Domestic Abuse Navigators (DANs)
Practice Guide and
Outcomes Framework

Final April 2017 (Review March 2018)
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1.0 Purpose of this Guidance

The purpose of this guidance is to detail the philosophy, practice and outcomes expected of the Domestic Abuse Navigator (DAN) Service. This service includes the work of the engagement worker who provides support to perpetrators of abuse to access services, in addition to the DAN’s. It details the quality assurance mechanisms in place to measure the standards and effectiveness of practice.

It should provide staff working with families impacted by domestic abuse with the context and comprehensive ‘tool kit’ and guide to their work and the expectations of practice. DANs form part of a whole family network of services and provision that deliver therapeutic based interventions to children and young people, and where appropriate, other family members. However central to their role is to ensure that there is a team around the family response for the adult victim and the person causing harm alongside the work with children and young people. Families are required to consent to intervention and support from the DAN Service.

2.0 Language in this guidance

Within this guidance Domestic violence and abuse (DVA) reflects the pattern of abusive behaviour experienced by victims and their families, and this may be interspersed with incidents of physical violence. Although research tells us DVA is a gendered form of abuse, outlined in the “Eliminate Violence Against Women and Girls” national strategic agenda.

We also know from research men and boys can be victims of abuse and therefore through-out, this guidance will use the term victim which can be applied to either gender. We are also aware from project learning that abusers may not recognise themselves as abusive and this can be a barrier to engagement with them. It is for this reason the guidance refers to people who harm rather than person causing harm through abusive behaviours of DVA.

A child is defined as being aged unborn child to 18 years. If the Local Authority has a statutory obligation to the child or young person as a care leaver this is to 21 yrs. or Special Educational Needs or Disability (SEND) 24 yrs.

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1 “Eliminate Violence Against Women and Girls” 2009/10
3.0 Growing Futures as a transformational programme to support children and young people

Growing Futures has been developed in Doncaster as a partnership response and way of working to improve the outcomes of families, and particularly children and young people (CYP) who experience DVA, by improving the services that work with them. It is a journey which has been led by DCST, which itself became operational in Oct 2014 to significantly improve services for vulnerable children and those in need of protection.

The Growing Futures approach is designed to address:

- a gap in provision to support CYP’s recovery from the trauma of living with DVA
- the lack of whole family working with families where DVA is a factor
- historic difficulties with multi-agency working and professional practice in DVA cases
- poor levels of trust between service users and services

Its central objectives are to:

- Reduce the harm caused by DVA to children and young people
- Directly support recovery from DVA for victims and their children
- Significantly reduce repeat victimisation
- Challenge the acceptance of DVA in families and their communities
- Break the pattern of DVA as it represents in children and young people

4.0 Working context for the DAN Service

4.1 Definitions of domestic violence and abuse

The Safer Stronger Doncaster Partnership leads the local DVA partnership, and Doncaster Children’s Services Trust (DCST) is one of the key partners. In line with national guidance, the partnership has adopted the Home Office definition of DVA, as follows:
“Any incident or pattern of incidents of controlling, coercive or threatening behaviour and/or violence between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass but is not limited to the following types of abuse:

- Psychological
- Physical
- Sexual
- Financial
- Emotional

“Controlling behaviour is defined as a range of acts designed to make a person subordinate and/or dependant by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape by regulating their everyday behaviour.”

“Coercive behaviour is an act or pattern of acts of assault, threats humiliation and intimidation or other abuse that is used to harm, punish or frighten the victim.”

This definition is not a legal definition and includes so called “Honour” based violence/abuse, female genital mutilation (FGM).

4.2 Whole Family approach through multi-agency working

The whole family approach – sometimes expressed as “think family” – is an approach to working that seeks to understand and respond to the holistic needs of individual family members. It requires going beyond traditional ways of thinking and working across agency boundaries.

Whole system working is an integrated approach to multi-agency working, which brings together different sectors and professions – including services for children, adults, and communities – to provide a coordinated, collective, effective response to support children, young people, and families. It requires “thinking and working together”.

These two terms are inextricably linked: one practitioner – even one who takes a holistic view of families’ needs – is unlikely to be able to make a difference and support sustained improvements, if other agencies do not work with them and the family to achieve shared goals. In the context of DVA work this means working with or ensuring direct work happens with the adult victim, children and young people, and people who harm, to assess and respond to needs and behaviours. It should also take account of the wider or extended family and community in which they live, recognising the influence and resources they can bring to the family.

4.3 Challenges of delivering whole family multi-agency practice with families living with DVA

Hester’s (2011) “Three Planets” model demonstrates how different services for adult victims of DVA tend to work on the basis of philosophies and priorities that do not complement each other, which often leads to conflicting approaches to service delivery and disjointed practice. The model advocates working with all family members whenever possible. Our variant of the model, adapted to encompass the service response to CYP, maintains that services dealing with victims, people causing harm and children also tend to work to priorities that do not complement each other.

In the context of DVA work this means working with or ensuring direct work happens with the adult victim, children and young people, and people who abuse, to assess and respond to needs and behaviours. It should also take account of the wider or extended family and community in which they live, recognising the influence and resources they can bring to the family.

If we want to effectively address the problem of DVA, we need to escape from the “Three Planets” model of ‘thinking’ and ‘working’.

- If the person causing harm is not supported to address and change their behaviour, they may simply move on and continue to be abusive to further victims.
- If victims are not supported, they may continue unhealthy relationships and experience further DVA in the future. They may also disengage with the services that should be keeping them safe.
- As DVA is often an intergenerational issue within families, if children are not supported to overcome their experiences, the pattern of abuse may continue.

DANs support the alignment of the “planets” and, through leading by example, encourage the adoption of this alignment in day to day practice and actively promote it when working with families, other practitioners and partner organisations.
Adult victim services tend to come from voluntary sector organisations that respond to women’s needs but may not work with CYP and often will not work with perpetrators.

Services for children prioritise safeguarding children, often putting responsibilities on victims to avoid victimhood without providing adequate help or acknowledging trauma.

Criminal justice services seek to criminalise perpetrators who cross certain thresholds and evidence available.
5.0 DAN Service approach and operating model

The following diagram illustrates the key elements of the DAN role which makes the role distinct when applied to cases where DVA is a feature. DANs have a range of tools that can be applied to many arenas of work but where involved with DVA they are required to bring their insight, knowledge and experience of types and typology of DVA and the impact on children, victims and people who harm, regardless of the activity they are undertaking in casework.

DANs are expected to align therapeutic practice within a whole family approach with emerging and contemporary DVA best practice. Whilst it is understood that work with children needs to be undertaken from a safeguarding perspective informed by the voice of the child; the experience of DVA within a family needs to be understood through a DVA lens that focuses on the impact of the DVA both individually and collectively.

DANs become involved in cases of DVA known to CSC to complement the safeguarding approach led by a lead practitioner and support the development of a plan that provides the right support to any identified member of a family. This includes support and challenge of the person causing harm. Whilst the DANs may identify a need for work to be undertaken with the person who harms, the DAN will not always lead on this. Additionally, where DANs identify support that they cannot, for whatever reason provide, DANs will ensure that any family member identified as needing support is provided with the opportunity to engage with another provider more appropriate to meet their need. In such situations, DANs will also ensure practitioners feel confident to provide the support required, and where they do not, provide mentoring so the practitioner becomes more skilled and able to respond.

A full description of the DAN role is detailed in Appendix A.
Navigator role

Insight, knowledge and experience of types and typology and impact on children, victims and people who abuse

Direct therapeutic and education support

DAN
Three layers of understanding in combination
5.1 Criteria for working with families

The Domestic Abuse Navigator (DAN) service is a core element playing a pivotal role in Growing Futures as a transformational programme to rethink social work and support for families affected by DVA.

As specialist practitioners DANs provide a safe, strengths based whole family approach to DVA that is supported by Signs of Safety, which DCST has adopted as its strengths based approach to identify and mitigate risks when working with families. The DANs sit within Doncaster Children’s Services Trust under a Social Care Head of Service. They support families who meet the following service criteria:

The family need to be

- Resident in Doncaster
- Child(ren) reside with one or other parent, or other family member; or expectant mother
- Assessed as high risk domestic abuse (identified by DASH risk assessment) within the last 6 months and presented to MARAC
- There is significant concern about at least one child or young person in the family

Plus at least two of the following:

- Substance and/or alcohol misuse
- Mental health issues (whether diagnosed or not)
- Criminal/anti-social behaviour
- Disability or long term ill health
- Cultural complexity (e.g. "Honour" abuse)
- Serious behavioural/parenting issues
5.2 Reducing DVA risk across the continuum of needs

DVA is prevalent across the continuum of need. It is for this reason that DANs will engage in and work with families where the primary adult victim has been assessed as high risk of homicide or serious harm as a result of the DVA perpetrated against them; using the Domestic Violence, Stalking and Harassment Tool (DASH) and referred to the Multi Agency Risk Assessment Conference (MARAC). These families are likely to be known to Children’s Social Care; or through Early Help arrangements as part of a team around the family or equally through Universal services.
Under the arrangements when children are known to children’s social care the lead practitioner will always be an appointed social worker under statute. Under Early Help arrangements the DAN's would be the lead practitioner by exception as the principle for practice would be that Universal services are more likely to have a long term relationship with the family.

Through Children’s Social Care or Early Help arrangements the DAN will support the lead practitioner to identify an appropriate support package for the family in relation to the DVA where this exists alongside other complicating factors: such as but not limited to mental ill health, drugs or alcohol, learning or physical disability.

### 5.3 DAN as a NAVIGATOR in case work

As the NAVIGATOR in case work, DANs will be cognisant of the wider context and best practice that underpins their role in relation to DVA in addition to their responsibility to safeguard children and young people.

Best practice requires a coordinated response to cases where DVA is a feature regardless of the level of risk. A coordinated community response is seen to involve health, police, judicial and legal services, DVA services, schools and other education institutions, religious or cultural groups, and others as an important strategy to ensure survivors of violence, their children and other dependents receive the comprehensive support they need in a timely and sensitive manner.

DANs need to ensure the coordinated response is appropriate to the family’s needs in their navigator role cognitive of the challenges identified in section 4.3.
Traditionally services have put protection and support around the abused carer, which results in the abused carer being held responsible for protecting their children. This can, and empirical research shows it often does, negate professional responsibility to hold those who cause harm through DVA to account or offer them support. This leaves the person causing harm through DVA free to continue the abuse, resulting in the victim and children finding it hard to recover from the abuse and rebuild their resilience, regardless of the support they receive at this time. In addition, if the person causing harm through DVA does not receive support or interventions to modify their abusive behaviour it is likely that they will move on and form other families. There is a very real risk they will cause harm to them also in the future.

By ensuring that the victim and children are protected from the person causing harm through DVA, and providing support to all members of the family at the same time, professionals can effectively work together to mitigate risks posed by the person causing harm through DVA. They can also effectively support the victim and children to recover, increase their resilience and empower them to achieve sustainable change. By following this guidance in this document, DANs will support practitioners to take a whole family approach to DVA that is safe and supports families to achieve and sustain positive change.
5.4  DAN’s as Specialist Practitioner

5.4.1  Core Purpose and Values

The DAN service will support parents and carers to develop and secure a stable family environment that gives a child or young person love and protection, an identity, a personal history and a secure base from which to explore and enjoy their life as they grow up. DANs will meet families and support this journey from where they are at, and do not solely focus on separation of parents due to the impact this can have on risk.

It is built on core values of:

- **Genuineness, also known as Congruence** - demonstrating and building authentic relationships with family members which are open and honest;
- **Unconditional positive regard** - not approving of some of the actions or behaviours within families but having regard for individuals, believing that for people to grow and fulfil their potential or change it is important that they are valued as themselves;
- **Empathy** - ability to understand what an individual is feeling with the ability to understand sensitively and accurately [but not sympathetically] family members experience and feelings in the here-and-now.

5.4.2  Core Practice

DANs core practice will incorporate a mixture of conversation; direct therapeutic work and practical support. This will be guided by the needs of the family, both collectively and individually.

Core practice will be defined by the DANs ability to:

- Meet families where they are at
- Adopt non-judgemental and non-oppressive practice
- Value the potential for change
DAN’s will work at the pace of the family, rather than to system or organisational timescales. This approach allows for longer term intervention for the whole family that aims to increase understanding, empowerment and becomes a preventative mechanism for further exposure to abuse.

DAN’s will engage the whole family, and often the wider family to ensure safety, monitor risk and deliver therapeutic interventions to those impacted by domestic abuse. They should be able to work with all risk thresholds and have a solid understanding of coercive control and risk escalation. They will provide advocacy within the child safeguarding arena for all family members, particularly children and young people. They will also support family members to access appropriate support taking into account readiness.

DANs practice will ensure that victims are not re-victimised by the system – ensuring victims are not assigned responsibility for the abuse and protecting children alone when the responsibility remains with the person causing harm to not engage in abusive behaviours that places others at risk.

DANs core practice will include a sound understanding of the typologies of abuse (Professor Michael Johnson) and how to identify these in practice in addition to the use of appropriate screening tools where necessary. It utilises the application of Biddeman’s theory when engaging victims of domestic abuse to illustrate how abusive behaviour interlinks and empower the victim to develop their understanding of their experience. A key element of core practice is to engage and educate the person causing harm in order that they understand the impact of their behaviour on their families, in addition to being a source of support and information that facilitates their perspective being shared whilst also holding them to account for their behaviour.
Understanding Typologies of DVA (Professor Michael Johnson 2008)

It is important that the typology of abuse is understood in such a way as to define the response to it. Careful consideration needs to be given with regards to specific interventions with families where violence is a feature of the intimate relationship. The tables below outline the approaches both psycho-educational and psychotherapeutic that are not recommended when working with the different typologies of abuse, complete with reasons and considerations. The Typologies of abuse are:

- Intimate Terrorism
- Violent Resistance
- Situational Couples Violence
- Mutually Violent Control

**Intimate Terrorism:** The abuser is violent and controlling, the victim is not.

**Notes for Practice:** The gendered model of domestic abuse that we traditionally recognise – a male perpetrator exerting power and control over a female victim

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**The Do Nots:**

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<th>Method</th>
<th>Description</th>
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<tr>
<td><strong>Triple P and Solihull Parenting</strong></td>
<td>• An intimate terrorist is already controlling often coercively. Triple P is a behaviour management parenting programme in which controlling perpetrators may learn additional tactics for utilising controlling behaviour towards children. This may confirm to a perpetrator that their behaviour is acceptable and in turn encourage continuation of controlling behaviours.</td>
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<tr>
<td><strong>Collaborative/Narrative Therapy</strong></td>
<td>• Collaborative therapy focuses on remaining decentred when working with clients. A perpetrator may process this as alignment with their perspective and/or patterns of behaviour and as a result continue to perpetrate abuse on the basis that they interpret lack of challenge as acceptance. In addition it would give knowledge of the victim to the perpetrator that they may not have previously been aware of and this increases the potential for the power dynamic to become more controlling.</td>
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<td><strong>DBT</strong></td>
<td>• DBT is primarily used with under-controlled personality types. An intimate terrorist who is utilising coercively controlling behaviour to perpetrate domestic abuse is likely to have an over-controlled personality type and as such does not need to learn to manage their emotions and behaviours better. There is a possibility that the techniques used in DBT would help an intimate terrorist learn to be more controlling.</td>
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<td><strong>Couples Therapy</strong></td>
<td>• Based on an understanding of equality and the ability for both parties to take responsibility for their actions and make adjustments to their behaviours couples therapy is not recommended for couples where domestic abuse is a feature of their relationship. An intimate terrorist utilises power and control within the relationship and any attempts to equalise the power imbalance could elevate risk to the victim. In addition an intimate terrorist is unlikely to take responsibility for the abuse which damages the therapeutic relationship from the outset.</td>
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<td><strong>Anger Management</strong></td>
<td>• Anger management techniques are focused around managing emotions. Intimate terrorists are already experts in managing emotions despite external presentation often indicating otherwise. Teaching anger management techniques would enhance the perpetrators ability to perpetrate domestic abuse and some techniques have the potential to increase the coercive control. Anger management may lead a victim to believe that the anger is the issue and not the abuse.</td>
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Violent Resistance: the victim becomes violent (but not controlling) in response to the abuser – in summary victim retaliation to their abuser which often results in serious injury or death (more likely to be a female to male attack)

Notes for Practice: A victim of domestic abuse responds violently to the abuse they are experiencing - typically in self-defence or to stop and violently abusive act from occurring, or in response to extreme coercive control, possibly out of frustration.

This is where we are likely to see a perpetrator (often male) of domestic abuse claim they are a victim of domestic violence to avoid scrutiny of their abuse of the victim (often female).

The Do Nots:

- Where violent resistance is a feature in a relationship there will also be coercive control. A parenting programme which teaches behaviour management techniques may increase the coercive control, particularly in relation to the children and in turn may increase the incidents of violent resistance as the person using violent resistance becomes disenabled as a parent in addition to a person/partner.

- Collaborative therapy focuses on remaining centred when working with clients. From this therapeutic position a person using violent resistance may interpret the lack of challenge to the intimate terrorist as acceptance of this behaviour in addition the intimate terrorist interpreting the same thing. This prevents the intimate terrorist from accepting responsibility and compounds the victim status to the violent resistor with the possibility that incidents may increase.

- DBT techniques would not be used when the couple wish to remain in a relationship. If the couple are separated DBT techniques would be a positive recovery tool for violent resisters.

- Based on an understanding of equality and the ability for both parties to take responsibility for their actions and make adjustments to their behaviours couples therapy is not recommended for couples where domestic abuse is a feature of their relationship. For a person using violent resistance the power imbalance means that occasional outbursts of violent behaviour are attempts to equalise the relationship. Couples therapy can therefore heighten the risk to the person using violent resistance.

- Anger management techniques are focused around managing emotions and using assertion as opposed to anger. Any attempt from the person using violent resistance to assert themselves in a coercively controlling relationship with an intimate terrorist immediately increases the risk to the person using violent resistant as the coercive control dynamic is threatened.
Situational Couples Violence: although both individuals are violent, neither is violent and controlling. This type of abuse is characterised by an inability to resolve conflict which escalates to the point of violence.

Notes for Practice: A couple frequently engage in conflict to resolve their differences and this has come to the attention of professionals because the conflicts escalate. Very rarely the conflict will cross the "high risk" threshold or severe injury (and if there is severe injury this is unlikely to have been caused deliberately), and there becomes a need for professionals to intervene (e.g. an arrest/medical treatment).

Both parties will describe "lashing out" during their arguments. It is likely that they need to be equally violent/aggressive to each other out of frustration rather than one of the couple deliberately exerting power and control over the other.

Usually a feature in younger couples, or emotionally illiterate or underdeveloped couples, it is often the result of poor conflict resolution skills and if it has come to the attention of professionals, there is likely to be an almost equal number of incidents where both parties will be seen as the victim or perpetrator - but these will normally be risk assessed as standard or medium using the DASH tool. Evidence shows that both parties may have been impacted by domestic abuse in their childhoods and we often refer to this as them replicating abusive behaviours in their own intimate relationships.

It is essential that situational couples’ violence is accurately identified and that coercive control is not a factor in the relationship before therapy is considered. Emerging research is beginning to evidence the effectiveness of couples’ therapy for situational violence (Humphries and McCann 2015) as a means of reducing and eliminating abusive behaviour in the current relationship and preventing abuse in future relationships. In addition other research indicates that couples therapy may be appropriate for some couples (Antunes-Alves and Stefano 2014)\(^3\), (Stith 2012)\(^4\). It remains of paramount importance that assessment and monitoring of risk are constantly undertaken during work where violence is a factor.

\(^3\) Antunes-Alves, S., De Stefano, J. (2014) Intimate Partner Violence: Making the Case for Joint Couple Treatment. The Family Journal, 22, 1, 62-68

The Do Nots:

**Anger Management**

- Anger Management would not be used in conjunction with situational couples’ violence as this typology is characterised by arguments and an inability to resolve conflict. The assertion techniques used in anger management have the potential to prevent conflict resolution and in turn increase the risk of domestic abuse incidents occurring.
**Mutual violent control:** the individual and the partner are violent and controlling. This control can be exerted in two ways, either individually towards each other, or together towards a third party.

**Notes for Practice:** Both parties in the relationship
- have a need to control each other
- will perpetrate domestic abuse against each other
- the level of control they exert against each other, and the desire for power within the relationship, is relatively equal
- in addition to the features of co-responsive abuse

However, where violence is feature in these relationships, the female is likely to experience higher levels of injury. This is often seen as a relationship dynamic where the couple engage in serious offending.

**The Do Nots:**

| Triple P and Solihull Parenting | • Since both parties exhibit violent and controlling behaviour and Triple P is a behaviour management parenting programme it would be unhelpful to teach techniques that manage behaviour to parents that are already controlling and violent. This would increase the risk to any children in the family. |
| Collaborative /Narrative Therapy | • Where both people involved in the relationship are violent and controlling the ethos of collaborative therapy is already undermined from the offset. In order for therapy to be effective both parties need to feel safe to share honestly. Where mutually violent control is present in a relationship and both parties are violent and controlling this kind of therapy can escalate the violence and control between parties. |
| DBT | • The use of DBT with over-controlled personality types is not recommended as the techniques taught are aimed at under-controlled personality types who need to work on controlling emotions and emotional outburst. Where control is a feature for both people in the relationship learning techniques to further manage emotions can increase risk and potentially the number and severity of incidents of domestic abuse. |
| Couples Therapy | • Based on an understanding of equality and the ability for both parties to take responsibility for their actions and make adjustments to their behaviours couples therapy is not recommended for couples where domestic abuse is a feature of their relationship. An intimate terrorist utilises power and control within the relationship and any attempts to equalise the power imbalance could elevate risk to the victim. |
| Anger Management | • Anger management techniques are focused around managing emotions. Intimate terrorists are already experts in managing emotions despite external presentation often indicating otherwise. Teaching anger management techniques would enhance the perpetrators ability to perpetrate domestic abuse and some techniques have the potential to increase the coercive control. |
All other assessments, including use of DASH and FRAT, are used to help understand in more depth specific aspects of vulnerability or concern as a result of the DVA. Assessment *is not* a one-off event and should be seen as a continuous process through observation, feedback and reflection in practice.

Assessment tools can also be seen as a measure of progress with practitioners reviewing them regularly with the family to show distance travelled. To undertake this with a family, and to prioritise what activity will be undertaken by a family member, and when, DANs will use the Outcomes Star.

DANs Core practice will also involve applying theories such as ‘The Three Planets Model’ (Hester 2011) to illustrate and educate other professionals about the conflicting priorities of their agencies’ roles and responsibilities in response to domestic abuse and how these impact on the family unit as a whole.

The DANs, as part of the team around the family, will:

- Bring their insight, knowledge and experience of types and typologies of abuse to the whole family approach and case management.
- Support practitioners to use a combination of evidence-based practice, through identification, assessment, intervention and review.
- Support practitioners to monitor the risk posed by the DVA within the family
- Offer therapeutic models of recovery to children and young people who have been impacted by DVA
- Support and challenge any family member through behaviour change programmes and other services to enable and achieve sustainable change

In this way the DANs will contribute to risk reduction activity agreed by the MARAC, prevent escalation of risk and support the family to avoid re-occurrence of problems in the future through a partnership approach.
DANs are expected to ensure the whole family is safe and any risk posed to the victim and children within the family is monitored. To do this DANs will ensure their coordinated whole family response will reflect collaborative, effective multi-agency and partnership working. All of these are essential to tackling DVA. Rather than creating a 'one size fits all' approach, DAN’s will work with mainstream services to recognise that no single organisation can be all things to all people, but that there is value in a diverse civil society where organisations are able to work together towards shared goals.

Research shows that DVA occurs in all communities, regardless of ethnicity, religion, sexuality, class, or age. Services therefore need to work together to provide tailored support to meet needs across all levels of intervention. All families affected by DVA do not need the same services or forms of intervention.

DANs will work to the process in Appendix B, ensuring that electronic case records are updated throughout.

5.5 Engagement Worker

It is important to ensure successful working with all family members where domestic abuse is a feature. It may not always be appropriate for the DAN to work with all family members when this has the potential to result in disengagement of the victim. Equally it may not be appropriate where risk to the victim and children may increase. For these reasons a request for support by the DAN can be made to the engagement worker for the person who harms.

The principle purpose of the engagement worker is to provide encouragement to the person causing harm to accept responsibility for their behaviour and engage in a programme of work that educates them accordingly with the intention of promoting behaviour change (namely a perpetrator programme). However, the engagement worker also assesses individual need and may offer support to access other services such as substance misuse recovery or mental health service. The engagement worker will also support the person causing harm to engage with the DAN where family therapy is a necessary part of recovery from the impact of domestic abuse, the typology has been carefully assessed and families want to stay together.

Where DAN’s require support from the engagement worker they will complete a request for work form which outlines the support they require and the intended outcomes for the family and send this through to the DAN Team Manager.
The engagement worker will not accept referrals from any other professional and will only work into cases that are or have been worked by a DAN. They will provide information to the multi-agency team around a family regardless of provision and will attend Child Protection Conference where necessary following discussion with the DAN Team Manager.

The basis of the work completed by the engagement worker is to secure engagement according to need. The engagement worker will utilise the Cycle of Change (Prochaska and Diclemente 1983)\(^5\), brief solution focused therapy and motivational interviewing to secure engagement.

### 6.0 Philosophy and principles of practice

#### 6.1 Why whole family working and support where DVA is a feature?

Strong families give children love and protection, identity, a personal history and a secure base from which to explore and enjoy life as they grow up. Family is of lifelong importance but for children and young people its significance cannot be overstated; what happens within the family has more impact on children’s well-being and development than any other single factor. Traditionally, the focus of support offered to victims and their children has been on safety and separation regardless of whether or not the family want this. As explained above, this very rarely supports and/or challenges the person causing the harm to understand their motivations behind the employment of abusive behaviour and address this. It has been long accepted that separation increases the risk of harm to the victim and their children, particularly where contact is an on-going issue. Additionally, the Growing Futures evaluation also shows us that if families do not want to separate then the separation encouraged by professionals to ensure safety will not continue, leading to the possibility of DVA becoming more hidden within the family and this having a further adverse effect on the children and young people in the family. DANs do not automatically promote separation as a safety measure – they will work with the family to identify what the family wish to happen and will only endorse separation where there is no other option or it is evident that the family wish this to happen. This is why the DANs will support the team around the family to safely undertake a whole family approach to DVA.

It is widely accepted that the relationships mothers and fathers have with their children are strongly associated with children’s outcomes. However, the relationships those children have with others, including step parents, siblings, grandparents and other carers also impact on child well-being. It should also be recognised that the quality of relationships between adults in the family will also impact on children.

The core aim of whole family therapeutic and educational working is to safeguard CYP and support all members of the family to overcome their experiences of abuse and build healthier relationships in the future.

**While whole family therapeutic working has sometimes been conflated – by professionals and service-users – with ‘keeping families together’**

*DANs will only work to achieve this where the family want to stay together and assessment of risk indicates that it is safe for them to do so*

### 6.2 Why targeted support?

There are many services in Doncaster which support families impacted by domestic abuse, in addition to offering support to family members with more complex needs, perhaps arising from substance misuse, alcohol dependency, mental ill health, learning disabilities, etc. Historically, support has focused on the adult victim carer, although more recently Doncaster has also offered behaviour change programmes to those who abuse. Work with families impacted by domestic abuse with additional and multiple needs however requires, for a period of time, dedicated workers who will provide structured support to understand the core issues within the family and work with them therapeutically to build their capacity, resilience and confidence to make the changes required.

There are many definitions of therapeutic and educational practice, and different approaches to understanding of the term often depend on individuals’ professional heritage and experience. Common to many definitions is the core idea that therapeutic practice engages individuals in a process of self-realisation and change. This process recognises the importance and impact of individuals’ perspectives and understandings of themselves and the world. There are two underpinning approaches:
Psycho educational – This work is aimed mainly or solely at changing attitudes and / or resilience through increased understanding of factual information or subjective experience. Information can be delivered through didactic techniques or in the context of group discussion facilitated through trained workers. Information is generic and although behaviour change is encouraged, its implementation will be at the discretion of the individual client (child or adult).

Psychotherapy – This work is based on a therapeutic relationship developed through talking and doing (e.g. Play). This provides the opportunity for the client (child or adult) to work towards a better understanding of themselves, their relationships and their established behaviours. The work encourages a deeper understanding of the clients’ perspective.

To support these approaches there are a broad range of methods of therapeutic practice, which includes talking (Narrative Therapy) and doing (Play Therapy).

6.3 Why purposeful, structured and informed work from a DAN?

DAN support requires an understanding of individuals needs so workers, through purposeful work, can be ‘an agent’ for change through support and challenge. The role and purpose of a DAN is therefore to understand family functioning in the context of DVA, to identify the risks posed to each family member and strengths that can ameliorate the impact of those risks. This may include the promotion of health and wellbeing, as well as the practicalities of daily routines and tasks in the context of abusive family dynamic that is underpinned by the presence of coercive control. This may or may not include physical violence and DANS will support other professionals to recognise forms of DVA that are wider than physical abuse.

Signs of Safety (SoS) and core elements of DAN practice

Partner agencies in Doncaster are committed to Signs of Safety (SoS) which is an approach to child protection that focuses on family strengths as well as safety. SoS expands the investigation of risk to encompass ways of strengthening and stabilising a child,
young person and their family situation. The framework enables practitioners to build partnerships with children and parents, and still deal rigorously with risk.

It is imperative that DANs ensure safety of victims and their children when using the SoS approach, and professional boundaries are maintained to prevent any risk escalation.

This will include the need to maintain confidentiality with other family members, for example, where victims and children disclose information that the person causing harm has told them not to disclose. In such instances, DANs will ensure that other practitioners involved with the family are aware of the need to ensure safety by not disclosing to the named family members as advised by the victim/child(ren). For this reason, DANs need to consider if it is more appropriate for the whole family approach offered by the service to include the DANs Engagement worker to work with the person causing harm and motivate them to access support that can contribute to them changing their behaviour. In these cases, DANs should ensure they joint work with the Engagement Worker.

6.3 The key principles of practice.

- It is a whole system/whole family approach. DAN’s will work with all members of the family. This could include family members who do not live in the family home. DAN’s will also work with others who provide support to the family such as neighbours, friends, volunteers and adult services. As explained above, there will be occasions where the whole family approach will be maintained through co-work in cases where the DAN Engagement Worker is supporting the person who harms.

- The approach to working with families is structured and intensive⁶, although the level of intensity will vary over the length of the intervention. Intensive equates to as many as 3 visits a week but a more moderate intensity might be 1 home or school visit

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⁶ Intensive meaning concentrated and thorough - not intended to mean the service known as Intensive Family Support Service
a week and lots of contact by phone. Some families may need less face to face contact following assessment and initial work, which could reduce to fortnightly visits and lots of telephone contact.

- It is a **persistent** approach with on-going effort given to engaging families. This could include repeated visits to the family home, linking with other professionals or agencies with existing relationships with the family, presenting a **flexible** approach to families which can be adapted depending on their needs. This approach to engagement is important to make services responsive to families who have had difficult past experiences with professionals and feel wary of what the implications of engaging with services might be. These may be families that other services have struggled to engage even though there are identified needs.

- It is a **strength based** approach which believes that the potential for positive change lies with families and should be owned by the family themselves. Whilst optimism and hope are key to delivering this work the support provided by a DAN should be informed by the risk posed to the adult victim and their children, and proportionate to the level of risk posed. DANs need to ensure that throughout their involvement they are monitoring risk and changes in abusive behaviour that could elevate the risk.

- It is a **coordinated** approach based on an **assessment** of the risk and needs of the family using the FRAT (Family Risk Assessment Tool). Families engage in this process voluntarily and identify the goals and actions in the plan themselves. DAN’s support families to make best use of this process and ensure professionals engage effectively. However, DANs need to be confident that they are tackling the typology of abuse presented in the abusive dynamic and are cognisant of coercive control exerted by the person causing harm.

  **DANs will always be cognisant of coercive control exerted by the person causing harm – this frequently impacts on risk and is regular precursor to domestic homicide.**

- It is an **assertive** approach based on a **confident relationship** with families which enables challenge when appropriate whilst meeting families where they are at.

- The approach includes both **therapeutic** (CBT, Motivational Interviewing, family systemic therapy) and **educational** support. DANs do as well as talk, using psycho-educational work to increase families understanding of DVA in addition to encouraging
other professionals to consider the dynamics of domestic abuse and how these impact on all members of the family including family presentation which can often be confusing for professionals.

DAN will consider if families who present with disguised compliance can/should be understood differently through a domestic abuse lens.

- The approach incorporates a regular review of progress.
- The approach requires and values feedback from families and acts on that feedback, especially the voice of the child or young person. The family voice is also important and DANs should support victims to ensure their voice is also heard where other agencies are supporting them.
- The approach encourages parents and carers to attend a number of interventions and programmes. This includes interventions where learning from peers is made possible. DANs may deliver 1 to 1 programmes to parents unable to attend groups.
- Supervision and practice sharing for staff are fundamental to this approach being successful. Services and interventions need to be provided in the context of reflection and continuous learning.
- The approach is outcome focused - work with families working towards the achievement of measurable outcomes.

7.0 Assessing needs and measuring outcomes;

7.1 Assessing Needs

It is vital that parents, children and young people’s needs are assessed to ensure appropriate evidence based services and specific practice are deployed to support family needs and address any identified risks, particularly where assessment has identified
additional complexity including substance misuse or mental health issues. The Family Risk Assessment (FRAT) tool has been developed to support DANs in this assessment and inform the DANs case work. However, DANs should only directly work with cases that have been referred to MARAC and meet the DAN Service referral criteria. If a DAN is asked to work into a case then they need to be sure the case has been heard at MARAC and, if not and the risk is assessed as high, support the referring agency to refer to MARAC.

It is accepted that the majority of cases supported by a DAN will include children and young people who will be assessed and supported by a Social Worker through Children Social Care. Under these arrangements DANs will contribute to these cases and the family plan but should not be leading the cases – the practitioner is and remains the social worker assigned to the case.

In some cases DANs will be deployed at a threshold where their needs will be assessed and supported through an early help assessment and a team around the family. In these circumstances Family Support Workers will be required to follow the practice in the Early Help Handbook by completing an early help assessment if they are identified as the lead practitioner, or contributing to another service leading this work. This will have followed an enquiry to the Early Help Hub who will ensure this is logged on the e-system (Early Help Module).

The Early Help Assessment (All Agencies) and Child and Family Assessment (Children’s Social Care) are the only two primary assessments used in Doncaster to assess the holistic needs of children, young people and families.

### 7.2 Individual family assessments and measures.

**Psychoeducational** – This work is aimed mainly or solely at changing attitudes and / or resilience through increased understanding of factual information or subjective experience. Information can be delivered through didactic techniques or in the context of group discussion facilitated through trained workers. Information is generic and although behaviour change is encouraged, its implementation will be at the discretion of the individual client (child or adult).

<table>
<thead>
<tr>
<th>Approach/Intervention</th>
<th>Mental and emotional wellbeing</th>
<th>Trauma recovery</th>
<th>Child behaviour</th>
<th>Self-esteem</th>
<th>Measure to show effectiveness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Triple P Approach</td>
<td>Victim</td>
<td>Child (as a result)</td>
<td>Victim</td>
<td>Victim</td>
<td>SDQ</td>
</tr>
<tr>
<td>Service</td>
<td>Description</td>
<td>Victim/Perpetrator</td>
<td>Victim/Perpetrator</td>
<td>Victim/Perpetrator</td>
<td>Co-Parenting scale</td>
</tr>
<tr>
<td>---------</td>
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<td>-------------------</td>
</tr>
<tr>
<td><strong>Getting On Programme</strong></td>
<td>Delivered to victim and child concurrently as part of a programme of education</td>
<td>Victim Child</td>
<td>Victim Child</td>
<td>Victim Child</td>
<td>Score 15 (Ask Emma)</td>
</tr>
<tr>
<td><strong>Emotional Literacy</strong></td>
<td>Delivered on a one to one basis to increase understanding of and the ability to express feelings.</td>
<td>Victim Perpetrator Child</td>
<td>Victim Perpetrator Child</td>
<td>Victim Perpetrator Child</td>
<td>SDQ</td>
</tr>
<tr>
<td><strong>Caring Dads</strong></td>
<td>Recognises the importance of working with Fathers in order to change controlling, abusive and neglectful behaviours and to improve their relationships with their children.</td>
<td>Perpetrator (victim and child indirectly)</td>
<td>Child (indirectly)</td>
<td>Perpetrator</td>
<td>Co-parenting conflict scale</td>
</tr>
<tr>
<td><strong>Solihull Parenting</strong></td>
<td>Delivered on a one to one basis. Focused on mental and emotional wellbeing. A parenting programme which seeks to increase knowledge of how we relate and understand each other.</td>
<td>Victim Perpetrator (Child indirectly)</td>
<td>Victim Perpetrator (Child indirectly)</td>
<td>SDQ</td>
<td></td>
</tr>
</tbody>
</table>

**Psychotherapy** – This work is based on a therapeutic relationship developed through talking and doing (e.g. Play). This provides the opportunity for the client (child or adult) to work towards a better understanding of themselves, their relationships and their established behaviours. The work encourages a deeper understanding of the clients’ perspective.
<table>
<thead>
<tr>
<th>Approach/Intervention</th>
<th>Mental and Emotional wellbeing</th>
<th>Trauma recovery</th>
<th>Child behaviour</th>
<th>Self-esteem</th>
<th>Measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Techniques from Narrative Therapy</td>
<td>Victim Perpetrator Child</td>
<td>Victim Perpetrator Child</td>
<td>Victim Perpetrator Child</td>
<td>Victim Perpetrator Child</td>
<td>SDQ</td>
</tr>
<tr>
<td>CBT Techniques</td>
<td>Victim Perpetrator Child</td>
<td>Victim Perpetrator Child</td>
<td>Victim Perpetrator Child</td>
<td>Victim Perpetrator Child</td>
<td>SDQ</td>
</tr>
<tr>
<td>Techniques from Counselling</td>
<td>Victim Perpetrator Child</td>
<td>Victim Perpetrator Child</td>
<td>Victim Perpetrator Child</td>
<td>Victim Perpetrator Child</td>
<td>SDQ/Professional judgement</td>
</tr>
<tr>
<td>Mindfulness</td>
<td>Victim Perpetrator Child</td>
<td>Victim Perpetrator Child</td>
<td>Victim Perpetrator Child</td>
<td>Victim Perpetrator Child</td>
<td>SDQ</td>
</tr>
<tr>
<td>Techniques from Solution Focused Therapy</td>
<td>Victim Perpetrator Child</td>
<td>Victim Child Perpetrator Child</td>
<td>Victim Perpetrator Child</td>
<td>Victim Perpetrator Child</td>
<td>Signs of Safety Scaling/ Professional judgement</td>
</tr>
<tr>
<td>Collaborative Therapy</td>
<td>Victim Child</td>
<td>Victim Child</td>
<td>Victim Child</td>
<td>Victim Child</td>
<td>SDQ</td>
</tr>
<tr>
<td>DBT</td>
<td>Victim Perpetrator Child</td>
<td>Victim Perpetrator Child</td>
<td>Child</td>
<td>Victim Perpetrator Child</td>
<td>SDQ/Co-parenting conflict scale</td>
</tr>
</tbody>
</table>

### 7.3 TOOLS TO SUPPLEMENT CASEWORK:

- **Techniques from Narrative Therapy**
  - Victim Perpetrator Child
  - Victim Perpetrator Child
  - Victim Perpetrator Child
  - Victim Perpetrator Child
  - Victim Perpetrator Child
  - SDQ

- **CBT Techniques**
  - Victim Perpetrator Child
  - Victim Perpetrator Child
  - Victim Perpetrator Child
  - Victim Perpetrator Child
  - Victim Perpetrator Child
  - SDQ

- **Techniques from Counselling**
  - Victim Perpetrator Child
  - Victim Perpetrator Child
  - Victim Perpetrator Child
  - Victim Perpetrator Child
  - Victim Perpetrator Child
  - SDQ/Professional judgement

- **Mindfulness**
  - Victim Perpetrator Child
  - Victim Perpetrator Child
  - Victim Perpetrator Child
  - Victim Perpetrator Child
  - SDQ

- **Techniques from Solution Focused Therapy**
  - Victim Perpetrator Child
  - Victim Child Perpetrator Child
  - Victim Perpetrator Child
  - Victim Perpetrator Child
  - Signs of Safety Scaling/ Professional judgement

- **Collaborative Therapy**
  - Victim Child
  - Victim Child
  - Victim Child
  - SDQ

- **DBT**
  - Victim Perpetrator Child
  - Victim Perpetrator Child
  - Child
  - Victim Perpetrator Child
  - SDQ/Co-parenting conflict scale
<table>
<thead>
<tr>
<th>Assessment</th>
<th>Intervention</th>
<th>Review</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signs of Safety Scaling</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Three Houses/Variants</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>GROW model</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Belief Map</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Needs Jigsaw</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Wishes and Feelings</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Genogram</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Domestic Abuse Safety Planning</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Duluth Power and Control Wheels</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Star Charts</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Typologies of abuse/screening tools</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Research Papers</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>DASH risk assessment</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Coercively Controlling Behaviour Screening</td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>

### 7.4 Outcomes Framework – Domestic Abuse Navigators and Engagement Worker

**Outcomes and Impact Measures for all families where needs are identified** *(These outcomes and measures will be reviewed through experience from practice and will remain live and subject to development over time)*

These outcomes are a mix of extrinsic (external) and intrinsic (internal) outcomes both of which are important as they are connected. However, there is a difference between outcomes that are valued and experienced by individuals and those that are valued and recognised by others. In many circumstances workers will need to work with individual family members to build internal capacity before outward changes are made.
• **Extrinsic outcomes** are those which can be measured and valued by other people, including educational achievement, literacy and numeracy or good health.
• **Intrinsic outcomes** those which are valued by and relate primarily to individuals, such as happiness, self-esteem and confidence.

It is important that workers use the most appropriate source of evidence to measure impact of their work, for example, a programme to improve school attendance will find it easier to capture data from school registers (an extrinsic measure) than on confidence or motivation to attend school (an intrinsic measure)

<table>
<thead>
<tr>
<th>Local Outcomes</th>
<th>Individual child, young person and family outcomes</th>
<th>Outcome Measure (examples)</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| Children and young people are protected from violence, abuse and neglect | Reduced trauma from domestic violence and/or other parental behaviour  
Reduced parental drugs and alcohol misuse  
Increase in parental mental wellbeing  
Reduction of other risks from parental behaviours that impact on child/YP  
Reduce the risk of CSE | Child or young person reports that risks and vulnerability is reduced  
Supporting access to specialist services to enable parents with specific vulnerability or behaviours  
Interventions support step down from LAC to CPP; or LAC to CiN; or CPP to CiN; or CiN to early help support and step down to universal services | Family Outcome Star  
SoS 3 houses/wizards (where used)  
Case records incl. record of child or young person voice and achievements  
Liquid logic / EH Module and case records  
Closure and outcome record |
| Children & young people feel safe in their communities where they live, go to school and play | • Reduction of bullying or subject of ASB and an ability to build personal resilience  
  • Increased confidence and engagement with activities in the community and at school  
  • Increase the ability to act and protect themselves in situations of risk to self and other family members | • Child or young person self-reporting  
  • Supporting access to activities and cultural opportunities | • Case records incl. record of child or young person voice and achievements  
  • Family Outcome Star  
  • Risk Safety Plan |
|---|---|---|---|
| The impact of poverty on children and young people is reduced | • Support access to adequate housing to support child or young person’s needs  
  • Support access to debt management and access to financial support  
  • Support for parents to access training, education or work | • Parents self-reporting of management of money and confidence in budgeting  
  • Child/young person report and observed to be happy, appropriately clothed and have access to food  
  • Increase in work experience for parents through volunteering  
  • Parents move from debt and unemployment to education and paid work | • Case records incl. record of child or young person voice and achievements  
  • Family Outcome Star  
  • Closure and outcome record |
<table>
<thead>
<tr>
<th>Children and young people achieve their learning potential and have access to opportunities, culture and activities to enjoy their lives</th>
<th>Social and emotional capabilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Support participation in and attendance at learning and/or work</td>
<td>Child or young person self-reporting</td>
</tr>
<tr>
<td>Communication(^7)</td>
<td>Child or young person is accessing social and cultural activities</td>
</tr>
<tr>
<td>Confidence and agency(^8)</td>
<td>Access to 2 year offer for eligible families</td>
</tr>
<tr>
<td>Creativity(^9)</td>
<td>Access nursery education for 3 and 4 year olds</td>
</tr>
<tr>
<td>Planning and problem solving(^10)</td>
<td>Access to statutory education</td>
</tr>
<tr>
<td></td>
<td>Access to further education or work based learning</td>
</tr>
<tr>
<td></td>
<td>Access to higher education</td>
</tr>
<tr>
<td></td>
<td>Attendance is 85% or above or significant improvement from baseline</td>
</tr>
<tr>
<td></td>
<td>Family Outcome Star</td>
</tr>
<tr>
<td></td>
<td>Case records incl. record of child or young person voice and other achievements</td>
</tr>
<tr>
<td></td>
<td>Attendance data</td>
</tr>
<tr>
<td></td>
<td>Closure and outcome record</td>
</tr>
</tbody>
</table>

\(^7\) Explaining; expressing; presenting; listening; questioning; using different ways of communicating  
\(^8\) Self-reliance; self-esteem; self-efficacy; self-belief; ability to shape their own life, and the world around them  
\(^9\) Imagining alternative ways of doing things; applying learning in new contexts; enterprise; innovating; remaining open to new ideas  
\(^10\) Navigating resources; organising; setting and achieving goals; decision making; researching; analysing; critical thinking; questioning and challenging; evaluating risks; reliability
<table>
<thead>
<tr>
<th>Children and young people behave positively / keep on the right track and develop into skilled, responsible and independent adults</th>
<th>Social and emotional capabilities</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1. Managing Feelings^{11}</td>
</tr>
<tr>
<td></td>
<td>2. Relationships and leadership^{12}</td>
</tr>
<tr>
<td></td>
<td>3. Resilience and determination^{13}</td>
</tr>
<tr>
<td></td>
<td>Reduced substance misuse</td>
</tr>
<tr>
<td></td>
<td>Not involved in criminal activity or ASB</td>
</tr>
<tr>
<td></td>
<td>Support participation in and attendance at work (YP)</td>
</tr>
<tr>
<td></td>
<td>Access to specialist mental health services</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Child or young person self-reporting</th>
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<tbody>
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<table>
<thead>
<tr>
<th>Family Outcome Star</th>
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<td></td>
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</tbody>
</table>

^{11} Reviewing; self-awareness; reflecting; self-regulating; self-accepting

^{12} Motivating others; valuing and contributing to team working; negotiating; establishing positive relationships; interpreting others; managing conflict; empathising

^{13} Self-disciplined; self-management; self-motivated; concentrating; having a sense of purpose; persistent; self-controlled
Parents/Carers are responsible, confident and equipped to support the needs of their children which promote health, wellbeing and independence for their future life and relationships.

- Reduced parental isolation and anxiety
- Increased parental self-efficacy & self-worth
- Improved and open communication in families
- Parents and families develop sensitive, responsive care-giving
- Families engage in regular shared activities
- Parents and families promote positive aspirations for CYP and provide an enriched home learning environment
- Parents and families provide supportive, secure boundaries, guidance, and emotional stability and support for CYP
- Parents and families are positive adult role models for CYP through healthy lifestyle choices and positive behaviours
- Parents and families value and promote a culture of learning and actively participate in CYP learning
- Perpetrators of abuse have an insight of their abusive behaviour and acknowledge and change their behaviour towards their victim and take responsibility as a parent to protect and promote the wellbeing

- Parents self-reporting
- Access to perpetrator courses and services
- Access to victim support services
- Access to mental health and substance misuse services
- Access to counselling services
- Access to appropriate Parenting courses
- DASH reduction in risk level

- Family Outcome Star
- SoS risk and safety goals
- Observations of child and parent interactions and routines and evidenced in Case records incl. record of child or young person voice
- Evidence of parents achievements
- SDQ measure or other appropriate for therapeutic or educational intervention delivered
- Closure and outcome record
8.0 Recording Progress and Measuring Impact

8.1 Individual case work

In most cases DANs will operate in the Children’s Social Care arena. Only where they operating in the early help arena will they use the documents detailed in the early help handbook and available in the Early Help Module (e-System) to record assessments, progress and outcomes. The principle tool used by DANs for measuring their own work and progress of individual casework with a family will be the ‘Family Outcome Star’. - http://www.outcomesstar.org.uk/

Note: The Family Outcome Star should be used during the assessment process when completing the Early Help Assessment as it is an effective tool to engage families and understand in more depth a number of domains within the assessment framework. The scaling in the Family Outcomes Star also provides a baseline against which to measure progress and have meaningful, supportive and challenging conversations with the family. The Family Outcome Star also provides a visual presentation of areas that need work to be done and where there are risks and concerns.

8.2 Individual case work with families open to Children’s Social Care (CSC)

In most cases, DANs will work alongside Social Workers and be part of a case or core group supporting families known to CSC. In these situations the DANs will record all work, progress and outcomes on Liquid Logic case records. Again the principle tool used by DANs for measuring their work with a family will be the ‘Family Outcome Star’. There may be some rare exceptions where DANs will be undertaking the lead practitioner role in the Early Help arena. In these situations the DANs will record all work, progress and outcomes on the Early Help electronic case records.

As DANs are part of the team around a family and/or child, it is a core expectation that they will work with all partners in a manner that befits exemplar practitioners. This includes supporting other professionals in the team around the family and/child to recognise the impact of domestic abuse, particularly coercive control, on all family members and case progression – regardless of whether the domestic abuse is a symptom or the cause of the family’s needs. This will, at times, require DANs to advocate on behalf of
family members and challenge oppressive practice appropriately. This includes escalating concerns via line management when necessary with the clear understanding that management will address the concerns appropriately.

8.3 DASH risk Assessment

Underpinning the coordinated response to DVA is risk assessment of the adult victim which will ensure the appropriate services are involved. The nationally accepted tool for assessing risk where domestic abuse is a feature is the Domestic Abuse Stalking and Harassment (DASH) tool. In South Yorkshire the ACPO DASH\(^\text{14}\) tool is the domestic abuse risk assessment tool used by all agencies. Whenever domestic abuse is identified as a feature in a case, risk assessment should be undertaken to ascertain the level of risk posed to the adult victim and, if this is assessed as the victim being of a high risk serious harm\(^\text{15}\) then the victim should be referred to MARAC and IDVA to ensure that a priority risk management package is coordinated to ensure risk reduction and prevention of serious harm/domestic homicide. DASH risk assessment should only be completed by a practitioner who has received the DASH risk assessment training available through the Safer Stronger Doncaster Partnership.

The DAN Service will always complete a DASH risk assessment, or review the most recent DASH assessment if completed within last 4 – 6 weeks, on entry to the service. This will be reviewed every 4 – 6 weeks or following a new incident or identified change in the pattern of domestic abuse or the DAN receives new information that could impact on risk. If at any point the assessment is current high risk the DAN will refer to MARAC and IDVA and advise their DAN team manager of this. The DASH will also be completed when a family exits the service.

DANs are expected to undertake DASH training so they are aware of the specific high risk indicators that are precursors to domestic homicides and/or serious harm. However, they will also, when assessing risk, use their professional judgement to assess the risk posed particularly if there are no evident indicators of high risk. Once they have received this training they will then be able to train other practitioners in the use of DASH.

\(^{14}\)ACPO DASH Guidance 2009; see also http://www.safelives.org.uk/sites/default/files/resources/Dash%20with%20guidance%20FINAL.pdf

\(^{15}\)The Oasis risk assessment tool defines ‘serious harm’ as ‘a risk which is life threatening and/or traumatic and from which recovery, whether physical or psychological, can be expected to be difficult or impossible’ (Oasis Manual chapter 8). Public Protection Manual, Chapter 9: Risk of harm - Gov.uk https://www.gov.uk/government/...data/.../1000489FChapter9RiskofHarmGuidance.pdf
Research from Serious Case Reviews (Reviews of child deaths and serious injuries to children) indicates that there is an increased risk where there are elements of domestic abuse, mental illness and substance misuse co-exist within a family. DANs will pay particular attention where these issues are evident with the family.

When undertaking the assessment with DASH, it is likely victims will disclose information that is not part of the current pattern of abuse. DANs should also consider following the time frame:

- Current information is anything relevant from the date of the DASH being completed and the last month prior to this
- Recent information is anything relevant from the month before the date of the DASH being completed and the preceding three months to six months
- Historic information is anything relevant from the preceding six to twelve months of the DASH being completed
- Anything relevant that is older than twelve months from the DASH being completed is contextual information which, in line with Working Together 2015, may be shared if doing so would be proportionate to the level of risk posed and there are legal grounds to sharing the information. Contextual information is useful to inform professional judgement and so if you have any doubt about sharing such information then DANs will seek advice from the DAN Team Manager.

SafeLives define a case at MARAC as one “between the same victim and perpetrator(s), where the victim has been identified as meeting the MARAC threshold for that area. A repeat MARAC case is one which has been previously referred to a MARAC and at some point in the 12 months from the date of the last referral to MARAC a further incident is identified. Any agency may identify this further incident (regardless of whether it has been reported to the police).

“A further incident includes any one of the following types of behaviour, which, if reported to the police, would constitute criminal behaviour:

“Violence or threats of violence to the victim (including threats against property); or,
A pattern of stalking or harassment; or, Coercive controlling behaviour; or, Rape or sexual abuse.
In Doncaster, where a repeat victim is identified by any agency, that agency should refer the case to the IDVA service regardless of whether the behaviour experienced by the victim meets the local referral threshold of visible high risk, escalation or professional judgement. If the victim meets the local referral threshold of visible high risk, escalation or professional judgement the agency will also refer to the MARAC. DANs will ensure that if they identify a case that should be referred back to MARAC as a MARAC repeat, they will discuss the referral with the DAN Team manager before they refer to MARAC and/or IDVA.

SafeLives also advise that “incidents that occur more than 12 months after the last MARAC referral do not constitute a repeat incident but instead would constitute a new referral to MARAC”16.

The DAN response will reflect safety planning and this should be undertaken with the victim after DASH risk assessment as the DASH assessment will inform the safety plan17. In addition, the DAN will frame the whole response in line with the DASH and FRAT assessment once both are completed to ensure the levels of risk and vulnerability are clearly identified and responded to appropriately.

DANs are expected to recognise the pattern of coercive control as the pattern of DVA which removes the focus on singular incidents of violence to seeing violence as part of a pattern of abuse. This aligns with guidance for the DASH risk assessment. DANs will support colleagues in the Team around the Family and/or Child to be cognisant of separation instigated domestic violence, which may be likely to occur when domestic abuse (including non-violent coercive control) is a feature, and how this risk can transfer to children during contact with a person who abuses. The statutory guidance for coercive control is also clear that practitioners should be cognisant of non-violent coercive control as this can be a precursor to serious domestic violence and/or domestic homicide.

DANs will also support colleagues in the Team around the Family and/or Child to coercive control as the pattern of abuse with violence sometimes, not always, being used as part of the pattern by an abuser to establish or reassert control over a victim the Team around the Family and/or Child. It would be highly unusual for a serious or fatal incident of violence post separation to be

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16 http://www.safelives.org.uk/definition-repeat-marac
17 See DAN Policies and procedures Booklet
undertaken without a pre-existing pattern of coercive control\textsuperscript{18}. With the exception of SVC, coercive control would be a feature within all of the typologies. In relation to SVC it could become a feature if the couple are not supported to resolve conflicts in a healthier manner given our wider societal structures and how this links to the development of intimate partner terrorism.

DANs will be cognisant on how coercive control impacts on victimology and behaviours, in addition to mental capacity and an adult’s ability to make decisions freely\textsuperscript{19}. It is now accepted, and made clear in the statutory guidance for the offence of Coercive Control\textsuperscript{20}, that coercive and controlling behaviour can impact on decision making, which can be described as behaviours that are ‘used to inflict unpleasant or painful consequences on a person acting on their own choices so that they “choose” to follow the preferences of the person inflicting harm rather than their own’\textsuperscript{21}. People experiencing coercive control live in fear of the consequences of going against the rules that the person perpetrating the abuse has set up for them to follow. The tactics used by perpetrators of coercive control include threats, intimidation, isolation, and control over aspects of everyday life, whereby the perpetrator may ‘limit their space for reflection and action’, including space to make independent decisions. This is now recognised in the statutory guidance, and DANs will sensitively probe the dynamics of the relationships within families they support by asking questions about rules, decision making, norms and fear in the relationship. DANs will also ensure that case recording can support policing colleagues to identify the offence should the victim wish to pursue a complaint to the Police, once supported not be fearful of the possible negative impact that outside intervention may have on them. DANs are expected to ensure they discuss the implications of this on their practice in supervision and to ensure their practice reflects the principles of the Mental Capacity Act 2005 by:

- Remembering the person knows the situation best, and knows the level of risk they are facing.
- Not trying to impose or force a decision (e.g. to leave a relationship); instead, focus on building trust.

\begin{flushright}
\textsuperscript{18} The case that highlights this (and is one that underpins DA Matters) is the case of Maria Stubbing’s (https://www.ipcc.gov.uk/sites/default/files/Documents/investigation_commissioner_reports/Maria%20Stubbings%20-%20Final%20Report%20for%20Publication_1.pdf) - prior to her homicide the Police were aware of crimes that were committed by Michael Chivers post separation from Maria, but did not recognise these as coercive control. Maria’s daughter, Celia Peachy, says that, as far as Maria’s family are concerned, Maria separated from Chivers because of his increased control over her day to day life and they are not aware of any violence occurring before the point of separation http://globalrightsforwomen.org/2015/02/06/targeting-domestic-abuse-in-the-united-kingdom/ gives an overview that is useful in terms of linking coercive control to abusive dynamics and builds on Evan Stark’s research.
\textsuperscript{19} http://coercivecontrol.ripfa.org.uk
\textsuperscript{20} https://www.gov.uk/government/publications/statutory-guidance-framework-controlling-or-coercive-behaviour-in-an-intimate-or-family-relationship
\textsuperscript{21} Ingram, 2016: 2
\end{flushright}
• Being aware that the person will be adapting their behaviour and decisions to minimise risk posed to them/their children and that they are likely to be fearful of the consequences of resisting.

Where DANs are concerned that coercive control has impacted on a victim’s freewill to make decisions, thus eroding their mental capacity, they will undertake referral to adult safeguarding, and, in line with locally agreed protocols and case law, they will specifically articulate the concern on the referral which will enable Adult Safeguarding colleagues to assess that the wishes of an adult with capacity are not being overridden and their decisions are truly being made freely and without coercion\(^\text{22}\).

DANs will also support prevention through early intervention/help and provide information and guidance to practitioners so they become cognisant of coercive control in line with national SCR and DHR learning\(^\text{23}\) and revised statutory guidance for DHRs\(^\text{24}\). This requires DANs to be fully competent in safe enquiry, both in their own practice, but also in the mentoring of others.

\(^{22}\) [www.bailii.org/ew/cases/EWHC/Fam/2016/2358.html](http://www.bailii.org/ew/cases/EWHC/Fam/2016/2358.html)


9.0 Caseloads and deployment of workers

SafeLives have set benchmark standards for DVA service delivery and the DAN service has been developed in line with their Leading Lights standards in addition to relevant NICE guidance and Women’s Aid standards. In addition to DCST policies, the service delivery model aligns with these standards as far as possible. Support from DANs and the Engagement Worker will be delivered using the following model as a guide:

<table>
<thead>
<tr>
<th>DAN Support Guidelines</th>
<th>Engagement Worker Guidelines</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Typically:</strong></td>
<td><strong>Typically:</strong></td>
</tr>
<tr>
<td>• 10 to 12 families at any one time but up to 20 children (active involvement)</td>
<td>• Maximum case load of 20 - 30 person causing harm through abusive behaviours at any one time, no direct work with CYP</td>
</tr>
<tr>
<td>• Reduction to 8 to 10 families and up to 15 children where complexity is high.</td>
<td>• Expected average length of support to be up to 3 months duration, but this can be extended through case review</td>
</tr>
<tr>
<td>• No time limit on support but case to be subject to monthly review through case management supervision</td>
<td>• Support Caring Dad’s delivery</td>
</tr>
<tr>
<td>• Each family supported by a DAN to have a family plan that focuses on safety, education and recovery. Family plans to be reviewed every 3 months.</td>
<td>• 1 to 3 visits per week in addition to travel, case recording</td>
</tr>
<tr>
<td>• Weekly contact - can be telephone, but ‘seen’ every 2 weeks</td>
<td>• 45 - 60 families per year</td>
</tr>
<tr>
<td>• Where DVA includes complex needs, DANs will support families receiving Early Help intervention, following completion of Early Help Assessments. DANs will only be the lead practitioner by exception. This includes referred to</td>
<td></td>
</tr>
<tr>
<td>CSC as a contact or assessed as not requiring CSC support, and the case is stepped down within 6 months of MARAC presentation.</td>
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</tbody>
</table>

- Formal review 3 months and before closure
- Contribute to EHA, CPP or CiN plan as appropriate
- 9 am to 5 pm, Mon to Fri offer unless individuals require appointments outside of these times
- Annual case load to be 25 - 40 families within a 12 month period
- Delivery of bespoke training packages and lunchtime seminars
- Delivery of action learning sets to support reflection on practice

**Note:** The deployment of workers and delivery of the service will be under review during the first year this document is in operation.

Caseloads will be monitored by individual managers who will review complexity of cases, including travel distances for workers, against the service requirements to evaluate contact and outcomes achieved with families.
10.0 Quality Assurance and Workforce Development

Reducing risk and securing medium and longer term outcomes for families is dependent on quality of practice and the skills and confidence of workers. It is therefore important that DANs are familiar with the quality assurance framework and the support they will receive to secure and maintain standards in practice, as well as keep pace with research and evidence based approaches to work.

10.1 Supervision

Due to the complex and challenging role undertaken by DANs, supervision is crucial. Learning from the Growing Futures project has identified the need for clarity on the types of supervision given to DANs. DANs are expected to engage with all aspects of supervision in line with the Trust’s supervision policy. DAN supervision comprises of

- **Personal supervision** – is undertaken individually with the DAN team manager, during which the DAN will be able to discuss their professional development, training needs and issues requiring support (e.g. health/wellbeing, team dynamics, review expenses, time sheets and annual leave, etc.). Frequency will be every 4 – 6 weeks

- **Case management supervision** – is undertaken individually with the DAN team manager during which all cases held by a DAN will be reviewed and actions agreed to progress case work. DANs are expected to come prepared to case management supervision and have completed actions agreed in the previous supervision session which will be reviewed at the next. Frequency will be monthly.

- **Clinical Supervision** – In line with best practice for domestic abuse services. It is recognised that clinical supervision provides a safe space for domestic abuse practitioners to explore their personal or emotional responses to any traumatic or difficult cases.

To support all aspects of supervision we have developed a family plan (see Appendix C) which DANs are required to complete and review, for each of their cases, prior to case management supervision. From this, DANs will agree issues to be discussed in clinical supervision

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25 See DAN Policies and Procedures Process
10.2 Practitioner Competency Framework and Learning and Development

The practitioners’ competency framework and learning and development map have been developed to support each worker to self-assess and identify with their manager areas they feel they are competent; alongside areas they feel less confidence and need help to develop. Evidence of competent practice will come from workers own examples of how this is delivered working with children, young people and their families so that DANs are able to evidence their competency, collectively and individually, to secure long term sustainable change that is cognisant of levels of risk and vulnerability.

Skills, knowledge, and attributes of staff will also be assessed through supervision, appraisal and audit activity including observations of workers. This activity may identify areas where individual workers are not yet consistently delivering against all the areas of the framework. When this is identified the Team Manager will arrange with the worker specific learning and development to support improvement which could include a mix of a qualification, one off training, reading or mentoring.

Workers will self-assess annually against the framework to support their personal development review. During the year all learning and development will be logged by workers and they will reflect on how this has made a difference in practice with examples during supervision with their manager. The practitioner competency framework and learning and development map are included as Appendix One.

10.3 Role of managers in leadership and practice improvement

Managers and Senior Practitioners play a key role in the quality and effectiveness of work, both in what they say and what they do. Standards of work are set, maintained and improved through talking, listening and observing through supervision, appraisal and visiting families to see practice and reflect on the work with their team. The culture set by managers’ play a vital role in success and should mirror the core values of working with families.

- The values of the organisation are to:

  **Respect people** by;
  - being ethically responsible
  - deal with people fairly, efficiently,

  **Achieve the best** by;
  - fulfilling our duties and obligations responsibly

  **Make a difference** by;
  - acting in a way that is professional and that deserves
promptly, effectively and sensitively, to the best of our ability and retains confidence of all those with whom we have dealing.

- making sure we use our resources properly and efficiently
- complying with our legal responsibilities

Managers particularly play a pivotal role not only in managing resources and processes but demonstrating leadership and creating opportunities for innovation from front line practice. Diversity of families in Doncaster requires diversity of thinking and doing, alongside personal qualities and working in partnership with others.

Detailed below are 5 key areas managers should focus on to support successful delivery of the DAN service.

### Demonstrating personal qualities
- Developing self-awareness
- Managing self
- Continuing personal development
- Acting with integrity
- Modelling practice and approach through own behaviours
- Undertakes on-going personal reflection and applies this to own development

### Working with others
- Understanding of different services to negotiate best possible outcomes
- Able to undertake institutional advocacy to inform the approach to DVA
- Developing networks
- Building and maintaining relationships
- Encouraging contribution
- Providing appropriate challenge to inform learning of others and promote non-oppressive practice
- Working within teams

### Managing Services
- Planning
<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
</table>
| **Managing resources** | • Managing resources  
• Managing people  
• Supporting staff development through on-going personal reflection and its application to practice  
• Managing staff performance |
| **Improving services** | • Ensuring the safety and contribution of people who use services  
• Critically evaluating service delivery  
• Encouraging improvement and innovation  
• Facilitating transformation  
• Managing service performance |
| **Setting direction** | • Identifying the contexts for change  
• Applying knowledge and evidence  
• Promoting a culture that understands the dynamics of DVA to inform practice and approach  
• Making decisions  
• Evaluating impact |
Appendix A: DANs Role

Working with and supporting other Services and Practitioners

- Weekly Information, advice and guidance surgery for workers to discuss standard and low risk cases to reflect and consider options for the family and different approaches to working the case.
- Daily support to services working with victims fleeing domestic abuse to facilitate access to safe and private family friendly spaces (emergency)
- Disseminating knowledge by sharing best practice through research, experience and evaluation
- Sharing knowledge and experience of services that support domestic abuse to promote joint working
- Delivering Training and Development Programmes to wider workforce on domestic abuse practice, including lunchtime seminars
- Influence agencies policies and procedures to support better practice in domestic abuse and family functioning
- Challenging the accepted culture of Domestic Abuse in the community and within services
- Peer support and reflective practice to transform service delivery

Co-worker / Mentor

- Mentor staff to provide information and guidance on specific DVA and therapeutic practice in case scenarios and knowledge of domestic abuse to understand dynamics of family members – this is not direct work with the family but support to practitioner
- Co - work cases through observation and modelling therapeutic approaches and education on the psychology of practice – this is direct ‘set pieces’ of work with the practitioner and the family but is not DAN caseload.
- Developing confidence in practitioners of working with domestic abuse cases and delivering effective practice working with children
- Link worker with specific services/ agencies improve information sharing and joint working and to raise awareness and recognition of the short and long term impact domestic abuse has on children and young people
- Increase awareness of best practice in relation to domestic abuse
- Build, strengthen and maintain relationships with practitioners and the community to encourage the development of C&YP focused approaches to domestic abuse

Learning and Development

Approach to Case Work and Philosophy of Practice

- High Risk (MARAC)
  Direct Casework - key source of referrals
  (co-working or mentoring as required)

- Complex Needs (CSC)
  Co-working / Mentoring where there is evidence of emerging high risk i.e. potential to cause serious harm - criteria tbd (SW DASH)

- Additional Needs
  Mentoring with other practitioners to model practice and case specific information, advice and guidance

Whole family approach through integrated practice with a focus on and advocacy for children and young people:

Whole family and integrated practice are inextricably linked as the impact of one actioner, even if they take a holistic view of a family’s needs are unlikely to make an impact and sustained improvement if other agencies do not work with them to achieve shared outcomes.

How?

Shared common purpose, clear accountability, multi-agency working, through information sharing, agreed shared assessments, with adult’s and children’s services working better together to achieving a whole family approach.

Through tailoring evidence based services to the diverse and different needs of the whole family, with the support from a lead practitioner who builds trust and empowers families to take responsibility for their own outcomes by identifying their strengths as part of the package to success.

Why?

The focus on children and young people will ensure that the needs of those living or impacted by domestic abuse will be addressed after the risk to the family has reduced so the long term trauma of domestic abuse is ameliorated. This will support children and young people on their journey to recovery so they can be safe and flourish.

By improving outcomes for children in this way, the pattern of intergenerational abuse will be broken and the impact on the public purse will lessen.

Working directly with children, young people and families

- Work directly with children and young people 0 to 19 yrs delivering therapeutic practice through one to one and group work
- Support recovery for children and young people with trauma
- Explore the awareness and issues of domestic abuse with families to promote and effect change
- Re-establishment of parent/child relationships
- Strengths based approach to working with victims (adults and C&YP) to support self help, resilience and empowerment
- Work with perpetrator services to hold perpetrators to account and challenge behaviours to support change
- Advocate and challenge on behalf of children and young people their needs and wishes within the family and with other services
- Actively promote a whole family approach and integrated practice and promote evidence based practice and ‘what works’ through targeted interventions for domestic abuse
- Understanding of processes and practices of different agencies to support families through professional systems
- Evaluate the impact of own practice and the package of support around the family from other services through the impact/outcomes for children, young person and adult victims and perpetrator

In Practice and as Navigator

As Lead Practitioner

- Lead Practitioner only when cases are not open to Children’s Social Care, as Social Worker has statutory lead for these cases
- Co-ordinate a team around the family to complete a whole family assessment and support a multi agency response

As Practitioner & Navigator plus

- Lead Practitioner only when cases are not open to Children’s Social Care, as Social Worker has statutory lead for these cases
- Co-ordinate a team around the family to complete a whole family assessment and support a multi agency response

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Appendix B: Process Map for DAN Delivery of Service

MARAC → IDVA/DAN Meeting
   Previous MARAC
   Future MARAC
   IDVA closures

MARAC → IDVA/DAN Meeting

DAN Team Manager accepts family to service based on

DAN Team Manager screens the case and decides if the case should be:
Allocated for direct work by a DAN

Co-worked by a DAN through modelling or supporting practice

DAN to contact the family within two working days to arrange initial visit

DAN to begin FRAT assessment

DAN to complete direct work with the family AND other professional (social worker/IFSS worker) to support learning and development of DVA practice. Short, clearly defined piece of work.

DAN provides information advice and guidance
DAN completes FRAT Assessment to ascertain need for each family member.

DAN to complete Outcome Star to prioritise interventions to address.
DAN completes direct work with family

Other professionals complete direct work with family

Psychotherapeutic Psycho-educational

Enough professionals already involved who can support DVA work

No assessed need: Close case

Work required before DAN involvement

Do not require intervention: Close case
Appendix C: Family Plan

FAMILY PLAN FOR FAMILIES LIVING WITH DOMESTIC ABUSE: HELPING FAMILIES TO LIVE TOGETHER OR SEPARATELY BETTER

This plan shows you how long we think we will need to work with your family, what will be happening, when it will be happening and who will be involved. We will review this plan together regularly.

Before we start the Family Plan we would like you to complete a scaling question about your family. Your worker will develop a scaling question that fits with your family’s needs and wishes for the future.

We will create a safety statement with you:

This is your scaling question

Family Scaling Score

0 ———— 10
<table>
<thead>
<tr>
<th>Week</th>
<th>What will be happening?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(please state if the work is in relation to safety, education or recovery)</td>
</tr>
<tr>
<td></td>
<td>Who is involved?</td>
</tr>
</tbody>
</table>
Appendix – D

Domestic Abuse Navigator Service

Competency Framework - Self Assessment Form

1. Domain: Relationships and effective direct work
2. Domain: Communication
3. Domain: Child Development
4. Domain: Adult mental ill health, substance misuse, domestic abuse, physical ill health, learning and physical disability.
5. Domain: Domestic Violence and Abuse: the impact on children
6. Domain: Child and Family Assessment
7. Domain: Analysis, decision-making, planning and review
8. Domain: The Legal and Statutory Framework
9. Domain: The role of supervision
10. Domain: Organisational Context
11. Your Overall Assessment

Staff Name: 
Date complete: 
Managers Name: 
Date complete: 

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N.B. When completing the self-assessment and providing information to support your competency in practice, you must include a brief outline of your knowledge and understanding and, where applicable, case examples to demonstrate this. It is expected that you will use a range of case examples to support consistency and widespread application to demonstrate this in practice.

Managers will make their assessment based on the information you supply which may include one to one discussion with you for clarification. It maybe that their assessment differs from your own and this will be clearly shown with an explanation.

<table>
<thead>
<tr>
<th>Questions</th>
<th>How do you demonstrate this in practice</th>
<th>How did you acquire the skill and/or knowledge (Brief description)</th>
<th>Do you feel competent Y/N/Unsure</th>
<th>If you do not feel confident in this area what do you feel are the gaps for you?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Build effective relationships with children and young people impacted by DVA</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Build effective relationships with adults experiencing DVA as a victim</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Build effective relationships with adults causing harm through the use of DVA</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Be both challenging and demonstrate empathy to enable full participation in assessment, planning, review and decision-making.</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Provide tailored evidence based support to meet individual child and family needs</td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>
Negotiate and challenge other professionals and organisations to ensure children access universal services to meet their needs and other services.

Support children and families to be safe where DVA is a feature

Recognise and sustain positive relationships, evidencing how you build resilience in families, in particular how you enable children to manage loss, change and recover from the impact of DVA.

Manager endorsement and assessment

<table>
<thead>
<tr>
<th>2. Domain: Communication</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Questions</th>
<th>How do you...</th>
<th>How do you demonstrate this in practice</th>
<th>How did you acquire the skill and/or knowledge (Brief description)</th>
<th>Do you feel competent Y/N/Unsure</th>
<th>If you do not feel confident in this area what do you feel are the gaps for you?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communicate clearly and sensitively with children of different ages and abilities, their families and in a range of settings and circumstance, where DVA is a feature.</td>
<td></td>
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</tr>
<tr>
<td>Facilitate engagement of children, young people and their families with regards to the complexities of DVA</td>
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</tr>
<tr>
<td>Remain respectful when people are angry, hostile and resistant to change. Manage tensions confidently between parents, carers and family members.</td>
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<tr>
<td>Listen to the views, wishes and feelings of children and families and help parents and carers understand the impact of domestic abuse on their own communication and that of their children.</td>
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<tr>
<td>Promote communication support, identifying children and adults who are experiencing difficulties expressing themselves as a result of exposure to DVA.</td>
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<tr>
<td>Produce written case notes and reports which evidence the voice of the child.</td>
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**Manager endorsement and assessment**
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<th>Questions</th>
<th>How do you demonstrate this in practice</th>
<th>How did you acquire the skill and/or knowledge (Brief description)</th>
<th>Do you feel competent Y/N/Unsure</th>
<th>If you do not feel confident in this area what do you feel are the gaps for you?</th>
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<tbody>
<tr>
<td>Observe and talk to children in their environment (e.g. at home, at school, with parents, carers, friends and peers) including the quality of child and parent/carer interaction.</td>
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<tr>
<td>Recognise the indicators that a child is not meeting developmental milestones, has been harmed or is at risk as a result of being at risk of or exposed to DVA.</td>
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<td>Recognise cognitive, social, emotional and behavioural development and how DVA affects this.</td>
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<td>What is your understanding of cultural and social factors on child development, the effect of DVA and the effect of loss, change and uncertainty in the development of resilience?</td>
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</table>
How do you assess and respond to a child or young person's specific needs or vulnerabilities:
- Special educational needs
- Caring responsibility
- Disability
- Gender or sexual orientation
- Race, ethnicity or cultural
- Religion or belief

Seek further advice from relevant professionals to fully understand a child's development and behaviour.

Manager endorsement and assessments
4. Domain: Domestic Abuse, adult mental ill health, substance misuse, alcohol dependency, physical ill health, learning and physical disability.

<table>
<thead>
<tr>
<th>Questions</th>
<th>How do you demonstrate this in practice</th>
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<th>Do you feel competent Y/N/Unsure</th>
<th>If you do not feel confident in this area what do you feel are the gaps for you?</th>
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<tbody>
<tr>
<td>Identify the impact adult mental ill health, substance misuse, alcohol dependency, physical ill health and disability on family functioning and social circumstances and in particular the effect on children, in relation to Domestic abuse</td>
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<tr>
<td>Support / Access the help and assistance of other professionals in the identification, prevention and assessment of adult social need and risk, where domestic abuse features alongside adult mental ill health, substance misuse, alcohol dependency, physical ill health and disability</td>
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<td>Identify concerning adult behaviours that may indicate escalation of risk or increasing risks/vulnerability to children. Assess the likely impact on, and inter-relationship between, parenting and child development where DVA is a factor in the family dynamic.</td>
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<tr>
<td>Recognise and act upon escalating social needs, domestic abuse and risks, helping to ensure vulnerable adults are safeguarded, that a child is protected, their best interests and needs addressed/always prioritised.</td>
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## 5. Domain: Abuse and neglect of children

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<th>Questions</th>
<th>How do you demonstrate this in practice?</th>
<th>How did you acquire the skill and/or knowledge (Brief description)</th>
<th>Do you feel competent Y/N/Unsure</th>
<th>If you do not feel confident in this area what do you feel are the gaps for you?</th>
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<tbody>
<tr>
<td>Share information with partner agencies about children and adults where there is concern about the safety and welfare of children.</td>
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<td>Triangulate evidence to ensure robust conclusions are drawn.</td>
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<tr>
<td>Recognise harm and the risk indicators of different forms of harm to children relating to sexual, physical and emotional abuse and neglect.</td>
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<td>Assess effects of cumulative and inter-generational harm, particularly in relation to early indicators of abuse and neglect.</td>
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<tr>
<td>Identify child sexual exploitation, grooming (on and</td>
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</table>
offline), female genital mutilation, forced marriage and the range of adult behaviours which pose a risk to children.

Evidence direct work with children and families which directly addresses the issues of abuse and neglect in relation to DVA and effect change in a child’s life within the period of DAN support.

**Manager endorsement and assessments**
### 6. Domain: Child and Family Working

<table>
<thead>
<tr>
<th>Questions</th>
<th>How do you demonstrate this in practice</th>
<th>How did you acquire the skill and/or knowledge (Brief description)</th>
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<th>If you do not feel confident in this area what do you feel are the gaps for you?</th>
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<tbody>
<tr>
<td>Assess the family in relation to social need and risk to children, with particular emphasis on parental capacity and capability to change acknowledging how DVA can affect this.</td>
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<tr>
<td>Use professional curiosity and challenge in a non-collusive and safe manner while maintaining a position of partnership, involving all key family members, including fathers, being aware of how CCB can be used to manipulate workers.</td>
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<td>Acknowledge any conflict between parental and children’s interest, prioritising the protection of children whilst recognising risk transference of DVA to children and put in appropriate measures to address this.</td>
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<tr>
<td>Use child observation skills, genograms, eco-maps, chronologies and other evidence-based tools, ensuring active child and family participation in the process to secure engagement in a holistic manner.</td>
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<tr>
<td>Complete the relevant assessment to identify and respond to a child and family needs and enable holistic support.</td>
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Recognise and address behaviours that may indicate resistance to change, ambivalent or selective cooperation with services and disguised compliance in order to recognise when there is a need for immediate action, as well as what other steps can be taken to protect children.

Manager endorsement and assessments

<table>
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<tr>
<th>7. Domain: Analysis, decision-making, planning and review</th>
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<tbody>
<tr>
<td>Questions</td>
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<td>----------------------------------------------------------</td>
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<tr>
<td>Prioritise children’s need for emotional warmth, stability and sense of belonging, and identity development, health and education, ensuring active participation and positive engagement of the child, young person and family.</td>
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<td>Test multiple hypotheses about what is happening in</td>
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</table>
families and to children, using evidence, assessment and professional judgement to reach timely conclusions.

Challenge any existing conclusions in light of new evidence or practice reflection.

Avoid duplication of work through multi-agency working in respect of what needs to happen, for a child, young person and adult family members

Make realistic, child-centred, family action plan (taking into consideration any complicating factors, DVA risk indicators and CCB) within a review timeline, which will manage and reduce identified risks and meet the needs of the child.

Manager endorsement and assessments
## 8. Domain: The Legal and Statutory Framework

<table>
<thead>
<tr>
<th>Questions</th>
<th>How do you demonstrate this in practice</th>
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<tbody>
<tr>
<td>Demonstrate an understanding and working knowledge of arrangements to support families impacted by DVA, either in the CSC or Early Help arena, and reflect application of the Equalities Act 2010 and Human Rights legislation in your case work</td>
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<td>Work within the principles and recommendations of Working together 2015 whilst being cognisant of DVA best practice and statutory guidance</td>
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<td>Demonstrate a working knowledge of child and adult safeguarding arrangements in Doncaster in relation to DVA, including the MARAC</td>
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<td>Support family members impacted by DVA to recognise where forms of DVA cross criminal thresholds</td>
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Reflect adherence to statutory guidance reforms of DVA, and support other practitioners to recognise where a legal remedy may be appropriate to address DVA (e.g. DVPN/PO)

**Manager endorsement and assessments**

**9. Domain: The role of supervision**

<table>
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<th>Questions</th>
<th>How do you demonstrate this in practice</th>
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<th>If you do not feel confident in this area what do you feel are the gaps for you?</th>
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<tr>
<td>Recognise your own professional limitations when responding to DVA in case work, and how and when to seek advice from a range of sources and disciplines.</td>
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<td>Maintain your professional boundaries whilst eliciting engagement from family members in relation to DVA</td>
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<td>Discuss, debate, reflect upon and test hypotheses about the impact of DVA on what is happening within families, and with children</td>
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<td>Contribute to resolving conflicting or differing professional perspectives when responding to DVA, or when DVA is not the only issue impacting adversely on a family</td>
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<td>Identify different interventions that will be of help for a specific child or family impacted by DVA and the limitations of different approaches.</td>
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<td>Make use of the best evidence from research to inform the complex judgements and decisions needed to support families and protect children impacted by DVA.</td>
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## Manager endorsement and assessments

### 10. Domain: Organisational Context

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<th>Questions</th>
<th>How do you demonstrate this in practice</th>
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<th>If you do not feel confident in this area what do you feel are the gaps for you?</th>
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<tr>
<td>Operate successfully and professionally in your role (e.g. representing your team, service, organisation)</td>
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<td>Maintain effective working relationships with peers, managers and leaders – within the profession and throughout multi-agency partnerships and public bodies, including when challenging practice and escalating concerns appropriately.</td>
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<td>ensure you keep up to date with organisational developments, and contribute to the organisations objectives</td>
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Manager endorsement and assessments
Your Overall Assessment

<table>
<thead>
<tr>
<th>What is going well?</th>
<th>What are your worries / concerns?</th>
<th>What needs to change?</th>
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Outcome Assessment – Personal Development

To support your development and help us assess with you were to concentrate and prioritise your continuing professional development please complete the outcome assessment below
April 2016 (Zero is less confident and 10 being very confident)
<table>
<thead>
<tr>
<th>ACTION</th>
<th>HOW WILL THIS BE ACHIEVED</th>
<th>By who</th>
<th>By when</th>
<th>Progress update</th>
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<tr>
<td>DATE CPD ACTIVITY COMPLETED</td>
<td>BRIEF DESCRIPTION OF CPD ACTIVITY</td>
<td>How I applied this learning in practice</td>
<td>K and S statement/s to which this learning relates</td>
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Appendix E: DAN Development Overview

This diagram illustrates what a DAN requires to maintain their optimum in terms of best practice and to sustain change (which can be reviewed in supervision):

Domains for a DAN and/or Perpetrator Engagement Worker:
1. Relationships and effective working
2. Communication
3. Child development
4. Adult mental ill health, substance misuse, alcohol dependency, physical ill health, learning and/or physical disability alongside DVA
5. Domestic abuse and the impact on CYP
6. Child and Family Assessment
7. Analysis, decision making, planning and reviewing
8. Legal and statutory framework
9. Role of supervision
10. Organisational context

Training Required
- Undergraduate degree in relevant discipline or equivalent working experience
- Experience of delivering therapeutic interventions and use of reflective practice
- Experience of multi-agency working and appropriate challenge
- Change management skills
- Good understanding of domestic abuse and coercive control

On-going CPD and reading:
In addition to the above, to become and remain, exemplar practitioners DANs that provide contemporary IAG that is in line with best practice, they need to ensure they undertake on-going CPD.

We recommend the reading list located at https://www.equalityhumanrights.com/en/violence-against-women-reading-list in addition to works completed by Lundy Bancroft, Dr Evan Stark, Turnell and Edwards, the AVA Complicated Matters toolkit, all relevant statutory guidance and revisions and local/national DHR/SCR learning.
Appendix F - Bibliography


