Rethinking Domestic Abuse in Child Protection (RDAC)

Principles in practice

Supporting adult and child victims, while engaging the person causing the harm in families affected by domestic violence and abuse (DVA) - Blackburn with Darwen Borough Council

ABOUT THIS CASE STUDY

This case study shares learning from a Family Help team and a Family Group Conference service in Blackburn with Darwen Borough Council. It was developed 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.

HOW TO USE THIS CASE STUDY

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 the following themes:

- What key insights from RDAC were translated into practical changes across family help, child protection and family group conferencing.
- How quality assurance processes were used to review and sustain changes.

Reflective questions at the end of this case study can then be used to guide team discussion.

Child protection planning

Following engagement with a workshop series sharing learning from the RDAC research, managers at Blackburn with Darwen borough Council examined the focus and purpose of child protection plans for children in families where DVA was a feature. Specifically, they interrogated whose needs and actions those plans were addressing.

A 'dip-sample' of live cases revealed a significant pattern; safety planning was heavily weighted towards the non-abusing adult and child victim, while planning in relation to the person causing the harm was far less visible and inconsistent. While the plans were not necessarily incorrect, they were incomplete and reflected a systemic tendency to focus intervention on those experiencing harm rather than those perpetrating it.

This tendency highlighted a need for managers and practice leaders to examine their local assessment frameworks, planning tools and quality assurance processes. They needed to see if they were actively enabling a whole-family response or inadvertently reinforcing a partial approach that places the burden of safety disproportionately on victim-survivors or the non-abusing parent.

KEY INSIGHT

Safety planning alone, however well-constructed, does not consistently produce safety. Plans must aim to achieve change, not just manage risk. That means considering everyone in the family system, including adult and child victims, as well as the person causing the harm, with equal intentionality.

Engaging all family members as standard practice

For every family in which DVA is a risk factor, the plan should include meaningful SMART (Specific, Measurable, Achievable, Realistic, and Time-bound) actions for all of the people at the centre of the dynamic. Critically, this is not about ticking a box; for example, a referral to a programme that will not start for eight to twelve weeks does not fulfil this expectation. What is required is targeted, purposeful engagement both in the immediate and in the longer term.

The child	The non-abusing parent / victim-survivor	The person causing the harm
Each child is considered individually; there are no sweeping statements regarding all children in the household.	Immediate targeted support is delivered to increase safety, along with referrals to longer-term programmes where appropriate.	Practitioners employ curiosity about drivers for abusive behaviours, and provide an offer of support, regardless of gender.
What this means in practice	**What this means in practice**	**What this means in practice**
• Document the experiences of the abuse, feelings and behaviours in response to abuse, for all children in the family, recognising that each child's experience will be different. • Specific direct work planned for each child, not one generic action. • Recognition that siblings will need different things from practitioners.	• Practitioner sets out clear, concrete actions to be taken at different times, including in the immediate and longer term. • The safety plan translates into real safety for the family, not just the documentation of risk. • Consideration of whether the safety plan itself creates further risk.	• The person causing the harm is not overlooked or treated as only a risk to be managed. • Support is offered where there are concerns about mental health or substance use. • Behaviour change programmes are considered if appropriate and recorded on the plan.

KEY INSIGHT

Effective planning in DVA is not a fixed response to a fixed situation. As the family dynamic shifts, so must the plan. It should trace the family's current reality rather than the narrative that has become established over time. This means staying curious about what is driving behaviours, adapting support as roles and risks change, and ensuring that the right intervention is reaching the right person at the right moment.

How change was achieved

Change was introduced across multiple layers of the system and followed a clear sequence. The sequential stages are as follows:

1. **Reflection and peer conversation among team managers:** The learning from the dip-sampling exercise was shared first with colleagues in team manager roles. This began as a supportive conversation about what plans were and were not showing, creating shared ownership of the problem before moving to a shared response.
2. **Escalation to service leads and heads of service:** With agreement from peers, the findings were taken to service leads and heads of service. The discussion focused on what strengthening practice would require, not just as an aspiration, but as a commitment to change across the service.
3. **Team manager meeting - agreeing on a collective direction:** A formal presentation at the team manager meeting brought the proposal to the group. The whole-family approach based on the above framework was agreed collectively as something the service wanted to move forward, giving team managers ownership and the mandate to cascade across their own teams.
4. **Whole-service team brief - setting out what is non-negotiable:** The expectation was then communicated at a team brief attended by the whole service, including family help teams, social workers, team managers and practice development staff. The language used was deliberate: this was framed as non-negotiable, not aspirational. Every plan involving DVA would need to show a clear SMART action for each child, the victim or non-abusing parent, and the person cause the harm/ the perpetrator of DVA.
5. **Bespoke practice workshops with a local specialist domestic abuse provider:** To ensure understanding across the team, the service worked in partnership with a local specialist domestic abuse service in Blackburn with Darwen to design and deliver a dedicated practice week. Practitioners could book onto in-person workshops throughout the week to build their skills, explore different perspectives, and develop confidence in planning differently for families experiencing DVA. The focus was on moving beyond safety-planning-by-default and developing nuanced, targeted responses.
6. **Quality assurance:** Implementing change was not treated as the endpoint. The service built in structures to test if practice had genuinely shifted, not just whether people had heard the message. In supervision, managers are expected to have a clear line of sight into children's plans, actively checking that all family members have been considered and that actions are in place for each. Bi-monthly bespoke quality assurance activity rotates themes, with DVA as a dedicated focus.

Future steps

Blackburn with Darwen will continue to dip-sample live cases as part of ongoing quality assurance. This activity will focus on whether there are meaningful actions for all members of the family, and particularly whether each child in the family is considered in their own right.

KEY INSIGHT

Change cannot be achieved through practice and procedure changes alone. A planned and sequenced approach to creating change across the whole system was required before putting the structures in place to sustain them. This began with an initial reflective discussion, building consensus, escalating the learning and setting out clear expectations across the whole service.

Family Group Conferencing (FGC)

The whole-family approach was also applied within the family group conferencing (FGC) service. This prompted a question about what FGC plans look like in cases where children have experienced domestic abuse, how the wider family and friends' network were engaged, and whether this was sufficient.

To explore this honestly, the team manager held a session with the FGC team. Coordinators described feeling uncomfortable and distressed at the prospect of naming a perpetrator's behaviour and the impact it has on children to their family and friends.

The case for family engagement is compelling and based on the notion that a family network, if properly engaged, can be a key aspect of breaking cycles of abuse. Additionally, a plan that wraps support around the victim and children but says nothing about the person causing the harm leaves the conditions unchanged.

FGC plans are an opportunity to routinely pose direct questions to the family network: what do the network think they could do to help this person change? Who might walk alongside them through a programme? What can they offer that services cannot?

Working through the fears and barriers of the FGC team explicitly, rather than leaving them unspoken, was central to shifting practice.

Reflective questions for practitioners and supervisors

Child protection plans

1. Do current child protection plans where domestic abuse is a feature have specific, purposeful actions for the child, the victim and the person causing the harm?
2. Where there are multiple children in the family, do plans reflect that each child may have had a different experience and may need a different response?

Engaging all family members as standard practice

3. What are the barriers in your team when planning to engage people who harm?
4. How can your safety plans manage risk while also addressing and creating conditions for change?
5. What are the current mechanisms in place to have a discussion with the wider family of the person causing the harm, about that person's behaviour and its impact on children?

Quality Assurance

6. How does your quality assurance framework test whether responses to domestic abuse are consistent across families?
7. Is there anything from Blackburn with Darwen's quality assurance process that you could implement locally?