

DOCUMENT DEVELOPMENT POLICY

1. Purpose

Inala Community House (ICH) is committed to producing high quality, compliant and useful documents. This policy seeks to provide guidance to those involved in the creation or updating of ICH documents regarding:

- The hierarchy of documents in respect of ICH
- Document best practice
- Understanding version control
- Typical document development process
- How to identify if a document needs creating or review
- Planning, writing and consulting on draft documents
- How to complete ICH document templates
- What happens after the document is developed

2. Scope

This policy applies to all employees, students, relevant volunteers and contractors. For the purposes of this policy, these persons shall be referred to as workers.

3. Policy

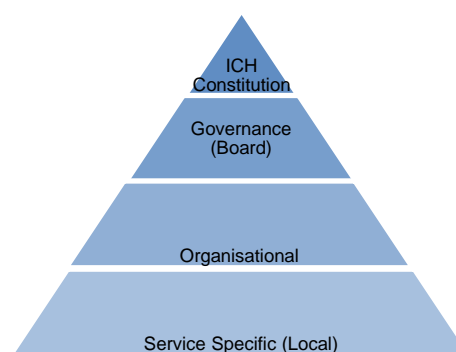
This policy is only applicable to internal documents such as policies, procedures, forms, work instructions, other guidelines, manuals or handbooks, and other ICH marketing or promotional material.

Examples of excluded documents are Board approved documents, externally produced documents and those that are created under an agreement (such as service agreements, property leases or the use of other organisation's logos on marketing material).

3.1 Document Hierarchy

ICH's operations fall into three broad hierarchical categories: *Governance*, *Organisational* and *Service Specific* although there may be some overlap in some cases. The development of documents must be consistent and compliant with other documents within the hierarchy including the Constitution which is the governing document for ICH.

It is intended that organisational documents will overarch program and service delivery related policies and procedures, however there may still be requirements for program specific documents. Organisational documents establish the minimum standard whereas service specific documents can set higher standards or detail different legal/service agreement requirements. If a document author is unsure of the linkages between any documentation, they can contact Human Resources for guidance and assistance.



3.2 Document Types

To understand document hierarchy within ICH it is important to understand the aim of each various document type as follows.

- Policy* Policies set out the intent and statement of purpose on a given topic. They are intended to provide information about where the organisation stands on its approach to that topic. They also set out the principles or standards of conduct that must be observed by workers.
- Procedure* Procedures are about *how* the organisation intends to enact its policy statements. Procedures describe a concise outline of specific actions that people impacted by the related policy should take, noting the responsible person and timeframes. Procedures use verbs as they offer precise direction.
- Form* A form is “a template for gathering information consistently.” They provide an efficient and economical format for collecting required information. Forms ask questions in an organised manner and provide adequate space for information to be completed.
- Guideline* Guidelines are informational documents that provide supporting frameworks to a policy or procedure. Guidelines mainly include suggestions rather than “shall” or “will” statements and encourage best practice whilst allowing flexibility in decision making processes. By definition, a guideline is not mandatory.
- Template* A template serves as a starting point for new documents. They are usually pre-formatted as a means of guiding the author to complete the required information, without having to recreate the document each time it is used.
- Other* Other documents include registers, fact sheets, brochures, newsletters, media releases, reports, PowerPoint presentations, etc.

3.3 Best Practice Traits

Generally, a good quality document or document package will contain the following traits.

- Have a clear and concise rationale that meets the needs of the readership and is consistent with the organisation's Mission, Vision and Values.
- Uses plain English.
- Use clear titling and referencing.
- Practice consistent use of terminology (to enable a common understanding).
- Are simple enough to be understood but not too simple that the message is vague.
- Have information structured in a chronological or logical order, especially procedural or work instruction type documents.
- Have effective document control processes embedded into the document, e.g. version control, dates of effect and review and any references to other documents and/or current legislation.
- Achieve minimal overlapping of multiple documents or at the very least if duplication is unavoidable there should be clear linkages between the various documents.
- Are approved by the appropriate delegate.
- Can be publicised to a range of audiences and literacy levels (where applicable).

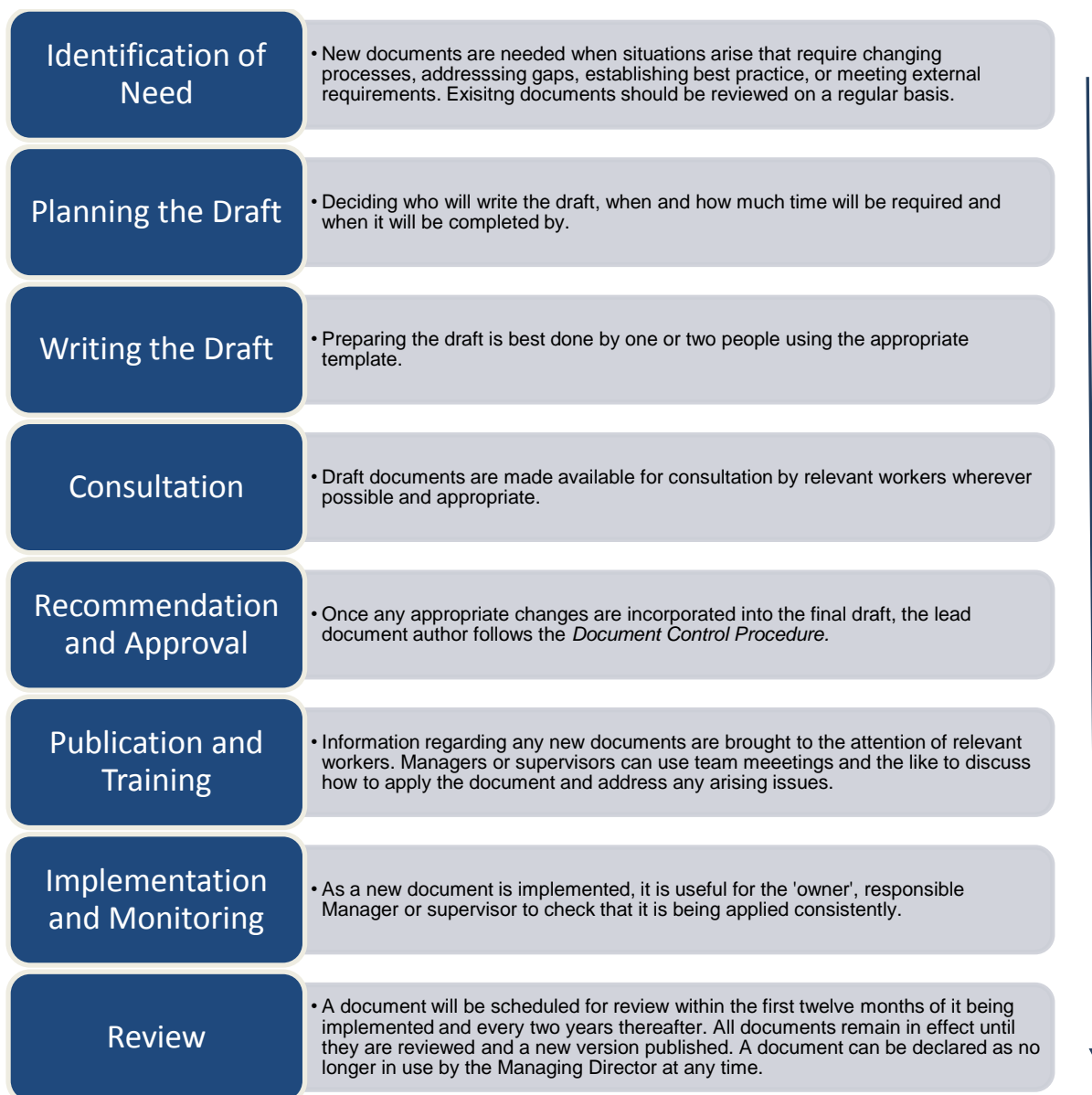
3.4 Version Control

All policies, procedures and forms, must use version control. Version control differentiates between versions of documents and ensures that the correct versions are implemented, and any superseded documents are archived. Version control keeps a historically accurate and retrievable log of a document's revisions and assists in the identification of any decision-making processes that occurred on matters that preceded current policy. This is particularly important for auditing processes.

ICH has two types of version control. My Place Family Day Care version control uses 'V' and the year and month in which the document was approved. For example, 'V201902' for a document approved in February 2019. All other documents use a two-tiered numbering system is the standard, for example, 1.0 and 2.3. When a document has been approved and loaded onto the document management system, it is then numbered 1.0 and any subsequent approved versions are numbered 1.1, 1.2, etc. for minor amendments and 2.0 for major changes. A major change requires an increase before the point, while a minor change means an increase in the number after the point.

Any version not loaded onto the document management system or printed from the document management system will be considered "uncontrolled". If a document is being trialled or piloted it should be marked "draft" and considered "uncontrolled" until such time as it is approved and loaded onto the document management system at which time it will be considered as "controlled".

3.5 Typical Document Development Process



3.5.1 Identification of Need

Policy and related instructional documents, such as procedures and guidelines normally follow a staged approach. The staged approach follows continuous improvement type process of Plan, Do, Check and Review.

The need for a new policy or related documents can be identified through various means, such as:

- a new service or support function commences
- an incident occurring where there is no current policy or procedure available
- a stakeholder requesting one, or
- new legislation, regulations or standards coming into existence or being updated.

An existing policy or its related documents may also require review as a result of the above reasons or due to:

- a complaint or feedback being received
- an audit or evaluation having taken place
- a change in practice or process improvement
- the need to meet compliance requirements, or
- the document templates being updated.

Whether it is a new or a revised document or set of documents, the following questions or list of circumstances should be considered to address any document gaps.

- Are there risks to the business achieving its objectives?
- Are there any other significant risks to person, property or the organisation?
- Have there been any changes to legislation, etc. which impacts on ICH remaining compliant?
- Are there problems with a consistent process being followed, or is there an opportunity to standardise multiple processes?
- Is there any confusion about how a task is completed?

In relation to policies, consideration should also be given to limiting the number of policies and ensuring consistency between policy statements and supporting legislation. Policies should focus on assisting quality decision making rather than controlling behaviour. Another consideration is the amount of flexibility that should be built in to provide for the breadth and variety of the types of situations the policy user will be confronted with; and over-linking should be avoided.

3.5.2 Planning the Draft

Stakeholder involvement is a key issue for both developing and reviewing, particularly policy and procedure documents. It is fundamental to include the end users of the document/s in this step wherever possible and appropriate.

Determine who will be involved in developing the document and how best to involve them. It is ideal to allow stakeholders to choose the level of involvement they wish and tailor the method to suit them (e.g. questionnaires, focus groups, interviews, meetings and newsletters).

During this stage, it is suggested that the author captures the reasons why a document needs to be created or reviewed as well as any current policy or process concerns or challenges. This will ensure that any documents that are created or reviewed meet or cover the reasons why they were needed in the first place and will be a good checking mechanism when writing the draft.

3.5.3 Writing the Draft

Develop a draft document using the standardised template wherever possible. This practice assists in ensuring consistency across ICH documentation as well as assisting document

owners to order their information and present it in a logical sequence. Using templates will assist authors to produce appropriate and approved documents.

If it is a document revision, then ensure that a review has been undertaken of any current and related documents, and that the content is on the *current* standardised template.

It is vital to also review related ICH documents, the relevant legislation, service agreements and licensing/standards requirements. A quick 'mind map' of how the documents and requirements link may also be beneficial and provides a good starting point for the related documents section on the template.

During the drafting stage, consider undertaking a 'best practice' check by conducting searches online for organisations that are quality certified or accredited, like Universities or other known service providers. State and federal government agencies may have useful information or guides. Websites like Our Community's Policy Bank also contain useful resources.

Completing the Policy Template

A sound policy will use:

- Terms that are unlikely to change or become outdated (e.g. use position or roles titles rather than the names of individual employees).
- Short sentences and short paragraphs of no more than 4 to 5 lines of text (wherever possible and appropriate).
- "Must" or "will", not "should" to form policy statements.
- Gender-neutral language, use 'their' instead of 'he/she'.

Avoid using jargon or acronyms and abbreviations, except where necessary – where an abbreviation is required then use the full term on the first occasion with the acronym immediately after in brackets, for example 'Inala Community House (ICH)'.

Heading	Content
<i>Purpose</i>	The purpose section contains an overall statement of intent or actions that are intended. It supports an organisational commitment to a definite position or course of action the organisation has decided to take. The policy purpose should not be more than 200 words. It is not a statement of how to do it.
<i>Scope</i>	This section identifies who the policy applies to. The Scope should be no longer than 100 words.
<i>Definitions</i>	This section should provide definitions for any relevant terms which may require clarification.
<i>Policy</i>	The detail section includes specific statements to support the policy statement, scope and purpose. It also seeks to clarify any application or misunderstandings meaning that this section needs to be clear and concise but meaningful. The length of this section depends on the content that requires coverage but, ideally, should not exceed 2-3 pages.

<i>Review</i>	All policies should be reviewed periodically, and this section provides the frequency for when the review should take place. It also provides a statement that the current version of the policy remains in effect unless it is changed by the organisational delegate which is the Managing Director.
<i>Related Documents (including References)</i>	Any other primary ICH policies, procedures, work instructions or forms that have a relationship to this policy are required to be identified and stated. References to legislation, service agreements or standards that the organisation must comply with, are required to be identified and stated e.g. <i>Work Health and Safety Act 2011</i> .

The header of the policy is designed to highlight the policy name and the type of policy (Governance, Organisational or Service Specific). For example, the title might read: 'Inala Community House Access and Equity Policy'.

Version control is extended to the document footer and is explained as follows:

Version: States the version number of this document
Ratified: The date the document has been approved for use (effective date)
Review: Is the future review date and is recorded according to the period stated in the Review section of the template

The version control information is **not** completed by the document author as it is assigned on the final document version by Human Resources after the document has been approved for use.

All policies are ratified by the Board.

Completing the Procedure Template

Procedures should align to and be consistent with policy intent and not breach legislative requirements.

Seven "C's" that are needed to be considered while writing effective procedures. They are:

1. Context: Actions must properly describe the activity to be performed
2. Consistency: All references and terms are used the same way every time and the procedure must ensure consistent results
3. Completeness: There must be no information, logic or designs gaps
4. Control: The document and it's described actions demonstrate feedback and control
5. Compliance: All actions are sufficient for their intended compliance
6. Correctness: The document must be grammatically correct without spelling errors
7. Clarity: Documents must be easy to read and understandable

Heading	Content
<i>Purpose</i>	This section identifies the policy document that the procedure gives effect to.
<i>Scope</i>	This section identifies who this procedure applies to.
<i>Definition</i>	This section identifies any definitions which are unique to the procedure (not mentioned/included within the policy)
<i>Procedure</i>	The procedure template allows for multiple sections and variations. Procedures can be described using a variety of formats such as flow charts, text, bullet points, tables, diagrams and numbered steps if there is a chronological order in which actions are to be carried out.
<i>Review</i>	All procedures should be reviewed periodically, and this section provides a suggested frequency for when the review should take place, however the review timeframe should be altered if there is a change in actual practice. It also provides a statement that the current version of the procedure remains in effect unless it is changed by the Managing Director.
<i>Related ICH Documents (including References)</i>	Any other primary ICH policies, procedures, work instructions or forms that have a relationship to this procedure are required to be identified and stated.

The header of the procedure is designed to highlight the procedure name and type of procedure (Governance, Organisational or Service Specific).

The footer text is **not** to be altered by the document author as this will be updated by the responsible person once the document has been approved.

A responsible person as delegated by the Managing Director has the authority to approve and implement procedures though the Managing Director has ultimate authority over this process.

Completing the Form Template

Forms are critical to the operations of ICH. Form design should:

- follow the organisational template
- use appropriate font and size as required
- clearly state the form title
- follow and state version control
- be easy to read, understand and complete
- use landscape/portrait page layout; whichever is most applicable, and
- allow data to be easily retrieved and reduce the chance of error.

There are several templates available to support form design and reduce printing costs. Documents for internal use are to be printed in a black and white to reduce the waste of coloured toner cartridges across the organisation. Colour printing is intended to be used when forms are to be completed by external parties such as participants (this is not mandatory).

Each form that is designed will need to be specific to the data that needs to be captured or may be designed to reflect the system and/or work process that the form supports. This means that some may require tabulated sections, tables, comments boxes, check or radio buttons. Where personal information needs to be captured, it is suggested that this is placed at the top of the form to avoid having to repeat the request in different sections.

Forms that are designed to collect or capture personal information are required to have a Privacy Notice statement. The templates contain a general statement, with the document author being required to insert the specific purpose why the information is being collected or how it will be used. An example has been supplied on the templates to assist authors.

The footer text is **not** to be altered by the document author as this will be updated by the responsible person once the document has been approved.

3.5.4 Consultation

If appropriate, consultation with key stakeholders should occur once a draft has been developed.

This may take some time depending on the complexity, the number of people involved and the sensitivity of the issues.

Consultation with stakeholders can occur in a several different ways such as meeting with individual stakeholders, convening a focus group, establishing a reference group, distributing surveys or questionnaires, facilitating a presentation at a stakeholder meeting, emailing stakeholders, or including information about proposed policies and procedures in stakeholder newsletters. This stage of the process usually involves a circular task of drafts and obtaining feedback to include as part of revising or developing the document.

Again, it is vital to double check any content or alterations against other ICH documents, the relevant legislation, service agreements and licensing/standards requirements.

3.5.5 Recommendation and Approval

Once a document is ready for the approval stage, the document control process commences.

As described in the Document Hierarchy section, the Board approves all Governance related documents and contracts, and the Managing Director or a delegated person approves all other documents.

3.5.6 Publication and Training

Following approval, new or amended policies and procedures should be disseminated to stakeholders and other interested parties as soon as possible. Training may be required to successfully implement and monitor the newly adopted policies and procedures. In this way ICH documents can be shown to be relevant and meaningful.

Publication of authorised and controlled documents will occur via the approved document management system. However, Managers and supervisors are strongly encouraged to bring any new or revised document to the attention of their teams and discuss their content and application at staff meetings, training sessions, etc.

3.5.7 Implementation and Monitoring

Sometimes, the implementation of a new or revised document may cause unforeseen circumstances in other documents or processes. Any unforeseen impacts should be reported immediately to the relevant Manager so that a quick resolution can be sought.

It is useful for the document owner, responsible Manager or supervisor to check that any new documentation is being implemented consistently and take action if not. Rectification of issues can be done by re-training, dealing with non-compliant processes, handing back incomplete or non-compliant forms, etc.

3.5.8 Review

Subject to a successful implementation, a scheduled and regular review process should be followed. All controlled documents are stored in the appropriate document management system.

ICH's templates contain a Review Date which is the date documents are due for future review and provides an easy reference for document owners to refer to.

4. Review

This policy to be reviewed every two years.

This policy remains in effect unless otherwise determined by the Managing Director.

5. Related Documents

Procedures

ICH Continuous Improvement Procedure

Other Documents

Continuous Improvement Registers