![Dorset Council logo]

Practice, Policy, and Procedures Group
Terms of Reference

1.   Purpose

1.1   The purpose of the group is to ensure the development, approval and governance of policy and procedures and identify any practice changes required as a result. This will also include ensuring our casework recording systems support any policy and guidance changes. The Group is also responsible for ensuring that all approved documents are reviewed in accordance with an agreed timeline. Finally, the Group is responsible for ascertaining that all approved documents are issued in a manner that ensures their effective implementation, including developing systems for monitoring and auditing uptake.

1.2   The work of the Practice Policy and Procedures (PPP Group) is aligned to the Dorset Children Thrive Model, which aims to:
- Put children and families first
- Get it right first time
- Make services easy to access
- Develop our skilled and confident workforce
- Provide good quality, efficient services
- Measure success

1.3   The Thrive model is strengths-based and restorative; it asks what children and families can do and fosters relationships that will help their abilities to grow and develop. It uses trauma-informed perspectives to understand and improve the experiences of children and their families. This means that we
- Understand the harm that trauma causes
- Recognise the signs of trauma
- Prevent re-traumatisation wherever possible
in accordance with the principles of trauma-informed practice.

2.   Scope

2.1   The Group is responsible for approving all documents that govern the practice of Children's Services; it is not responsible for broader Dorset Council policy, which must be approved by Cabinet. It is also responsible for assisting in the development and review of guidance documents of the Pan Dorset Safeguarding Children Partnership, but final approval of these rests with the Multi-Agency Practice Policy and Procedures Group. It is not responsible for:
- Approval of learning and development materials (although these should reflect the requirements of approved governance documents)

- Approval of public communications, save where these constitute new governance documents in their own right

3. Aims

i) To maintain a comprehensive and up-to-date register of all governance assets of Children's Services

ii) Implement and maintain a comprehensive and effective system of document ownership

iii) To evaluate and agree the need for new governance documents before such documents are drafted for the Group's approval, as appropriate

iv) To agree and implement a review schedule for all documents falling within the scope of the Group

v) Develop guidelines and templates for the distinct types of governance document (policies, procedures, forms etc.)

vi) Ensure clear lines of governance between the various documents

vii) Provide an effective quality assurance mechanism for the development and review of governance documents. Discussion will both support and challenge document owners as appropriate.

viii) Identify any training or system changes required by the adoption of a new or revised governance document, and work with colleagues to implement these.

ix) Embed new and revised practice through robust communication plans

x) The group will also function as Children's Services' preliminary approval mechanism for multi-agency partnership documents prior to final partnership governance.

xi) Develop systems for monitoring the use of approved documents to provide CSLT with assurance that governance is effective.

4. Roles and permissions

4.1 The group is chaired by the Project and Policy Officer who will agree with the Head of Quality Assurance and Partnerships the Group's membership and schedule of meetings. The Head of Quality Assurance and Partnerships and the Principal Social Worker both hold the position of Vice-Chair and either may deputise for the Chair in the latter's absence. Should both Chair and Vice-Chairs be absent, any of them has the authority to appoint another officer to act as Chair.

4.2 The Chair will seek to reach decisions by the consensus of those attending wherever possible. Where this is not possible, the Chair may do one of the following:

- Put the matter to a vote
- Refer the matter to the extended Children's Services Leadership Team

4.3 The Group has the authority to agree and approve governance documentation that falls within its scope.

4.4 The Group may delegate work to individual members, or to task and finish groups, from time to time, but may not delegate the authority to approve documents.

4.5 The following are the only other routes to approval of governance documents within Children's Services:

1. Approval by a Director; practice documents approved in this way should be presented to the next PPP meeting as information items.
2. Interim approval by a Head of Service or equivalent; documents approved in this way should be presented to the next PPP meeting for full approval.

5. Meeting format

The Chair will be responsible for ensuring the development of realistic agendas for document proposal and approval. The standard agenda will include:

i) Progress Report from the Chair highlighting outstanding actions and key workstreams
ii) Review and approve as appropriate new document proposals and drafts
iii) Approve reviews to existing documents as appropriate
iv) Horizon-scanning and future workstreams

6. Meeting frequency

The group will meet on the second Tuesday of each month, excluding August and December. The Chair will ensure circulation of the agenda and papers at least 3 working days prior to the meeting date. The Chair will issue minutes and notification of actions following each meeting. The Chair will maintain an accurate forward planning system.

7. Membership and attendance

7.1 The following are members of PPP Group:

Project and Policy Officer (Chair)
Head of Quality Assurance & Partnerships and Principal Social Worker (Vice Chairs)
Team Manager Workforce Development
Commissioning Manager

Service Leads for:
- CHAD
- CWAD
- Early Help
- SEND
- Fostering
- Permanence
- Virtual School Service Manager
- Heads of Locality
- Mosaic Lead
- Operations and Oversight Manager
- Senior Solicitor

7.2 Where any of the above are unable to attend, they should appoint a suitable delegate to attend on their behalf. The only exceptions to this are for Heads of Locality and Quality Assurance Managers; at least two Heads of Service and two QA Managers should attend each meeting.

7.3 Where a member of PPP Group (other than Heads of Locality and QA Managers) fails to attend two or more successive meetings without sending a delegate, the Head of QA and Partnerships may escalate this.

7.4 Attendees are expected to read the documents prior to the meeting date to ensure effective sign off.

8. Process for reviews

8.1 The review schedule for each document will be agreed when it is first approved, or at its next review.

8.2 The Chair will maintain an up to date record of document owners, and a comprehensive review schedule. Document owners are responsible for ensuring that reviews are conducted in a timely manner.

8.3 Where a document owner fails to present a reviewed document within two months of its due date, the Head of QA and Partnerships may escalate this.

9. Process for agenda items

9.1 Agenda items and completed drafts should be emailed to the Project and Policy Officer at least 10 working days prior to the next scheduled PPP Group meeting.

9.2 The Chair will provide formatting and guidance so that a consistent approach to documents is maintained.

9.3 Document owners and/or authors should attend PPP meetings to present their item(s) and to support any discussions and the governance process.

10. Reporting

After each meeting, the Chair will report to xCSLT (via the Corporate Director for QA and Safeguarding Families) details of the new and revised documents approved at the meeting, and any matters of exception. The Chair will also prepare an annual report at the end of each financial year, summarising the work and impact of the Group.

The details of approved documents will be communicated each month by the Chair via the Quality Assurance Newsletter and the Procedures, Guidance and Standards page on the Children's Services Hub. Individual items will also be publicised via the Workforce Wordout and Employee Voice Group as appropriate.

Appendix 1
Definition of governance asset types

Policy

Policies are formal statements produced and authorised by senior management; within Dorset Council, Cabinet only may approve policies.

Policies:
- Set out the scope of Dorset Council's responsibilities in given areas of activity and say in broad terms how the council will take ownership of these responsibilities.
- Are driven by business objectives and convey the amount of risk senior management is willing to accept.
- Drive the cycle of governance; they define what success looks like in each area, and so create the framework for their associated procedures, risk management and quality assurance activities.
- **Are easily accessible and understood by the intended reader.**
- Are created with the intent to be in place for several years and are regularly reviewed with approved changes made as needed.

Dorset Council's policies must use the council's policy template.

Procedure

Procedures are detailed practice guidance. Every procedure should in principle be governed by a policy; the governing document for the Children's Services Procedures Library is *Children's Services Policies, Values and Principles*.

Procedures should adhere to strict change control processes.

- Procedures set out the steps that managers and practitioners should take to comply with the requirements of council policy, government legislation or national guidance.

- Procedures usually set out what employees 'must' or 'should' do. 'Must' means that the action is mandatory; failure to complete it could lead to disciplinary action and may break the law. 'Should' identifies standard practice; employees should follow the direction unless there is good reason not to (they should document such reasons).

- Procedures are detailed but should be written in a manner that makes them accessible to all users wherever possible

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Standards

Standards are mandatory levels of attainment that may support either a policy or a procedure. A procedure sets out *how* a task should be done; a standard sets out *how well* it should be done.

Standards are key tools for monitoring the quality of our work. They are therefore referred to frequently in supervision and 1-1s. They also provide the benchmarks for our Quality Assurance systems.

Standards should be:
- Necessary – what is the legal, inspection or policy requirement to demonstrate we are performing to a certain level?
- Challenging but achievable – setting a standard that cannot be met is simply demoralizing
- Measurable – so we know whether we are improving or not
- Recognised – we should always acknowledge performance that meets standards. This will make it much easier to act on the occasions where it does not.

Forms

Forms both set out the steps that are required to complete a given activity, and a record that those steps have been completed. Forms are therefore a powerful means of both embedding procedures in our practice, and of gaining assurance that our practice is compliant.

It is therefore of the highest importance that the forms we use (for example, on the Mosaic ICS system) are aligned with their governing policies and procedures. Through maintaining an up-to-date Asset List, the PPP Group will ensure that any changes to our policies or procedures are mirrored in the relevant forms.