

SAFEGUARDING ADULTS WORKBOOK 2

**Domestic Abuse
Basic Awareness**

RBSAB
ROCHDALE BOROUGH
SAFEGUARDING ADULTS BOARD

Version 1

Our safeguarding arrangements will effectively prevent and respond to adult abuse



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Acknowledgement: This workbook has been adapted by the Rochdale Borough Safeguarding Adults Board (RBSAB) from an original created by Teeswide Safeguarding Adults Board. We would like to thank Teeswide SAB for producing the original workbook and allowing us to adapt it for use in Rochdale.

Introduction

This workbook has been developed for staff and volunteers who have completed Safeguarding Adults awareness training, which may have been through attending a tutor-led course, completing an e-learning course or the RBSAB Safeguarding Adults Awareness workbook. This workbook will build on your prior learning, the modules are as follows:

- The Mental Capacity Act & Liberty Protection Safeguards
- Domestic Abuse
- Forced Marriage
- Female Genital Mutilation
- Prevent
- Modern Slavery
- Self-Neglect

You must complete all sections of the workbook and return it to your Manager for assessment. When you have successfully completed the workbook, you will be issued with a certificate and your training records will be updated: the workbook will be returned to you to be used as a reference tool.

In the appendices, you will find a link to the current Rochdale Multi-Agency Safeguarding Adults Policy and Procedures for reference purposes.

Suggested study time to be allocated to complete this workbook: 3 hours.

Once you have completed the workbook please forward the **Certificate of Completion** page to the Rochdale Borough Safeguarding Adults Board, Business Unit, using the contact details below, who will make a record of completion and issue a certificate.

Rochdale Borough Safeguarding Board/Partnership Business Unit, Number One Riverside, Smith Street, Rochdale OL16 1XU. rbsb.admin@rochdale.gov.uk

This workbook is aimed to help those who need an understanding of adult safeguarding awareness in their role and may have a responsibility for raising safeguarding concerns to ensure they are competent, and have all the knowledge they need.

It is aimed at all staff and volunteers in health and social care settings, all frontline staff at Greater Manchester Fire and Rescue Service, staff within Housing teams, Clerical and Administration staff, Adult Care staff who do not undertake front-line assessments, Domestic and Ancillary staff, Health and Safety Officers, other support staff, Elected Members, GP practice staff, Governing Boards and Safeguarding administrative support staff. This is not a definitive list.

Domestic Abuse: Overview

Domestic violence and abuse: definition

The [Domestic Abuse Act 2021](#) creates the **first statutory definition of domestic abuse** which includes not only physical violence but that of emotional, coercive and controlling behaviour and economic abuse. This can be limited to a single event or a series of actions.

The definition of domestic abuse is:

“Behaviour of a person (“A”) towards another person (“B”) is “domestic abuse” if:

- A and B are each aged 16 or over and are personally connected to each other, and
- the behaviour is abusive.

For the purposes of this Act, two people are “personally connected” to each other if any of the following applies—

- a) they are, or have been, married to each other;
- b) they are, or have been, civil partners of each other;
- c) they have agreed to marry one another (whether or not the agreement has been terminated);
- d) they have entered into a civil partnership agreement (whether or not the agreement has been terminated);
- e) they are, or have been, in an intimate personal relationship with each other;
- f) they each have, or there has been a time when they each have had, a parental relationship in relation to the same child (see subsection (2));
- g) they are relatives.

Behaviour is “abusive” if it consists of any of the following:

- physical or sexual abuse;
- violent or threatening behaviour;
- controlling or coercive behaviour;
- economic abuse;
- psychological, emotional or other abuse;
- and it does not matter whether the behaviour consists of a single incident or a course of conduct.

Domestic abuse can affect anyone, regardless of age, disability, gender identity, gender reassignment, race, religion or belief, sex or sexual orientation. Domestic abuse can also manifest itself in specific ways within different communities.

The 2021 Act recognises children as victims of domestic abuse if the child sees, hears, or experiences the effects of the abuse, and is related to either the victim or perpetrator. Domestic abuse has a significant impact on children and young people of all ages (0-18 years old). A child might therefore be considered to be a victim of domestic abuse under the 2021 Act where one parent was abusing another parent, or where a parent was abusing, or being abused by, a partner.

Research highlights the effects of non-physical forms of domestic abuse on children and that coercive control without physical violence has similarly harmful effects on children - professionals focused on physical acts of violence may fail to understand the daily lived experience of victims and children, how it is affecting them, and the level of risk posed by perpetrators.

The **Care Act 2014** (effective from April 2015) introduced Domestic Abuse as a new category of abuse within adult safeguarding. The safeguarding duties apply to an adult who:

- has needs for care and support (whether or not the local authority is meeting any of those needs)
- is experiencing, or at risk of, abuse or neglect
- as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect

Many people believe that domestic abuse is only about intimate partners, but it is needs to be recognised that other family members are also included. Many safeguarding concerns that are raised within a home environment can be defined as domestic abuse.

These offences cover: conduct that amounts to harassment or stalking, fear of violence; stalking which causes distress, which has a substantial effect on the victim's usual day to day activities, which the perpetrator knows or ought to know amounts to stalking or fear of violence; a course of conduct that occurs on at least two occasions. Stalking can last months or years and many victims endure serious psychological harm over a prolonged period.

The **Serious Crime Act 2015** received royal assent on 3 March 2015. The Act creates a new offence of controlling or coercive behaviour in intimate or familial relationships (section 76). This new offence closes a gap in the law around patterns of controlling or coercive behaviour that occurs during a relationship between intimate partners, former partners who still live together or family members. This offence sends a clear message that this form of domestic abuse can constitute a serious offence particularly in light of the violation of trust it represents and will provide better protection to victims experiencing repeated or continuous abuse. It sets out the importance of recognising the harm caused by coercion or control, the cumulative impact on the victim and that a repeated pattern of abuse can be more injurious and harmful than a single incident of violence.

Definitions Used Within Domestic Abuse

Domestic Violence – sometimes the term ‘Domestic Violence’ will be heard, but this phrase has been replaced by ‘Domestic Abuse’. This recognises that not all domestic abuse is violent. It could include coercive and controlling behaviour, emotional abuse, financial abuse etc.

Female Genital Mutilation (FGM) is a collective term for a range of procedures which involve partial or total removal of the external female genitalia for non-medical reasons. It is sometimes referred to as female circumcision, or female genital cutting.

Forced Marriage (FM) – a marriage which one or both spouses do not (or, in the case of some adults with learning or physical disabilities, cannot) consent to, and where duress is involved. Duress can include physical, psychological, financial, sexual and emotional pressure (Forced Marriage Unit). Duress and/or any other consequences of non-compliance are also defined as ‘honour based violence’.

‘Honour’ Based Violence/Abuse (HBV/A) – also called ‘honour crime’ or ‘violence committed in the name of honour’. These terms embrace a variety of practices, mainly but not exclusively perpetrated against women and girls, including assault, imprisonment and murder.

These practices are used within families to protect perceived cultural and religious beliefs and/or ‘honour’. Violence can occur when perpetrators believe that an individual has shamed the family and/or community by breaking their honour code (Crown Prosecution Service).

HBV/A may be committed by male and/or female, often involves multiple perpetrators and is distinguished from other forms of abuse/ violence as it is often committed with some degree of approval and/or collusion from family and/or community members. NB. An incident of domestic abuse should not be regarded as ‘HBV/A’ purely because it occurs within the BME community.

MARAC (Multi Agency Risk Assessment Conference) – A local, multi-agency victim-focused meeting where information is shared between statutory and voluntary sector agencies, to manage high risk cases of domestic abuse (i.e. situations with a high risk of repeat victimisation which may result in significant harm or homicide).

Perpetrator – the person responsible for carrying out the abuse.

Routine Enquiry – a policy of asking every patient/ client, at specified times, if they are experiencing domestic abuse regardless of whether or not there are signs of abuse

Selective Enquiry – a policy of directly asking a patient/ client if they are experiencing domestic abuse in response to potential indicators of domestic abuse

DASH Assessment – an [assessment tool](#) used by professionals trained in domestic

abuse to assess the level of risk and identify which cases meet the MARAC threshold.

Victim – a gender neutral term used to identify the individual who has experienced domestic abuse. Some perceive this word to have negative connotations and so may prefer the term ‘survivor’.

Background

Research suggests 1 in 4 women and 1 in 7 men will experience domestic violence at some time in their lives, with women at greater risk of repeat victimisation and more serious injuries (Crime Survey for England and Wales 2020). Although there is limited official data so far on the impact of the Covid-19 pandemic lockdown on domestic abuse, the Office for National Statistics (ONS) report that in mid-May 2020, there was a 12% increase in the number of domestic abuse cases referred to victim support. Between April and June 2020, there was a 65% increase in calls to the National Domestic Abuse Helpline, when compared to the first three months of that year.

Alcohol and drug misuse increase the likelihood and severity of domestic abuse and although there is not a simple causal relationship between substance misuse and domestic abuse, there is a frequent coexistence between them. Studies have shown that between 25% and 50% of those who perpetrate domestic violence have been drinking at the time of assault and up to 60% of men in perpetrator programmes have alcohol and/or drug problems.

There is a strong link between domestic abuse and the physical and/or sexual abuse of children and young people. Seeing or hearing domestic abuse can have a devastating impact on the children’s physical and emotional health and on social and educational wellbeing and development (DH 2009), and the behaviour of the perpetrator or the victim’s own personal or emotional trauma may mean children’s basic needs are neglected.

Domestic abuse may also present a risk of serious harm or homicide to the adult victim. Women are far more likely than men to experience repeated and severe forms of domestic abuse including sexual violence. Women experience higher rates of repeated victimisation and are much more likely to be seriously hurt or killed than male victims of domestic violence.

Women are at the greatest risk at the point of separation. All Professionals therefore have a duty to support and protect the non-abusing parent/carer (DH 2006).

Domestic abuse is often a hidden crime that is not always reported to Police and therefore Police and Crime data only provide a partial picture of the actual level of domestic abuse experienced.

Perpetrators may use different forms of violence at different times. This guidance applies equally to men who require advice or help whatever form it takes; domestic violence is rarely a one off incident. More usually it is a pattern of abuse and

controlling behaviour where the abuser exerts power over the victim. It occurs across society, regardless of age, gender, race, sexuality, wealth and geography.

Domestic abuse knows no social boundaries, whilst anyone can experience domestic abuse, women are the more likely victims and men are the most likely perpetrators.

Domestic abuse often increases in severity and frequency over time and has the highest rate of repeat victimisation of any crime.

Domestic abuse has a hugely negative impact on the health and wellbeing of those that experience it. All staff have a responsibility to respond appropriately to domestic abuse victims and perpetrators, this will promote the message that domestic abuse is unacceptable.

Clare's Law

The aim of the Clare's Law scheme is to give members of the public a formal mechanism to make enquires about an individual who they are in a relationship with or who is in a relationship with someone they know, and there is a concern that the individual may be abusive towards their partner.

If police checks show that the individual has a record of abusive offences, or there is other information to indicate the person you know is at risk, the police will consider sharing this information to protect the potential victim.

Greater Manchester Police will discuss your concerns with you and decide whether it is appropriate for you to be given more information to help protect the person who is in the relationship with the individual you are concerned about.

The scheme aims to enable potential victims to make an informed choice on whether to continue the relationship, and provides help and support to assist the potential victim when making that informed choice.

Confidentiality and Information Sharing

Adults experiencing domestic abuse usually have the right to complete confidentiality. Responsible information sharing can however be a key factor in protecting adult and child victims of violence and abuse. Staff should consider seeking consent from the patient/ client to share relevant information with other professionals on a case by case basis.

Children are victims of domestic abuse if the child sees, hears, or experiences the effects of the abuse, and is related to either the victim or perpetrator, and there is a statutory duty to report this to Children's Social Care.

Where there are concerns regarding the safeguarding of adults, Rochdale Adult Social Care should be involved and advice should be sought from them. If the adult has care and support needs this may meet the criteria for a Section 42 safeguarding enquiry.

Responsibility for the abuse lays with the abuser not the victim. In the first instance (role permitting) staff should work with the victims of domestic abuse to empower them to make safe choices for themselves and their children.

Consider risks to others - 'Think Family'

The welfare of children is paramount, therefore all staff, regardless of role, must prioritise the safety and wellbeing of children. Staff should be alert to indicators that a child is living with domestic abuse and where domestic abuse is disclosed or suspected and children are involved, consider the safety and wellbeing of those children and take appropriate steps to safeguard them in line with RBSCP (Rochdale Borough Safeguarding Children's Partnership) and RBSAB procedures.

Domestic abuse may present a risk of serious harm or homicide to the adult victim. Maintaining confidentiality must therefore be balanced against the interest of disclosure (with or without consent) with a view to protecting the victim and hence complete confidentiality cannot be guaranteed.

Staff must be honest about the limits of confidentiality and advise clients that where domestic abuse occurs information about both adults and children may be processed to other agencies in line with organisational Safeguarding Children and Adults Procedures and Guidance, and MARAC procedures.

Care must be taken to protect the safety of victims of domestic abuse. Perpetrators of domestic abuse may go to extreme lengths to trace a partner who has ended the relationship, and in some situations may even enlist the assistance of third parties E.g. attempting to locate an estranged partner by tracing the whereabouts of a child. Staff should ensure that no information is disclosed which might compromise the safety of the adult victim and/ or the child.

Care should always be taken when documenting sensitive information such as refuge addresses and domestic abuse should only be recorded in professional records and never in patient held records. When recording domestic abuse, staff should inform the client that they are doing so for future reference and advise that they can have access to their records at any time.

Methods of Enquiry

Routine Enquiry refers to defining a client group who will always be asked (i.e. routinely) about domestic violence for example asking all pregnant women regardless of whether or not there are signs of abuse or whether abuse is suspected. Routine enquiry should be considered in a number of different settings in particular in: Maternity Services at each contact and at the 16 weeks women's only appointment. Research has shown that domestic violence/abuse may begin or increase during pregnancy. Health visitors routinely ask about domestic abuse as part of their standard contacts with families with young children; this is built into the assessment criteria. Members of the Sexual Health Team include routine enquiry in their contacts with service users if it is safe to do so. Public Health School Nurses (PHSNs) would enquire if the circumstances indicated it was relevant to ask.

Advantages of Routine Enquiry:

- Provides the opportunity to give all victims basic information about the unacceptability of domestic violence and that abuse is not just about physical violence
- Helps to raise awareness regarding the stigma associated with abuse and the hidden/taboo nature of domestic violence
- Gives a clear message to victims experiencing domestic violence that they are not alone in their experience that the abuse they experience is unacceptable and that there are services available to them to seek help in changing their situation
- The implementation and the actual practice of routine enquiry should be regularly reviewed in supervision, team meetings and/or review sessions.

Selective Enquiry refers to asking direct questions in the presence of signs and symptoms which may indicate abuse has taken place.

It is recognised that all staff should have an awareness of domestic abuse issues and be aware of the reporting system. However it is acknowledged that it will not be appropriate to offer Routine Enquiry in all service areas. This may place the victim and/or staff at risk. All health professionals should be able to carry out Selective Enquiries. The victim should be seen alone to ask about domestic abuse.

Assessment Technique/Process

Staff must display a non-judgemental approach that is supportive to the abused person and use open questions.

Staff must be aware of their own prejudices/feelings/experiences and ensure that they do not act in a discriminatory way. Questions should be asked in a quiet, private and safe environment.

The abused person should be seen on her/his own if possible. However some individuals will require another person present, either as an interpreter for language differences, sign language interpreters, or an advocate, particularly for people with learning disabilities. Family members/friends **must not** be used in these roles.

The abused person must understand the issue of confidentiality and staff should clarify for the person the limits to confidentiality with particular regard to Child or Adult safeguarding concerns.

Staff with any concerns about how to respond to a disclosure should discuss the issues with their line manager, lead clinician, safeguarding team or other relevant professional and take advice regarding the need to disclose information.

Health Trusts: All staff should document what has been disclosed in the patient's health care records and not patient held records.

The victim will be given appropriate/timely information, advice leaflets about options E.g. signposting to support services including Independent Domestic Violence Advocates (IDVA), Victim Liaison Officers or other agencies if this is deemed to be

safe. See [Rochdale information – Who can help with domestic abuse.](#) and [Resources on domestic abuse for professionals and employers](#)

Equality and Diversity

It should be recognised that domestic abuse is mostly perpetrated by men against women and girls. Staff should however recognise that anyone can be a victim of domestic abuse and act accordingly. Male victims of domestic abuse may find it difficult to disclose and be embarrassed to ask for help. Disclosure from men should be encouraged, validated and responded to in line with these procedures (use of MARAC referrals and RIC can be completed regardless of gender or sexual orientation).

Domestic abuse also occurs within Lesbian, Gay, Bisexual and Transgender (LGBT) communities. Victims of abuse from within the LGBT communities may find it difficult to disclose their situation, particularly if they are not open about their sexual and or gender orientation.

Domestic abuse within BAME communities can be compounded by religious and cultural values and/ or issues relating to immigration status. Victims in this situation should be advised to access legal advice. Immigrants and those with refugee status may have no recourse to public funds in which case advice should be sought from specialist BAME services. Access to an interpreter should be considered for those whose first language is not English. Family members or friends should never be used as the interpreter.

Victims with disabilities face complex issues. The abuser may also be the carer thus increasing their power to control and abuse the victim. Professionals should ensure service provision is accessible and sympathetic to people with disabilities and include routine enquiry into any assessments.

Male Victims

Male victims of domestic violence can and are frequently victims of abuse in the home, either at the hands of their female or, in the case of same-sex relationships, their male partner. Male victims of abuse can get help and advice from the Men's Advice Line website at mensadviceline.org.uk or contact them on tele: 0808 801 0327 or find out more on the Hidden Hurt website at www.hiddenhurt.co.uk. Local Domestic Abuse services also support male victims.

Support for Employees

Employers have an important role to play in society's response to domestic abuse. Employers owe a duty of care to employees and have a legal responsibility to provide a safe and effective work environment. Organisations should acknowledge that domestic abuse is a significant problem which has a devastating impact on victims and his/her families. There needs to be a commitment to take all reasonable steps possible to combat the reality and impact of domestic and sexual abuse on those being abused, and to challenge the behaviour of perpetrators. See the [Toolkit for employers](#)

Domestic Abuse in the Workplace

It should be noted that there may be incidents which occur in the workplace or specifically affect the work of a member of staff.

Possible signs of domestic abuse could include:

- Changes in behaviour including uncharacteristic depression, anxiety, distraction or other problems with concentration
- Changes in the quality of work for no apparent reason
- Arriving late or leaving early
- Poor attendance or frequent unusual presentation without an explanation
- Needing regular time off for appointments
- Inappropriate or excessive clothing.

The impact of domestic abuse on work colleagues

Domestic abuse also affects people close to the victim and this can include work colleagues.

Some effects may include:

- Being followed to or from work
- Being subject to questioning about the victim's contact details or locations
- Covering for other worker's absence from work
- Trying to deal with the abuse and fear for their own safety
- Being aware of the abuse or not knowing how to help.

Domestic Violence Protection Orders

Domestic Violence Protection Orders (DVPOs) can provide immediate protection for a survivor if the Police have been involved because of domestic abuse. They are a civil order and can be applied for by the Police and granted by a magistrate in court. If the person does something that they are not allowed to because of the order this is called a breach. They could be brought back to court and in some cases, people can be sentenced to a short period in jail. The Police may ask the court for an order, even if the victim of domestic abuse does not want the order to be put in place. This is to try and provide the survivor with a window of opportunity to get some support to help keep them safe from violence and abuse.

Useful References and Websites

This workbook only gives basic information on Domestic Abuse. We strongly advise you sign up for further training on this subject. The RBSAB provides FREE training which can be booked through our website www.rochdalesafeguarding.com

The website is also the place to find:

- RBSAB's Multi-Agency Adult Safeguarding Policies and Procedures
- Training courses – Domestic Abuse, Safety Planning, Stalking, Child to Parent Conflict
- How to raise a Safeguarding Concern
 - Clare's Law (Domestic Violence Disclosure Scheme) Guidance
 - 7 Minute Briefings
 - Professional Decision Making Guidance
 - Resources and assessment tools
 - MCA and Deprivation of Liberty Safeguards Policy
 - Links to support agencies

www.rochdalesafeguarding.com

Find Support in the Rochdale Borough

<https://mycare.rochdale.gov.uk/web/portal/pages/adultcare/servicedirectory>

MCA 2005 - Code of Practice

www.gov.uk/government/publications/mental-capacity-act-code-of-practice

Rochdale Borough Safeguarding Adults Board - Safeguarding Adults Reviews Reports

www.rochdalesafeguarding.com/p/about-us/safeguarding-adult-reviews

Key contacts

If an Adult or Child is in immediate danger phone the police on 999.

Person/Agency	For	Contact
Your Manager / Safeguarding Lead	Your first point of contact when you have a concern.	
Your Manager's Manager	In case you have a concern about your manager, or your manager is unavailable as a first point of contact.	
Rochdale Borough Council Adult Care	To raise an Adult Safeguarding Concern	0300 303 8886 adult.care@rochdale.gov.uk Rochdale Council Domestic Abuse information
Rochdale Borough Council Children's Social Care	To raise a Children's Safeguarding Concern	0300 303 0440 Alternatively you can contact the NSPCC 24/7 on 0808 800 5000
Out of Hours	To raise a Safeguarding Concern or children's alert out of office hours.	0300 303 8875
Greater Manchester Police	For any concern where a crime has taken place.	101 999 in an emergency If you are not able to speak press 55 when the phone is answered
Rochdale Borough Safeguarding Adults Board	For general advice and information around safeguarding adults (not to discuss individual cases)	01706 927700 rbsb.admin@rochdale.gov.uk www.rochdalesafeguarding.com

Where can I find further information?

<p>All policies, Procedures, Protocols and Guidance documents are available on the RBSAB website. The site also contains links to other organisations involved in Safeguarding Adults.</p>	<p>www.rochdalesafeguarding.com</p>
<p>For information on Safeguarding Children visit the site of the Rochdale Borough Safeguarding Children’s Partnership.</p>	<p>www.rochdalesafeguarding.com</p>
<p>The Board/Partnership offers free training courses that are available for anyone who works or volunteers in the Rochdale borough.</p> <p>Courses include:</p> <ul style="list-style-type: none"> • Domestic Abuse • Mental Capacity • Provider Safeguarding Responsibilities • Allegations Management • Stalking • ‘Honour’ Based Violence/Abuse • Female Genital Mutilation (FGM) • Women and Problem Gambling • Illegal Money lending <p>And many more. Courses are being added all the time so check the website regularly for the latest information.</p>	<p>www.rochdalesafeguarding.com</p>
<p>For up-to-date information on safeguarding in the Rochdale borough check out the Facebook pages of the Board and Partnership.</p>	<p>www.facebook.com/rochdalesab/ www.facebook.com/LSCPRochdale</p>
<p>The Board and Partnership have a joint Twitter page.</p>	<p>@LSCP_B_Rochdale</p>
<p>The Board and Partnership publish a regular newsletter. They are available on our websites, or to join our subscription list please drop us an email.</p>	<p>rbsb.admin@rochdale.gov.uk</p>

Rochdale Borough Safeguarding Adults Board Workbook Assessment

Notice to Learners: You should complete the following questions without any help and submit answers to your line manager.

Question 1

Give a definition of Domestic Abuse

Question 2

Domestic abuse can encompass but is not limited to the following types of abuse:

P _____

P _____

S _____

F _____

E _____

Question 3

What does MARAC stand for?

Please answer **true** or **false** to the following questions:

Question 4

Domestic abuse occurs across society regardless of age, gender, race, sexuality, wealth and geography.

True / False

Question 5

There is a strong link between domestic abuse and the physical and/or sexual abuse of children and young people.

True / False

Question 6

Victims of domestic abuse from within the Lesbian, Gay, Bisexual and Transgender (LGBTQ+) communities may find it difficult to disclose their situation, particularly if they are not open about their sexual and or gender orientation.

True / False

Name	
Job Role	

Evaluation

Name:

Once completed please forward the workbook evaluation (*i.e. this page*) and the Certificate of Completion) to the Rochdale Borough Safeguarding Adults Board, Business Unit, using the contact details below, who will make a record of completion and issue a certificate. Completion records may be shared with the training leads of your commissioning organisation to ensure that your staff development record remains up to date.

Rochdale Borough Safeguarding Adults Board Business Unit, Fourth Floor, Number One Riverside, Smith Street, Rochdale OL16 1XU
Email: rbsb.admin@rochdale.gov.uk

Why did you complete this workbook?
Where did you do your training?
<input type="radio"/> Home <input type="radio"/> Work <input type="radio"/> Mixture
Overall, how satisfied were you that the workbook gave you the information that you needed to know?
<input type="radio"/> Very satisfied <input type="radio"/> Satisfied <input type="radio"/> Partly satisfied <input type="radio"/> Dissatisfied
What is the most important thing you have learned from this workbook?
How will you use the information from this workbook in your day to day work?
Would you recommend this workbook to other people? Please explain.
Is there any aspects of the workbook you feel could be improved?
Manager / Supervisor: Please provide feedback on how the learner managed this learning experience.

**Adult Safeguarding Workbook
Certificate of Completion – Domestic Abuse Workbook**

I have discussed the completion of the workbook with my manager / assessor.

Name (*please print*): _____

Signature of employee: _____

Date: _____ / _____ / _____

Declaration:

I have seen the workbook completed by _____
(*as it will appear on the certificate*) and I can confirm that I am satisfied that they now have a basic awareness of Domestic Abuse. I will ensure they undertake further training relevant to their role.

Name (*please print*): _____

Signature: _____

Date: _____ / _____ / _____

Details of Manager / Assessor:

Job Title: _____

Organisation: _____

E-mail Address: _____

Telephone Number: _____