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GOVERNANCE AND MANAGEMENT OF THE SERVICE

QUALITY AREA 7 VERSION 1.5

PURPOSE

This policy outlines the duties, roles and responsibilities of the Committee of Management/Approved Provider/Board of St Francis of Assisi OSHC

POLICY STATEMENT

VALUES

St Francis of Assisi OSHC is committed to good governance and management to deliver high quality outcomes:

- robust and effective governance and management policies and procedures
- accountability to its stakeholders
- effective systems of risk management, financial and internal control, and performance reporting
- compliance with all regulatory and legislative requirements placed on the organisation, including space, equipment and facilities, confidentiality of records and notifications and reporting
- the organisation to remain solvent and comply with all its financial obligations.
- supporting the ongoing cycle of self-assessment, planning and review, embedding a culture of quality improvement

SCOPE

This policy applies to the approved provider, the Committee of Management/Board of St Francis of Assisi OSHC and all subcommittees of the Committee of Management/Board.

RESPONSIBILITIES	Approved provider and persons with management or control	Nominated supervisor and persons in day-to-day charge	Educators and all other staff	Parents/guardians	Contractors, volunteers and students
R indicates legislation requirement, and should not be deleted					
Ensuring that obligations under the *Education and Care Services National Law and National Regulations* are met, as well as all other laws relevant to governance and management of the service	**R**	√			
Ensuring all governance decisions, risk management processes and responses to concerns or complaints are guided by the paramount consideration of the safety, rights and best interests of the child.*(Child Safe Standards 2.1, 2.2, 11.1)*	**R**	√			
Ensuring governance and leadership practices actively promote culturally safe environments for Aboriginal children, including acknowledging historical and systemic factors, addressing racism, and supporting children's cultural rights *(Child Safe Standards 1.2, 4.1, 4.2)*	**R**	√			
Embedding a culture of continuous improvement, including everyone at the service (involving staff, children, families and communities) in continuous improvement	**R**	√			
Displaying the prescribed information in *National Law: Section 172 (Regulation 173)*	**R**	√			
Providing information to the regulatory authority upon request in relation to being a fit and proper person *(National Law: Sections 13, 14, 21)*	**R**				
Ensuring that the service is insured and keep evidence of this *(National Law: Section 51; Regulations 29, 180)*	**R**				
Ensuring that the number of children at the service does not exceed the maximum in the service approval *(National Law: Section 51)*	**R**	√			
Ensuring that the family of a child at the service is allowed to enter the premises (accompanied by an educator) *(Regulation 157)*	**R**	√			
Adopting quality governance and management processes, procedures and practices, in line with the *National Quality Standard*, especially Quality Area 7 – Governance and leadership	**R**	√			
Establishing systems of risk management, financial and internal control, and performance reporting. Monitor management and financial performance to ensure the solvency, financial strength and good performance of the service	**R**	√			

Developing, review and approve the service philosophy and purpose, strategic direction and initiatives	**R**	√			
Taking reasonable steps to ensure that nominated supervisors, educators, staff and volunteers follow the *Governance and Management policy* and procedures	**R**				
Ensuring that copies of the policy and procedures are readily accessible to nominated supervisors, co-ordinators, educators, staff, volunteers and families, and available for inspection	**R**				
Notifying families at least 14 days before changing the policy or procedures if the changes will: • affect the fees charged or the way they are collected or • significantly impact the service's education and care of children or • significantly impact the family's ability to utilise the service.	**R**				
Notifications and reporting					
Ensuring that all reporting and reporting requirements are met regarding the *National Quality Framework*, family assistance, taxation, Occupational Health and Safety, child protection, and other relevant laws *(Child Safe Standards 7.1, 11.1)*	**R**	√			
Notifying the regulatory authority about the approved provider and operational changes, and changes in relation to the nominated supervisor, as detailed in *National Law: Section 173 (Regulations 174, 174A)*	**R**	√			
Notifying the regulatory authority about changes to the 'fit and proper' status of the approved provider, any serious incidents, and complaints relating to a serious incident or that the Law has been contravened *(National Law: section 174; Regulations 175, 176, 176A)*	**R**	√			
Health, safety and wellbeing					
Ensuring the health, safety and wellbeing of children in the service and take every reasonable precaution to protect children from harm and hazard *(National Law: Section 51) (Child Safe Standards 2 – 2.5)*	**R**	√			
Quality Improvement Plan (QIP)					
Ensuring there is an effective self-assessment and quality improvement process in place, including a QIP *(refer to Definitions)* that is kept at the premises or and is made available for inspection and to families *(Regulations 31, 55)*	**R**	√			
Ensuring that the QIP *(refer to Definitions)* is reviewed at least annually *(Regulation 56)*	**R**	√			
Space, equipment, facilities					
Ensuring that requirements relating to the physical environment, space, equipment and facilities are met, including *Regulations 104, 106, 107, 108, 109, 110, 116, 117*	**R**	√			
Educational needs and program					
Ensuring that children's educational and developmental needs are met *(National Law: Section 51)*	**R**	√			

Educators and staff					
Ensuring that requirements relating to staffing are met, including implementing the *Staffing policy* and procedures *(Regulation 84)*	**R**	√			
Ensuring that roles and responsibilities are clearly defined, understood, and support effective decision making and operation of the service	**R**	√			
Ensuring that the performance of educators, staff and co-ordinators is regularly evaluated, and individual plans are in place to support learning and development	**R**	√			
Ensuring that a nominated supervisor, educators, staff, volunteers and contractors to whom a prohibition notice applies are not engaged by the service *(National Law: Section 188)*	**R**				
Ensuring the educational leader is supported to lead the development and implementation of the educational program and assessment and planning cycle	**R**	√			
Nominated supervisors and responsible person					
Ensuring that requirements relating to the nominated supervisor and responsible person are met, including implementing the *Staffing policy* and procedures *(National Law: Section 162, 162A; Regulation 117B)*	**R**				
Records and confidentiality					
Keeping a record of the service's compliance with the information listed in *Regulation 167*	**R**	√			
Keeping a record of enrolment and other documents listed in *National Law: Section 175* at the service and be available for inspection by an authorised officer	**R**	√			
Ensuring that records are kept confidential and not divulged except as permitted under *Regulations 181 and 182*	**R**	√			
Ensuring that records are stored safely and securely for the period set out in *Regulation 183*	**R**	√			
Keeping enrolment and attendance records *(Regulations 158, 159, 160, 161, 162)* and other documents listed in *Regulations 160, 177 and 178*, ensure they are accurate and available to families on request *(National Law: section 175).* If a service approval is transferred, the documents must be transferred to the receiving approved provider *(Regulation 184).*	**R**	√			
Child Safe Standards					
Creating an environment where all staff feel supported and encouraged to raise concerns. Establishing practices that normalise and support the reporting of issues and allegations. *(Child Safe Standards 6.3, 11.2)*	√	√			
Ensuring governance and decision-making processes actively promote culturally safe environments, including acknowledging and addressing systemic racism and supporting the cultural rights of Aboriginal and Torres Strait Islander children	**R**	**R**			

Completing and maintaining the National Educator Register ***(refer to Sources)*** in the National Quality Agenda IT System for all educators, volunteers and students, non-educator staff, teachers (regardless of whether or not they are registered or accredited with a teacher registration body), nominated supervisors and directors/co-ordinators	**R**	**R**			
Ensuring all staff, volunteers and relevant personnel complete mandatory child safety and child protection training as required and that records of completion are maintained and reviewed *(Child Safe Standards, 8.1, 8.2,8.3)*	**R**	**R**			
Promoting the importance of child safety at the service and demonstrating what it looks like, including through discussing and promoting child safe pedagogical practice *(Child Safe Standard 2.1)*	**R**	√			
Facilitating the implementation of the *Child Safe Environment and Wellbeing Policy* at all levels					
Communicating the *Code of Conduct Policy* to all staff, volunteers and leaders and hold them to account to comply with it *(Child Safe Standard 7.1)*					
Leading by example and implementing risk management strategies that focus on preventing, identifying and mitigating risks to children	**R**	√			
Ensuring children's views are considered, where appropriate, in governance decisions that affect their safety, wellbeing and participation in the service *(Child Safe Standards 2.1, 2.2)*	**R**	√			
Ensuring that child-friendly, accessible and culturally safe complaints and reporting pathways are established, supported and promoted, so children feel safe, listened to and encouraged to raise concerns. This includes ensuring complaints about child safety or wellbeing can be raised verbally or non-verbally, are taken seriously, and are responded to promptly and appropriately in accordance with the *Compliments and Complaints Policy* and *Child Safe Environment and Wellbeing Policy (Child Safe Standards 2.2, 3.1, 11.2)*	**R**	√			
Taking child safety issues seriously, responding quickly and ensuring all staff and volunteers have the resources they need	**R**	√			
Ensuring that staff and volunteers understand their obligations on information sharing and record keeping *(Child Safe Standards 2.6, 6.3)*	**R**	√			
Providing professional development opportunities for all staff at the service to understand and implement child safe practices	√	√			

Using the child safe self-assessment and risk assessment tool (refer to Sources) to review the service's child safe culture and identify areas where we are doing well, potential risks and areas for improvement ***(Child Safe Standards 9.1, 9.2)***	**R**	√			
Regularly reviewing the organisation's performance in delivering child safety and wellbeing *(Child Safe Standards 2.3, 9.1, 9.2)*					
Ensuring risk assessment and management within the service is properly focused on identifying, preventing and reducing risks of child abuse and harm *(Child Safe Standards 8.1, 8.2, 8.3)*	**R**	√			
Understanding that staff may have trauma related to child safety and abuse. Ensuring they are supported, in line with employer obligations under the *OHS Act 2004* to protect psychological health	**R**	√			
Ensuring systems are in place to verify, record, monitor and maintain Working with Children Check Clearances and Victorian Institute of Teaching registration for all relevant staff, volunteers, students, contractors and members of the governing body in accordance with legislative requirements *(Child Safe Standards 6.1, 6.2, 8.1)*	**R**	√			

BACKGROUND AND LEGISLATION

BACKGROUND

The governance of an organisation is concerned with the systems and processes that ensure the overall direction, effectiveness, supervision and accountability of a service. The Approved provider must ensure that there are effective systems, procedures and processes in place to support the service to operate effectively and ethically, and all legal and regulatory requirements governing the operation of the business are met.

Under the *Education and Care Services National Law Act 2010 and Education and Care Services National Regulations 2011*, early childhood services are required to have policies and procedures in place relating to the governance and management of the service, including confidentiality of records *(refer to Privacy and Confidentiality Policy)*.

LEGISLATION AND STANDARDS

Relevant legislation and standards include but are not limited to:

- Associations Incorporation Reform Act 2012 (Vic), as applicable to the service
- Corporations Act 2001, as applicable to the service
- Education and Care Services National Law Act 2010
- Education and Care Services National Regulations 2011
- National Quality Standard, Quality Area 7: Governance and Leadership

DEFINITIONS

The terms defined in this section relate specifically to this policy. For regularly used terms e.g. Approved provider, Nominated supervisor, Notifiable complaints, Serious incidents, Duty of care, etc. refer to the Definitions file of the PolicyWorks catalogue.

Actual conflict of interest: One where there is a real conflict between a Committee of Management/Board member's responsibilities and their private interests.

Conflict of interest: An interest that may affect, or may appear reasonably likely to affect, the judgement or conduct of a member (or members) of the Committee of Management/Board or subcommittee, or may impair their independence or loyalty to the service. A conflict of interest can arise from avoiding personal losses as well as gaining personal advantage, whether financial or otherwise, and may not only involve the member of the Committee of Management/Board or subcommittee, but also their relatives, friends or business associates.

Continuous improvement: Ongoing improvement in the provision of quality education and care services. The National Quality Framework aims to raise quality and drive continuous improvement through the National Quality Standard and quality rating processes. Quality rating encourages continuous improvement and engages the approved provider and their services teams in self-assessment and documenting their performance against the National Quality Standard. Providers of high-quality services regularly monitor and review their performance to guide planning and make improvements.

Development of professionals: A system of regular performance review, individual learning and development plans for educators, staff and co-ordinators. Performance planning and review ensures that the knowledge, skills and practices of educators and other staff members are current, and that areas requiring further development are addressed.

Ethical practice: A standard of behaviour that the service deems acceptable in providing their services.

Fit and proper person: The regulatory authority assesses whether an approved provider or a person with management or control of a service is a fit and proper person to be involved in the provision of an education and care service.

In determining whether they are a fit and proper person, the regulatory authority will consider:

- the person's history of compliance with any education and care services, children's services or education law, and any decision under one of those laws to refuse, refuse to renew, suspend or cancel a licence, approval, registration or certification issued to the person under that law
- their criminal history, to the extent that it may affect their suitability for the role of provider (including working with children clearance, such as a Working with Children Clearance (WWCC), or teacher registration details, jurisdiction dependant)
- whether they are bankrupt or insolvent
- whether they have the financial circumstances to enable them to sustain ongoing operation of a service
- whether they have a medical condition that may cause them to be incapable of being responsible for the service
- whether they have the management capability to operate a service
- actions taken under Commonwealth Family Assistance Law, including sanctions and suspensions.

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Governance: The process by which organisations are directed, controlled and held to account. It encompasses authority, accountability, stewardship, leadership, directions and control exercised in the organisation (Australian National Audit Office, 1999).

Interest: Anything that can have an impact on an individual or a group.

Management system: A system to manage organisational risks and enable the effective management and operation of a quality service

Perceived conflict of interest: Arises where a third party could form the view that a Committee of Management/Board member's private interests could improperly influence the performance of their duties on the Committee of Management/Board, now or in the future.

Potential conflict of interest: Arises where a Committee of Management/Board member has private interests that could conflict with their responsibilities.

Private interests: Includes not only a Committee of Management/Board member's own personal, professional or business interests, but also those of their relatives, friends or business associates

Quality Improvement Plan (QIP): A document created by an approved provider to help self-assess service performance in delivering quality education and care and to plan future improvements.

Regulatory authorities consider the service's QIP as part of the quality assessment and rating process. The QIP does not have to be provided in any specific format, but must include:

1. an assessment of the quality of service practices against the National Quality Standard and the National Regulations
2. identified areas for improvement
3. a statement of the service's philosophy

Service philosophy: A statement the approved provider must develop and include in their QIP that outlines the purpose and principles under which the service operates. It:

- underpins the decisions, policies and daily practices of the service
- reflects a shared understanding of the role of the service among staff, children, families and the community
- guides educators' pedagogy, planning and practice when delivering the educational program.

SOURCES AND RELATED POLICIES

SOURCES

- ACECQA - NQF Child Safe Culture Guide self-assessment and risk assessment: www.acecqa.gov.au
- ACECQA - New national educator register
- ACECQA – Occasional Paper 5: Quality Area 7: Leadership and management in education and care services acecqa.gov.au
- ACECQA – Quality Area 7 resources https://www.acecqa.gov.au/nqf/national-quality-standard/quality-area-7-governance-and-leadership
- Australian Government – My business health asbfeo.gov.au/my-business-health/home
- Department of Education: Early Childhood Workforce Register
- ELAA: EYM Transition Guide
- Justice Connect: http://www.justiceconnect.org.au/
- Our Community: www.ourcommunity.com.au

RELATED POLICIES

- Child Safe Environment and Wellbeing
- Code of Conduct
- Compliments and Complaints
- Enrolment and Orientation
- Privacy and Confidentiality
- Staffing

EVALUATION

In order to assess whether the values and purposes of the policy have been achieved, the approved provider will:

- regularly seek feedback from everyone affected by the policy regarding its effectiveness

- monitor the implementation, compliance, complaints and incidents in relation to this policy
- keep the policy up to date with current legislation, research, policy and best practice
- revise the policy and procedures as part of the service's policy review cycle, or as required
- notifying all stakeholders affected by this policy at least 14 days before making any significant changes to this policy or its procedures, unless a lesser period is necessary due to risk *(Regulation 172 (2))*.

ATTACHMENTS

- Attachment 1: Core elements of the governance model
- Attachment 2: Sample Conflict of interest disclosure statement

ATTACHMENT 1. CORE ELEMENTS OF THE GOVERNANCE MODEL

The following are the core elements of the governance systems at St Francis of Assisi OSHC for which a Committee of Management/Board is responsible:

Stewardship/custodianship

Ensure:

- the service pursues its stated purpose and remains viable
- budget and financial accountability to enable ongoing viability and making best use of the service's resources
- the service manages risks appropriately.

Leadership, forward planning and guidance

Provide leadership, forward planning and guidance to the service, particularly in relation to developing a strategic culture and directions.

Authority, accountability, and control

- Monitor and oversee management including ensuring that good management practices and appropriate checks and balances are in place.
- Be accountable to members of the service.
- Maintain focus, integrity and quality of service.
- Oversee legal functions and responsibilities.
- Declare any actual, potential or perceived conflicts of interest *(refer to Definitions and Attachment 2)*.

LEGAL LIABILITIES OF MEMBERS OF THE COMMITTEE OF MANAGEMENT/BOARD

The Committee of Management/Board at St Francis of Assisi OSHC is responsible under the constitution to take all reasonable steps to ensure that the laws and regulations relating to the operation of the service are observed. Members of the Committee of Management/Board are responsible for ensuring that:

- adequate policies and procedures are in place to comply with the legislative and regulatory requirements placed on the service
- appropriate systems are in place to monitor compliance
- reasonable care and skill is exercised in fulfilling their roles as part of the governing body of the service
- they act honestly, and with due care and diligence
- they do not use information they have access to, by virtue of being on the Committee of Management/Board improperly
- they do not use their position on the Committee of Management/Board for personal gain or put individual interests ahead of responsibilities.

RESPONSIBILITIES OF THE COMMITTEE OF MANAGEMENT/BOARD

The Committee of Management/Board of St Francis of Assisi OSHC is responsible for:

- developing coherent aims and goals that reflect the interests, values and beliefs of the members and staff, and the stated aims of the service, and have a clear and agreed philosophy which guides business decisions and the work of the Committee of Management/Board and staff
- ensuring there is a sound framework of policies and procedures that complies with all legislative and regulatory requirements, and that enables the daily operation of the service to be geared towards the achievement of the service's vision and mission
- establishing clearly defined roles and responsibilities for the members of the Committee of Management/Board, individually and as a collective, management and staff, and clearly articulate the relationship between the Committee of Management/Board, staff and members of the service
- developing ethical standards and a code of conduct *(refer to Code of Conduct Policy)* which guide actions and decisions in a way that is transparent and consistent with the goals, values and beliefs of the service
- undertaking strategic planning and risk assessment on a regular basis and having appropriate risk management strategies in place to manage risks faced by the service
- ensuring that the actions of and decisions made by the Committee of Management/Board are transparent and will help build confidence among members and stakeholders

- reviewing the service's budget and monitoring financial performance and management to ensure the service is solvent at all times, and has good financial strength
- approving annual financial statements and providing required reports to government
- setting and maintaining appropriate delegations and internal controls
- appointing senior staff (e.g. the CEO or Director, if the service is large) or all staff (if the service is small), and monitoring their performance
- evaluating and improving the performance of the Committee of Management/Board
- focusing on the strategic directions of the organisation and avoiding involvement in day-to-day operational decisions, particularly where the authority is delegated to senior management staff within the service.

CONFIDENTIALITY

All members of the Committee of Management/Board and subcommittees who gain access to confidential, commercially sensitive and other information of a similar nature, whether in the course of their work or otherwise, shall not disclose that information to anyone unless the disclosure of such information is required by law *(refer to Privacy and Confidentiality Policy).*

Members of the Committee of Management/Board and subcommittees shall respect the confidentiality of those documents and deliberations at Committee of Management/Board or subcommittee meetings, and shall not:

- disclose to anyone the confidential information acquired by virtue of their position on the Committee of Management/Board or subcommittee
- use any information so acquired for their personal or financial benefit, or for the benefit of any other person
- permit any unauthorised person to inspect, or have access to, any confidential documents or other information.

This obligation, placed on a member of the Committee of Management/Board or subcommittee, shall continue even after the individual has completed their term and is no longer on the Committee of Management/Board or subcommittee.

The obligation to maintain confidentiality also applies to any person who is invited to any meetings of the Committee of Management/Board or subcommittee as an observer or in any other capacity.

ETHICAL PRACTICE

The following principles will provide the ethical framework to guide the delivery of services at St Francis of Assisi OSHC:

- treating colleagues, parents/guardians, children, suppliers, public and other stakeholders respectfully and professionally at all times
- dealing courteously with those who hold differing opinions
- respecting cultural differences and diversity within the service, and making every effort to encourage and include all children and families in the community
- having an open and transparent relationship with government, supporters and other funders
- operating with honesty and integrity in all work
- being open and transparent in making decisions and undertaking activities, and if that is not possible, explaining why
- working to the standards set under the *National Quality Framework* and all applicable legislation as a minimum, and striving to continually improve the quality of the services delivered to the community
- disclosing conflicts of interest as soon as they arise and effectively managing them *(refer to Attachment 2)*
- recognising the support and operational contributions of others in an appropriate manner
- assessing and minimising the adverse impacts of decisions and activities on the natural environment.

MANAGING CONFLICTS OF INTEREST

Conflicts of interest, whether actual, potential or perceived *(refer to Definitions)*, must be declared by all members of the Committee of Management/Board or subcommittee, and managed effectively to ensure integrity and transparency *(refer to Attachment 2)*.

Every member of the Committee of Management/Board or subcommittee has a continuing responsibility to scrutinise their transactions, external business interests and relationships for potential conflicts and to make such disclosures in a timely manner as they arise.

The following process will be followed to manage any conflicts of interest:

- whenever there is a conflict of interest, as defined in this policy, the member concerned must notify the President of such conflict, as soon as possible after identifying the conflict

- the member who is conflicted must not be present during the meeting of the Committee of Management/Board or subcommittee where the matter is being discussed, or participate in any decisions made on that matter. The member concerned must provide the Board or committee with any and all relevant information they possess on the particular matter
- the minutes of the meeting must reflect that the conflict of interest was disclosed and appropriate processes followed to manage the conflict.

A Conflict of interest disclosure statement *(refer to Attachment 2)* must be completed by each member of the Committee of Management/Board and subcommittee upon his or her appointment and annually thereafter. If the information in this statement changes during the year, the member shall disclose the change to the President, and revise the disclosure statement accordingly.

All violations of the requirement to disclose and manage conflicts shall be dealt with in accordance with the constitution of St Francis of Assisi OSHC.

ATTACHMENT 2. SAMPLE CONFLICT OF INTEREST DISCLOSURE STATEMENT

Name (in full):	
Email address:	
Mobile Number:	
Postal address:	
Position on Committee of Management/Board or subcommittee	

Declaration:
I hereby declare the following conflict of interest: (Note: tick all applicable boxes)

☐ ACTUAL ☐ POTENTIAL ☐ PERCEIVED

Please provide a brief outline of the nature of the conflict (details may be included in a separate confidential envelope, if appropriate).

Please detail the arrangements proposed to resolve/manage the conflict (details may be included in a separate confidential envelope, if appropriate).

I, (insert name in full) _____ hereby agree to:

- update this disclosure throughout the period of my tenure on the Committee of Management/Board or subcommittee of [Service Name].
- co-operate in the formulation of a *Conflict of interest management plan*, as required.
- comply with any conditions or restrictions imposed by the Committee of Management/Board or subcommittee manage, mitigate or eliminate any actual, potential or perceived conflict of interest.

_____ _____

Signed Date