

Rethinking Domestic Abuse in Child Protection (RDAC)

Principles in practice

The Domestic Abuse ‘Gold Thread’: A response from ‘front door’ to review – Westmoreland and Furness Children and Family Services, Specialist Domestic Abuse Team

ABOUT THIS CASE STUDY

This case study shares learning from a Specialist Domestic Abuse (DA) team in Westmoreland and Furness Children and Family services, following their engagement with the Northwest RDAC workshop series. The content is based on a reflective account shared at a Research in Practice learning circle event and is shared with consent.

USING THE RESOURCE

This case study has been developed to support team supervision and team discussion.

One member of the team should provide an overview of the case study drawing out how evidence from RDAC was used to develop a structured, consistent response to domestic violence and abuse (DVA) across the whole social care pathway, from the ‘front door’ multi-agency hub through to child protection and strategic oversight.

A set of questions at the end of this case study can be used to prompt team discussion and reflection and action planning.

The DA 'Golden Thread'

The Specialist DA Team in Westmoreland and Furness children and family services operate from the core understanding that domestic violence and abuse:

- > Must be named explicitly and assessed comprehensively.
- > Responded to as a whole-family concern.
- > Not managed only as a background risk factor in a child's plan.

This approach underpins all aspects of the team's practice. To support this approach the team uses the DA 'Golden Thread'. The 'Golden Thread' is a framework developed to promote consistent identification, naming, and response to DVA at every stage of a child's journey through children's services.

STAGE 1	STAGE 2	STAGE 3
Front door / hub The DA team analyses referrals. This analysis provides specialist insight, which is recorded and noted confidentially, so that it can only be seen by professionals undertaking the assessment.	Area social work There is a mandatory DA team consultation for every family where there is a concern about DVA. DVA is clearly named and identified. There is consistent specialist input throughout.	Strategic oversight Monthly DA pathway panel with service and Independent Reviewing Officer (IRO) managers. There is oversight and scrutiny, tracking and accountability at the senior level.

WHY THIS MATTERS

Audits completed in early 2025 found that, despite strong practice at the 'front door', DVA was not being consistently named as a primary concern in social work plans. In some cases, none of the audited plans directly referenced DVA. The 'golden thread' was developed to address this gap.

Stage 1: DA Team input at the point of referral

The 'Golden thread' begins at the point of referral. Where DVA has been identified as a concern requiring further assessment, a member of the Specialist DA team reviews all available information about the family before the assessment starts. This is not a light-touch review; it is a specialist analysis that draws on expertise of Independent Domestic Violence Advisers to build a full picture of needs and risks.

The analysis is then shared with the professional conducting the assessment, which could be a social worker, health colleague or education practitioner. The information is recorded in a dedicated non-disclosable section of the referral. This insight is designed to help assessors stay curious, unpick complicated family dynamics, and prevent reliance on a single narrative.

Each referral also includes a section written specifically for the family, using trauma-informed language, which is shared where it is safe to do so. It includes information on safety planning, available support organisations, relevant processes such as MARAC, and practical steps such as applying for a non-molestation order. This section provides tailored information for the adult and child victim-survivors. Where it is safe to do so, it also provides tailored information for the person causing harm, including details of behaviour change programmes and relevant support pathways.



KEY PRINCIPLE

Victim-Survivors should not be unfairly burdened with all the responsibility for change. A whole-family approach means the person causing harm is not overlooked and proactively engaged. They receive information and, where appropriate, direct support to aid change and increase safety.

WHY THIS MATTERS

Involvement of the Specialist DA Team at referral stage has enabled teams to assess risk, advocate for families and put appropriate support in place earlier in the family's contact with social care.

Where risk is high, the team have challenged risk-gradings with the police and successfully advocated for cases to be escalated to Multi-Agency Risk Assessment Conference (MARAC). Early involvement has also allowed evidence of safety to be gathered sooner, preventing families from being drawn into longer-term statutory involvement where this is not needed.

Stage 2: Area social work – allocated cases

A mandatory consultation between the DA team and the allocated social worker takes place for every family where DVA is a feature. This is not optional and not dependent on the social worker identifying a need for specialist input. It happens as a matter of course, ensuring that specialist knowledge and challenge is built into every case from the point of allocation.

WHY THIS MATTERS

Consultations between the specialist DA team and social workers have meant:

- > **A clear line of sight is maintained on DVA throughout a child's journey**, regardless of which worker holds the case. DVA is explicitly named and responded to in plans, with workers receiving specialist input on risk.
- > **Responses are typology-informed.** For example, specialist input distinguishes intimate terrorism from situational couple violence (see [Appendix A](#) for Johnson's typology), recognising that the response and support required may be substantially different, depending on what is driving the harm.
- > **Bespoke support is put in place.** The process delivers personalised DVA safety plans for every relevant case. Plans are shaped by the specific circumstances, risks and needs of the family.

Direct work with families

Where appropriate, the DA team undertakes direct work with adult and child victims and those causing harm. These visits increase understanding of what DVA is and the harm it can cause. The team focus on exploring support options and empower individuals to engage with longer-term interventions offered by partner agencies. Two examples are set out below.



PRACTICE EXAMPLE: WORKING WITH THE PERSON CAUSING HARM

A young father came to the team's attention following a police call-out after he assaulted his partner. The team manager visited him directly and supported him to develop a timeout strategy, drawing on the cognitive triangle to help him recognise and map his thoughts and feelings before they escalated into harmful behaviours. The young father described the approach as genuinely helpful and went on to engage in healthy relationship group sessions, a meaningful step toward change.



PRACTICE EXAMPLE: DIRECT WORK WITH A CHILD

A four-year-old boy living in a refuge had developed an acute fear of men following harmful behaviour by his father. Workers undertook direct work with him over several sessions to help him understand that not all men are harmful, gradually building his confidence and trust. The child progressed to the point where he was able to sit, play and talk comfortably with a male member of the team. This was a significant milestone in his recovery and a demonstration of the impact of sustained, relationship-based direct work with children.

Stage 3: Strategic oversight - the DVA pathway panel

The third stage of the 'Golden thread' lifts DVA to a standing item at the senior level.

Westmoreland and Furness hold a monthly DVA pathway panel, attended by the DA team manager, the social care service manager, and the IRO service manager. The panel provides strategic oversight, strengthens accountability across the pathway and helps prevent families experiencing DVA from falling out of view as their case progress.

The panel monitors risk, reviews progress for families where DVA is a concern, identifies gaps in support and reviews whether interventions are timely and appropriate.

WHY THIS MATTERS

The panel plays a key role in assessing whether DVA is consistently identified, named and addressed across social care practice and within multi-agency meetings. It allows for gaps in support to be identified and resolved at a senior level, prevents drift and helps maintain trauma-informed practice across the system. Crucially it acts as a safety net for cases where contact or engagement has lapsed.

An area for development: data collection

A recognised challenge is the current reliance on manual data tracking by the team manager. While this has enabled meaningful monitoring, the team is clear that strengthening data infrastructure is a priority, both to evidence impact and to support analysis that can drive further improvement. This reflects a wider challenge across local authorities, where systematic data collection on DVA cases remains underdeveloped – a finding strongly substantiated by the RDAC study.



Reflective questions for practitioners and supervisors

1. Is DVA explicitly named as a primary concern in your assessments and plans or does it sit as a background factor? What difference could naming DVA make?
2. Does your organisation have an equivalent to the 'golden thread' – a way to bring in specialist DA input and oversight at every stage of a family's journey through social care?
3. What quality assurance frameworks do you have in place to keep DVA a focus as families move between teams or stages of intervention?
4. What opportunities exist in your service for direct work with people causing harm? What supports practitioners to see this as part of the role?

Appendix A

Differentiated understandings of DVA: Johnson's typologies

Johnson's typology (2008) distinguishes types of intimate partner violence (IPV) based on whether the motive behind the use of violence is to control a situation or to control one's partner. This offers a valuable framework for moving beyond a one-size-fits-all approach to understanding and responding to DVA. Recognising that not all DVA is the same in nature, severity, or underlying dynamics enables practitioners to make more nuanced assessments and tailor responses accordingly.

For example, someone experiencing intimate terrorism negotiates a fundamentally different set of risks and needs than someone whose relationship is characterised by situational couple violence. Situational couple violence may be amenable to couples-based interventions, while intimate terrorism, characterised by a pattern of coercive control behaviours, requires a very different response focused on safety and the power dynamics in operation. While situational couple violence may be relatively symmetrical, intimate terrorism is gendered and is most commonly perpetrated by men against women.

It should be noted that Johnson's typology is not a diagnostic tool, but it can help practitioners consider gender differences in DVA and consider patterns of behaviour, moving away from binary, incident led responses.

Intimate terrorism	One partner uses violence as part of a broader pattern of coercive control. Most severe and escalating, typically male perpetrated.
Violent resistance	Violence used in response to intimate terrorism. Self-defence or resistance. Not driven by motivation to control. Typically female.
Situational couple violence	Conflict escalates to violence without coercive control. Most common type. Can be mutual or one-sided. Less severe, may not escalate.
Mutual violence control	Both partners use violence and coercive control. Both seek dominance. High severity risk. Rare in research samples.

References

Johnson, M. P. (2008). *A typology of domestic violence: Intimate terrorism, violent resistance, and situational couple violence*. Northeastern University Press.