

Purpose of agreement	To provide a standard approach to developing MSCP policies and other documents, to give guidance to policy leads on MSCP expectations and governance
Document Type	Corporate
Reference	Policy and Procedure for the Management of Merton Safeguarding Children Partnership Policies, Procedures and other Written Control Documents
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Developed in consultation with	Policy Subgroup
To be read in conjunction with	NA
Intranet Location	
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Policy and Procedure for the Management of Merton Safeguarding Children Partnership Policies, Procedures and other Written Control Documents

Authors: Joanna Georgiades	Date Updated: July 2020	Approved By Executive Committee July 2020	Review Date: June 2023
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1. INTRODUCTION

Merton Children Safeguarding Partnership [MSCP] support a number of multi-agency strategies, policies, procedures and protocols to enable the safeguarding partners to discharge their responsibilities under Working Together 2018, deliver the priorities agreed within the MSCP Business Plan, and support practitioners in complying with legislation, enabling all staff to fulfil their roles safely and competently to provide effective and appropriate care and services.

Having effective, up to date and easy to follow policies and written control documents minimises risk to service, employees and the organisation itself and can ensure that statutory requirements, standards and regulations are understood and provides a framework to monitor compliance.

Through this policy the MSCP will ensure that there is a process whereby all policy documentation is consistent in format, compilation and dissemination. In addition, there will be an effective process for managing and reviewing policies and any associated written control documents on a regular basis, to ensure that documentation remains legally compliant and actions are undertaken in a safe and efficient manner.

2. POLICY STATEMENT

The MSCP through this policy provides a structure for the development, approval and dissemination of policies and other written control documents. This will include:

- Ensuring that staff have access to the most recent copies of MSCP documents through the MSCP website.
- Establishing a control procedure for all policies and other written control documents to ensure that those in use are current and relevant and that duplication is avoided
- Ensuring that the equality impact assessment process is completed on all new MSCP strategies, policies, procedures and protocols that have a direct impact on children, young people and their families.
- Establishing a corporate style and promoting the use of templates, to ensure a standard approach to all documentation
- Ensuring systems exist to monitor the use of, and compliance with, all written control documents
- Maintaining a central database of policies, procedures and written control documents
Maintaining an archive of past written control documents, including the library from predecessor organisations, for reference and to meet legal requirements.

3. AIM

The aim of this policy is to provide a structure for the development, approval and management of all policies and other written control documents.

4. SCOPE

This policy only applies to strategies, policies, procedures and protocols that are commissioned by the MSCP.

5. OBJECTIVES

To enable the MSCP to have a consistency in the format, compilation and dissemination of policies and other written control documents, ensuring that these are:

- Reviewed in line with statutory requirements.
- Considered and approved by the appropriate forum (with delegated powers)
- Cascaded as appropriate available for reference and reading when required
- Supported by appropriate development and training throughout the organisation

6. DEFINITIONS

Strategy - A long term plan designed to achieve particular goals or objectives. A strategy is often a broad statement of an approach to accomplishing these desired goals or objectives and can be supported by policies and procedures.

Policy – A written statement of intent, describing the broad approach or course of action that is taken with a particular issue. Policies are underpinned by evidenced based procedures and guidelines and are mandatory.

Procedure - A standardised method of performing clinical or non-clinical tasks by providing a series of actions to be conducted in an agreed and consistent way to achieve a safe, effective outcome. This will ensure all concerned undertake the task in an agreed and consistent way. These are often the documents detailing how a policy is to be achieved. Procedures can be written as part of a policy document (in which case they are mandatory) or as 'stand-alone' documents (in which case they are discretionary).

Where procedures are formulated utilising evidence based knowledge and best practice guidelines, they must include reference of any researched evidence used.

Protocol - a written code of practice, including recommendations, roles and standards to be followed, which can also include details of competencies and delegation of authority.

Protocols are different from policies as they lack the 'mandatory' element and by allowing for professional judgement, individual cases and competency to play a role they are flexible working documents.

Within a protocol it must be clear by whose authority is it being implemented, what the scope of the protocol is and what procedure is to be followed if practice is to be outside of the protocol.

In the case of clinical protocols, clinicians must be advised in every document that it is for their guidance only and the advice should not supersede their own clinical judgement.

Guidelines - give general advice and recommendations for dealing with specific circumstances. They differ from procedures and protocols by giving options of how something might be carried out. They are used in conjunction with knowledge and expertise of the individual using them.

Guidelines are not prescriptive. However, whilst guidelines are not mandatory, it could prove difficult to defend a case where agreed guidelines had not been followed.

7. ROLES AND RESPONSIBILITIES

Safeguarding Partners - have overall responsibility for ensuring the MSCP has appropriate policies and other written control documents in place to ensure the partnership works to best practice and complies with all relevant legislation, supported by the MSCP Head of Partnerships, Performance and Policy and the Partnership and Policy Manager.

Independent Chair and Independent Scrutineer have a challenge and support role, working with safeguarding partners to provide guidance on areas of compliance with statutory duties and failures to meet these duties.

MSCP business support - is responsible for the effective management of, and compliance with, this policy. This includes ensuring that:

- A database of policies and procedures is maintained
- Policies and procedures are approved as delegated by the MSCP
- The documents are accessible to all relevant staff
- Documents are cascaded appropriately across the partnership
- All policies and other written control documents are reviewed in a timely manner.
- Provide support and advice for development of documents

Authors of Strategies, Policies and Procedures - are responsible for ensuring that the guidance provided in this policy is followed. This will include:

- Liaising with partners to ensure that policies and other written control documents are implemented appropriately
- Ensuring that appropriate consultation has taken place with the relevant individuals and groups
- Ensuring that training needs and resources required for implementation are clearly identified
- The necessary equality assessment has been carried out prior to the document entering the approval process

8. POLICY DEVELOPMENT

The language used should be plain English, using short sentences and where possible avoiding technical terms. If technical terms are used, they should be explained using a glossary or footnotes.

All policy and written control document development should be undertaken in line with current legislation, national and professional guidance. Documentation should also be based on sound evidence and be appropriately referenced.

9. CONSULTATION

Policy documents must not be written in isolation. All policies and other written control documents should be developed in consultation with their target audience involving appropriate managerial, clinical and staff representation. All new, or significantly revised, policies should be the subject of consultation.

For consultation all MSCP wide policy documents must be sent as a minimum to:

- Representatives of the safeguarding partners
- Safeguarding leads across the partnership impacted by the policy,
- Youth Participation Team/Young Inspectors

The author must identify and document consultation and provide assurance to the Policy Subgroup that this has been conducted thoroughly and that comments have been incorporated into the policy.

10. GOVERNANCE

All MSCP Strategy, Policy, Procedural and Protocol documents must be reviewed by the Policy subgroup. Documents should be completed using the templates provided.

No changes should be made to MSCP Policy after it has been ratified and approved. All approved policies and other written control documents will be recorded in the MSCP Policy Register and published on the MSCP website.

All MSCP policies, procedures, protocols and guidelines must be produced by using corporate templates. The Executive or relevant subgroup will not ratify documents which do not comply with this policy.

Policy documents must be reviewed no later than three years after initial approval and regularly reviewed on the same basis thereafter. Documents will be reviewed more frequently if changes in legislation or the service requires it. It is the responsibility of the policy author to ensure that documents are reviewed in line with their review dates.

11. PUBLICATION, DISSEMINATION AND DISTRIBUTION

There is an expectation that all safeguarding partners will cascade and signpost to new and revised policies uploaded on the MSCP website. Notice will be sent to the full partnership of new and revised approved policies.

Strategies should be accompanied by a training programme in liaison with the MSCP Business Team.

The Policy and Partnership Manager will ensure that the register of all policies and other written control documents is reported annually to the Board.

12. EQUALITY

An Equality Impact Assessment (EQIA) should be considered by lead agencies for any new policy that may have an impact on Merton residents and service users. A template can be provided where required.

APPENDIX 1 **Template Policy document**

Front Sheet

Purpose of agreement	
Document Type	
Reference	
Version Number	
Approving Committee	
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Document Review Date	
Document Sponsor	
Document Manager	
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Merton
Safeguarding
Children Partnership

MSCP Policy Template

Authors:	Date Updated:	Approved By	Review Date:

1 Introduction

What is it about? Why is it needed?

2 Statement

What is the statement of intent?

3 Aims

What is the purpose of the document?

4 Objectives

What will the document achieve?

5 Scope

Who does the document relate to?

6 Roles and Responsibilities

Who is responsible for implementation?

Which groups of staff are able to carry out the procedures required?

What action points does the document raise?

Who is responsible for ensuring action points are undertaken?

Who is accountable if the responsibilities are not followed?

Which committee is approving the document, who is overseeing the implementation? How often?

7 Main Body

Show how the document statement will be achieved.

Reference evidence appropriately.

Are there any resource issues in order for the document to be implemented?

Are there any training issues and if so who is responsible for the training programme?

Implementation How will the document be implemented?

- Action Plan?
- Time scales?
- What level of training should they have?
- Have the Learning and development reviewed and agreed the plan for training?

8 Legislative background

What legal responsibilities does this document help deliver and how?

Has an equality impact assessment been carried out? If 'yes' append it. If 'no' explain why not. Has any adverse impact been identified? If so, is it justified and lawful?

9 Consultation and Engagement

Have groups/service users potentially impacted by the changes been engaged and consulted in the development of the policy. Is this reflected in the document?

Have Young Inspectors been involved?

Is the document is appropriate and achievable. Consider an audit tool to benchmark implementation as appropriate.

Is there an implementation plan, who owns it?

**Appendix 2 TEMPLATE Terms of Reference for Strategy
Development Task and Finish Groups**



Merton Safeguarding Children Partners

Strategy Task and Finish Group

Terms of Reference 2020

1. **PURPOSE**
 - Why is the strategy needed
 - What are the drivers
 - What is the legislation framework

Think Family:

2 **ACTIVITIES TO BE UNDERTAKEN**

STEP 1 SCOPING

- *Complaints*
- *SCR and learning from reviews*
- *Models of good practice and other examples*
- *Mapping of existing provision/services*
- *Desktop review*
- *Peer review*
- *Inspection reports*
- *Statutory guidance and current compliance*

STEP 2 DEEPER DIVE

- *Audit*
- *Gap analysis and next steps to meet Merton need.*
- *Consultation and Engagement with partners and service users*

A review of performance information and data should be undertaken to understand the local profile and provide an evidence base for the development of strategic priorities and plans.

This might include

- data sources from different agencies including voluntary provision
- service activity
- commissioned service contract monitoring information
- themes and trends reports
- JTAI
- JNSA
- Service, department and statutory performance returns and reports.

STEP 3 DEVELOPMENT

- *Feedback from consultation and engagement*
- *Agreement on key strategic priorities and objectives*
- *Initial agreement on resource requirement and leadership for implementation*
- *Single agency governance outlined*
- *Key outputs*

STEP 4 Virtual

- *Draft strategy and priority report*
- *Draft implementation Plan*
- *Move to sign off and if necessary steering group for delivery*

2 REPORTING ARRANGEMENTS:

This Task and Finish Group will be accountable to the Executive Committee of the MSCP through the xx . The approach for the task and finish group has been adopted from the Bexley Learning Hub Model, the reporting template has been adopted.

3 MEMBERSHIP

Chair: TBC

Core membership (named leads tbc) all T&F should include the representation from the three safeguarding partner agencies as a minimum. Consideration should be given on how to engage and involve young people, young inspectors and other relevant partners of the MSCP.

4 FREQUENCY OF MEETINGS:

As required, but at least bi monthly until the task is complete.

- Meeting 1 – scoping
- Meeting 2 – deep dive
- Meeting 3 – feedback from children, families, practitioners review. Completion of Priority Report
- Meeting 4 – Draft strategy and implementation plan for review

Other information:

- Members will be expected to attend meetings regularly, sending an appropriately briefed deputy only when absolutely necessary
- Members will reflect upon their position in the group, ensuring that they are able to ensure a child-focused and representative view.

Priority -

Current data and performance

Success and impact measures

1.

□

2.

□

3.

•

Relevant statutory and other guidance

•

Evidence from previous learning hubs ('the frontline')

•

Evidence from visits and observations by Practice Review & Learning Manager

•

Evidence from self-assessment and peer challenges

•

Evidence from serious case and learning reviews, child deaths, LADO, national reports, inspection reports (including from other areas)

•

Evidence from multi-agency audits

•

Evidence from single-agency audits

•

Evidence from feedback (children, young people and families, complaints)

•

Evidence from feedback (professionals and agencies)

•

Is there any evidence missing? What do we need to know more about?

•

Action plan

Lead

Timescale