POL7-P1 Governance and Management Policy and Procedure

1. Purpose

This policy and procedure explains how Affinity Education Group (Affinity) ensures effective governance and management across its services and operations. It outlines Affinity's approach to governance and management, focusing on safety, compliance and consistency.

This document supports Affinity's responsibilities under the Education and Care Services National Law and Regulations and the National Quality Standard.

2. Scope

This policy and procedure applies to all staff, students, volunteers, contractors, families and visitors across Affinity services, programs and business operations when undertaking activities relating to the governance, management and operation of education and care services.

Related policies and procedures are referenced throughout this document when relevant.

3. Definitions

The following definitions support consistent understanding of the terms used in this policy and procedure.

Term	Definition
Approved Provider	The person or organisation approved under the Education and Care Services National Law to operate one or more education and care services.
Continuous improvement	An ongoing process of reviewing performance, identifying opportunities for improvement, and implementing actions that enhance outcomes for children, families, staff and services.
Governance	The systems, structures and processes used to direct, oversee and monitor the operation of services and the organisation. Governance supports accountability, compliance, risk management and quality outcomes.
Nominated Supervisor	A person nominated by the Approved Provider who has responsibility for the day-to-day management of an education and care service in accordance with legislative requirements.
Quality Improvement Plan (QIP)	A document that supports ongoing self-assessment, planning and continuous improvement against the National Quality Standard.
Risk management	The systematic process of identifying, assessing, managing and monitoring risks that may affect children, staff, services or organisational operations.

4. Guiding principles

At Affinity, we believe that child safety is everyone's responsibility. We are committed to upholding the safety, rights and wellbeing of all children and promote a culture of child safety with a zero-tolerance approach to child abuse and harm.

Affinity ensures the Paramountcy Principle is applied in all aspects of our work. All decisions and actions relate to the operation and delivery of education and care services must prioritise children's safety, rights and best interests above all other considerations.

The following principles guide how Affinity approaches governance and management across all services and the organisation:

- **Accountability and transparency** – decisions, actions and performance are clearly documented, communicated and subject to oversight to ensure responsible governance.
- **Child-safe decision making** – all governance systems, processes and decisions prioritise the safety, rights and wellbeing of children.
- **Compliance and integrity** – services consistently operate in line with legislative, regulatory and ethical requirements, maintaining accurate records and meeting reporting obligations.
- **Risk management and continuous improvement** – risks are identified, assessed and managed, with systems in place to monitor performance and drive ongoing improvement.
- **Clear roles and responsibilities** – governance structures ensure roles, accountabilities and expectations are clearly defined, understood and applied in practice.
- **Capability and support** – leaders and staff are supported through training, systems and guidance to effectively carry out their governance and management responsibilities.

These principles underpin all actions described in this policy/procedure and guide professional judgement when decisions are required.

4.1. Three lines of defence approach

This policy procedure is informed by three lines of defence approach, which explains how governance, oversight and accountability are applied in everyday practice.

This approach recognises that effective governance requires clear layers of responsibility, where risks are managed at the service level, supported by operational leadership, and independently monitored at an organisational level to ensure safe, compliant and consistent practice. This includes defined accountabilities across centres, operational leadership teams and enterprise functions.

In practice, this approach guides how leaders and teams monitor compliance, manage risks and respond to issues in a structured and accountable way. Through defined roles, assurance activities such as audits and reviews, and regular reporting processes, this approach supports safe, consistent and transparent service delivery across all services.

4.2. Continuous improvement approach

This policy and procedure is informed by a continuous improvement approach, which explains how governance systems support ongoing improvement in service quality and performance.

This approach recognises that effective governance requires regular review of performance, risks and outcomes, with improvement actions identified, implemented and monitored over time to strengthen practice and ensure quality outcomes for children and families. This includes the use of structured planning and review processes across services and the organisation.

In practice, this approach guides how services use self-assessment, audits, data insights and quality improvement planning to monitor performance and identify opportunities for improvement. Through ongoing review, feedback and adaptation, this approach supports responsive, accountable and high-quality service delivery.

Governance and management systems are supported through structured planning processes across services and the organisation. These include quality improvement planning, risk management planning, financial planning and strategic planning activities. Planning processes are informed by operational data, stakeholder feedback, risk information and service performance outcomes, and are reviewed regularly to support effective decision-making and continuous improvement.

5. Procedures

These procedures describe the requirements that support safe, consistent and compliant practice, with detailed processes maintained in Promapp.

5.1. Governance framework and accountabilities

Ensure governance structures are established and maintained so that services operate in accordance with legislative requirements, organisational policies and procedures, and clear accountability is upheld across all levels of the organisation.

This means governance arrangements define how responsibilities are delegated from the Approved Provider, how roles operate at the service level, and how oversight, monitoring and reporting occur across centres, operational leadership and enterprise functions. These arrangements support child safety, compliance and effective service delivery in line with regulatory obligations.

Safety, Compliance and Quality (SCQ) governance framework

Affinity's governance framework establishes how accountability and oversight are structured and applied across the organisation to support compliant, safe and high-quality service delivery.

The framework is implemented through three levels of responsibility:

- **Centre (service level)** – Centre Managers and centre teams are responsible for the day-to-day operation of the service, including maintaining a safe environment, implementing policies and procedures, and ensuring compliance with legislative and organisational requirements. This includes the use of service-level assurance activities such as inspections, audits, self-assessments, risk reviews POL3-P4 Risk Assessment Procedure and Quality Improvement Plan processes to monitor compliance, service performance and continuous improvement.

- **Operations (operational oversight)** – Operational leaders provide oversight and support to services through monitoring, coaching and performance management. This includes conducting performance reviews and other monitoring activities, identifying risks and trends, and supporting centres to implement improvement actions and maintain compliance.

- **Centre Support Office (enterprise oversight)** – Enterprise functions provide organisation-wide governance, monitoring and assurance. This includes quality and compliance assessments, analysis of performance and risk data, monitoring incident and complaint trends, and reporting to executive leadership and the Board to support organisational oversight, resource allocation, informed decision-making and continuous improvement. Executive leadership and the Board receive reporting on safety, compliance, quality and operational performance to support oversight and decision-making.

These governance arrangements support the identification and management of risks, reinforce accountability, and ensure consistent application of governance systems across all services.

Key expectations

Key expectations describe the standard that must be met and what good practice looks like in everyday work:

- governance arrangements provide clear accountability across all levels of the organisation;
- decision-making is transparent, documented and aligned with legislative and organisational requirements;
- governance systems support consistent and compliant service delivery across all services;
- risks, issues and non-compliance are identified, escalated and addressed in a timely manner;
- oversight mechanisms provide visibility of service performance and compliance; and
- governance practices support ethical, child-safe and high-quality service delivery.

Key measures

The table below outlines key governance roles, their responsibilities and how accountability is applied across the organisation.

Role	Key responsibilities	How this is demonstrated in practice
Approved Provider	Holds overall accountability for governance and compliance and establishes governance systems and organisational oversight.	Governance structures and policies are approved and maintained. Compliance with legislation is monitored through reporting and assurance activities.
Executive and Board	Provides strategic oversight and reviews organisational performance, compliance and governance outcomes.	Regular reporting is reviewed to support informed decision-making, resource allocation and continuous improvement.
Centre Support Office (CSO)	Provides enterprise governance systems, monitoring and assurance across the organisation.	Organisation-wide audits, quality assessments and reporting are undertaken to monitor compliance and identify trends and risks.
Operations (Regional Managers / Director of Operations)	Provides operational oversight, monitoring and support to services.	Reviews and performance monitoring are conducted. Centres are supported to address risks and improve practice.
Nominated Supervisor / Centre Manager	Leads the day-to-day operation of the service and applies governance systems at the service level.	Service operations align with legislative and organisational requirements. Policies and procedures are implemented and compliance issues are identified and escalated.
Centre Staff (Educators and all other staff)	Applies governance requirements, policies and procedures in daily practice.	Daily actions reflect policy requirements. Staff follow procedures and support a safe and compliant environment.

When governance or compliance risks are identified:

- risks are assessed at the relevant level of the organisation;
- issues are escalated through governance and reporting structures; and
- actions are implemented and monitored to manage and resolve the issue.

Escalation and support

When governance, compliance or accountability issues arise, the matter must be escalated to the relevant manager or governance function and the following actions must be taken:

- report the issue through established reporting channels;
- seek guidance from operational leadership or Centre Support Office as required; and
- implement and monitor corrective actions to ensure the issue is resolved and compliance is maintained.

5.2. Compliance with legislative and regulatory requirements

Ensure the organisation operates in accordance with all applicable legislation, regulations and regulatory requirements so that services maintain approval, meet compliance obligations and provide safe, lawful and high-quality education and care.

This means governance systems are in place to support compliance with the Education and Care Services National Law and Regulations, Family Assistance Law, and other relevant legal and regulatory requirements. These systems ensure obligations are understood, implemented and monitored across all levels of the organisation.

Legislative and regulatory compliance requirements

Compliance with legislative and regulatory requirements includes, but is not limited to:

- maintaining provider and service approvals and complying with all conditions placed on those approvals;
- meeting obligations under the Education and Care Services National Law and Regulations, including requirements relating to policies, records, staffing and service operation; **POL QA4 Staffing Arrangements Policy**
- complying with Family Assistance Law and Child Care Subsidy (CCS) requirements, including eligibility, reporting and record keeping obligations; **POL 7-P11 Record Management and Archiving Procedure**
- ensuring suitability of persons involved in the management and delivery of services, including fit and proper requirements, Working with Children Checks and other regulatory checks; **POL 4-P9 Recruitment and Onboarding Policy and Procedure**
- maintaining required insurance coverage and meeting financial and operational compliance obligations; and
- ensuring services operate within approved capacity, hours of operation and other regulatory conditions.

Key expectations

Key expectations describe the standard that must be met and what good practice looks like in everyday work:

- services operate in accordance with all applicable legislative and regulatory requirements;
- compliance obligations are clearly understood and applied across all roles;
- regulatory approvals, conditions and obligations are actively monitored and maintained;
- records and reporting are accurate, complete and maintained in line with requirements;
- risks of non-compliance are identified and addressed in a timely manner; and
- compliance practices support safe, ethical and accountable service delivery.

Key measures

The table below outlines key compliance roles, their responsibilities and how legislative and regulatory requirements are applied across Affinity.

Role	Key responsibilities	How this is demonstrated in practice
Approved Provider	Holds overall accountability for governance and compliance and establishes governance systems and organisational oversight.	Provider and service approvals are maintained. Compliance obligations are monitored through governance systems, reporting and assurance activities.
Executive and Board	Provides strategic oversight and reviews organisational performance, compliance and governance outcomes.	Compliance reporting is reviewed to support decision-making and ensure obligations are met.
Centre Support Office (CSO)	Provides enterprise governance systems, monitoring and assurance across the organisation.	Compliance is monitored through reporting systems, audits and data analysis. CCS eligibility, reporting and record keeping requirements are maintained.
Operations (Regional Managers / Director of Operations)	Provides operational oversight, monitoring and support to services.	Services are reviewed through audits, reporting and performance monitoring. Support is provided to address compliance risks and implement improvements.
Nominated Supervisor / Centre Manager	Leads the day-to-day operation of the service and applies governance systems at the service level.	Service operations align with legislative requirements, including staffing, ratios, licensed places and operational conditions. Compliance issues are identified and escalated.
Centre Staff (Educators and all other staff)	Applies governance requirements, policies and procedures in daily practice.	Practices align with regulatory requirements. Staff follow procedures and report compliance concerns or breaches.

When determining compliance actions:

- relevant legislation, regulations and regulatory guidance are considered;
- organisational policies, procedures and systems are applied; and
- service-specific approvals, conditions and operational requirements are reviewed.

When a compliance issue or breach is identified

- the issue is assessed and action is taken to manage and rectify the non-compliance;
- the matter is escalated through governance and reporting structures; and

- required notifications or reporting are completed within legislated timeframes.

Escalation and support

When legislative or regulatory compliance issues arise, the matter must be escalated to the appropriate manager or governance function and the following actions must be taken:

- seek guidance on legislative requirements and obligations;
- implement corrective actions to address the issue; and
- monitor and review outcomes to ensure ongoing compliance is achieved.

5.3. Operational governance systems

Ensure operational governance systems are in place so that services are managed effectively, resources are maintained, and operations support safe, compliant and high-quality education and care.

This means Affinity applies structured systems and controls to support the day-to-day operation of services. These systems support consistency, accountability and effective service delivery across all services.

Staff must refer to the relevant policy or procedure for detailed requirements and processes.

Affinity maintains governance systems that support the effective operation of services and ensure organisational requirements are consistently applied. These systems, and the key documents that support them, include:

- **Financial Management** - Financial systems ensure fees are set, administered and monitored in line with organisational and regulatory requirements, and that financial performance supports sustainable service delivery. This is supported by:
  - **POL 7-P4 Fee Payment Procedure**; and
  - **POL HR21 Procurement Policy**.

- **Resource and asset management** - Resources, facilities and equipment are maintained and managed to support safe, appropriate and effective learning environments. This is supported by:
  - **POL3-P2 Facilities and Maintenance Procedure**;
  - **POL3-P1 Providing a Child Safe Environment Policy and Procedure**; and
  - **POL3-P4 Risk Assessment Procedure.**

- **Record management -** Records are created, maintained and stored in accordance with legislative and organisational requirements to support compliance, transparency and continuity of service operations. This is supported by:
  - **POL 7-P11 Record Management and Archiving Procedure;** and
  - **POL6-P5 Confidentiality and Privacy Procedure.**

- **Information and system controls -** Systems and technology are used appropriately to support service operations, protect information and enable reporting and decision-making. This is supported by:
  - **POL 7-P7 Use and Care of IT Resources Procedure;**
  - **POL 7-P15 Management of IT Resources Procedure;** and
  - **POL2-P33 Safe Use of Digital Technologies - Electronic Devices.**

- **Operational planning and performance monitoring** - Services plan, monitor and review performance through structured processes to support effective service delivery and continuous improvement. This is supported by:
  - **POL7-P12 Developing a QIP;** and
  - **POL3-P4 Risk Assessment Procedure.**

5.4. Risk management and assurance

Ensure risk is governed and monitored so that services operate safely, comply with legislative requirements and maintain high-quality outcomes for children and families.

This means Affinity applies a structured approach to risk management that supports effective oversight, informed decision-making and continuous improvement across all services and operations.

Risk management framework and supporting documents

Risk management at Affinity is guided by **GUI1390 Enterprise Risk Management Framework**, which establishes the organisation-wide approach to identifying, assessing, managing and monitoring risks across all services and operations.

This framework is supported by the POL3-P4 Risk Assessment Procedure, which defines requirements and responsibilities for managing risk at both enterprise and service levels.

Together, these documents ensure a consistent and systematic approach to managing risk across Affinity.

Assurance activities support governance by evaluating the effectiveness of systems, controls and service practices. These activities may include audits, quality assessments, self-assessments, compliance reviews, reporting reviews and other monitoring activities designed to identify risks, verify compliance and support continuous improvement.

5.5. Notifications, reporting and record management

Ensure notification, reporting and record management processes are in place so that information is captured, maintained and communicated accurately, and legislative and regulatory obligations are met.

This means Affinity applies structured processes to support timely reporting, appropriate notifications and accurate record keeping across all services. These processes support transparency, accountability and effective decision-making.

Staff must refer to the relevant policy or procedure for detailed requirements and processes.

Affinity maintains systems that support consistent notification, reporting and record management practices across the organisation. These systems, and the key documents that support them, include:

- **Incident and regulatory notifications** - Notification processes ensure incidents, serious incidents and notifiable events are reported within required timeframes to regulatory authorities and managed in accordance with legislative requirements. This is supported by:
  - POL2-P24 Incident Injury Trauma and Illness Policy and Procedure;
  - POL7-P14 Crisis Response Procedure;
  - POL2-P5 Child Safety and Protection Procedure; and
  - POL2-P27 Emergency Response and Evacuation Procedure.

- **Complaints and feedback reporting** - Complaints and feedback processes ensure concerns are managed consistently, reported appropriately and used to identify and address risks and improvement opportunities. This is supported by:
  - POL6-P6 Complaints Policy and Procedure; and
  - POL7-P9 Allegations Handling Procedure.

- **Operational and governance reporting** - Reporting processes support the monitoring of service performance, compliance and operational outcomes to inform decision-making and oversight. Reporting may include quality, compliance, risk, incident, complaint, audit and performance information. These reporting processes support the monitoring of service performance, identification of emerging risks and trends, resource allocation, continuous improvement activities and organisational oversight. This is supported by:
  - POL7-P12 Developing a QIP; and
  - POL2-P24 Incident Injury Trauma and Illness Policy and Procedure.

- **Record management** - Records are created, maintained and stored in accordance with legislative and organisational requirements to support compliance, service continuity and transparency. This is supported by:
  - POL 7-P11 Record Management and Archiving Procedure; and
  - POL6-P5 Confidentiality and Privacy Procedure.

- **Information security and confidentiality -** Information is managed securely to protect privacy, maintain confidentiality and ensure appropriate access and use of data across systems and services. This is supported by:
  - POL 7-P7 Use and Care of IT Resources Procedure;
  - POL 7-P15 Management of IT Resources Procedure; and
  - POL6-P5 Confidentiality and Privacy Procedure.

5.6. Quality improvement and planning

Ensure quality improvement and planning processes are in place so that services identify opportunities for improvement, implement improvement actions and enhance outcomes for children and families.

This means Affinity applies structured processes to support ongoing self-assessment, review, planning and improvement across all services. These processes support continuous improvement, informed decision-making and alignment with the National Quality Framework.

Staff must refer to the relevant policy or procedure for detailed requirements and processes.

Affinity maintains systems that support consistent quality improvement and planning practices across the organisation. These systems, and the key documents that support them, include:

- **Quality Improvement Plan (QIP) -** The Quality Improvement Plan supports services to assess performance against the National Quality Standard, identify strengths and areas for improvement, establish priorities and document actions that support improved quality outcomes. This is supported by:
    - **POL7-P12 Developing a QIP.**

- **Continuous improvement processes -** Continuous improvement processes ensure feedback, incidents, complaints, observations and review activities are used to identify opportunities for improvement and inform changes to practice, systems and service delivery. This is supported by:
    - **POL6-P6 Complaints Policy and Procedure.**

- **Stakeholder engagement in improvement -** Families, educators and other stakeholders are engaged in quality improvement activities to ensure diverse perspectives contribute to service planning, decision-making and improvement initiatives. This is supported by:
    - **POL6-P3 Family Engagement Procedure.**

- **Child engagement –** Engaging children and providing opportunities for child participation in decisions that affect them or to make suggestions for improvements. This can look like but is not limited too:
    - Make sure children have formal and informal opportunities to have their say on safety issues.
    - Highlight children's views in your information for the community. Quote children where appropriate.
    - Offer children a variety of ways to raise concerns or suggestions such as suggestion boxes, surveys or talking to trusted adults
    - Document children's participation in activities that contribute to the life of the service.

6. Roles and responsibilities summary

The following table provides a summary of role responsibilities that align with the procedures and Promapp processes referenced.

Role	Responsibilities
Approved Provider	• Establish and maintain governance systems; • Ensure legislative compliance; • Oversee risk management and continuous improvement; and • Maintain provider and service approvals.
Executive Leadership and Board	• Provide strategic oversight, monitor organisational performance; • Review governance and compliance outcomes; and • Support informed decision making.
Centre Support Office (CSO)	• Implement organisation-wide governance, compliance, monitoring, quality assurance and reporting systems that support services and organisational oversight.
Operations Leadership	• Monitor service performance; • Provide operational oversight and support; • Identify and address risks; and • Guide continuous improvement across services.
Nominated Supervisor / Centre Manager	• Lead day-to-day service operations; • Implement governance systems; • Maintain legislative compliance; and • Escalate risks or compliance concerns as required.
Staff, Students and Volunteers	• Follow policies and procedures; • Support safe and compliant service delivery; • Maintain records as required; and • Report risks, incidents or compliance concerns.

7. Related legislation and internal documents

The following legislation, regulations and internal documents inform and support this policy and procedure, ensuring compliance with legal requirements and consistent implementation.

Legislation	Education and Care Services National Regulations 2011 Australian Capital Territory – Discrimination Act 1991	Disability Discrimination Act 1992 Privacy Act 1988

	Education and Care Services National Regulations WA 2012 New South Wales – Anti-Discrimination Act 1977 Early Childhood Australia Code of Ethics (2006) Northern Territory – Anti-Discrimination Act 1996 UN Convention on the Right of the Child (1989) Queensland – Anti-Discrimination Act 1991 Age Discrimination Act 2004 Victoria – Equal Opportunity Act 2010 Australian Human Rights Commission Act 1986 Western Australia – Equal Opportunity Act 1984.	Racial Discrimination Act 1975 Public Health Act 2010 Sex Discrimination Act 1984 Child Care Benefit (Eligibility of Child Care Services for Approval and Continued Approval) Amendment Determination 2016 Work health and Safety Regulations Family Assistance Law
Policy/Procedure, Process	POL2-P5 Child Safety and Protection Procedure POL2-P24 Incident Injury Trauma and Illness Policy and Procedure POL2-P27 Emergency Response and Evacuation Procedure POL2-P33 Safe Use of Digital Technologies - Electronic Devices POL3-P1 Providing a Child Safe Environment Policy and Procedure POL3-P2 Facilities and Maintenance Procedure POL3-P4 Risk Assessment Procedure, POL QA4 Staffing Arrangements Policy POL 4-P9 Recruitment and Onboarding Policy and Procedure	POL6-P3 Family Engagement Procedure POL6-P5 Confidentiality and Privacy Procedure POL6-P6 Complaints Policy and Procedure POL 7-P4 Fee Payment Procedure POL 7-P7 Use and Care of IT Resources Procedure POL7-P9 Allegations Handling Procedure POL 7-P11 Record Management and Archiving Procedure POL7-P12 Developing a QIP POL7-P14 Crisis Response Procedure POL 7-P15 Management of IT Resources Procedure POL HR21 Procurement Policy
Supporting documents	GUI1390 Enterprise Risk Management Framework	
Learning resources		

8. Version history

The version history table below records updates to this document, including approval dates and a summary of changes made.

Version Control	Date	Author	Description of Change
1	Oct 2013	AEG	Update ECSNR
V4.16	Apr 2016	AEG	Revision and merge
V10.16	Oct 2016	AEG	Family Assistance Law
V10.17	Oct 2017	AEG	Amendment to Regulations
V6.18	June 2018	AEG	Remove CCB reference
V10.18	Oct 2018	AEG	Removed Certified Supervisor reference WA
V10.19	Oct 2019	AEG	Scheduled review. Add ref to Service Approval
V10.20	Oct 2020	AEG	Scheduled review
V2.22	Feb 2022	AEG	CCS specific criteria
V5.22	May 2022	AEG	Update to reflect SPM
V3.23	Mar 2023	AEG	Scheduled review
V11.23	Nov 2023	AEG	RACI table and reference added
V6.24	June 2024	AEG	Added Safety, Compliance and Quality Framework
V7.25	July 2025	AEG	Scheduled review
V13	July 2026	AEG	Scheduled review Document aligned with refreshed policy approach inclusion of Child Engagement