

North East Lincolnshire Risk Analysis Framework Guidance

Introduction

Across the Safeguarding Children Partnership in North East Lincolnshire, the Risk Analysis Framework (RAF) provides a consistent model for the assessment, analysis and management of risk.

Any assessment and / or intervention undertaken across the partnership by North East Lincolnshire Children's Services and partner agencies due to concern about a child's welfare, or that a child is suffering significant harm, or is likely to do so is underpinned by the North East Lincolnshire RAF.

It is acknowledged that it is impossible to remove all risk from a child's life.

The assessment, analysis and management of risk takes place within the three domains of the national Assessment Framework:

- **The child's developmental needs** - and the risks that they are experiencing
- **Parenting capacity** - and ability and willingness to meet the child's needs
- **Family and environmental factors** - including extra-familial contexts and the family network

Assessing, analysing and managing risk within the RAF is therefore essential in balancing the needs / risks relating to a child considering the above.

The RAF should be used for children across the following:

- Being assessed for, during or when reviewing an early help plan
- Completing a referral by the Children's Services Integrated Front Door
- Being assessed by Children's Services
- Children in Need including disabled children
- Child Protection
- Children in Care
- Care Leavers
- Children / young people involved with youth justice

It focuses on two key aspects:

- what factors are there in the child's life that present a risk to their wellbeing (risk factors); and
- what factors guard against risk (protective factors)

Having determined what risk and protective factors exist, the process is then to determine the balance of those factors, particularly whether there are sufficient protective factors in place to balance out the risk factors.

The next stage is to judge what meaning the level of risk has for the child and the impact on them. This will be on a continuum from no significant risk to severe risk.

The last stage is to determine what needs to change in order to reduce risk and devise a plan to deliver that change.

The RAF is repeated at key decision points or milestones such as reviews of the child's plan, and at times when significant change occurs in the child's circumstances, e.g. a change in family circumstances, episodes of the child going missing, new and emerging evidence etc.

Risk Analysis Questions

1. Identified risk factors – may increase the likelihood of harm occurring or recurring.

Identify risk factors relating to the child's development, parenting capacity and family and environmental factors that may increase the risk of future harm.

2. Identified protective factors - may be seen as containing a protective component for the child.

Identify protective factors relating to the child's development, parenting capacity and family and environmental factors that may reduce the risk of future harm.

Protective factors are likely to counteract the impact of the identified risk factors and reduce the risk of harm occurring or recurring.

3. Which of these factors are likely to be most significant for the child in terms of increasing or reducing risk and protective factors?

Assess how powerful each of these factors are likely to be, including their strength relative to each other.

Assess the relative strength of the risk and protective factors for the child.

4. What are the likely outcomes of this for the child?

On the basis of all the information gathered and the assessment what is the probability of future harm.

Assess the likely outcomes of future harm for the child if the current level of risk continues – consider safety, health and development. Assess the acceptability of the estimated risk, given the likely outcomes identified.

5. What needs to change if the level of risk is to be reduced?

Specify actions and resources needed to amplify the strength of the identified protective factors, or that reduce the risk factors. Specify what needs to change if the child is to be kept safe and live within a stable loving home and experience good developmental outcomes.

Additional Guidance

It may be that the list of risk factors is longer than the list of protective factors, or vice versa, but caution is needed because a longer list of protective factors may be deceptive. When considering the strength of these factors, we may find that a smaller list of risk factors adds up to more in real terms, and we always need to give consideration to the interaction of different factors and their cumulative effects on the child and family.

Other important information to consider will be any clinical report indicating physical injury, sexual harm, neglect, emotional harm etc.

In relation to question 4 above - What are the likely outcomes of this for the child? there are some helpful questions to consider when seeking to assess the probability of future harm:

Consideration should be given to:

- How often has this harm occurred to the child before?
- Over what time period has it occurred?
- In how wide a range of circumstances has it occurred?
- Consider its unusualness and the specificity of internal and external factors which seem necessary for the harm to occur (internal factors are thoughts, emotions, arousals. External factors may be situations and the actions of others)
- If the harm has occurred before, can we identify what the situations had in common? What factors were present?
- To what extent have these factors needed to be present for the harm to occur?
- What reinforces the harmful behaviour? Which factors seem to increase the probability of harm occurring?
- Is it likely that these factors will occur again in the child's and family's environment?

The responses to these questions clarify what appear to be the predisposing influences, dis-inhibitors, drives and triggers – Why this act? Why in this way? Why now?

Having done so we should be better placed to make some judgement about the level of risk to the child and the probability of future harm.

Knowledge that the practitioners involved with the family have of this particular child, more general knowledge of child development, child health and the possible impact of child abuse and neglect, and the use of research should be used to assess the likely outcomes for the child. This information is used to assess what future harm may mean for this particular child.

Medical assessments of injuries to the child will be very important to this part of the analysis. We would need to take into account psychological or psychiatric assessments that may have been carried out, and the impact of any disability will

have to be weighed. Issues of ethnicity and the impact of wider cultural and community factors will need to be considered.

The importance of reaching conclusions on the basis of a multi-disciplinary assessment is to be emphasised because it will be necessary to draw on a range of sources to corroborate our judgements.

At each stage of the risk analysis, we need to ask what evidence we have to support the questions.

Question 5 brings us to the last part of the RAF. All of the information gathered and the analysis undertaken will enable an outline of:

What needs to change if the level of risk is to be reduced?

The three domains of the national Assessment Framework highlight areas where change is needed. What needs to change in parenting capacity and family environmental factors if the child is to be kept safe, healthy, loved and in a stable home i.e. their developmental needs are to be adequately met. The timescales within which these changes need to occur and those responsible for the actions/next steps need to be identified including what practitioners, parents/carers, the wider family network and the child (as appropriate) will contribute.

This Risk Analysis Framework has been informed by the Warwickshire Risk Assessment Model, developed by Dr Vic Tuck, Warwickshire Safeguarding Children Board, Development Officer and by *Contemporary risk assessment in safeguarding children*, edited by Martin C. Calder (2008).

Date: updated September 2024