2010. Owned by the Scottish Government, the electronic LS/CMI portal is used by prison-based and community-based justice social workers to record and update assessment and case/risk management information for those subject to statutory supervision. The centralised portal is intended to support efficient transfer of the LS/CMI between community-based justice social work and custody. The portal is also used to record key data about accredited programme delivery. The national electronic system for supporting the efficient, effective and consistent application of the LS/CMI method is hosted and supported by an externally commissioned supplier. Training in the use of the method is delivered by **Community Justice Scotland** with additional training provided by the RMA to support risk assessment and management practice with people who present a risk of serious harm.

Application of the LS/CMI follows a triage approach, which enables three levels of increasing assessment⁵:

- ▶ A scan level or initial assessment: Applied at the pre-sentence stage to help inform the court of the suitability of community-based disposals.

- ▶ An examination level: Applied in all instances where the disposal from court involves statutory social work intervention. This depth of assessment is used to inform decisions about the management plan for the person whilst subject to social work intervention – both whilst in custody and for the duration of any period of supervision after release.

- ▶ A scrutiny of risk: this is completed for those where there are indicators of a risk of serious harm. The method follows a structured professional judgement approach to analysing the risk of serious harm in depth. The assessment informs decisions on what type of plan is required to manage the risks the person presents, including a **risk management plan**.

Within custodial settings in Scotland, the use and application of the LS/CMI is the responsibility of prison-based social work services. Relevant SPS staff have access to the LS/CMI system on a read-only basis.

⁵[Framework for Risk Assessment, Management and Evaluation \(FRAME\)](#) (RMA, 2011).

Specific process guidance on the use of LS/CMI in prison and throughcare⁶ was published in 2012 and updated in 2025.

The guidance outlines that the LS/CMI in custody should be undertaken to:

- ▶ identify individual **risk, need and responsivity** factors for all people in custody who will be subject to statutory post-release supervision
 - ▶ inform **case management plans** or risk management plans.
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It must be noted that in 2022, scoring discrepancies within the LS/CMI IT system were discovered. An LS/CMI Review Group was convened by the RMA at the request of the Scottish Government to investigate the issue and make recommendations. During this time, both prison and community-based social work staff were unable to access the LS/CMI IT system and assessments were therefore paper-based. The LS/CMI Review Group published a report of their findings and recommendations in 2023⁷. The Scottish Government issued a communication to prison and community-based justice social work services in January 2023 outlining the agreed approach amongst stakeholders to updating the LS/CMI IT system with the paper-based assessments. Given our record reading sampling criteria of people having been in custody for a minimum of two years, we would expect the LS/CMI to have been revisited and reassessed for the people in our sample impacted by the previous IT issue.

Use of the LS/CMI in custody and throughcare guidance

This guidance focuses on simplified processes rather than detailed, practice-based guidance for social workers in the application of the LS/CMI method using the IT LS/CMI system. Following the revision of the guidance, it was disseminated to prison-based social work teams and relevant SPS staff by Social Work Scotland and the SPS, as well as wider awareness-raising via practice groups for frontline prison-based and throughcare staff and managers. Despite these efforts, there was a widespread lack of awareness of the guidance during this review. As a result, consistent implementation of the guidance was ineffective. This undermined its overall purpose and value, compounded by local establishment-level workarounds in processes. In practice, key elements of the guidance were therefore not consistently adhered to.

The guidance sets out that prison based social work hold sole responsibility for completing LS/CMI assessments and case or risk management plans. It also states that, in order to avoid duplication and monitoring across two systems, **PR2** (the prisoner record system) remains the 'live' system for tracking actions throughout the person's sentence. Partners reported that in practice, there was significant duplication in processes throughout the person's sentence, for example completion of the LS/CMI and the **Generic Programme Assessment (GPA)** stage. There was also no consistent mechanism for monitoring actions in a centralised way across multiple key partners. SPS staff highlighted the limitations in PR2 in this regard.

⁶[The Level of Service/Case Management Inventory \(LS/CMI\) Guidance - Using The LS/CMI in Prison and Throughcare \(2025\).](#)

⁷[Level of Service/Case Management Inventory \(LS/CMI\) Review Group: Report on the Review of Closed Cases \(2023\).](#)

The requirement for a pre ICM meeting, intended to ensure shared understanding and coordinated planning between prison-based social work and ICM teams, is stipulated in the guidance. In practice, these rarely took place. Communication and collaboration between prison-based social work and ICM staff was still occurring, despite the lack of these formal meetings. Where the pre-ICM meeting did take place, it was viewed as effective in sharing information and discussing plans for people in custody.

The guidance requires it to be noted in section 9.2.6 of the LS/CMI that the case management plan, to be provided for the person's initial ICM, is for "information purposes only". This served to devalue the purpose of the LS/CMI and represented a missed opportunity for the LS/CMI plan to support early, meaningful, and defensible planning. Prison-based social work staff often felt there was little value in completing the plan at this stage given it would not be used to purposefully inform sentence planning.

Within subsequent ICM and other planning meetings, reassessments and risk management plans within the LS/CMI were often used appropriately at progression and parole stages to inform decisions and actions in accordance with the guidance. As per the guidance, communication and collaboration between prison based and community based social work was occurring. However, there was a view amongst staff and partners that this was not always timely enough to support joint understanding or to fully inform **Throughcare Assessment for Release on Licence (TARL)** reports.

All of this highlighted the disconnect between the intended model - a coherent, well coordinated assessment and planning process using the LS/CMI - and the reality of service delivery in the face of significant resource strain, duplication of processes, and fragmented systems.

Assessing and responding to risk and need

We reviewed 100 records for people currently serving long-term or other statutory sentences across all 17 establishments. These included records held on the PR2 system, and the LS/CMI where present. Please see Appendix 1 for further details on the sample selection.

Almost everyone had a completed LS/CMI assessment. Encouragingly, the majority of these were the full LS/CMI 1-8 version and reflective of the person's current circumstances. Almost a quarter also had a fuller risk of serious harm assessment within the LS/CMI. A few assessments comprised the initial **Level of Service Inventory-Revised: Screening Version (LSIR:SV)** only, despite people being at least two years into their sentence.

Overall, there was a consensus amongst SPS staff that the LS/CMI was central to decision-making throughout the person's custody journey and in preparation for release. RMT chairs and **Programme Case Management Board (PCMB)** staff used it as an aid to decision-making. Some SPS staff felt that they and other staff across establishments, including residential and personal officers, would benefit from a greater awareness of the tool and its function in sentence planning and management.

There was less of a consensus on the centrality of the LS/CMI assessment to decision-making for people in custody from social work staff. Some staff felt that there was an over-emphasis on the LS/CMI risk scores, or misunderstandings about what the tool could generate. Nonetheless, other staff, particularly within the women's estate, viewed the LS/CMI as providing an evidence-based approach, allowing meaningful discussions about risk if used appropriately. Staff welcomed the focus on needs as well as risk, believing this encouraged a holistic and supportive approach which also offered opportunities to meaningfully engage the person in discussions about the aspects of their life that needed to change.

Timescales

Just over half of the LS/CMI assessments in the sample were completed within the five-month timescale stipulated in the LS/CMI in custody and throughcare guidance (in time for the person's initial ICM). The remainder, which were not completed on time, highlighted significant room for improvement in this area. In some instances, the LS/CMI was completed at a later date, such as for the next ICM, or at pre-release planning stages. Reasons noted in records for the LS/CMI not being completed within expected timescales included prison-based social work delays in completion, with noted intentions to complete it at a later date; deferring completion of the LS/CMI until critical dates; delays in the LS/CMI being transferred from the community-based system; and the person not engaging with the assessment process.

Less than half of LS/CMIs were noted as being transferred efficiently from the community to custody, despite the centralised LS/CMI platform. Some social work staff reported ongoing delays to completed paper-based assessments being recorded on the LS/CMI IT system following the discovery of the LS/CMI system scoring discrepancies in 2022.

This meant that, in a few instances, in initial planning at ICMs, and even at the later PCMB stage, there was an over-reliance on the screening version of LS/CMI completed at the sentencing stage (the LSIR:SV). Reassessments not being undertaken resulted in instances where no LS/CMI was completed for several years after a person entered custody. This contributed to a lack of a coherent pathway for their custodial journey.

Impact of prison-based social work resource pressures on timescales

Critical capacity pressures for prison-based social work services across the estate were reported by all partners as having the greatest impact on the ability to meet timescales. Some establishments experienced this pressure more acutely than others. For example, in the women's estate and establishments with more stable, long-term populations, prison-based social workers reported being better able to meet timescales and maintain relationships. Prison-based social work staff in other establishments described the pressures as **"it feels like running to stand still"**. As such, social work staff stated that a focus on improvements to only one part of the system, for example the use of the LS/CMI, would be ineffective due to wider system issues such as capacity pressures, delays in key processes, and programme waiting lists.

Additional resource pressures for prison-based social work services were created by people entering custody subject to short-term sex offender licences, supervised release orders, breach and recalls, and backdated sentences. This was due to the often very short turnaround required for the provision of LS/CMI, other risk assessments, and reports for these types of sentences. Relatedly, people were often transferred to another establishment before the LS/CMI and other assessments could be completed, conferring responsibility for the completion of assessments on to already pressurised prison-based social work teams in other establishments.

Despite these challenges, most RMT chairs reported that the LS/CMI was available to them and was used to aid decision-making. RMT chairs placed trust in their establishment's prison-based social work teams to produce and share robust LS/CMI and other assessments. Nonetheless, SPS staff reported significant challenges arising from the delays in LS/CMI assessments being completed. This affected day-to-day decision-making regarding programmes and progression, resulting in some RMTs being postponed if the LS/CMI was not available. This potentially impacted the rights of some people in custody and, in some instances, reportedly contributed to legal challenges.

The purpose and value of LS/CMI completion within five months

Not all partners agreed that the LS/CMI (particularly the case management plan) should be completed for the initial ICM for people serving long-term sentences, particularly when it was only for "information purposes" as outlined in guidance. Some prison-based social work staff expressed the view that the LS/CMI was being scored unfairly at this stage due to the person being so early in their sentence, with little time to make any progress. This lack of progress was compounded by the significant length of time people were waiting for assessment for and completion of programmes. Programme assessment and completion usually took place much later on in the person's sentence, particularly for those serving longer-term and life sentences. Therefore some prison-based social workers saw little value in completing the LS/CMI so early on.

Further, there was a consensus amongst partners that the action plan developed as part of the ICM process was considered to be the main plan throughout the person's journey. As such, it superseded the LS/CMI assessment and planning function.

All of this called into question the purpose and value of the development of an LS/CMI plan at this early stage, and impacted prison-based social work's motivation to complete the full LS/CMI assessment and plan.

Use of the fuller risk of serious harm assessment

Where there are indicators of a risk of serious harm, section 7.3.2 of the LS/CMI allows for a decision to be made on whether more in-depth professional analysis is required. Within the LS/CMI system, this fuller risk of serious harm assessment comprises section 7.4. It is often referred to in practice by the acronym 'RoSH'; however in accordance with RMA guidance the term 'fuller risk of serious harm assessment' will be used for consistency.

Within our sample, the need for a fuller risk of serious harm assessment was appropriately indicated within the LS/CMI in 22 instances, with 20 having been completed. We rated the quality of the majority of these completed assessments as good or very good. Where a fuller risk of serious harm assessment was appropriately assessed as not required, in just under half of these instances, a clear rationale for this decision was recorded.

In a small number of records, a fuller risk of serious harm assessment was noted as being required but was yet to show on the LS/CMI IT system. This was echoed in the lack of clarity widely reported by social work practitioners on the requirement for, and timing of, the completion of this assessment, as well as resource pressures.

Inconsistencies in policy and practice around fuller risk of serious harm assessments were highlighted by all partners. There were reports of regular disagreements between and across prison-based and community-based social work, SPS, MAPPA co-ordinators in the community, and the Parole Board on the requirement for these assessments, usually related to the timing of, and criteria for, the assessment. Practitioners expressed that these fuller risk of serious harm assessments were previously reserved for the 'critical few', but many more were now being requested. This additional demand, and the time taken to undertake more in-depth assessments, contributed to significant capacity pressures for prison-based social work in some establishments.

RMT chairs viewed the fuller risk of serious harm assessment as essential to informing progression decisions and considering community access. Disagreements on the requirement for this depth of assessment were usually resolved at RMTs and between individual staff, but could be challenging. In addition, staff reported that the Parole Board increasingly expected a fuller risk of serious harm assessment to be submitted even in circumstances where the requirements for such an assessment were not met. Prison-based social workers noted that the multiple risk assessments undertaken by them and psychology meant there was sometimes no consensus on whether any one assessment took precedence.

Taken together, all of this highlighted that social work staff and collaborative partners would benefit from greater clarity on decision-making around the completion of fuller risk of serious harm assessments.

Quality and quality assurance

Quality of the LS/CMI

Prison-based social work staff and the SPS noted that, at times, the quality of the LS/CMI was impacted as a result of capacity pressures. That said, it was encouraging just over half of the LS/CMI we reviewed were rated as good or better, with a further third rated as adequate. A few were found to be weak or unsatisfactory. In such instances, this related to assessments not being up to date, containing inconsistent or inaccurate information, or limited analysis to usefully inform decision-making.

The current MoU between SPS and prison-based social work services requires local authorities to undertake “periodic audits of prison-based social work performance” to inform joint monitoring with SPS. Similarly, the LS/CMI in custody and throughcare guidance stipulates that “quality assurance mechanisms are to be employed for assessment and case management practice”. However, echoing our phase 1 findings, routine collaborative quality assurance was not taking place. Some prison-based social work managers reported placing more of an emphasis on the RMA secondary assurance process, or prioritising quality assurance of TARL reports. Whilst the importance of quality assurance was clearly recognised, resource pressures impacted on their capacity to undertake quality assurance of the LS/CMI. Some prison-based social work managers also reflected they would require training in order to be sufficiently equipped to efficiently and effectively undertake quality assurance work, and would welcome support to be enabled to do this. This reflected the broader findings of our recent [national review of justice social work self-evaluation of performance, quality, and outcomes \(2025\)](#). In this review, very few justice social work services referenced having had formal training in quality assurance and audit, as well as a need for additional training in this respect.

Experience of the secondary assurance process

There were strong concerns across social work staff regarding the secondary assurance processes for people being considered for **first grant of temporary release** who met the **complex case criteria**. This was due to their significantly negative experiences of the process. Partners, as well as people in custody expressed concern that this process contributed to unwarranted delays in progression for some people. Repeated rounds of feedback on risk management plans, potentially from multiple reviewers, were noted as a particular frustration which impacted social work staff confidence. For example, staff reported a disconnect between the RMA’s expected standards for risk management plans and what was communicated via the risk practice training. In addition, staff at **National Top End** establishments had concerns they were being held to a higher standard than other establishments as a consequence of additional RMA and SPS scrutiny around the complex case criteria. Overall, the secondary assurance process was having a detrimental impact on staff morale, as well as impacting on people in custody. Any systemic delay to completion of their risk management plans were poorly

understood by people in custody, who often attributed this to the non-action of prison-based social work. This created frustration for the person in custody and damaged trust, ultimately contributing in some instances to fractured relationships between prison-based social work and people in custody.

Staff training, development and support

There was a perception amongst social work staff that there was a waiting lists for risk practice training. The RMA advised that this was not the case, additionally noting that not all justice social work services with prisons in their area had submitted nominations for the 2026 training. Routine, post-training application of the learning is also crucial to building confidence and competence. Not undertaking fuller risk of serious harm assessments on a regular basis following their training could contribute to a lack of confidence with some staff reporting experiencing "**stigma and fear**" around this area of practice.

Some social work staff, particularly those who were newly-qualified or new to justice social work, found the LS/CMI (both the IT system, and the practical application of the method) challenging to use. LS/CMI training was delivered using the paper-based version rather than on the actual IT system, with some staff reporting this made it more challenging for them to navigate in practice. Staff noted instances where the LS/CMI was not being applied consistently across prison-based and community-based social work teams. This had implications for the quality and integrity of the assessments overall. Community Justice Scotland are working to enhance the existing LS/CMI training by the use of instructional videos, alongside access for training delegates to the LS/CMI training version database, with a view to increasing social work staff's familiarity with the system.

This highlighted an opportunity for the use of LS/CMI in custody and throughcare guidance to be expanded to include more detailed, practice-based directions on the use and application of the tool. Staff also noted the potential usefulness of post-training follow-up after three months, to ensure they were fully utilising and understanding the tool.

Linked to this, there were reported gaps in knowledge, skills and training for community-based social workers in relation to working with people subject to throughcare with some staff feeling "**intimidated**" by this area of social work practice. This reflected the lack of up-to-date guidance, access to training and the fact that such learning was often being passed on via colleagues, particularly in areas with limited capacity or demand to deliver a specialist throughcare service. This continued gap was despite the recommendation for a clear learning and development pathway for staff with throughcare responsibilities being identified as a priority area for improvement in the Care Inspectorate's [Throughcare Review \(2021\)](#). The update to the national outcomes and standards for throughcare by the Scottish Government is long awaited. The publication of these practice standards was therefore viewed by social work staff as a timely opportunity for partners to work together on specific throughcare learning and development needs.

Inconsistencies in the language of risk

Notwithstanding the centrality of the LS/CMI assessment to decision-making for people in custody, there was a consensus, particularly amongst social work staff, that there was an over-reliance on the LS/CMI risk level. Discussions and decision-making during key processes were experienced as almost exclusively focusing on 'low, medium, high and very high' risk, rather than the detailed considerations around the pattern, nature, seriousness, and likelihood of offending intrinsic to the LS/CMI. This echoed the findings of the RMA's LS/CMI Closed Cases Review in 2023. The **Framework for Risk Assessment, Management, and Evaluation (FRAME)** guidance, to which all partners must adhere, highlights that the terms 'low, medium, and high' should be used sparingly, if at all, when communicating about concepts such as risk of harm. The framework states that partners should seek to describe the nature, seriousness, pattern and likelihood of offending to facilitate understanding of risk⁸. Not doing so limits the ability for decisions to be informed by a nuanced, meaningful analysis of risk. Consequently, from a social work perspective there were questions as to whether the LS/CMI and their contribution was purposefully and fully informing case management planning or assessment for interventions.

This narrow focus on the risk level or LS/CMI score also meant that people in custody were generally not well-informed about their risk assessments and the ways in which they could effect change and make progress.

Additionally, SPS staff, social work staff, and people in custody often noted confusion for both people in custody and partner agencies, including the Parole Board, about the person's LS/CMI score and their supervision level within custody. This was also categorised as 'low, medium, or high'.

Relatedly, almost all RMT chairs reflected that they received little to no training and preparation for their role as key decision-makers. One chair reflected that, in spite of their knowledge and experience, taking up the role felt "like being thrown into the lion's den". Chairs relied on the information provided by the partners in attendance to aid their decision-making. Chairs lacking confidence or not fully understanding the information provided by professionals was viewed as potentially contributing to risk-averse decision-making. Whilst some RMT chair training was provided by the RMA, chairs were of the view that they would benefit from more comprehensive training on facilitating risk-focused discussions and ensuring consistency in the language of risk amongst all partners in attendance.

Use of specialist assessments

The tendency to over-emphasise the importance of the LS/CMI and risk levels was, at times, viewed by prison-based social work to be to the detriment of specialist risk assessment tools. These were seen to provide a more specific analysis of people's risk and needs, particularly in relation to sexual or domestic abuse offences. Most partners acknowledged that consistent integration of specialist risk assessment tools in the LS/CMI would improve decision-making, particularly in determining

⁸[FRAME, pp18-19](#)

programme needs. For example, there were instances of Programme Case Management Boards (PCMBS) commissioning external risk assessments even though a thorough LS/CMI, incorporating relevant specialist assessment findings and clearly communicated, could have provided the necessary information and assurance.

Within our record reading sample, specialist assessments were indicated in just under half of records, with the majority having a completed assessment appropriately recorded within LS/CMI. This information was then reflected within key decision-making processes as evidenced in meeting minutes.

Prison-based social work staff were concerned that no specialist assessments were available for people involved in serious and organised crime. They viewed this as a significant gap given the increase of people in custody in this category. The nature of this offending meant that people could be assessed as scoring low on risk and need on the LS/CMI, with this assessment banding not always accurately reflecting the level of risk posed from such offending. This highlighted the importance of FRAME guidance being used consistently in practice in order for prison-based social work to confidently undertake a structured analysis of the pattern, nature, seriousness, and likelihood of a person's offending. Given the reliance on the LS/CMI risk level in determining programme need, this had the potential to indicate that no risk reduction intervention was required and people not meeting the criteria for programme work. Consequently, prison-based social work expressed that people involved in serious and organised crime were unlikely to undertake any reflection on the causes and consequences of their offending behaviour during their time in custody.

Contributing to the planning for effective interventions

The use of the LS/CMI in planning

In general, the assessment (level of service) component of the LS/CMI was used to a far greater extent than the case management planning function. For example, only 22 out of the 100 records contained a completed plan within the LS/CMI, despite this being a requirement at the initial ICM stage (five months after entering custody).

Where present, almost all plans within the LS/CMI were up-to-date and appropriately considered both risk and need. In relation to the quality of the plans, just over half were rated as good or very good.

In terms of scope for improvement, the quality of almost a third of plans were rated as adequate and just over half of plans had not been completed within expected timescales. While plans generally reflected the person's current circumstances, there were missed opportunities to explicitly highlight responsibility factors and reflect a trauma-informed approach. Prison-based social work staff highlighted ongoing challenges in working in a trauma-informed way within the custodial setting. This was due to the limitations of the physical environment and prison regimes, as well as the general lack of support for people to manage the impact of their trauma. The SPS' have a stated commitment in their Corporate Plan 2023-28 to move towards a more trauma-informed, person-centred approach with a focus on the health, safety and wellbeing of all those living in custody. Meaningfully translating these aspirations into practice was important to the people in custody we spoke to.

No case management plan in the sample was noted as being completed "for information purposes only", suggesting that staff were either not sufficiently aware of this particular element of the guidance, or were not adhering to it. This was also potentially reflective of the views of some prison-based social work staff on case management plans having limited usefulness until the later stages of a person's sentence.

By contrast, records indicated that the LS/CMI did inform planning and decision-making at various stages of a person's pathway from custody to community. This was most evident at the Integrated Case Management, Programme Case Management Board, and Risk Management Team stages, as detailed in meeting minutes. There were also examples of the LS/CMI usefully informing TARL and pre-release processes.

Ensuring plans prepared in a custodial setting were sufficiently community-facing to meet the needs and risks of the person when being supervised in the community was noted as a challenge. This highlighted the importance of collaborative working at an early stage, as well as access to knowledge on the resources available in a local area to developing effective plans. It was also crucial to people understanding what was available to, and required of, them, upon release.

Use of the LS/CMI progress record was very limited. In contrast to its use in the community, using the progress record is not generally common practice in a custodial setting, despite this being encouraged during the LS/CMI training for prison-based social workers. Not using it represented a missed

opportunity to capture a person's progress and achievements on their progression pathway, as well as making full use of the LS/CMI planning method.

Other plans

There was evidence of other plans being used across the prison estate to inform case and risk management planning. Most people in the sample had an alternative plan to the LS/CMI plan. The majority of these were ICM-based action plans, noted within ICM case conference minutes. Despite the centrality of the ICM action plan, there was no consistently used, standardised ICM case conference meeting minutes or action plan template. The format and quality of these varied widely across establishments. This lack of standardisation highlighted a potential barrier to effective, consistent information-sharing and robust planning, particularly when people were being transferred between establishments.

Notably, just over half of the ICM and other plans referenced or incorporated information from the LS/CMI assessment or plan. Nonetheless, all partners acknowledged that it was the ICM action plan that formed the basis of planning for the person's journey through custody, rather than the LS/CMI. This again called into question the utility of producing an LS/CMI plan in parallel with ICM planning, not least because of the duplication of effort and resources involved.

ICM coordinators had read-only access to the LS/CMI; however, they tended to rely on prison-based social work to provide information about the assessment. Whilst this embodied a collaborative approach, ICM and other SPS staff not responsible for, or trained in, undertaking assessments reported mixed experiences of accessing the LS/CMI. They advised that they did not always feel adequately equipped to interpret the information held there.

Moreover, the PR2 system represented a missed opportunity to hold a streamlined, cohesive plan accessible to all partners involved in case management. The **Community Integration Plan** was integral to holding information about the person's time in custody and was required to be updated regularly by SPS staff. It formed the basis of discussion at ICMs. However, the format of this was a set of domains within PR2, rather than an actual standalone plan. Completion of these domains in the records was variable, echoing the findings from [HMIPS' Thematic Review of Prisoner Progression in Scottish Prisons \(2024\)](#). This hindered the ability of SPS staff and partners to develop a clear, centralised or shared understanding of people's needs or their status and milestones in their journey through custody. As such, there was no single plan based on individual risk, need and responsivity. As one community-based practitioner noted: *"We wouldn't be allowed not to have a clear care plan for a child or adult in the community, but we don't have the same expectation for a prisoner"*.

Further duplication of planning and decision-making processes were highlighted by partners. For example, during the completion of the LS/CMI and GPAs, it was often the same information being gathered and the same conclusions reached about programme interventions.

Collaborative planning and partnership working

Records indicated that there was an overall positive reflection of meaningful collaborative working amongst partner organisations contributing to planning. Prison-based and community-based social work, SPS and psychology were working collaboratively towards pre-release planning, alongside other agencies, where relevant.

Encouragingly, consideration of specific needs was evident within the records for RMTs, with health services more likely to attend these than earlier decision-making forums such as ICMs. Additional partners included education, speech and language therapists, and local authority Mental Health Officers. In some relevant instances, the Home Office were in attendance in relation to immigration/ deportation matters.

While collaboration between SPS, prison-based social work, and psychology was clearly occurring, it was not visible to people in custody, who perceived services as working in isolation. People in custody observed that those who knew them best - their personal officers - had the least influence on decisions, while prison-based and community-based social work, with whom they had limited contact, had the greatest influence. As one person in custody noted: *"Prison staff deal with you 90% of the time, and social work 10% of the time, but they've got 90% of the say in your life"*. This perceived lack of balance was undermining relationships between prison-based social work and people in custody, particularly for those we consulted who were being assessed for progression.

Further, partnership working was often starting late in a person's custody journey, limiting proactive planning and early intervention. Progression processes, detailed release planning and comprehensive reassessments were reported by all partners as being driven by critical dates, which were often many years into people's long-term or life sentences. This meant that opportunities to plan activity aimed at risk reduction earlier in a person's sentence to assist in preparation for release may have been missed.

Collaborative working between prison-based and community-based social work

Community-based social work staff expressed concerns about the limitations of not having access to the current version of the LS/CMI, held on the prison-based LS/CMI IT system when undertaking joint TARL reports with prison-based social work. This hindered their ability to develop a shared understanding of the person's risk and need, particularly for forums such as parole hearings. This was despite the reporting facility within the LS/CMI IT system allowing for information such as the current assessment to be shared. Collaborative working between prison and community-based social work staff was further impeded by prison-based social work capacity pressures leading to challenges in producing the TARL report collaboratively. Community-based practitioners often experienced this as preparing two separate reports. Some prison-based and community-based social work staff felt that granting community-based social work access to the prison version of the LS/CMI, even a read-only version, would encourage more timely completion of TARL reports, as well as create a greater shared understanding of the person's risk, needs, response to custody, and considerations for release.

Further, where there were disagreements between prison-based and community-based social work on assessments or report recommendations, this was in some instances detailed in the body of TARL reports sent to the Parole Board. Social work staff viewed this as undermining Parole Board confidence in social work assessments.

Access to programmes, interventions, and support

The majority of people in the sample were offered access to programmes. In only one instance was the absence of a LS/CMI assessment viewed as a barrier. Where there were barriers to accessing services or programmes, this primarily related to waiting lists. While some prison-based social work and SPS staff made concerted efforts to remove barriers, non-engagement was an issue for almost half of people who were offered programmes. Staff across SPS and social work were of the view that much more could be done to engage and motivate people throughout their time in custody, particularly those serving long-term and life sentences. This reiterated the importance of an effective personal officer role as highlighted in HMIPS' 2024 thematic review of progression, as well as the limitations experienced by prison-based social work in building meaningful relationships with people in custody.

Echoing the findings in relation to an over-reliance on the LS/CMI risk level by SPS decision-makers, programme staff noted that only people scoring high or very high were considered for offending behaviour programmes. Those scoring low were generally not assessed as suitable for programmes and were therefore not accessing these. Access was further limited due to the suspension of the lower-intensity programmes, Pathways and Constructs. This was as a result of the SPS' national waiting lists for offending behaviour programmes reaching critical levels. SPS shifted the priority to addressing the areas of highest risk, through the delivery of moderate and high-intensity programmes that target violence risk and needs (including sexual violence and intimate partner violence).

Nonetheless, backlogs in Generic Programme Assessments, Programme Case Management Boards, and delays in accessing programmes remained significant concerns for all staff. Staff reported people continuing to be released from custody without addressing risk and need. PCMB decision-making was, at times, curtailed by programmes that were unavailable, generating a reliance in some establishments on alternative services such as recovery cafés, peer mentors, and chaplaincy support. Staff reported that the Parole Board were reluctant to accept other forms of rehabilitative work other than accredited offence-focused programmes. Partners reported this to be a barrier to progression for some people. This was echoed in the recent [Report of the Scottish Sentencing and Penal Policy Commission \(2026\)](#), who recommended that the Parole Board "**Consider recognising a wider range of rehabilitation markers than completion of rehabilitative courses when considering parole applications**". They also recommended that SPS should provide better transparency on activities aimed at reducing reoffending, beyond "**a narrow reliance on programme attendance**".

The Sentencing and Penal Policy Commission also noted a strong finding that, whilst prison-based social work are required to almost exclusively focus on reports and risk assessments, "**...what supports desistance (and therefore makes everyone safer) is support; specifically support in addressing a wide range of underlying factors and of barriers to positive change.**" There was a consensus throughout our review that prison-

based social work staff had the necessary skills and willingness to deliver offence-focused work. The Commission further reflects our phase 1 findings in that the role of prison-based social work is well-placed to assist people in custody with wider needs, such as housing, family, and employment. However, capacity pressures, limitations in the current MoU on the role of prison-based social work, and the requirement to prioritise statutory tasks significantly restricted their involvement in offence focused work and addressing broader needs.

Linked to this, the Prison Social Care Integration Steering Group⁹, led by the Scottish Government and comprising key partners including the SPS, NHS, health and social care partnerships, Social Work Scotland, **SOLACE**, and **CoSLA**, aims to improve social care outcomes for people in custody, bringing them into alignment with services in the community and enabling integration with healthcare services. One of the aims of the group is to consider options, and recommend an approach, for how the role of social workers in prisons can best be expanded, including full consideration of the skills required. This will include consideration of the distinct roles of prison-based social workers and adult care social workers.

⁹The Prison Social Care Steering Group was established in 2023 to consider the process through which responsibility for social care should transfer from the Scottish Prison Service to local authorities. The Steering Group has been set up to advise the Scottish Government and CoSLA leaders.

Impact and outcomes

Outcomes for people in custody

Based on the information available on the PR2 system, we considered any improvements for people during the course of their sentence in relation to a range of factors that are known to support desistance from offending. From this information, it was encouraging that most people with an identified need were appropriately referred or signposted to sources of support. Where relevant, most people experienced some improvement in their mental health and wellbeing. For people with additional health and social care needs, appropriate actions had completely or mostly been taken by SPS and partners to meet those needs. Where appropriate, people also benefitted from access to further education. There were also examples of people experiencing improvements in their personal relationships, employability, and drug use.

The **SHORE standards (Sustainable Housing On Release for Everyone)**¹⁰, updated in 2024, aim to ensure that the housing needs of people in custody are addressed at an early stage, in a consistent way across Scotland, regardless of their housing status or how long they have been in custody. In relation to evidence of improvements in safer, more suitable, stable accommodation being available on release, records indicated that for a third of people this had improved. However, for just over a third there were no improvements where this would be expected.

Overall, gaining access to programmes was a significant source of frustration and anxiety for people in custody. People placed on waiting lists often required transfer to another establishment to complete programmes, which some declined due to disruption for themselves and their families. Declining transfers was perceived to negatively affect progression and release decisions. Lack of access to programmes contributed to feelings of hopelessness.

People in custody expressed mixed views about participating in programmes. Women reported positive experiences of the 'Ultimate Self' programme. Some men found programmes helpful, and others felt forced to participate. As a result, engagement could often be superficial. Some people suggested alternatives such as counselling and life skills courses as potentially better preparing them for release. Feedback mechanisms post-programme were inconsistent, which limited opportunities to drive improvements.

Involving people in custody

The SPS' [Corporate Plan 2023-28](#) places an emphasis on cross-cutting human rights principles of tackling inequalities, promoting respect, advancing equality of opportunity, and being person-centred. The regular inspections of prisons by HMIPS take account of the **Scottish Human Rights Commission's PANEL principles** – Participation, Accountability, Non-discrimination, Empowerment,

¹⁰[SHORE standards \(2024\)](#)

and Legality. We considered the participation and empowerment of people in custody in relation to their involvement in and understanding of the key processes and decisions that affected them, including risk assessments such as the LS/CMI.

Participating in and understanding risk assessments

It was positive to note from LS/CMI records that most people contributed to the preparation of their risk assessments. Further, most people's views were sought and considered when developing case and risk management plans. However, people in custody reported a very limited understanding of the LS/CMI, with an over-emphasis on their risk level and the perceived power imbalance inherent in being 'scored' for a risk assessment. Many believed their score could not change while in custody, and some thought risk increased when granted community access. People felt strongly that they were being unfairly scored in LS/CMI domains such as 'criminal companions', given they were residing in custody with other convicted people with no choice in this. Significantly, no-one we spoke to had a sense of a clear plan for their time in custody.

These findings were echoed by research¹¹ in 2025 conducted by a forensic psychologist in one Scottish establishment, who consulted 13 people subject to statutory sentences. The aim was to gain insight into people in custody's experiences of risk assessment processes undertaken by psychology and prison-based social work, and to determine their level of understanding of this. The research recommended that practitioners should spend additional and adequate time explaining risk concepts to people in custody. Further, we found that some SPS staff were also unclear on the LS/CMI's purpose and meaning, limiting their ability to support understanding.

People in custody and prison-based social work staff reported that risk assessments were often based on limited contact with people - typically one or two interviews - due to resource constraints and regime restrictions, such as limited opening hours of links centres and the management of movement routes. This meant that they felt they had little time to go through risk assessments in detail with people. This reiterated the need to address prison-based social work resourcing pressures.

Considering people's views

Information was generally communicated to people in custody at key stages of their sentence management by SPS and prison-based social work. Encouragingly, records indicated that people's views were considered during key decision-making processes, with examples of their contributions being taken into account and actioned.

Despite these positives, people in custody reported significant inconsistencies and delays in notifying them about outcomes and decisions, including those made at PCMBs and RMTs. The impact of these delays was compounded by those RMTs where the person's attendance was not permitted. As such, in these instances they were not fully empowered to contribute to decisions made about their lives.

¹¹McIvor, L (2025) 'It's like Shutter Island': An investigation into prisoner's understanding of risk concepts within the Scottish Prison Service.

Attendance at RMTs was recognised as key to empowering people in custody, but there were mixed experiences of this. The [Risk Management, Progression and Temporary Release Guidance \(2018\)](#) states that the RMT chair should consider, on a case-by-case basis, the benefits of people in custody attending the RMT meeting, where appropriate. Some establishments enabled attendance, including via Microsoft Teams, which was valued by staff, RMT chairs, and people in custody. Written self-representations were routinely sought and viewed as useful.

However, attendance at RMTs varied by establishment and was often limited to 'significant' meetings where progression was likely. Barriers included staff capacity to escort people and meeting room locations. There was also an over-reliance on written self-representations. Where people did attend, they were often poorly prepared and found the process intimidating, particularly those with speech, language and communication needs. This did not comply with the PANEL principles.

Opportunities for feedback were scarce, and complaints were often perceived as ignored. There was a consensus amongst all SPS staff and leaders that significant improvements were required in routinely gathering feedback from people on their experiences of all decision-making forums.

Impact and experience of prison-based social work services

The provision of prison-based social work service delivery data remained the main mechanism for SPS assurance statements. However, this quantitative data offered little insight into the impact or outcomes of social work interventions and, as with our phase 1 findings, was widely regarded as meaningless. Records held by prison-based social work were not accessed as part of the review, and prison-based social work did not routinely contribute to PR2. As such, there continued to be challenges in determining the true impact of prison-based social work practice on outcomes for people in custody.

In several establishments, prison-based social work was operating a task-based allocation model in an attempt to address the resource challenges. This meant people in custody often weren't allocated to the same worker throughout their sentence, and tasks were driven by critical dates such as parole dates. This negatively impacted both people in custody and prison-based social work staff. Concerningly, some establishments who had not previously operated in this way were implementing this model due to increasing demand. Consequently, social workers were unable to build relationships and trust with people, and felt they were not working in a trauma-informed way. There was a lack of continuity for people during their journey through custody, with people having to repeatedly 'tell their story' to different workers. Social workers expressed concern that they were completing risk assessments and providing views about a person's risk at parole hearings and other key decision-making forums often based on very limited contact with, and knowledge of, the person.

The introduction of targeted ICMs meant that prison-based social workers were having even less contact with certain people, particularly those serving life sentences and very long-term sentences. This approach was adopted by the SPS in 2024 with the policy intent of focusing resources on those assessed as posing the highest risk of reoffending and harm. Again, this is determined by the LS/

CMI's 'low, medium, high, or very high' risk levels¹². This policy was also not viewed as having eased any pressure on prison-based social work nor ICM team resources. Further, prison-based social work staff in some establishments lacked a mechanism to identify or support people serving longer sentences who had opted out of key processes, such as ICM. Practitioners highlighted that this significantly reduced level of contact contributed to loss of motivation, hope and clear rehabilitative pathways for people in custody.

There were examples of increased efforts to meet specific needs for particular groups or individuals. Young people's experience of prison-based social work was generally more positive than others. They described the contact as responsive, with regular engagement and workers who were approachable and helpful in responding to queries. The women's estate was considered more responsive to people's needs, with staff having time to build relationships that supported meaningful engagement in assessment and planning.

Recruitment and retention challenges, staff absences, and barriers to accessing systems were also impacting prison-based social work capacity and morale in some establishments. Some prison-based social work managers were not being fully supported by local authority justice social work leaders to address these challenges, and felt they had a lack of voice and influence over key decisions affecting their teams.

Prison-based social work leaders and staff felt that they were not meaningfully consulted by SPS on key decisions and policy changes in general. Most changes were experienced as being 'done to' the service, rather than involving a truly collaborative approach. For example, the transfer of groups of people serving statutory sentences between establishments, with no consideration given to prison-based social work resource requirements. This highlighted that the perceived "one size fits all" approach to resourcing for prison-based social work across establishments was insufficient.

Reflecting our phase 1 findings, some prison-based social workers felt that their role was undervalued, not widely respected, and poorly understood. This linked to a sense of not being afforded the same level of professional respect as other colleagues such as psychology, particularly by SPS staff. LS/CMI scoring was sometimes questioned by people not trained in the application of the tool, and there was a general lack of understanding from SPS colleagues on the role and function of social work, and the LS/CMI, in prisons. This also reflected the wider point that the implementation of the FRAME principles had been largely unsuccessful in the prison context.

Whilst SPS staff viewed prison-based social work as effective, skilled, and driven, all acknowledged that they were under-resourced and demand was outstripping capacity. Bids for additional resources were unsuccessful in some establishments. As a result of the capacity pressures, prison-based social work were unable to undertake other important work at which they would be skilled, such as delivering groupwork or individual offence-focused work. This was viewed as a missed opportunity given the lack of availability of lower-intensity programmes since the SPS' priority shift to delivery of high-intensity programmes.

¹²[Supplementary Guidance for Integrated Case Management \(ICM\): A Targeted Approach to Case Conferencing \(SPS, 2024\).](#)

Conclusions

This review had a specific focus on the use of LS/CMI in prison-based social work practice and within SPS decision-making forums. When used as intended, the LS/CMI clearly informs assessment and planning for a person's journey through custody. Nonetheless, the use of one assessment and planning method cannot be considered in isolation from the wider systemic challenges continuing to impact all partners and people in custody. Overall, the findings of this review highlight that partners are striving to deliver on expectations, but there are barriers and constraints resulting from structural pressures, inconsistent application of the language of risk, and a lack of cohesive planning for people throughout custody. As with our phase 1 findings, fundamental reform continues to be required to address the ongoing challenges and provide sustainable solutions.

The year-on-year increase in demand for prison-based social work services, without additional resources, continues to significantly impact service delivery. The short-life working group chaired by the Scottish Government offers an important opportunity to address the longstanding under-resourcing of prison-based social work services. This is vital both in the short-term to address the immediate capacity crisis, and in the longer-term to provide a sustainable, fit-for-purpose funding model. The ongoing Prison Social Care Integration Steering Group represents a further collaborative opportunity to review and agree on the role and responsibilities of a contemporary, person-centred, adequately resourced social work service addressing social care in prisons.

While the LS/CMI supports decision making at key stages, resource pressures impacting timescales and its limited use during the wider custodial journey undermines its true potential. This contributes to frustration for staff and for people in custody. The absence of a clear, unified plan for the person's journey through custody contributes to duplication, fragmentation and confusion for those attempting to navigate the various processes. This complicated planning landscape represents an opportunity for streamlining. The progress of the SPS' ongoing Prisoner Pathway Programme Board, and critically, the operational implementation of their findings, will be essential in this regard.

Guidance on the use of LS/CMI in custody and throughcare is not sufficiently visible to prison-based social work services and is therefore not being consistently adhered to. This is compounded by resource pressures and variations in the application of policy and practice in the use of the LS/CMI method across the prison estate. Further, some prison and community-based social work staff report a lack of confidence in the use of the LS/CMI, as well as in throughcare practice more generally for community-based staff. Developing more detailed guidance on the use of LS/CMI in custody and throughcare and ensuring related training is fit for purpose would serve to address potential inconsistencies and bolster confidence in this area of practice.

Across partners, the language of risk is inconsistent and not fully reflective of the FRAME principles. The over-reliance on the LS/CMI score and risk levels has the potential to undermine robust decision-making. Relatedly, there are inconsistencies in the completion of fuller risk of harm assessments due to variances in expectations across partners. These challenges highlight an opportunity for national, multi-partner training to reassert the FRAME guidance as well as address differences in understanding of fuller risk of serious harm assessments in order to improve consistency.

Despite these challenges, there is a commitment across partners to collaborative working and supporting progression. Prison-based social work's essential role is recognised by SPS but not sufficiently experienced as influential and impactful by prison-based social work teams. Our phase 1 report highlighted a previous advisory lead within SPS for social work, which was valued in supporting connections and bridging gaps. The new National Social Work Agency¹³ was launched in March 2026 and offers opportunities for prison-based social work representation and influence, as well as for broader justice social work services, at a national level.

People in custody who engaged with prison-based social work are willing participants in risk assessment processes, yet many lack understanding of their purpose or significance, feel insufficiently represented in key SPS forums, and have limited opportunities to challenge decisions or give feedback. This ultimately reinforces feelings of disempowerment. Consistent with the SPS' human rights aims and the PANEL principles, mandatory involvement of people in key forums like RMTs, where safe and appropriate, is worthy of further consideration. This would create a more transparent and empowering experience for people in custody. Further, the current [Vision for Justice in Scotland \(2022\)](#) is due to be updated this year, which offers an opportunity to build on and truly embed the principles of an effective, modern, person-centred and trauma-informed justice system that supports rehabilitation.

¹³Led by the Chief Social Work Adviser, this is a Scottish Government executive agency which aims to provide national leadership, professional oversight, and support for social work services across Scotland..

Areas for improvement

Strengthening assessment of risk and need, the effectiveness of planning, and the involvement of people in custody in key decisions cannot be achieved by any one agency. The SPS, local authority social work leaders (in partnership with Social Work Scotland), the Scottish Government, the RMA and Community Justice Scotland should agree a shared vision and aims for prison-based social work services and work together to achieve the following.

- ▶ Deliver on the review of the current funding and commissioning arrangements for prison-based social work services, including a complete review of the MoU between the SPS and local authorities as an urgent priority. This should be on both a short-term and long-term basis in order to address real-time critical capacity pressures and generate a sustainable model (the Scottish Government; the SPS; justice social work).

- ▶ Deliver on the implementation of a single, clear plan for all people in custody subject to statutory supervision on release. This should include consideration of the role of the LS/CMI and social work assessments in planning, as well as shared training for SPS and social work staff on any new approaches to case management (the SPS; prison-based social work, Community Justice Scotland).

- ▶ Establish a national approach to ensure all relevant partners are aware of the FRAME guidance and achieve a shared language of risk to support consistent practice. This should include comprehensive training for RMT chairs to sufficiently prepare them for the role (the SPS; the RMA).

- ▶ Clarify the policy and practice on the completion of fuller risk of serious harm assessments across all key partners to ensure consistency of understanding (the RMA; the SPS; justice social work).

- ▶ Strengthen the voice and influence of prison-based social work services in key SPS decisions that affect them and the people they work with. Consideration should be given to the re-establishment of a dedicated prison-based social work advisory role positioned within the SPS, linked to a clear national social work governance and accountability structure such as the National Social Work Agency (justice social work; the SPS; the Scottish Government).

- ▶ To ensure a competent, confident, and well-trained workforce, the needs of prison-based social work and community-based social work staff working in throughcare should be reflected within any strategic approach to training and workforce planning. Development of more detailed, practice-based guidance for social workers on the use of the LS/CMI in custody and throughcare should be a priority (Community Justice Scotland; the SPS; justice social work).

- ▶ Improve the meaningful involvement of people in custody in decision-making processes and establish consistent feedback mechanisms for these. Consideration should be given to revising relevant SPS guidance in line with human rights, equalities, and involvement principles (the SPS).

Appendix 1

How we conducted this review

Scoping meetings

We held scoping meetings with Social Work Scotland, the Scottish Prison Service, Community Justice Scotland, the Risk Management Authority, the Scottish Government, and the Parole Board for Scotland. This was to gain an overview of the use of LS/CMI in custody and throughcare, and the current strengths and challenges.

Desktop review

We read relevant documents pertaining to the use of LS/CMI in custody and throughcare, as well as strategies, policies and findings from other relevant scrutiny and reviews.

Record reading

From the SPS, we requested a list of people serving long-term sentences who were at least two years into their sentence. This was to ensure they had undergone at least an initial ICM and should have a completed LS/CMI assessment as per the guidance. Due to the different processes, timescales, and quality assurance mechanisms involved, people subject to orders of lifelong restriction, supervised release orders, and breach and recall processes were excluded from our request.

The SPS provided an anonymised dataset of 1,415 long-term prisoners (LTPs) taken from an SPS Business Objects report titled 'Open Estate LTP Eligibility'. This report was built by the SPS to access information on long-term prisoners who met the basic criteria for consideration of progression to less secure conditions. The report was run on 14 August 2025 and was live and correct on this date.

From this dataset, Care Inspectorate analysts selected a sample of 100 people from all 17 establishments, stratified by age and gender to ensure a representative sample. A further 30 were selected as reserves. 19 of the total sample selected were women. 12% of the sample were in the 18-24 age range. A quarter of the sample were over the age of 65.

The majority of the sample (73%) were categorised as long-term prisoners. An additional 24% were subject to extended sentences. Almost half (49%) of the sample were subject to MAPPA, with almost all of these (98%) involving people convicted of sexual offences.

The SPS granted record readers centralised access to the PR2 system at the SPS Headquarters. The Scottish Government and the LS/CMI supplier provided remote access to the LS/CMI electronic portal (custody-based only). Through these systems we read the following, where present:

- ▶ The LS/CMI (all sections including fuller risk of serious harm assessments, case and risk management plans, and progress records)
- ▶ Integrated Case Management case conference minutes
- ▶ Community Integration Plans
- ▶ Generic Programme Assessments
- ▶ Programme Case Management Board minutes
- ▶ Risk Management Team minutes
- ▶ Parole Board for Scotland decision letters
- ▶ Any other relevant documents

We were not able to access reports produced by prison-based and community-based social work services, such as Throughcare Assessment for Release on Licence (TARL) reports.

Focus groups and interviews with staff

We held 20 focus groups and interviews over Microsoft Teams with the following staff groups:



Focus groups with people in custody

Support from HMIPS and the SPS enabled our review team to engage with people in custody serving long-term sentences. In total, 28 people in custody contributed to seven focus groups across three establishments. Eight of these were women, and seven were young people aged 18-21.

Final report

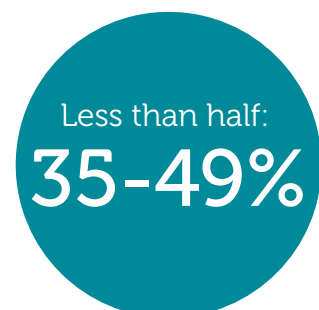
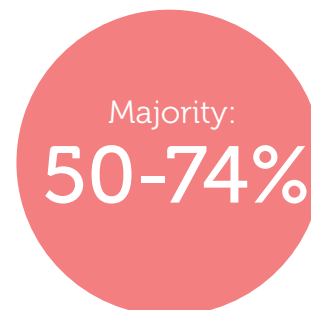
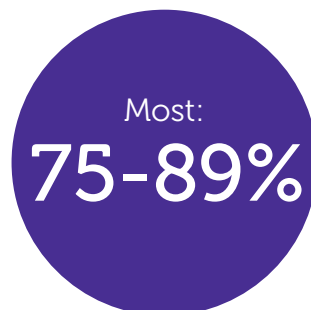
This report summarises the overall findings across the relevant quality indicators to highlight what is working well, the barriers to efficient and effective practice, and areas for improvement. The quality indicators informing this report are outlined below (please also see Appendix 2).

5.2
Assessing and
responding to
risk and need

5.3
Contributing
to the planning
for effective
interventions

5.4
Involving
people
convicted of
offences

Guide to the quantitative terms used in this report



Limitations of the methods used

The record reading sample did not include people serving life sentences due to the dataset parameters. However, we spoke with people serving life sentences during our focus groups with people in custody.

In order to minimise the impact on prison-based social work services of this phase of activity, we did not seek access to prison-based social work systems and records.

As the findings from the record reading were based on a sample of 100 records, we cannot assure on the work undertaken nor the quality of the LS/CMI for all people in custody subject to statutory supervision upon release.

Given the extent of the movement of people in custody around the prison estate, there were limitations in attributing the nature and quality of the recorded work to a particular establishment in some instances.

The views from colleagues across partner organisations and people with living experience reflect only those who took part in focus groups and interviews.

Appendix 2

The quality improvement framework

This report summarises the overall findings of the review across the adapted quality indicators highlighted below.

What key outcomes have we achieved?	How well do we jointly meet the needs of our stakeholders?	How good is our delivery of community justice services?	How good is our management?	How good is our leadership?
1. Key performance outcomes	2. Impact on people accused or convicted of offences, and people affected by crime	5. Delivery of key processes	6. Policy, service development and planning	9. Leadership and direction
1.1. Improving the life chances and outcomes of people with living experience of community justice	2.1. Impact on people accused or convicted of offences	5.1. Providing support when it is needed	6.1 Policies, procedures, and legal measures	9.1 Vision, values and aims 9.2 Leadership of strategy and direction 9.3 Leadership of people and partnerships 9.4 Leadership of improvement and change
	2.2 Impact on victims of crime	5.2 Assessing and responding to risk and need	6.1 Planning and delivering services collaboratively	
	2.3 Impact on families	5.3 Contributing to the planning for effective interventions	6.3 Participation of people accused or convicted of offences, people affected by crime, and other stakeholders	
		5.4 Involving people accused or convicted of offence	6.4 Performance management and quality assurance	
	3. Impact on staff		7. Management and support of staff	
	3.1 Impact on staff		7.1 Recruitment, retention and joint working 7.2 Staff development and support	
	4. Impact on the communities		8. Partnership working	
	4.1 Impact on the community		8.1 Effective use and management of resources 8.2 Commissioning arrangements 8.3 Securing improvement through self-evaluation	
10. What is our capacity for improvement?				
Overall judgement based on an evaluation of the framework of quality indicators				

Appendix 3

Terms we use in this report

Care Inspectorate: the independent scrutiny, assurance and improvement support body for social care and social work in Scotland. Further information is available at: <https://www.careinspectorate.com/>

Case management plan/risk management plan: risk and needs are actively addressed through a case or risk management plan of intervention in which the person actively participates. Any strengths identified by the assessment process should be promoted within the plan

Community custody units: accommodation for women in custody to support the specific needs of women. The units allow closer community contact and access to local services to create and sustain independence in preparation for successful reintegration into the community.

Community Integration Plan: an individualised, collaborative, and, in many instances, mandatory, SPS process to support people in their transition from custody back into the community. It is tailored to the needs of each person, focusing on their specific circumstances, such as health, housing, and other support requirements.

Community Justice Scotland: the national body with responsibility to promote the National Strategy for Community Justice. It is responsible for monitoring, promoting and supporting improvement in the performance, quality, and range of community justice, and keeping Scottish Government ministers informed about this. It also promotes public awareness of benefits arising from community justice. Further information is available at: <https://communityjustice.scot/>

Complex case criteria: the criteria by which the external secondary assurance procedure by the RMA is considered necessary and appropriate for people subject to first grant of temporary release. One or more of these requirements must be met to fulfil the complex case criteria: according to MAPPA criteria, the risk of serious harm is 'very high' or 'high'; there is a live Victim Notification Scheme marker and the MAPPA risk level is 'medium' or higher; there is a Serious Crime Prevention Order in place, or the person has been convicted of serious organised crime, or a serious terrorist offence; and/or there is public and/or media interest which has an impact on the effective delivery of the risk management plan.

CoSLA: the Convention of Scottish Local Authorities is a councillor-led, cross-party organisation that champions the work of Scotland's local authorities and their 1,226 elected councillors. Further information is available at: <https://www.cosla.gov.uk/>

First grant of temporary release: the process by which SPS risk management teams apply to Scottish Government ministers on behalf of people serving life sentences, who are otherwise prohibited from temporary release, to be released temporarily. For example, for work placements, unescorted day release, and home leave.

Framework for risk assessment, management and evaluation (FRAME): a framework developed in partnership with justice agencies which aims to develop a consistent and evidence-based approach to risk assessment and management.

Generic Programmes Assessment (GPA): this is an SPS process that assesses and identifies a person in custody's need for offence-focused interventions, typically involving interviews and risk assessment tools. It is reviewed by the Programme Case Management Board.

HMIPS (His Majesty's Inspectorate of Prisons for Scotland): responsible for the inspection and monitoring of Scotland's 17 prisons and custody centres. Further information is available at: <https://www.prisonsofscotland.gov.uk/>

Integrated case management (ICM): a case management structure used by the Scottish Prison Service that brings together the prisoner and other key staff and agencies to assess the prisoner's progress through custody and to plan for release.

Level of Service/Case Management Inventory (LS/CMI): a comprehensive risk/need assessment and management planning method for general offending used by justice social work services across Scotland.

Level of Service Inventory-Revised: Screening Version: the initial component of the LS/CMI undertaken by justice social work services prior to the person's sentencing for the purposes of a court report. It encompasses seven key risk factors: criminal history, criminal attitudes, criminal associates, personal/emotional, employment, family and substance use.

Licence: certain people are released from prison into the community under conditions. Being on licence means they are still serving their sentence in the community and are subject to social work supervision.

MAPPAs: the acronym for multi-agency public protection arrangements put in place to manage the risk posed by people subject to sex offender registration and notification requirements, and other people who pose a high risk of harm to people and communities.

Memorandum of understanding (MoU): the governance framework that details the arrangements for use of Scottish Government funding allocated to the SPS to pay for statutory social work services in prisons provided by relevant local authorities. It provides a comprehensive list of prison-based social work responsibilities, SPS responsibilities and any that are shared.

National Top End: lower-supervision units within high-security establishments designed for long-term or life-sentence prisoners, allowing them to prepare for release and reintegrate into the community.

Parole: the temporary or permanent release of a prisoner before the expiry of their sentence, on the promise of good behaviour.

Parole Board for Scotland: a tribunal non-departmental public body, members of which are appointed by Scottish Government ministers. Its main aim is to ensure that people in prison who are no longer regarded as presenting a risk to public safety may serve the remainder of their sentence in the community on licence under the supervision of social work. The Parole Board for Scotland operates independently from the Scottish Government. Further information is available at: <https://www.scottishparoleboard.scot/>

Parole report: a report provided by prison-based and community-based social work to the Parole Board for Scotland to inform its decision-making about a person's release from custody.

Prisoner Pathway Programme Board: a multi-year programme of work by the SPS which will run until 2028 to align with their Corporate Plan's objective that "People in Scotland's prisons are better supported to safely follow a progression pathway towards release, in ways that prioritise public protection."

Programme Case Management Board (PCMB): the decision-making body within SPS establishments responsible for identifying and approving a person in custody's need for specific, offence-focused, or therapeutic programmes. It ensures that appropriate interventions are matched to the person's risk and needs to support rehabilitation and progression.

Progression: when people in custody serving long-term or other statutory sentences become eligible to be considered to progress to less secure conditions and/or community access.

PR2: the national prisoner records system and primary management information system used by the SPS to manage people in custody. It is a centrally hosted application, utilising an Oracle database, designed for operational, day-to-day management of the prison population.

Rehabilitation: the process of reforming people in the justice system through interventions, education, and/or training to address the root causes of their offending, equipping them with skills and support to maintain an offence-free lifestyle.

Reintegration: upon release from custody, a person enhances social inclusion through maintaining supportive relationships and access to the opportunities and resources required to maintain desistance. As a result, the person is no longer a significant risk to others. A reduced risk of reoffending enables the person to focus on developing an offence-free lifestyle.

Risk Management Authority: a non-departmental public body established in 2005 by the Criminal Justice (Scotland) Act 2003. Its work is to reduce the risk of serious harm posed by violent and sexual offending. Further information is available at: <https://www.rma.scot/>

Risk management team (RMT): a multidisciplinary team of professionals representing a range of agencies involved in the management of people in custody. Its primary purpose is to consider the assessment, intervention and management needs of those referred through the integrated case management process. It is also the decision-making process that considers progression to less secure conditions and/or community access.

Risk, need and responsivity: a leading framework for rehabilitation for people in the justice system to guide effective interventions. The model matches the intensity of an intervention to a person's risk of reoffending (more intense for high-risk), focusing on dynamic needs linked to offending (for example, substance use), and tailoring the delivery of interventions through responsivity to the person's learning style, strengths, and identity characteristics.

Risk Matrix 2000 (RM2000): an actuarial risk assessment tool applied to men aged 18 years and over convicted of sexual offences to assess the risk of reconviction.

Scottish Human Rights Commission's PANEL principles: The Scottish Human Rights Commission is an independent public body, accountable through the Scottish Parliament. The Commission has a general duty to promote awareness, understanding and respect for all human rights – economic, social, cultural, civil and political – to everyone, everywhere in Scotland, and to encourage best practice in relation to human rights. They developed the PANEL principles (Participation, Accountability, Non-discrimination, Empowerment and Legality) to ensure people's rights are put at the centre of policies and practice. Further information is available at <https://www.scottishhumanrights.com/>

SHORE (Sustainable Housing On Release for Everyone) standards: standards for SPS, private prisons, local authority housing, homelessness and social work services, Registered Social Landlords, Police Scotland, the Scottish Courts and Tribunal Service, health services, third sector advice and support agencies, and people in custody. They are designed to ensure that people leaving custody can access services and accommodation in the same way as people living in the community.

Spousal Assault Risk Assessment (SARAv3): a 24-item structured risk assessment for people accused or convicted of domestic abuse.

Stable and Acute 2007 (SA07): a dynamic risk assessment tool which provides a structured method for identifying and measuring dynamic risk factors that are predictive of sexual re-offending.

Social Work Scotland: the professional leadership body for the social work and social care professions. Further information is available at <https://socialworkscotland.org/>

SOLACE (Society of Local Authority Chief Executives and Senior Managers): a representative body for senior strategic managers working in the public sector in the UK.

Supervision level: the SPS uses a Prisoner Supervision System to categorise people in custody into three main levels (high, medium, or low) which determine security, monitoring, and movement restrictions. These levels are assessed upon admission, regularly reviewed, and manage risk while in custody, including for community access.

Throughcare: describes the range of social work services provided to people in prison, and their families, from the point of sentence or remand in custody, during the period of imprisonment and following return to the community.

Throughcare Assessment for Release on Licence (TARL): Social Work Scotland and other partners developed and introduced this process in 2021, replacing parole reports. This process produces an integrated parole board report prepared jointly by prison-based and community-based social work for people serving long-term sentences. The intention of this was to increase collaboration and joint working between prison and community-based social work.

Trauma-informed practice: a strengths-based approach grounded in an understanding and responsiveness to the impact of trauma. It emphasises physical, psychological, and emotional safety for everyone and creates opportunities for survivors to rebuild a sense of control and empowerment.

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