

Chapter

1

Introduction

The Camberwell Assessment of Need Forensic Version (CANFOR) is an individual needs assessment scale designed to identify the needs of people with mental health concerns who are in contact with forensic mental health services. It was developed by members of the Section of Community Psychiatry at the Institute of Psychiatry in London, in collaboration with clinicians at the Bracton Centre, a secure psychiatric facility operated by Oxleas NHS Foundation Trust. The CANFOR is based on the Camberwell Assessment of Need (CAN), a needs assessment scale designed to assess the needs of people with severe and/or enduring mental health problems (Phelan et al., 1995; Slade et al., 1999; Slade & Thornicroft, 2020).

The CANFOR covers a broad range of health, social, clinical, and functional needs and ensures that the common needs of forensic mental health service users will be assessed. Different viewpoints are recorded separately in the scales; this allows for staff, service user, and carer views to be considered and documented alongside each other in one complete assessment. A complete assessment therefore serves to highlight both agreement and disagreement in perceptions of need between different people and is intended to form the basis of further discussions aimed at devising the optimum care and treatment planning for the individual.

This is the 2nd edition of the CANFOR book; the 1st edition was published by the Royal College of Psychiatrists in 2003. In this 2nd edition, we provide some updated guidance and minor changes, reflecting on our experiences with its implementation and use for research and in routine clinical practice over the last 18 years. Of specific note, we have changed the name and scope of two of the CANFOR domains to better reflect contemporary situations and circumstances. We have changed the Child Care domain to Dependents in this 2nd edition, to reflect changes that are emerging associated with an ageing population.

We have also changed the Telephone domain to Digital Communication to better reflect other additional and/or alternative ways of communicating with others (for example, through social media). We have also changed how the need rating for each of the 25 CANFOR domains is recorded in all variants of the CANFOR scales. In the 1st edition, we used a numeric scoring system (where 0 = no need, 1 = met need, 2 = unmet need, 8 = not applicable, and 9 = not known in the need domain). In this 2nd edition, we have changed the rating to use letters ('N' for no need, 'M' for met need, 'U' for unmet need, 'NA' for not applicable, and '?' for not known) instead of numbers. These changes reflect those made to the 2nd edition of the Camberwell Assessment of Need (Slade & Thornicroft, 2020).

The CANFOR is administered as a semi-structured interview to screen for identifiable areas of need, but it does not assess identified problems in detail. Therefore, needs that are identified through the assessment process may require further investigation and assessment using appropriate standardised scales (for example, psychological distress, safety to self, safety to others, sexual offences, and arson).

Three versions of the CANFOR have been developed, each covering the same 25 domains of need. Comprehensive versions are available for research use (CANFOR-R), and clinical use (CANFOR-C). They identify the presence of a need and record the level of help received from different sources (both from informal sources such as friends and family and from formal sources such as statutory services). They also identify the person's overall satisfaction with the help they have received from services and consider, from the staff member's perspective, whether difficulties in specific areas may have contributed to the index offence or reason for referral to the service. A short summary version of CANFOR is also available (CANFOR-S), which simply records the presence of a need (i.e. the need rating) in each of the 25 domains

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of need and whether that need is ‘met’ or ‘unmet’ by considering any help currently being received. The CANFOR-S is suitable for both research and clinical use; we have found that it also tends to be the CANFOR scale of choice, both for research and in routine clinical practice.

This book provides the necessary information so that the CANFOR scales can be used without the need for formal training. Chapter 2 provides a brief overview of needs assessment and a discussion of specific issues relating to people who receive support and care from forensic mental health services. Chapter 3 describes the development of the CANFOR scales. Chapter 4 contains descriptions of the 25 need domains (including changes from the 1st edition of the book and scales). Chapter 5 provides guidance for using the full research version (CANFOR-R), and Chapter 6 provides guidance for the full clinical version (CANFOR-C). Chapter 7 focuses on the short version of the assessment (CANFOR-S) and provides instructions

for its use. Chapter 8 provides some details on translations of the CANFOR scales that have been completed and brief details about those that have been published. Chapter 9 suggests a structure for a training session that can be delivered in house to help familiarise appropriate staff and researchers with the CANFOR scales and how to complete them. It includes three short vignettes and one full vignette so that readers can practice the completion of the scales. Chapter 10 includes a number of frequently asked questions, and Chapter 11 provides a comprehensive list of references. A series of appendices are also included. Appendices 1, 2, and 3 provide copies of the three CANFOR scales. Appendix 4 provides copies of suggested summary score sheets for the CANFOR-R and CANFOR-C. These appendices are provided in a format that is suitable for scanning and can be freely photocopied. The fifth and final appendix provides a copy of the original psychometric evaluation of the CANFOR, published in 2008.