

Safeguarding Policy

This document is relevant to:	
Staff	✓
Volunteers	✓
Trustees	✓

Purpose

Every child, young person or adult at risk deserves to be safe and secure in their activities. Their parents or carers (if they have them) need to feel sure that the people in charge of these activities are trustworthy, responsible and will do everything they can to keep the adult at risk or child or young person safe from harm (including abuse, injury and neglect). Unfortunately, sometimes people who work or volunteer may pose a risk to children, young people or adults at risk and may wish to harm them.

Dorset Mind has put in place safeguards to protect children, young people and adults at risk. Dorset Mind has also put in place safeguards to avoid putting their workers, volunteers and trustees in positions where harm might be alleged, and to ensure that all workers, volunteers and trustees know exactly what to do should harm be suspected. Dorset Mind believes it is important to not only protect the vulnerable from harm but to actively promote the welfare of children, young people and adults at risk - not just to protect, but to safeguard. Therefore, we also have a responsibility to take action if we know, or suspect, that a child or adult at risk is at risk of harm.

Policy

Definitions

- **A child/young person** is defined as anyone under 18.
- **An adult at risk** is defined in the 'No Secrets' government report as a person over 18 "who may be in need of community care services by reason of mental or other disability, age or illness; and who is unable to protect him or herself against significant harm or exploitation."

Values for Safeguarding Children, Young People and Adults at Risk

- All children, young people and adults at risk have the right to a friendly, secure, caring and safe environment whilst with Dorset Mind.
- The needs of the child/young person/adult at risk are paramount and should underpin all safeguarding work, working to the policy and procedures agreed by the Bournemouth, Poole and Dorset Local Safeguarding Children Boards and the Bournemouth, Poole and Dorset Safeguarding Adults Boards.
- The primary duty of staff, volunteers and trustees, whatever their nominated role, is to protect children, young people and adults at risk from significant harm.

- Responsibility for safeguarding children, young people and adults at risk must be shared as they can only be protected effectively when all the relevant agencies and individuals accept responsibility and co-operate with one another.
- Dorset Mind has a responsibility to promote non-abusive relationships and create anti-abusive environments.
- Dorset Mind has a responsibility to inform organisations we work with and children and young people, and adults at risk, and their parents and/or carers as appropriate, of its duty to follow up any safeguarding concerns and report suspected cases of harm when disclosed or observed.

Preventing Opportunities for Harm

Dorset Mind will:

- ensure we practice safe recruitment in checking the suitability of appropriate staff and volunteers to work with children, young people and adults at risk
- maintain personal and sensitive information according to our own Confidentiality Policy and the Data Protection Act
- ensure that any organisation that we partner with to deliver services to children, young people or adults at risk has appropriate safeguarding policies and procedures
- develop and then implement procedures for identifying and reporting cases, or suspected cases, of harm
- make our Safeguarding Policy and Safeguarding Procedures available
- designate an appropriately trained and informed individual to be the person with whom safeguarding concerns are discussed initially, the Safeguarding Officer.

Safer Recruitment and Supervision of staff/volunteers/trustees

- If appropriate Dorset Mind staff/volunteers will complete a Disclosure and Barring Service application, or a check will be made against the Update Service, if they are working specifically with children, young people or adults at risk. If the staff/volunteer is likely to be unsupervised at any time they should apply for an Enhanced Disclosure. A Standard Disclosure is only appropriate if the post holder is guaranteed not to have unsupervised access to children or adults at risk. If the activity is classed as 'regulated' (see Appendix 1) then a check of the Barred Lists will also take place. Dorset Mind will also seek at least 2 references for every paid or unpaid post.
- If Dorset Mind is delivering a service specifically to children, young people or adults at risk through another organisation, or in partnership, then it will ask for proof that the organisation has an appropriate policy and procedures in place.
- If Dorset Mind does carry out direct work with children/young people or adults at risk that would require an Enhanced check, then we will carry out similar checks of line managers and may do so for trustees.

Safer Practice in Direct Work

- No Dorset Mind member of staff or volunteer or trustee should be alone with a child, young person or adult at risk without alerting others to the reason, in the first instance their line manager (in the case of trustees the Chief Executive or Chair), or if not immediately available another appropriate manager or member of staff.
- Members of staff, volunteers and trustees must not use inappropriate language or behaviour.
- All allegations of abuse against a worker/volunteer/trustee, however minor, are reported to the Safeguarding Officer.
- Parent, carer or next of kin consent (where appropriate) and contact details to be recorded for all children, young people or adults at risk using Dorset Mind services if unaccompanied.
- If any allegation is made against a member of Dorset Mind staff/volunteer/trustee concerning alleged harm of a child, young person or adult at risk the procedure to be followed will be in line

with the Bournemouth, Poole and Dorset Local Safeguarding Children Boards or the Bournemouth, Poole and Dorset Safeguarding Adults Boards.

- Safeguarding also means reducing the risk of injury. Therefore, we will carry out appropriate risk assessments before undertaking events/activities that will be attended by children, young people or adults at risk. This will include balancing the danger of injury against the benefits for participants.
- When undertaking events/activities we will arrange for appropriate first aid cover and other health and safety measures e.g. fire-fighting.

Abuse

The term abuse is defined as: a violation of an individual's human and civil rights by any other person or persons which may result in significant harm.

Abuse may be:

- a single act or repeated acts
- an act of neglect or a failure to act
- multiple acts (e.g. an adult at risk may be neglected and financially abused).

Abuse is about the misuse of the power and control that one person has over another.

Where there is dependency, there is a possibility of abuse or neglect unless adequate safeguards are put in place.

Intent is not necessarily an issue at the point of deciding whether an act or a failure to act is abuse; it is the impact of the act on the person and the harm or risk of harm to that individual.

Abuse can take place anywhere: a person's own home, day or residential centres, supported housing, educational establishments, nursing homes, clinics and hospitals.

A number of abusive acts are crimes and informing the police must be a key consideration.

Who might abuse?

Abuse can occur in any relationship and may result in significant harm to, or exploitation of, the person at risk. A wide range of people may harm children, young people and adults. These include:

- a member of staff, owner or manager at a residential or nursing home
- a professional worker such as a nurse, social worker or general practitioner (GP)
- a volunteer or member of a 'community group' such as a social club or place of worship
- another service user
- a spouse, partner, relative or friend
- a carer
- a neighbour, member of the public or a stranger
- a person who deliberately targets adults and children at risk in order to exploit them.

Significant harm

'Significant harm' refers to:

- ill treatment (including sexual abuse and forms of ill treatment which are not physical)
- the impairment of, or an avoidable deterioration in, physical or mental health
- the impairment of physical, intellectual, emotional, social or behavioural development.

The importance of this definition is that, in deciding what action to take, consideration must be given not only to the immediate impact on and risk to the person, but also to the risk of future, longer-term harm.

Seriousness of harm, or the extent of the abuse, is not always clear at the point of the alert or referral. All reports of suspicions or concerns should be approached with an open mind.

The following factors should be taken into account when making an assessment of the seriousness of risk to the person:

- vulnerability, including age, of the person
- nature and extent of the abuse or neglect
- length of time the abuse or neglect has been occurring
- impact of the alleged abuse on the child, young person or adult at risk
- risk of repeated or increasingly serious acts of abuse or neglect
- risk that serious harm could result if no action is taken
- illegality of the act or acts.

Abuse can be viewed in terms of the following categories (although this is not an exhaustive list):

- physical
- neglect and acts of omission
- psychological/emotional
- sexual
- child sexual exploitation
- financial and material
- discriminatory
- institutional.

Many abusive behaviours constitute a criminal offence. All suspected abuse must be investigated. Many situations may involve more than one type of abuse. Consider the definition of each category in turn, together with their indicators. Be aware that the lists given below are only an indication that abuse is happening and disclosure from an individual may also be offered. The presence of one or more of these signs does not confirm abuse. However, the presence of one or a number of these indicators may suggest the potential for abuse and a safeguarding alert must be made.

Definitions of types of abuse

Physical abuse of children, young people or adults at risk

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, misuse of medication, being locked in a room, force-feeding, unlawfully depriving a person of their liberty, unlawful or inappropriate restraint or otherwise causing physical harm to a child, young person or adult at risk. Physical harm may also be caused when a parent/carer fabricates the symptoms of, or deliberately induces, illness in a child, young person or adult at risk.

Physical Abuse - Indicators	
Physical Indicators	Behavioural Indicators
<ul style="list-style-type: none"> ▪ Unexplained injuries – bruises / abrasions / lacerations ▪ The account of the accident may be vague or may vary from one telling to another. ▪ Unexplained burns ▪ Regular occurrence of unexplained injuries ▪ Most accidental injuries occur on parts of the body where the skin passes over a bony protrusion. ▪ Medical problems that go unattended. 	<ul style="list-style-type: none"> ▪ Withdrawn or aggressive behavioural extremes ▪ Uncomfortable with physical contact ▪ Seems afraid to go home ▪ Complains of soreness or moves uncomfortably ▪ Wears clothing inappropriate for the weather, in order to cover body. ▪ The interaction between the child, adult at risk and its carer ▪ Person exhibiting untypical self-harm

Neglect and acts of omission

These include ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, and the withholding of the necessities of life such as medication, adequate nutrition and heating. Neglect also includes a failure to intervene in situations that are dangerous to the person concerned or to others, particularly when the person lacks the mental capacity to assess risk for themselves.

Neglect and poor professional practice may take the form of isolated incidents or pervasive ill treatment and gross misconduct. Neglect of this type may happen within a person's own home or in an institution. Repeated instances of poor care may be an indication of more serious problems. Neglect can be intentional or unintentional.

It may also include neglect of, or unresponsiveness to, a child's, young person's or adult at risk's basic emotional needs.

Neglect and acts of omission - Indicators	
Physical Indicators	Behavioural Indicators
<ul style="list-style-type: none">▪ Unattended medical need▪ Underweight or obesity▪ Recurrent infection▪ Unkempt dirty appearance▪ Smelly▪ Inadequate / unwashed clothes▪ Consistent lack of supervision▪ Consistent hunger▪ Inappropriately dressed▪ Inadequate heating and/or lighting	<ul style="list-style-type: none">▪ Poor social relationships▪ Indiscriminate friendliness▪ Poor concentration▪ Low self-esteem▪ Regularly displays fatigue or lethargic▪ Frequently falls asleep▪ Frequent unexplained absences

Self-neglect does not come under the scope of these procedures, which relate to circumstances where there is a person or agent, other than the adult at risk, who is causing significant harm. However, some local authorities will apply their safeguarding procedures to protect individuals who self-neglect where there is not a person alleged to have caused harm.

Psychological / emotional abuse

Psychological abuse includes 'emotional abuse' and takes the form of threats of harm or abandonment, deprivation of contact, humiliation, rejection, blaming, controlling, intimidation, coercion, indifference, harassment, verbal abuse (including shouting or swearing), and isolation or withdrawal from services or support networks.

Psychological abuse is the denial of a person's human and civil rights including choice and opinion, privacy and dignity and being able to follow one's own spiritual and cultural beliefs or sexual orientation.

It includes preventing the adult from using services that would otherwise support them and enhance their lives. It also includes the intentional and/or unintentional withholding of information (e.g. information not being available in different formats/languages etc.)

Emotional or psychological harm has a harmful effect on an individual's emotional well-being causing mental distress undermining their self-esteem and quality of life, and may involve:

- conveying to an individual that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person;

- imposing age or developmentally inappropriate expectations. These may include interactions that are beyond the child's or adult at risk's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child or adult at risk participating in normal social interaction;
- seeing or hearing the ill-treatment of another;
- serious bullying, causing children or adults at risk frequently to feel frightened or in danger, or the exploitation or corruption of children or adults at risk.

Psychological / Emotional Abuse - Indicators	
Physical Indicators	Behavioural Indicators
<ul style="list-style-type: none"> ▪ Poor attachment relationship ▪ Unresponsive / neglectful behaviour towards the child's or adults at risk emotional needs ▪ Persistent negative comments about the child or adult at risk ▪ Inappropriate or inconsistent expectations ▪ Self-harm ▪ Person is not allowed visitors/phone calls ▪ Person is locked in a room/in their home ▪ Person is denied access to aids or equipment (eg glasses, dentures, hearing aid, crutches, etc) ▪ Bullying via social networking internet sites and persistent texting 	<ul style="list-style-type: none"> ▪ Low self-esteem ▪ Unhappiness, anxiety ▪ Withdrawn, insecure ▪ Poor concentration ▪ Attention seeking ▪ Passive or aggressive behavioural extremes ▪ Untypical ambivalence, deference, passivity, resignation

Sexual abuse

Sexual abuse includes rape and sexual assault or sexual acts that the child, young person or adult at risk has not consented to or could not consent to, or was pressured into. This includes whether or not the child or adult at risk is aware of what is happening or lacks the mental capacity to consent. It includes penetration of any sort, incest and situations where the alleged abuser touches the abused person's body (e.g. breasts, buttocks, genital area), exposes his or her genitals (possibly encouraging the abused person to touch them) or coerces the abused person into participating in or looking at pornographic videos or photographs. Denial of a sexual life to consenting adults is also considered abusive practice. Any sexual relationship that develops between adults where one is in a position of trust, power or authority in relation to the other (e.g. day centre worker/social worker/residential worker/health worker etc.) may also constitute sexual abuse.

Sexual abuse includes non-contact activities, such as involving children or adults at risk in looking at, or in the production of pornographic materials, watching sexual activities or encouraging children or adults at risk to behave in sexually inappropriate ways.

Sexual Abuse - Indicators	
Physical Indicators	Behavioural Indicators
<ul style="list-style-type: none"> ▪ Sign of blood / discharge on the child's or adult at risk's underclothing. ▪ Awkwardness in walking / sitting ▪ Pain or itching – genital/anal area ▪ Bruising, scratching, bites on the inner thighs / external genitalia. ▪ Enuresis/encopresis (inappropriate weeing and pooping if older than 4/5) ▪ A woman who lacks the mental capacity to consent to sexual intercourse becomes pregnant 	<ul style="list-style-type: none"> ▪ Sexually proactive behaviour or knowledge that is incompatible with age & understanding. ▪ Drawings & or written work that is sexually explicit ▪ Self-harm / Suicide attempts ▪ Obsession with washing ▪

Child sexual exploitation

Child sexual exploitation through prostitution is a form of abuse by which a child or young person is coerced or manipulated to engage in sexual activities either in return for something or for the profit of others.

Child Sexual Exploitation-Indicators	
Physical Indicators	Behavioural Indicators
<ul style="list-style-type: none"> ▪ Frequently staying out late or overnight with no explanation ▪ Going places that you know they can't afford ▪ Suddenly acquiring expensive gifts ▪ Repeated truancy ▪ Bruises, marks on their body ▪ Unexplained attention from adults i.e.: telephone calls email etc. ▪ Strangers hanging around outside the home. ▪ Repeated unexplained absences from school. ▪ Families where one child is unusually quite / withdrawn / not attending school with their siblings 	<ul style="list-style-type: none"> ▪ Become secretive, defensive or aggressive when asked about their personal life. ▪ Wearing inappropriate clothing that is too adult or revealing for their age. ▪ Self-harm / suicide attempts ▪ Drawings & or written work that is sexually explicit.

Financial and material abuse

This is the unauthorized taking (theft) or misuse of any money, income assets, personal belongings or property or any resources of an individual without their informed consent.

This also includes the withholding of money or the unauthorised or improper use of a person's money or property, usually to the disadvantage of the person to whom it belongs. Staff borrowing money or objects from a service user is also considered financial abuse.

Financial and Material Abuse - Indicators	
Physical Indicators	Behavioural Indicators
<ul style="list-style-type: none"> ▪ Money and possessions stolen ▪ Forcing changes to will ▪ Lack of goods and services a person can afford ▪ Lack of money, especially after benefit day ▪ Inadequately explained withdrawals from accounts ▪ Disparity between assets/income and living conditions ▪ Power of attorney obtained when the person lacks the capacity to make this decision ▪ Recent changes of deeds/title of house ▪ Service user not in control of their direct payment or individualise budget 	<ul style="list-style-type: none"> ▪ Unexplained or sudden inability to pay bills ▪ Recent acquaintances expressing sudden or disproportionate interest in the person and their money

Discriminatory abuse

This includes discrimination on the grounds of race, ethnic origin, culture, faith or religion, age, disability, gender, sexual orientation, mental health status, age and political views, along with racist, sexist, homophobic or ageist comments or jokes, or comments and jokes based on a person's disability or any other form of harassment. It also includes not responding to dietary

needs and not providing appropriate spiritual support. Excluding a person from activities on the basis they are 'not liked' is also discriminatory abuse.

Indicators for discriminatory abuse may not always be obvious and may also be linked to acts of physical abuse and assault, sexual abuse and assault, financial abuse, neglect, psychological abuse and harassment, so all the indicators listed above may apply to discriminatory abuse.

Discriminatory Abuse – Indicators	
Physical Indicators	Behavioural Indicators
<ul style="list-style-type: none"> ▪ Verbal abuse ▪ Inappropriate use of language ▪ Unequal treatment ▪ No attempt to address language barriers ▪ No provision of culturally sensitive food ▪ No awareness of importance of faith festivals etc 	<ul style="list-style-type: none"> ▪ A person may reject their own cultural background and / or racial origin or other personal beliefs, sexual practices or lifestyle choices. ▪ A person making complaints about the service not meeting their needs

Institutional abuse

Institutional abuse is the mistreatment, abuse or neglect of a child, young person or adult at risk by a regime or individuals in a setting or service where the person lives or that they use. Such abuse violates the person's dignity and represents a lack of respect for their human rights.

Institutional abuse occurs when the routines, systems and regimes of an institution result in poor or inadequate standards of care and poor practice which affect the whole setting and deny, restrict or curtail the dignity, privacy, choice, independence or fulfilment of the person.

Institutional abuse can occur in any setting providing health or social care. A number of inquiries into care in residential settings have highlighted that institutional abuse is most likely to occur when staff:

- receive little support from management
- are inadequately trained
- are poorly supervised and poorly supported in their work
- receive inadequate guidance.

Such abuse is also more likely where there are inadequate quality assurance and monitoring systems in place.

Institutional Abuse – Indicators	
Physical Indicators	Behavioural Indicators
<ul style="list-style-type: none"> ▪ Unnecessary or inappropriate rules and regulations. ▪ Lack of stimulation or the development of individual interests. ▪ Inappropriate staff behaviour, such as the development of factions, misuse of ▪ drugs or alcohol, failure to respond to leadership. ▪ Restriction of external contacts or opportunities to socialise. 	

Other areas of abuse

Below is a list of other areas of abuse:

- hate crime
- domestic abuse
- honour-based violence
- female genital mutilation
- forced marriage
- human trafficking
- exploitation by radicalisers who promote violence.

Abuse by another adult, young person or child at risk

Where the person causing the harm is also an adult, young person or child at risk, the safety of the person who may have been abused is paramount. Organisations may also have responsibilities towards the person causing the harm, and certainly will have if they are both in a care setting or have contact because they attend the same place (e.g. a day centre). In this situation it is important that the needs of the adult, young person or child at risk who is the alleged victim are addressed separately from the needs of the person allegedly causing harm.

It may be necessary to reassess the adult, young person or child allegedly causing the harm. This will involve a meeting where the following could be addressed:

- the extent to which the person causing the harm is able to understand his or her actions
- the extent to which the abuse or neglect reflects the needs of the person causing the harm not being met (e.g. risk assessment recommendations not being met)
- the likelihood that the person causing the harm will further abuse the victim or others
- the principles and responsibilities of reporting a crime apply regardless of whether the person causing harm is deemed to be an adult, young person or child at risk.

The Safeguarding Officer

The organisation will designate a Safeguarding Officer who will:

- make staff aware of their duty to report any allegations or suspicions of abuse and the procedure for doing so
- be available for consultation with staff or volunteers raising safeguarding concerns
- ensure that safeguarding alerts are raised as appropriate
- ensure the alleged victim is made safe and preserve any evidence relating to the abuse
- ensure that any member of staff or volunteer who may have caused harm is not in contact with the alleged victim, other service users or others who may be at risk (e.g. 'whistleblowers')
- coordinate completed safeguarding cases and relevant paperwork
- ensure that the organisation is compliant with local and national Safeguarding Policy
- review safeguarding practice within the organisation
- ensure all staff receive training in safeguarding adults and safeguarding children, consistent with their job roles and responsibilities.

Concerns about suspected abuse

Any suspicion that a service user has been abused by either a member of staff or a volunteer should be reported to the Safeguarding Officer who will take such steps as considered necessary to ensure the safety of the service user in question and any other person/s who may be at risk.

Immediate action is rarely necessary or advisable. Consultation is the best way to ensure that service users receive the appropriate support. Calling external agencies without consultation should only ever be in an emergency situation where there is significant risk of immediate harm.

If the Safeguarding Officer is the subject of the suspicion/allegation, or is not available, then the report must be made to the Chief Executive.

Dorset Mind's Safeguarding Procedure details the process to be followed by a member of staff or volunteer who suspects abuse.

Responsibilities

The first priority of all staff and volunteers must always be to ensure the safety and protection of the child, young person or adult at risk. All staff and volunteers should be aware of the multi-agency and local safeguarding policy and procedures, Dorset Mind's Safeguarding Policy, Dorset Mind's Safeguarding Procedure and have a responsibility to be aware of issues of abuse, neglect or exploitation.

All staff and volunteers have a duty to act in a timely manner on any concern or suspicion that a child, young person or adult at risk is being, or is at risk of being, abused, neglected or exploited and to ensure that the situation is assessed and investigated. The procedure to be followed is detailed in Dorset Mind's Safeguarding Procedure.

Associated Policies and Procedures

- Safeguarding Procedures
- Confidentiality Policy

The equality impact of this policy has been considered and Dorset Mind believes that it complies with its commitment to equality as stated in its Equality Policy

Appendix 1 – Regulated Activity

Regulated activity is set out in Schedule 4 of the Safeguarding Vulnerable Groups Act 2006, as amended (in particular, by the Protection of Freedoms Act 2012). For more information, see 'Changes to disclosure and barring: What you need to know'

www.gov.uk/government/uploads/system/uploads/attachment_data/file/97875/leaflet-england-wales.pdf

Regulated activity still excludes family arrangements, and personal, non-commercial arrangements.

1. Regulated activity relating to children

- (i) Unsupervised activities: teach, train, instruct, care for or supervise children, or provide advice/guidance on well-being, or drive a vehicle only for children;
- (ii) Work for a limited range of establishments ('specified places'), with opportunity for contact: for example, schools, children's homes, childcare premises. Not work by supervised volunteers; Work under (i) or (ii) is regulated activity only if done regularly. For statutory guidance about supervision of activity which would be regulated activity if unsupervised see <http://media.education.gov.uk/assets/files/pdf/s/supervision%20guidance%20revised%20sos%20sept%202012.pdf>
- (iii) Relevant personal care, for example washing or dressing; or health care by or supervised by a professional;
- (iv) Registered childminding; and foster-carers.

2. Regulated activity relating to adults

The new definition of regulated activity relating to adults no longer labels adults as 'vulnerable'. Instead, the definition identifies the activities which, if any adult requires them, lead to that adult being considered vulnerable at that particular time.

- (i) Providing health care - any health care professional providing health care to an adult, or anyone who provides health care to an adult under the direction or supervision of a health care professional.
- (ii) Providing personal care - anyone who:
 - provides physical assistance with eating or drinking, going to the toilet, washing or bathing, dressing, oral care or care of the skin, hair or nails because of an adult's age, illness or disability;
 - prompts and then supervises an adult who, because of their age, illness or disability, cannot make the decision to eat or drink, go to the toilet, wash or bathe, get dressed or care for their mouth, skin, hair or nails without that prompting or supervision; or
 - trains, instructs or offers advice or guidance which relates to eating or drinking, going to the toilet, washing or bathing, dressing, oral care or care of the skin, hair or nails to adults who need it because of their age, illness or disability.
- (iii) Providing social work
- (iv) Assistance with cash, bills and/or shopping
- (v) Assistance in the conduct of a person's own affairs
- (vi) Conveying - a person who transports an adult because of their age, illness or disability either to or from their place of residence and a place where they have received, or will be receiving, health care, personal care or social care; or between places where they have received or will be receiving health care, personal care or social care. This will not include family and friends or taxi drivers.

Policy Ownership

Policy Name	Version	Doc ref
Safeguarding Policy	2.0	Safeguarding Policy

Policy Owner	Chair of Trustees
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Approval Status

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Consult the Dorset Mind website for the latest version of this policy.

Document Control

Reviewers

Name	Position
Chris Price	Chair of Trustees
Anna Windett	Chair of Trustee Quality Sub-Group
Mandy Nicholson	Service Delivery Manager

Change History

Issue	Date	Author	Reason
1.0	Jan 15	Jackie Lillywhite	
2.0	Mar 16	Chris Price	Reviewed and updated