



**RICHMOND SHIRE COUNCIL
AGENDA**

FOR

**ORDINARY MEETING
TUESDAY 17 JUNE 2025
COMMENCING AT 8:00AM**

Richmond Shire Council
Ordinary Meeting of Council 17 June 2025

AGENDA AND TIMETABLE FOR ORDINARY MEETING
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Commencement of Meeting
Signing of Attendance Book
Reading of Official Prayer
Leave of Absence
Confirmation of Minutes
Declarations of Interest
Business Arising from Previous Meetings

Item 1	Reports for Consideration – Works
Item 2	Reports for Consideration – Office of the Chief Executive Officer
Item 3	Reports for Consideration – Corporate Services
Item 4	Reports for Consideration – Community Services
Item 5	Reports for Consideration – Tourism and Marketing
Item 6	General Business
Item 7	Close of Meeting

Attachment “A” Unconfirmed Minutes from the General Meeting held Tuesday 20 May 2025.

UNCONFIRMED MINUTES OF THE ORDINARY MEETING
OF THE RICHMOND SHIRE COUNCIL HELD IN THE BOARDROOM, RICHMOND
ON TUESDAY 20 MAY 2025



RICHMOND SHIRE COUNCIL

UNCONFIRMED MINUTES

UNCONFIRMED MINUTES OF THE ORDINARY MEETING
OF THE RICHMOND SHIRE COUNCIL HELD IN THE BOARDROOM, RICHMOND
ON TUESDAY 20 MAY 2025

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Item 7	Close of Meeting

UNCONFIRMED MINUTES OF THE ORDINARY MEETING
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ON TUESDAY 20 MAY 2025

PRESENT

Present when Mayor Wharton declared the meeting open at 9:37am were:

COUNCILLORS:

Mayor John Wharton, Deputy Mayor Patsy-Ann Fox, Councillor Megan Easton, Councillor Terry Flute, Councillor Sherreen Johnston and Councillor Judy Brown.

STAFF:

Chief Executive Officer – Peter Bennett, Director of Corporate Services– Peta Mitchell, Director of Community Services and Development – Angela Henry, Director of Works – Syed Qadir, Minutes Secretary – Tyarna Robinson and Camille Carrigan.

PRAYER

Cr Johnston read the prayer.

APOLOGIES

Nil

CONFIRMATION OF MINUTES

RESOLUTION 20250520.1

It was moved Cr Fox, seconded Cr Johnston and carried that the Minutes of the General Meeting of the Richmond Shire Council held in the Board Room, Richmond on Tuesday 15 April 2025, be adopted as presented.

BUSINESS ARISING

Nil

1. REPORTS FOR CONSIDERATION – Works

1.1 Request for Driveway Maintenance – 25 Simpson Street

EXECUTIVE SUMMARY

A request for driveway maintenance at 25 Simpson Street has been received.

OFFICER'S RECOMMENDATION

That Council: provide further instruction.

Cr Wharton informed Director of Works Syed Qadir that the newly installed driveway at 31 Goldring Street does not meet Council standards. The driveway is to be removed, and a new driveway installed that complies with Council standards.

RESOLUTION 20250520.2

It was moved Cr Easton, seconded Cr Johnston and carried that Council approve the maintenance work of 25 Simpson Street driveway in accordance with the Driveway Policy.

REFERENCE DOCUMENT

- Letter

2. REPORTS FOR CONSIDERATION – OFFICE OF THE CHIEF EXECUTIVE OFFICER

2.1 Request from Richmond Wagon Adventures

Richmond Wagon Adventures have requested for Council to consider doing maintenance work to the dirt road behind Lake Fred Tritton as this is part of their tour route, enabling them to limit main roads usage. They have also noted the water outlet pipe at the back of Lake Fred Tritton is currently blocked with dirt and bullrush causing seepage, creating further issues with bogging.

Richmond Wagon Adventures are also requesting for Council to consider granting them a seasonal wet area permit for 2025, covering Matrons Bay at Lake Fred Tritton and Richmond Racecourse. With the request for Council to also consider permitting Richmond Wagon Adventures to use the Cambridge Ruins to conduct some activities for their tours.

OFFICER'S RECOMMENDATION

That Council: provide further direction with the requests.

RESOLUTION 20250520.3

It was moved Cr Easton, seconded Cr Johnston and carried that Council do maintenance work to the dirt road and outlet pipe at the rear of Lake Fred Tritton.

RESOLUTION 20250520.4

It was moved Cr Fox, seconded Cr Johnston and carried that Council grant Richmond Wagon Adventures a yearly wet area permit covering Matrons Bay at Lake Fred Tritton and Richmond Racecourse, and permitting Richmond Wagon Adventures to utilise the Cambridge Ruins for tour activities, within opening hours.

REFERENCE DOCUMENT

- Letter

4. REPORTS FOR CONSIDERATION – COMMUNITY SERVICES

4.1 Richmond Shire Council Economic Development Strategy Draft

EXECUTIVE SUMMARY

The State Development Team are losing staff members making onsite visits more challenging. A potential online teams meeting is recommended to discuss the current draft to gather feedback.

OFFICER'S RECOMMENDATION

That Council: discuss the draft proposal.

It was unanimously agreed to form a sub-committee to discuss and make appropriate adjustments to the Economic Development Strategy Draft to reflect the Richmond Shire accurately.

Cr Fox, Cr Easton and Cr Johnston to meet with Director of Community Services and Development Angela Henry. Other Councillors to provide their notes via email.

REFERENCE DOCUMENT

- Draft

RESOLUTION 20240520.5

It was moved Cr Fox, seconded Cr Easton and carried that Council adjourn for morning tea at 10:00am.

RESOLUTION 20240520.6

It was moved Cr Fox, seconded Cr Easton and carried that Council re-adjourn the meeting at 10:33am.

4. REPORTS FOR CONSIDERATION – COMMUNITY SERVICES

4.2 Regulatory Compliance Policy

EXECUTIVE SUMMARY

To provide guidance to the Council, senior management and other workers on our regulatory compliance responsibilities.

OFFICER'S RECOMMENDATION

That Council: adopt the Regulatory Compliance Policy as presented.

RESOLUTION 20250520.7

It was moved Cr Brown, seconded Cr Easton and carried that Council adopt the Regulatory Compliance Policy as presented.

REFERENCE DOCUMENT

- Policy

4. REPORTS FOR CONSIDERATION – COMMUNITY SERVICES

4.3 Restrictive Practices Policy

EXECUTIVE SUMMARY

To provide worker guidance to minimise the use of restrictive practices and ensure safe and monitored use of restrictive practices when indicated.

OFFICER'S RECOMMENDATION

That Council: adopt the Restrictive Practices Policy as presented.

RESOLUTION 20250520.8

It was moved Cr Brown, seconded Cr Fox and carried that Council adopt the Restrictive Practices Policy as presented.

REFERENCE DOCUMENT

- Policy

4. REPORTS FOR CONSIDERATION – COMMUNITY SERVICES

4.4 Rights and Responsibilities of Consumers Policy

EXECUTIVE SUMMARY

To provide worker guidance in ensuring consumer rights and responsibilities are upheld in the delivery of care and services.

OFFICER'S RECOMMENDATION

That Council: adopt the Rights and Responsibilities of Consumers Policy as presented.

RESOLUTION 20250520.9

It was moved Cr Brown, seconded Cr Johnston and carried that Council adopt the Rights and Responsibilities of Consumers Policy as presented.

REFERENCE DOCUMENT

- Policy

4. REPORTS FOR CONSIDERATION – COMMUNITY SERVICES

4.5 Risk Management and Emergencies Policy

EXECUTIVE SUMMARY

To provide guidance to management and workers in identifying, reporting and managing known and potential risks in line with contemporary practice.

OFFICER'S RECOMMENDATION

That Council: adopt the Risk Management and Emergencies Policy as presented.

RESOLUTION 20250520.10

It was moved Cr Brown, seconded Cr Johnston and carried that Council adopt the Risk Management and Emergencies Policy as presented.

REFERENCE DOCUMENT

- Policy

4. REPORTS FOR CONSIDERATION – COMMUNITY SERVICES

4.6 Additional Needs Policy

EXECUTIVE SUMMARY

Supporting children with additional needs requires educators to extend upon the strategies they already use in providing quality care for children. It is imperative for educators to develop a comprehensive understanding of each child's interests and abilities and implement a program and environment that is receptive to their needs and inclusion.

As Out of School Hours Care (OSHC) Service offer flexible attendance options, and vacation care options, it is critical that our service works in partnership with families and other professionals to ensure

specific consideration and adaptations/adjustments allow children with addition needs access and participation. Our OSHC Service is committed to take into account children's social and cultural diversity, including learning styles, abilities and disabilities to achieve positive experiences for children in our setting.

OFFICER'S RECOMMENDATION

That Council: adopt the Additional Needs Policy as presented.

RESOLUTION 20250520.11

It was moved Cr Fox, seconded Cr Easton and carried that Council adopt the Additional Needs Policy as presented.

REFERENCE DOCUMENT

- Policy

4. REPORTS FOR CONSIDERATION – COMMUNITY SERVICES
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4.7 Administration of Medication Policy

EXECUTIVE SUMMARY

In supporting the health and wellbeing of children, the use of medications may be required by children at the Out of School Hours Care (OSHC) Service. All medications must be administered as prescribed by medical practitioners and first aid guidelines to ensure the continuing health, safety, and wellbeing of the child. Under the *Education and Care Services National Law and Regulations*, OSHC Services are required to ensure medication records are kept for each child to whom medication is or is to be administered by the OSHC Service (Reg 92).

OFFICER'S RECOMMENDATION

That Council: adopt the Administration of Medication Policy as presented.

RESOLUTION 20250520.12

It was moved Cr Brown, seconded Cr Johnston and carried that Council adopt the Administration of Medication Policy as presented.

REFERENCE DOCUMENT

- Policy

4. REPORTS FOR CONSIDERATION – COMMUNITY SERVICES
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4.8 Managing an Aggressive Person/Visitor Policy

EXECUTIVE SUMMARY

Our Out of School Hours (OSHC) Service aims to establish and maintain positive and open relationships with all parents of enrolled children. However, we understand that on occasion there may be times when a parent or visitor arrives at our OSHC Service displaying aggressive, difficult or challenging behaviour. Our OSHC Service is committed to maintain a safe workplace for all staff and visitors and ensure staff have the skills to safely prevent and de-escalate aggressive behaviours. Workplace violence can be any incident where a person is abused, threatened or assaulted whilst engaged in work.

OFFICER'S RECOMMENDATION

That Council: adopt the Managing an Aggressive Person/Visitor Policy as presented.

RESOLUTION 20250520.13

It was moved Cr Brown, seconded Cr Fox and carried that Council adopt the Managing an Aggressive Person/Visitor Policy as presented.

REFERENCE DOCUMENT

- Policy

4. REPORTS FOR CONSIDERATION – COMMUNITY SERVICES

4.9 Safe Arrival of Children Policy

EXECUTIVE SUMMARY

Under the Education and Care Services National Regulations, Outside School Hours Care (OSHC) Services must have policies and procedures in place for the safe arrival of children who travel to or from an education and care service premises [ACECQA, 2023]. This may include children traveling between our OSHC service and educational facilities such as Family Day Care service, preschool, school, long day care service or any other service which provides education and care to children.

OFFICER'S RECOMMENDATION

That Council: adopt the Safe Arrival of Children Policy as presented.

RESOLUTION 20250520.14

It was moved Cr Flute, seconded Cr Johnston and carried that Council adopt the Safe Arrival of Children Policy as presented.

REFERENCE DOCUMENT

- Policy

4. REPORTS FOR CONSIDERATION – COMMUNITY SERVICES

4.10 Supervision Policy

EXECUTIVE SUMMARY

Supervision is an integral part of the whole care and education experience. *“At its most basic level, supervision helps to protect children from hazards or harm that may arise in their daily experiences in play, interactions with others, and daily routines.”* (Victoria Department of Education and Training, 2010, p.1). Effective supervision allows educators to actively engage in play and leisure opportunities that are meaningful to children and support their wellbeing, development and learning.

OFFICER'S RECOMMENDATION

That Council: adopt the Supervision Policy as presented.

RESOLUTION 20250520.15

It was moved Cr Brown, seconded Cr Fox and carried that Council adopt the Supervision Policy as presented.

REFERENCE DOCUMENT

- Policy

Change of order of business to consider late items.

3. REPORTS FOR CONSIDERATION – Corporate Services

3.1 Statements

EXECUTIVE SUMMARY

Council's monthly financial report in relation to the 2024/2025 adopted budgeted is presented for consideration, together with Statement of Comprehensive Income, Statement of Financial Position and Statement of Cash Flow as at 30th April 2025.

OFFICER'S RECOMMENDATION

That Council: receive the monthly financial report presenting the progress made as at 30th April 2025 in relation to the 2024/2025 budget and including the:

- ***Statement of Financial Position***
- ***Statement of Comprehensive Income***
- ***Statement of Cash Flows***

RESOLUTION 20250520.16

It was moved Cr Fox, seconded Cr Johnston and carried that Council accept the monthly financial report presenting the progress made as at 30th April 2025 in relation to the 2024/2025 budget and including the:

- ***Statement of Financial Position***
- ***Statement of Comprehensive Income***
- ***Statement of Cash Flows***

REFERENCE DOCUMENT

- Statements

3. REPORTS FOR CONSIDERATION – Corporate Services

3.2 Amended Budget – Kronosaurus Korner

EXECUTIVE SUMMARY

Kronosaurus Korner has received a grant for the improvement for the lighting and air conditioning from the Gambling Community Benefit Fund of \$100,000. The initial proposal was to upgrade the air conditioners in the museum. A quote was received for a \$198,000 which was unachievable under the grant. There has been maintenance work undertaken to the air airconditioners which has meant that an upgrade could be pushed out to a future date. Kronosaurus Korner will now use the \$100,000 to fully fund the lighting project of \$ 57,500 and the expenses incurred with the air conditioning maintenance. The Council committed funds would now be used to paint the Kronosaurus Korner at a cost of \$30,000.

OFFICER'S RECOMMENDATION

That Council: approve the reallocation of the budget funds from lighting to painting.

RESOLUTION 20250520.17

It was moved Cr Fox, seconded Cr Brown and carried that Council accept the reallocation of the budget funds from lighting to painting for Kronosaurus Korner.

REFERENCE DOCUMENT

- Nil

3. REPORTS FOR CONSIDERATION – Corporate Services

3.3 Fees and Charges - Aerodrome

EXECUTIVE SUMMARY

As Advata requires notice to allow updates to their ticketing/financial systems Council should decide now if any changes are to be made to the landing fees for the Richmond Aerodrome for the 2025/2026 financial year.

Council currently does not charge local property owners landing fees. In 2024/2025 Council has budgeted for \$33,915 in landing fees and has currently received \$46,874. In previous years there has been an increase to the landing fees of \$1.00.

OFFICER'S RECOMMENDATION

That Council: discuss whether new rates will be applied to the Aerodrome for the 2025/2026 financial year and adopt any change to come into effect as at 01st July 2025.

RESOLUTION 20250520.18

It was moved Cr Fox, seconded Cr Easton and carried that Council increase the landing fees at the Aerodrome by \$1.00 as at July 1 2025.

REFERENCE DOCUMENT

- Current Fees and Charges for Aerodrome landing fees.

3. REPORTS FOR CONSIDERATION – Corporate Services

3.4 Fees and Charges – Washdown Bay

EXECUTIVE SUMMARY

As Advata requires notice to allow updates to their ticketing/financial systems Council should decide now if any changes are to be made to the washdown bay fees for the 2025/2026 financial year.

In 2024/2025 Council has budgeted \$18,000 in fees and has currently have \$ 17,197. This fee has not changed since 2022/2023.

OFFICER'S RECOMMENDATION

That Council: discuss whether new rates will be applied to the washdown bay for the 2025/2026 financial year and adopt any change to come into effect as at 01st July 2025.

RESOLUTION 20250520.19

It was moved Cr Easton, seconded Cr Johnston and carried that Council increase the Washdown Bay rates by 3% as at 01st July 2025.

REFERENCE DOCUMENT

- Current fees and Charges for Washdown Bay.

3. REPORTS FOR CONSIDERATION – Corporate Services

3.5 Fees and Charges – Standpipe Bore 7

EXECUTIVE SUMMARY

As Advata requires notice to allow updates to their ticketing/financial systems Council should decide now if any changes are to be made to the Standpipe bore 7 for the 2025/2026 financial year.

In the 2024/2025 Council had budgeted \$39,463 in fees and has currently received \$45,793. Council has not increased this charge since 2022/2023 financial year.

OFFICER'S RECOMMENDATION

That Council: discuss whether new rates will be applied to the standpipe bore 7 for the 2025/2026 financial year and adopt any change to come into effect as at 01st July 2025.

RESOLUTION 20250520.20

It was moved Cr Fox, seconded Cr Johnston and carried that Council increase Standpipe Bore 7 rates by 3% as at 01st July 2025.

REFERENCE DOCUMENT

- Current fees and Charges for Standpipe Bore 7.

2. REPORTS FOR CONSIDERATION – OFFICE OF THE CHIEF EXECUTIVE OFFICER

2.6 Richmond Saleyards Catwalk

I, Councillor Flute, inform the meeting that I have declared an interest in relation to Tabled Item 2.6 as I am the Saleyard Contractor. As a result of the interest, I will be leaving the room while the consideration is being discussed.

Attendance

Cr Flute left the room at 10:49am

Tabled was the suggestion to obtain a quote from the Saleyards Contractor for the installation of a secondary catwalk at the Richmond Saleyards.

OFFICER'S RECOMMENDATION

That Council: discuss the suggestion and provide further direction.

RESOLUTION 20250520.21

It was moved Cr Easton, seconded Cr Fox and carried that Council approach the Richmond Saleyards Contractor to request a quotation for the installation of a secondary catwalk at the Richmond Saleyards. The Contractor is to engage with Chief Executive Officer Peter Bennett for further direction.

Attendance

Cr Flute re-entered the room at 10:52am

REFERENCE DOCUMENT

- Nil

CLOSED SESSION

2. REPORTS FOR CONSIDERATION – Chief Executive Officer

2.2 Lease Agreement Renewal

RESOLUTION 20250520.22

It was moved Cr Fox, seconded Cr Easton and carried that Council enter a closed session according to the Local Government Regulation 2012 254J, (3)(g) negotiations relating to a commercial matter involving the local government for which a public discussion would be likely to prejudice the interests of the local government;

RESOLUTION 20250520.23

It was moved Cr Fox, seconded Cr Easton and carried that Council exit a closed session according to the Local Government Regulation 2012 275J, (3)(g) negotiations relating to a commercial matter involving the local government for which a public discussion would be likely to prejudice the interests of the local government;

EXECUTIVE SUMMARY

The lease agreement for 2/76 Goldring Street is due for renewal on 30th June 2025, currently held by Richmond Early Education Centre Inc.

OFFICER'S RECOMMENDATION

That Council: discuss the lease agreement.

RESOLUTION 20250520.24

It was moved Cr Johnston, seconded Cr Brown and carried that Council hold over the renewal until next Council Meeting after a meeting is held with the stakeholder.

REFERENCE DOCUMENT

Lease Agreement

2. REPORTS FOR CONSIDERATION – Chief Executive Officer

2.3 Electrical Quote – Richmond Racecourse Upgrades

I, Councillor Wharton, inform the meeting that I have declared an interest in relation to Item 2.3 as I am a controlling member of the Richmond Bush Sprints. As a result of the interest, I will not be voting.

I, Councillor Fox, inform the meeting that I have declared an interest in relation to Item 2.3 as I am a committee member of the Richmond Turf Club.

I, Director of Works Syed Qadir, inform the meeting that I have declared an interest in relation to Item 2.3 as I am a controlling member of the Richmond Turf Club.

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RESOLUTION 20250520.25

It was moved Cr Fox, seconded Cr Easton and carried that Council enter a closed session according to the Local Government Regulation 2012 254J, (3)(c) the local government's budget;

RESOLUTION 20250520.26

It was moved Cr Easton, seconded Cr Johnston and carried that Council exit a closed session according to the Local Government Regulation 2012 275J, (3)(c) the local government's budget;

EXECUTIVE SUMMARY

The Richmond Racecourse requires extensive electrical upgrade to comply with electrical safety standards.

OFFICER'S RECOMMENDATION

That Council: give further direction.

RESOLUTION 20250520.27

It was moved Cr Flute, seconded Cr Easton and carried that Council obtain further clarification and information regarding the proposed works and engage with stakeholders of the facility to engage with Chief Executive Officer to organise for emergency works to be carried out.

REFERENCE DOCUMENT

Quote

2. REPORTS FOR CONSIDERATION – Chief Executive Officer

2.4 Amended Budget - RMPC

RESOLUTION 20250520.28

It was moved Cr Johnston, seconded Cr Flute and carried that Council enter a closed session according to the Local Government Regulation 2012 254J, (3)(g) negotiations relating to a commercial matter involving the local government for which a public discussion would be likely to prejudice the interests of the local government;

RESOLUTION 20250520.29

It was moved Cr Fox, seconded Cr Easton and carried that Council exit a closed session according to the Local Government Regulation 2012 275J, (3)(g) negotiations relating to a commercial matter involving the local government for which a public discussion would be likely to prejudice the interests of the local government;

EXECUTIVE SUMMARY

The RMPC program has been awarded \$80,000 to be spent by the end of the financial year. Council is proposing that a slip unit be purchase so a smaller vehicle can follow the slashers when the grass is dry to mitigate fires that can occur.

OFFICER'S RECOMMENDATION

That Council: accept the purchase of a slip on unit from the extra funding for RMPC.

RESOLUTION 20250520.30

It was moved Cr Brown, seconded Cr Johnston and carried that Council proceed with the purchase of the slip-on unit.

REFERENCE DOCUMENT

Quote

2. REPORTS FOR CONSIDERATION – Chief Executive Officer

2.5 Project Funding Update

RESOLUTION 20250520.31

It was moved Cr Fox, seconded Cr Easton and carried that Council enter a closed session according to the Local Government Regulation 2012 254J, (3)(g) negotiations relating to a commercial matter involving the local government for which a public discussion would be likely to prejudice the interests of the local government;

RESOLUTION 20250520.32

It was moved Cr Fox, seconded Cr Easton and carried that Council exit a closed session according to the Local Government Regulation 2012 275J, (3)(g) negotiations relating to a commercial matter involving the local government for which a public discussion would be likely to prejudice the interests of the local government;

EXECUTIVE SUMMARY

Council has obtained further funding for the Aerodrome upgrade.

OFFICER'S RECOMMENDATION

That Council: note the update on the Project Funding.

RESOLUTION 20250520.33

It was moved Cr Johnston, seconded Cr Brown and carried that Council note the update.

REFERENCE DOCUMENT

Project Funding Agreement

GENERAL BUSINESS

Cr Brown commended the Richmond Bush Sprints and Kronosaurus Korner staff for the outstanding job they did organising and executing the event.

Cr Brown noted she attended the Change Maker Leadership Course in Winton.

Cr Brown noted that she has undergone Child Safety Training at the Outside School Hours Care provided by the Richmond Shire Council.

Cr Brown suggested opening up the Tertiary Bursary Subsidy to traineeships and apprenticeships to encourage students to pursue trades. Council agreed to discuss at the Budget Meeting. Cr Brown also enquired about providing staff with leaderships programs and training.

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Cr Johnston noted that a request has been made to provide an opening day once the pool heating has been finalised. Council agreed to host an event once the works have been completed. An enquiry has also been made in to adding pool entry fees to caravan park bookings, with Council reimbursing the Pool Contractor. It was unanimously agreed that pool entry fees would remain the responsibility of the Pool Contractor.

Cr Johnston noted a member of the public has enquired about hosting an Australia Day cricket event. Director of Community Services Angela Henry noted Council have a portable cricket pitch and limited cricket equipment. It was noted that Council would be encouraging of an Australia Day cricket event if a suitable playing field could be sourced. It was noted Charlie Wehlow Oval is not a suitable option as the pitch would damage the playing field.

Cr Johnston noted she has received feedback from the public that more communication from Richmond Shire Council would be welcomed. It was agreed to distribute the Council Newsletter monthly, with The Mayors Message and Councillor Message being included bi-monthly. Cr Wharton recommended hosting quarterly town meetings to give the public updates on the current projects within Council, all Councillors agreed this could be beneficial.

Cr Fox noted that options for placement of a water bubbler at The Bobby Murray Park were being investigated.

Cr Fox requested feedback on the idea of creating an Education Hub that could host school camps, university prac students, volunteers for Kronosaurus Korner. Chief Executive Officer Peter Bennett suggested formulating a plan of what the Education Hub would include and bring back to Council Meeting to discuss.

Cr Fox requested clarification on where the responsibility lies when a cat is caught in a Council cat trap as there is no stipulation on the hire forms. It was agreed that it would be discussed further at the June Council Meeting.

Cr Easton requested an update on the progress of Rural Addressing Road Identification. Chief Executive Officer Peter Bennett noted that it needs to be followed up with Queensland Ambulance Service. Cr Easton suggested distributing information via the Council Newsletter to encourage rural landowners to contact Council to update addresses.

Cr Easton requested an update on the paint upgrade of the Kronosaurus. Cr Wharton noted that there was no update at present and it was to be discussed at the upcoming Kronosaurus Korner General Meeting.

Chief Executive Officer Peter Bennett noted that he attended Legislative Training with Preston Law in Cloncurry. It was noted that moving forward Council will be engaging with Preston Law for any future Roads Policies.

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CLOSE OF MEETING

Meeting closure

RESOLUTION 20250520.34

It was moved Cr Fox, seconded Cr Flute and carried that the meeting close at 12:02pm.

Next Ordinary Meeting

17 June 2025.

I hereby confirm that this is a true and correct record of the minutes of the Richmond Shire Council Ordinary Meeting Tuesday 20 May 2025.

Mayor

Richmond Shire Council
Ordinary Meeting of Council 17 June 2025

COMMENCEMENT OF MEETING

SIGNING OF ATTENDANCE BOOK

READING OF OFFICIAL PRAYER

LEAVE OF ABSENCE

CONFIRMATION OF MINUTES

- Unconfirmed 20 May 2025 Minutes

DECLARATIONS OF INTEREST

MATTERS ARISING FROM PREVIOUS MEETINGS

Item 3. Reports for Consideration – Corporate Services

Item 3.1 Nature Strip Policy

EXECUTIVE SUMMARY

To ensure clear direction that nature strips across the Shire of Richmond are well maintained. Council now requires residents and landowners to mow and maintain the nature strip adjacent to their house/land. This applies to private, commercial and industrial property.

OFFICER'S RECOMMENDATION

That Council: revoke the Nature Strip Policy.

Budget & Resource Implications

Nil

Background

Council request that the Nature Strip Policy be revoked to allow Council to recommence maintenance of nature strips.

Consultation (Internal/External)

Nil

Attachments

Attachment B – Policy

Report prepared by **Tyarna Robinson (Administration and Records Officer)**



RICHMOND SHIRE COUNCIL NATURE STRIP (FOOTPATH) MOWING POLICY

POLICY NUMBER:	085
INFOXPRT REF:	119837
TIME PERIOD OF REVIEW:	3 Years
DATE OF NEXT REVIEW:	April 2026

1. OBJECTIVE

To ensure clear direction that nature strips across the Shire of Richmond are well maintained. Council now requires residents and landowners to mow and maintain the nature strip adjacent to their house/land. This applies to private, commercial and industrial property.

2. SCOPE

The provisions of this policy apply to all council controlled grassed areas between yard boundaries and road edges.

3. RESPONSIBILITIES

Richmond Shire Council will mow and maintain nature strips in adjacent to any Council housing, infrastructure, parks and gardens. Council will not mow a grassed area within a private property.

Council will only mow and maintain the nature strip on a regular basis under the conditions listed in Item 4. Assistance.

Where there is an instance of an overgrown nature strip, Council will contact the landowners and direct them to tend to the nature strip as soon as possible and maintain it on a regular basis.

It is the responsibility of the residents of the land adjacent to the nature strip to maintain and mow them.

4. ASSISTANCE

Council may provide assistance with maintenance and mowing services to the nature strip adjacent to a residential house/land under certain circumstances if a written application is presented to Council to consider.

All applications should be mailed to PO Box 18, Richmond Q 4822 or emailed to enquiries@richmond.qld.gov.au.

Council will endeavour to notify the applicant within 24 hours that the application has been received, and then Council has fourteen (14) business days from the date of the application to approve or deny the request and notify the applicant.

When an application is received the Nature Strip Register in the Records Management System will need to be filled in.

When a request is received, confirmation from the Director of Community Services and Development is needed to confirm that the applicant is not an Aged Care Client. The request will then go to the Chief Executive Officer to be approved/denied.

A service request will need to be completed for Town Services to add the job to their ongoing job list.

5. RELATED DOCUMENTS

- Nature Strip Register

6. APPROVAL

Date of Adoption: 19 April 2023
Policy Reviewed: General Council Meeting 19 April 2023
Resolution Number: 20230419.3

Policy Authorised: Peter Bennett
Chief Executive Officer

Item 3.2 Horse Paddock Policy

EXECUTIVE SUMMARY

To establish criteria for the stabling of horses in the town area and on the tendered paddocks to residents of Richmond Shire Council on the allocated horse paddocks.

OFFICER'S RECOMMENDATION

That Council: adopt the Horse Paddock Policy as presented.

Budget & Resource Implications

Nil

Background

This policy is due for renewal and has had no changes.

Consultation (Internal/External)

Nil

Attachments

Attachment C – Policy

Report prepared by **Peta Mitchell (Director of Corporate Services)**



RICHMOND SHIRE COUNCIL HORSE Paddock POLICY

POLICY NUMBER: 084
INFOXPRT REF: 114440
TIME PERIOD OF REVIEW: 1 Year
DATE OF NEXT REVIEW: June 2025

1. OBJECTIVE

To establish criteria for the stabling of horses in the town area and on the tendered paddocks to residents of Richmond Shire Council on the allocated horse paddocks.

2. CONDITIONS

1. Applicants must NOT own property any more than 249 hectares of grazing land within or outside the Richmond Shire Council
2. Applicants are allowed only one paddock per primary residence
3. Applicants must be a current permanent resident of the Shire
4. Applicants must be a bona fide owner of the horses to be paddocked
5. Applicants must be over eighteen (18) years of age
6. Four (4) horses per paddock are allowed. No stallions or rigs are permitted
7. It is the responsibility of the applicants to ensure that the horses are:
 - a. Properly cared for which includes but is not limited to:
 - i. **adequate feed and water as deemed by the appropriate authorities**
 - b. Suitably restrained to paddock and unable to wander at large
 - i. Applicants are required to maintain the fencing, however anything that needs fixing is to be reported to Council immediately
 - c. Unable to cause sickness, injury or danger to other people or animals
 - d. Unable to cause a nuisance or hazard to health and safety
 - e. Any RSPCA warnings received by a horse owner will result in having their paddock hire revoked
8. Hire charges for the small horse paddocks are fixed by Council and are payable yearly in advance, accounts will be issued in September. Pro-rata monthly hire will be allowed for new applicants. An updated application will need to be completed yearly with the payment
9. Charges for the large horse paddocks are invoiced annually and tendered every two years with an option to renew for a further two years.
10. Fourteen (14) days' notice in writing must be given to Council if the paddock is surrendered due to any reason. A credit note or refund will be issued for the remaining months pro-rated.
11. Failure to pay horse paddock fees will be in line with Council's Debt Collection Policy and may result in the impoundment of livestock which Council can auction to recoup outstanding debts.
12. Applicants must complete a waiting list application and will be notified by Council when a paddock becomes available. Council may use its discretion to grant or refuse any application.
13. Council reserves the right to inspect the horse paddocks at any time for any reason.
14. Paddocks, including infrastructure are required to be kept clean and tidy including all rubbish, unnecessary wire and hay string. After three (3) written warnings in twelve (12) months, the hire agreement will be cancelled.
- 15. The applicant must maintain, and keep water troughs clean at all times**
16. Water leaks are to be reported to Council immediately
17. The applicant will be liable for any damages to the horse paddock.

18. If an applicant has horses in the small horse paddocks in town, they cannot have horses on the large horse paddocks and vice versa.

3. POLICY

Council will provide a trough and water access. No taps are to be installed near the trough. Taps can only be installed near the fence. No sprinkler use is allowed at the paddocks.

Any shelter or shade construction is to be approved by the Rural Land Officers. A record will be maintained of any structures.

4. RELATED DOCUMENTS

- Application to hire horse paddocks
- Debt Collection Policy

5. IMPLEMENTATION

This Policy will commence from the Policy reviewed date and will be made available to all corporate staff on Council's intranet site/network, and to all outdoor staff via their supervisor/coordinator. Council reserves the right to vary, replace or terminate this Policy from time to time. This Policy will typically be reviewed when a review has been deemed appropriate by organisational processes (e.g., audit recommendations), or when legislative requirements change.

6. APPROVAL

Date of Adoption: 19 April 2022
Policy Reviewed: General Council Meeting 19 November 2024
Resolution Number: 20241119.12

Policy Authorised: Peter Bennett
Chief Executive Officer

Item 3.3 CHSP Client Contribution Policy

EXECUTIVE SUMMARY

The Australian Government subsidises CHSP services, however Richmond Aged Care will ask the consumer to contribute towards the cost of their care.

Generally, the consumer will also be asked to pay for consumables, such as continence aids, used in the course of their care. Clients with a Centrelink Health Care Card or Pensioner Concessioner Card can access MASS (Medical Aids Subsidy Scheme) through Richmond Aged Care.

As outlined in the national Client Contribution Framework, Commonwealth Home Support Program (CHSP) clients who can afford to contribute to the costs of their package of care or support are required to make financial contributions to that package.

OFFICER'S RECOMMENDATION

That Council: adopt the CHSP Client Contribution Policy as presented.

Budget & Resource Implications

Nil

Background

This policy is due for renewal and has had no changes.

Consultation (Internal/External)

Nil

Attachments

Attachment D – Policy

Report prepared by **Peta Mitchell (Director of Corporate Services)**



RICHMOND SHIRE COUNCIL CHSP CLIENT CONTRIBUTION POLICY

POLICY NUMBER:	081
INFOXPRT REF:	109910
TIME PERIOD OF REVIEW:	1 Year
DATE OF NEXT REVIEW:	June 2025

1. OBJECTIVE

The Australian Government subsidises CHSP services, however Richmond Aged Care will ask the consumer to contribute towards the cost of their care.

Generally, the consumer will also be asked to pay for consumables, such as continence aids, used in the course of their care. Clients with a Centrelink Health Care Card or Pensioner Concessioner Card can access MASS (Medical Aids Subsidy Scheme) through Richmond Aged Care.

As outlined in the national Client Contribution Framework, Commonwealth Home Support Program (CHSP) clients who can afford to contribute to the costs of their package of care or support are required to make financial contributions to that package.

2. PRINCIPLES

The following principles must be applied when determining the amount of contribution to be made by a client:

- All clients who can afford to make contributions to their CHSP services should do so
- Clients shall be advised of the need to make contributions when they make enquiries about services, and prior to the commencement of service
- Clients shall be advised exactly what their contribution will be. If the contribution is revised, the client must be advised of the revised contribution prior to the change
- In the case of financial hardship, client's ability to contribute shall be assessed via the Centrelink Hardship payment application form – determinations about the ability to pay will not be made by Richmond Shire Council. Refusal to pay does not constitute inability to pay
- Contributions made by clients will only subsidise the costs of the service – contributions made will not meet the full costs of that particular service. The revenue raised by contributions shall offset the ongoing operational costs of Richmond Aged Care
- Richmond Aged Care can provide short term intensive services under CHSP whilst a client is awaiting a home care package
- If a Home Care Package is offered to the client and declined, Services will revert back to 1-2 services a week as per CHSP standards, any additional services or products required will be charged at the current fees and charges
- Non-payment of fees will be as per the Debt Recovery Policy

3. LEGISLATION

- *Department of Social Services – CHSP Client Contribution Framework*
- *National Guide to the CHSP Client Contribution Framework*
- *CHSP Programme Manual*

4. IMPLEMENTATION

This Policy will commence from the Policy reviewed date and will be made available to all corporate staff on Council's intranet site/network, and to all outdoor staff via their supervisor/coordinator. Council reserves the right to vary, replace or terminate this Policy from time to time. This Policy will typically be reviewed when a review has been deemed appropriate by organisational processes (e.g., audit recommendations), or when legislative requirements change.

5. APPROVAL

Date of Adoption: 17 August 2021
Policy Reviewed: General Council Meeting 18 June 2024
Resolution Number: 20240618.7

Policy Authorised: Peter Bennett
Chief Executive Officer

Item 3.4 Asset Disposal Policy

EXECUTIVE SUMMARY

The objective of this policy is to establish a fair, transparent and accountable system for the disposal of assets owned by Richmond Shire Council ("Council"), to achieve advantageous and sustainable outcomes in accordance with sound contracting principles, local government principles, Council's budget and formal plans.

OFFICER'S RECOMMENDATION

That Council: adopt the Asset Disposal Policy as presented.

Budget & Resource Implications

Nil

Background

The Asset Disposal Policy has had minor grammatical changes.

Consultation (Internal/External)

Internal - Peta Mitchell (Director of Corporate Services)
Kylie Kennedy (Assess Accountant)

Attachments

Attachment E – Policy

Report prepared by **Peta Mitchell (Director of Corporate Services)**



RICHMOND SHIRE COUNCIL ASSET DISPOSAL POLICY

POLICY NUMBER:	005
INFOXPRT REF:	76167
TIME PERIOD OF REVIEW:	1 Year
DATE OF NEXT REVIEW:	June 2025

1. OBJECTIVE

The objective of this policy is to establish a fair, transparent and accountable system for the disposal of assets owned by Richmond Shire Council ("Council"), to achieve advantageous and sustainable outcomes in accordance with sound contracting principles, local government principles, Council's budget and formal plans.

2. SCOPE

This policy applies to the disposal of all Council assets and all contractual arrangements associated with such disposal.

This policy applies to all employees, trainees, and apprentices of Richmond Shire Council ("Council"). It does not form part of any employee's contract of employment. This policy also applies to other persons performing work at the direction of, in connection with, or on behalf of Council (e.g., contractors, subcontractors, agents, consultants).

3. BACKGROUND AND PRINCIPLES

3.1 Local Government Principles

Council staff are required to apply local government principles in all their responsibilities as local government employees, including disposal of Council assets. These principles include:

- transparent and effective processes, and decision-making in the public interest;
- sustainable development and management of assets and infrastructure, and delivery of effective services;
- democratic representation, social inclusion and meaningful community engagement;
- good governance of, and by, local government; and
- ethical and legal behaviour of councillors and local government employees.

Employees must conduct asset disposal activities in accordance with the above principles.

3.2 Sound Contracting Principles

Council's asset disposal activities shall be in accordance with the following 'sound contracting principles':

- value for money;
- open and effective competition;
- the development of competitive local business and industry;
- environmental protection;
- ethical behaviour and fair dealing.

3.3 Application of Principles

Long-term asset management planning, delegation of contractual powers, and the implementation of this policy shall assist Council in complying with local government principles and sound contracting principles.

4. ROLES AND RESPONSIBILITIES

4.1 Employees

Employees, when performing disposal activities must:

- consider proposed disposals in accordance with the local government principles and sound contracting principles;
- ensure that all disposal activities are undertaken in accordance with all this policy and other obligations (e.g., legislation);
- ensure that formal approval for a disposal is obtained from the relevant delegate prior to disposing of an asset.
- identify and manage risk associated with disposal;
- ensure that local businesses are invited to supply bids for tenders and that Council's website is updated accordingly.

4.2 Management

All supervisors will ensure that their employees are aware of and comply with this policy.

The Executive Team will review any significant disposal activities during the annual and quarterly budget processes to better inform organisational disposal and contracting decision-making.

4.3 Delegates

Only the Chief Executive Officer, Director of Works, and Director of Corporate Services have the power to authorise the disposal of an asset, in accordance with their financial delegation, using the Asset Disposal Form.

Employees with contractual delegations must ensure they only undertake contractual activities as outlined in this policy and as authorised in the current list of delegations approved by the Chief Executive Officer.

5. DISPOSAL BY TENDER OR AUCTION

Council must dispose of the following by inviting written tenders or offering the asset for sale by auction, as outlined in Chapter 6, Part 3 of the *Local Government Regulation 2012*:

- land;
- any non-current asset that is plant or equipment and which has an apparent value equal to or more than \$5,000.00.
- any other non-current asset which has an apparent value equal to or more than \$10,000.00.

Any Council asset that does not meet the definition above shall be disposed of in accordance with Section 6.

Tenders will be conducted in accordance with the *Local Government Regulation 2012* and Council's Probity Plan for Tenders.

In certain circumstances Council may not be required to conduct a tender or auction process for the disposal of non-current assets as specified by the *Local Government Regulation 2012*. Examples include:

- the asset is disposed of to a government agency or a community organisation;
- the asset was previously offered for sale by tender or auction but was not sold and is sold for more than the highest tender or auction bid that was received.

Where a tender is conducted, a panel of at least two (2) appropriate management representatives shall assess the tenders and make a recommendation to Council as to the successful tender.

If management should recommend to accept a tender that is not the highest tender a written explanation detailing the reasons for the decision must be provided on the Quotation/Tender Outcome Form and attached to the tenders. A copy of this documentation must be kept for auditing purposes.

Alternatively, Council may decide not to accept any tender it receives. The reason for this shall be noted and kept with the tenders and other appropriate documentation.

6. DISPOSAL BY OTHER METHODS

Where the asset being disposed of is not as defined by Section 6, Council must still dispose of the asset in a fair manner. The preferable method is to dispose of items by inviting written tenders or conducting a public auction that is open to all sections of the community, thereby giving everyone an equal opportunity to participate. However, Council may determine that a tender or public auction would be disadvantageous for the following reasons:

- the cost of conducting an auction (e.g. storing items, advertising and running the auction) is reasonably expected to outweigh the revenue raised from the auction; or
- there is expected to be little interest in the items available for auction.

Where management considers that a Council asset is obsolete and the estimated value (based on internet research, local or non-local quotations, previous experience) is less than the threshold specified in section 5, the disposal may occur through the following process:

- by advertising the item/s for sale on Council's website, in local newsletters (e.g. school newsletter, Council's community newsletter); or
- by 'trading in' the asset for another good/service; or
- by donating the item to a local charity or educational institution for their use or resale; or
- by a suitable arrangement with a business that deals in scrap items.

Leased office equipment may be offered to Council staff, local educational institutions or not-for-profit organisations at the discretion of the Chief Executive Officer, at the end of the lease period.

Employees must be honest in their dealings and be aware of the adverse impacts to Council's reputation should any dealings in scrap items be perceived to be iniquitous, dishonest or wasteful. Council employees must not accept any offers from either the public or staff for scrap items where an invitation for quotes/tenders has not been extended. Unsolicited offers for scrap items must be rejected and the person making the offer shall be advised of the process for disposal of scrap items.

Low value scrap items that are irreparable, uneconomic to repair, obsolete or with no apparent value, should be disposed of immediately and not retained for resale (e.g., pens, small number of crockery items, desk in poor condition).

7. INFORMATION TECHNOLOGY AND COMMUNICATIONS EQUIPMENT

Information technology and communication equipment can only be sold, transferred, traded in or donated provided that all Council information, records and documentation are removed from the item and are non-retrievable. Director of Corporate Services shall be consulted about the planned disposal of any information technology or communications equipment.

8. REQUESTING A DISPOSAL

Disposals are to be documented and approved using the Asset Disposal Form. The Asset Disposal Form must be approved by an employee with delegations. The approved Asset Disposal Form must be forwarded to the Asset Accountant so that Council's Asset Register can be updated.

If an employee has concerns that a proposed disposal process may result in the public perception of a conflict of interest, they shall discuss the situation with their supervisor and the delegate.

9. DOCUMENTATION AND REPORTING

Documentation relating to disposal activities must be registered in Council's electronic records management system, InfoXpert, as appropriate.

If a contractual arrangement for disposal of a Council asset is worth \$300,000 or more (exclusive of GST) the details of the arrangement must be published in accordance with Chapter 6, Part 4 of the *Local Government Regulation 2012*.

The Asset Disposal Form must also be used to report suspected stolen property.

Delegates and finance staff who have concerns that this policy is not being adhered to should raise the issue with the relevant employee and/or their supervisor as appropriate.

10. POLICY/LEGISLATION BREACHES

A breach of this policy or the relevant legislation by an employee may result in removal of their delegations and has the potential for disciplinary action to be taken against the employee in accordance with Council's Discipline Procedure.

Where an employee is suspected of fraud, embezzlement, theft or other corrupt conduct, they will, at the discretion of the Chief Executive Officer, be reported to an external agency (e.g., Queensland Police Service; Crime and Corruption Commission).

11. DEFINITIONS

Conflict of Interest – a situation in which a public official's decisions are influenced by their personal interests (e.g. to bring benefit to themselves, or to intentionally choose to bring benefit or detriment to another person for their own gratification).

Contractual Arrangement – where an agreement is in place for an individual/entity to provide a service, provide materials or otherwise deliver outcomes to another individual/entity in return for remuneration, where the relationship between the individuals/entities is not an employment relationship.

Disposal – for the purposes of this policy, "disposal" will refer to the disposing of a Council asset/item/material by sale, transfer, donation, auction, tender etc, whereby that asset is no longer the property of Council.

Employee – for the purposes of this policy, "employee" will refer to those persons covered by the scope of this policy.

Management – for the purpose of this policy, “management” refers to all supervisory staff.

Supervisor – a person in control of a workplace and staff.

12. LEGISLATION

- *Local Government Act 2009*
- *Local Government Regulation 2012*

13. RELATED DOCUMENTS

- Asset Disposal Form

14. IMPLEMENTATION

This Policy will commence from the Policy reviewed date and will be made available to all corporate staff on Council’s intranet site/network, and to all outdoor staff via their supervisor/coordinator. Council reserves the right to vary, replace or terminate this Policy from time to time. This Policy will typically be reviewed when a review has been deemed appropriate by organisational processes (e.g., audit recommendations), or when legislative requirements change.

15. APPROVAL

Date of Adoption: 23 July 2015
Policy Reviewed: General Council Meeting 18 June 2024
Resolution Number: 20240618.4

Policy Authorised: Peter Bennett
Chief Executive Officer

Item 3.5 Corporate Credit Card Policy

EXECUTIVE SUMMARY

The objective of this Policy is to state the process and responsibilities for the issue and use of corporate credit cards by specific Councillors and employees of Richmond Shire Council ("Council").

OFFICER'S RECOMMENDATION

That Council: adopt the Corporate Credit Card Policy as presented.

Budget & Resource Implications

Nil

Background

The Corporate Credit Card Policy has had minor grammatical changes.

Consultation (Internal/External)

Internal - Peta Mitchell (Director of Corporate Services)

Attachments

Attachment F – Policy

Report prepared by **Peta Mitchell (Director of Corporate Services)**



RICHMOND SHIRE COUNCIL CORPORATE CREDIT CARD POLICY

POLICY NUMBER: 013
INFOXPRT REF: 73290
TIME PERIOD OF REVIEW: 1 Year
DATE OF NEXT REVIEW: June 2025

1. OBJECTIVE

The objective of this Policy is to state the process and responsibilities for the issue and use of corporate credit cards by specific Councillors and employees of Richmond Shire Council ("Council").

2. SCOPE

This Policy applies to all Councillors and Council employees who are issued with a corporate credit card or involved in the issue, authorisation or payment process. This Policy does not form part of any employee's contract of employment. This Policy also applies to other persons performing work at the direction of, in connection with, or on behalf of Council (e.g. financial consultants).

This Policy applies to all procurement of goods and services made with a corporate credit card.

Use of a corporate credit card outside the parameters of this Policy must be approved by the Chief Executive Officer.

3. BACKGROUND AND PRINCIPLES

Corporate credit cards can deliver benefits to an organisation through more efficient purchasing and cash management, however if corporate credit card use is not properly controlled the organisation can be exposed to significant risks. The implementation of this Policy will achieve several risk control measures.

All purchases made with a corporate credit card must comply with the Procurement Policy and other relevant Policies/Procedures (e.g. Entertainment and Hospitality Policy; Councillor Expenses Reimbursement Policy). This includes the principles relevant to procurement outlined in the Procurement Policy (i.e. local government principles and sound contracting principles).

To prevent the perception of a conflict of interest, a reward scheme may only be attached to a corporate credit card if this is assessed and approved by the Chief Executive Officer.

4. ISSUE OF CORPORATE CREDIT CARDS

A corporate credit card may be issued at the discretion of the Chief Executive Officer to a Councillor or an employee of Richmond Shire Council, where it can be demonstrated that the credit card to a large degree will be the most efficient means of Council procurement for that individual (e.g. their procurement often involves online transactions, or they travel often). However, the issue of a corporate credit card to a Councillor can only occur in accordance with the 'facility entitlement' section of the current Councillor Expenses Reimbursement Policy.

Only one (1) credit account facility shall be maintained by Council, with all credit cards attached to that account. The Chief Executive Officer will determine the credit limit for the account facility, the transaction limits (if any), and the monthly credit limit for each cardholder, with due consideration of financial delegations. Limits may be increased or decreased at the discretion of the Chief Executive Officer, however as a risk control measure the limit will only be appropriate to the employee's/Councillor's anticipated purchasing needs and may be for an amount less than their financial delegation.

To issue a corporate credit card:

- the employee/Councillor will be provided with a copy of the following Policies:
 - the Procurement Policy;
 - the Entertainment and Hospitality Policy;
 - the Councillor Expenses Reimbursement Policy (for councillors); and
 - any other Policies/Procedures deemed relevant;
- the employee/Councillor and the Chief Executive Officer must complete and sign the Corporate Credit Card Agreement;

The issue of a corporate credit card is a privilege, not a right, and the Chief Executive Officer can revoke a credit card at any time if the credit card is not used in accordance with this Policy and/or other relevant Policies/Procedures (e.g. Procurement Policy; Entertainment and Hospitality Policy).

5. SECURITY OF CORPORATE CREDIT CARDS

Corporate credit card holders are responsible for all transactions undertaken on the card they have been issued and accepted. The cardholder is required to keep safe custody of the card and ensure that its details are not released to persons other than Council staff involved with the payment/ordering process. The cardholder must ensure they do not keep a Personal Identification Number (PIN) near the credit card and must keep the credit card in a place where other people cannot easily access it.

Immediately upon receiving a corporate credit card the cardholder is to sign the back of the corporate credit card. The cardholder is expected to adhere to the other security recommendations of the issuing credit provider (e.g. National Australia Bank).

The Council supervisor of a cardholder will be required to review and approve the monthly reconciliation statement to verify that all transactions are appropriate (refer to Section 10).

The corporate credit card details will not be communicated or accessible to most staff. Documents containing the credit card details (e.g. Corporate Credit Card Register) will be stored in a secure place on Council's system, where they can only be accessed by the Chief Executive Officer, Director of Corporate Services, Finance Officer, and the Administration Officer. The credit card details are not to be provided to any other staff member or councillor.

6. USE OF CORPORATE CREDIT CARDS

6.1 Types of Purchases

A corporate credit card will typically be used for:

- making online purchases (e.g. flight/accommodation bookings; software purchases);
- travel-related expenses (e.g. taxi fares, meals);
- one-off purchases where it is inefficient to create an account; and
- purchases from suppliers who do not offer accounts (e.g. print media advertising).

6.2 Appropriate Use

The holder of a corporate credit card must:

- use the card only for purchasing goods and services for Council business and where the items are in the current budget;

- ensure that they do not exceed their financial delegations or credit card limits when making purchases;
- ensure that all purchases made with the corporate credit card comply with this Policy, Council’s Procurement Policy, and other relevant Policies/Procedures (e.g. Entertainment and Hospitality Policy; Councillor Expenses Reimbursement Policy);
- ensure all transactions made using the corporate credit card have been properly authorised as outlined in this Policy, and investigate any discrepancies or unauthorised transactions;
- ensure that all tax invoices/receipts are obtained from the supplier for each purchase. Note – EFTPOS receipts and credit card statements are not acceptable by themselves. The invoice/receipt must contain:
 - the words “Tax Invoice” or “Tax Receipt” displayed prominently;
 - the date of issue of the invoice/receipt;
 - the name of the supplier;
 - the Australian Business Number (ABN) of the supplier;
 - a description – including quantity – of the items supplied (note – a general description such as “goods” is inadequate); and
 - the price of the goods/services, including Goods and Services Tax (GST) if applicable, and which particular goods/services the GST relates to;
- submit all tax invoices/receipts to the Finance Officer in a timely manner, as outlined in Section 10;
- report any loss, theft or misuse of the corporate credit card to the Chief Executive Officer or Director of Corporate Services immediately.

A Council employee who is not a cardholder may request to use a cardholder’s credit card to make a payment/purchase. To do so, they will complete and submit a Corporate Credit Card Authorisation Form for the cardholder’s approval, with a tax invoice attached (if applicable).

6.3 Inappropriate Use

A corporate credit card is not to be used:

- for payment/procurement outside Council’s Policy and Procedure framework (unless approved by the Chief Executive Officer);
- for payment/purchases that are made for personal use. This includes payment of any travel expenditure for family members accompanying the cardholder on business trips (unless such expense is to be paid by Council, as authorised by a Council Policy/Procedure or Certified Agreement);
- to withdraw cash or obtain a cash advance;
- where Council has an account for payment of goods or services with the supplier;
- where there is a more efficient procurement process;
- where the purchase is not appropriate for Council’s requirements, is surplus to Council’s needs, and/or is excessive in cost; or

- where the payment is for goods or services which are either unavailable or not complete at the time of transaction.

7. MISUSE OF CREDIT CARD

Misuse of a corporate credit card includes:

- payments/purchases made as outlined in Section 6.3;
- where the tax invoice/receipt submitted for a credit card transaction does not provide sufficient information of the purchase (refer to Section 6.2);
- fraud, theft and embezzlement (including seeking reimbursement for a purchase that was paid by a corporate credit card); and
- where receipts and authorisation forms are not submitted promptly to Council's finance section for reconciliation, as outlined in Section 10.

Suspected misuse of a corporate credit card must be reported to the Chief Executive Officer or Director of Corporate Services immediately.

Suspected misuse of a corporate credit card will result in a temporary suspension being placed on the credit card, and an investigation by the Finance Officer, Director of Corporate Services or Chief Executive Officer.

Misuse of a corporate credit card may result in reimbursement of costs by the cardholder, criminal charges against the cardholder, and disciplinary action taken against the cardholder (which may include termination of employment). Meanwhile, the *Local Government Act 2009* has specific penalties that apply to Councillors, and the misuse may also be reported to an external agency as appropriate (e.g. Crime and Corruption Commission).

Any misuse of a corporate credit card will require a Risk Assessment to be performed, Council's Risk Register to be updated, and action taken as appropriate to control the risk of misuse (refer to Council's Enterprise Risk Management Policy and Guidelines).

8. LOST / STOLEN CREDIT CARD

In the event that the cardholder loses or misplaces their corporate credit card they will need to report this to the National Australia Bank by telephone as soon as they discover the loss/theft, and also to Council's Chief Executive Officer or Director of Corporate Services, so that the credit card can be suspended or cancelled. Written notification must also be forwarded to the Chief Executive Officer as soon as practical.

9. ABSENCE FROM WORK / CEASING EMPLOYMENT

In the event that a cardholder ceases employment/ceases to be a Councillor, takes an extended period of leave, or they move to a position which does not require the use of a corporate credit card, the cardholder must notify the Chief Executive Officer or Director of Corporate Services two (2) weeks before their cessation date to arrange final payment, reconciliation and cancellation of the corporate credit card.

All surrendered corporate credit cards must be returned to the Finance Officer or Director of Corporate Services who will make arrangements for the destruction of the card.

10. RECONCILIATION OF PAYMENTS

Cardholders must provide their tax invoices/receipts and authorisation forms to the Finance Officer as soon as possible after the transaction occurs, and **no later than four (4) working days** after the end of the credit card month (20th) (or as soon as possible if the cardholder is travelling at that time, however the cardholder is expected to plan ahead for the reconciliation).

If the Finance Officer has not received an Authorisation Form or a receipt for a transaction, they must ask the cardholder to provide this promptly. Refer to Section 12 for failure to provide an Authorisation Form/receipt.

11. DOCUMENTATION AND REPORTING

If changes are made to a credit limit, if a card is cancelled or a new card is being issued, or if changes are made to this Policy or associated Policies/Procedures (e.g. Procurement Policy), the Finance Officer will promptly arrange for correspondence to be sent to the cardholder from the Chief Executive Officer.

12. POLICY BREACHES

A prompt and accurate reconciliation is an important risk control to ensure that Council's corporate credit cards are being used appropriately. If all relevant receipts and authorisation forms are not provided to the Finance Officer within **four (4) working days** after the 20th of the month, and a proper reconciliation and authorisation of credit card payments cannot occur as a result, a cardholder may be temporarily suspended from being able to use a corporate credit card. Repeated failure to submit receipts and Authorisation Forms in a timely manner shall be reported to the Chief Executive Officer and the Director of Corporate Services and shall be reported by the Chief Executive Officer to a General Council Meeting. The loss of an employee's performance bonus, and/or other disciplinary action, and/or loss of access to a corporate credit card, may also occur where this Policy is not properly adhered to.

13. DEFINITIONS

Cardholder – the Councillor or employee to whom a corporate credit card is issued in accordance with this Policy.

Corporate Credit Card – a credit card for an individual, where the credit card is attached to an account facility in the name of Richmond Shire Council, for the purpose of making payments on behalf of Richmond Shire Council.

Councillor – an elected official under the *Local Government Act 2009*.

Credit Limit – the dollar limit of the total value of transactions permitted on the individual cardholder's credit card.

Employee – for the purposes of this Policy, "employee" will refer to those persons covered by the Scope of this Policy.

Personal Expenses – any expenditure which is not directly related to the Council's business operations and activities.

Procurement – the purchase, hire, lease, rental, exchange or any other commercial transaction involving the outlay of funds in return for the provision of goods and/or services.

Supervisor – a person in control of a workplace and staff.

14. RELEVANT DOCUMENTATION

- Procurement Policy
- Councillor Expenses Reimbursement Policy
- Entertainment and Hospitality Policy
- Corporate Credit Card Agreement
- Corporate Credit Card Authorisation Form

15. LEGISLATION

- *Local Government Act 2009*
- *Local Government Regulation 2012*

16. IMPLEMENTATION

This Policy will commence from the Policy reviewed date and will be made available to all corporate staff on Council's intranet site/network, and to all outdoor staff via their supervisor/coordinator. Council reserves the right to vary, replace or terminate this Policy from time to time. This Policy will typically be reviewed when a review has been deemed appropriate by organisational processes (e.g., audit recommendations), or when legislative requirements change.

17. APPROVAL

Date of Adoption: 23 July 2015
Policy Reviewed: General Council Meeting 19 November 2024
Resolution Number: 20241119.7

Policy Authorised: Peter Bennett
Chief Executive Officer

Item 3.6 Rates Subsidy Policy (First Home Buyers)

EXECUTIVE SUMMARY

The objective of this policy is to assist first home buyers by offering a general rates subsidy to those in the Richmond Shire.

OFFICER'S RECOMMENDATION

That Council: adopt the Rates Subsidy Policy (First Home Buyers) as presented.

Budget & Resource Implications

Nil

Background

The Rates Subsidy Policy (First Home Buyers) has had minor grammatical changes.

Consultation (Internal/External)

Internal - Peta Mitchell (Director of Corporate Services)

Attachments

Attachment G – Policy

Report prepared by **Peta Mitchell (Director of Corporate Services)**



**RICHMOND SHIRE COUNCIL
RATES SUBSIDY POLICY
(FIRST HOME BUYERS)**

POLICY NUMBER: 021
INFOPERT REF: 61962
TIME PERIOD OF REVIEW: 5 Year
DATE OF NEXT REVIEW: June 2025

1. OBJECTIVE

The objective of this policy is to assist first home buyers by offering a general rates subsidy to those in the Richmond Shire.

2. POLICY

That Council adopt the following subsidy for first home buyers in the Richmond Shire.

1. Available to those who are building their first home/relocating their first home or purchasing their first established home within the Richmond and Maxwellton townships.
2. You must live in the new home as your principal residence.
3. You or your spouse must not have previously owned property in Australia.
4. Subsidy to be three (3) years free general rates
5. Subsidy can only be claimed on provision of supporting documentation stating first homeowners I.e., Statutory Declaration.

3. IMPLEMENTATION

This Policy will commence from the Policy reviewed date and will be made available to all corporate staff on Council's intranet site/network, and to all outdoor staff via their supervisor/coordinator. Council reserves the right to vary, replace or terminate this Policy from time to time. This Policy will typically be reviewed when a review has been deemed appropriate by organisational processes (e.g., audit recommendations), or when legislative requirements change.

4. APPROVAL

Date of Adoption: 18 May 2010
Policy Reviewed: General Council Meeting 17 May 2022
Resolution Number: 20220517.3

Policy Authorised: Peter Bennett
Chief Executive Officer

Item 3.7 Internal Audit Policy

EXECUTIVE SUMMARY

The purpose of this Policy is to state and raise awareness of the commitment of Richmond Shire Council (“Council”) to implement an internal audit function to identify, assess and mitigate strategic, financial and operational risks, to ensure the long-term sustainability of Council and to ensure that the Local Government principles of the Local Government Act 2009 and the ethics principles of the Public Sector Ethics Act 1994 are being achieved by all Council processes and staff.

OFFICER’S RECOMMENDATION

That Council: adopt the Internal Audit Policy as presented.

Budget & Resource Implications

Nil

Background

The Internal Audit Policy has had minor grammatical changes.

Consultation (Internal/External)

Internal - Peta Mitchell (Director of Corporate Services)

Attachments

Attachment H – Policy

Report prepared by **Peta Mitchell (Director of Corporate Services)**



RICHMOND SHIRE COUNCIL INTERNAL AUDIT POLICY

POLICY NUMBER:	029
INFOXPRT REF:	73231
TIME PERIOD OF REVIEW:	1 Year
DATE OF NEXT REVIEW:	June 2025

1. OBJECTIVE

The purpose of this Policy is to state and raise awareness of the commitment of Richmond Shire Council ("Council") to implement an internal audit function to identify, assess and mitigate strategic, financial and operational risks, to ensure the long-term sustainability of Council and to ensure that the Local Government principles of the *Local Government Act 2009* and the ethics principles of the *Public Sector Ethics Act 1994* are being achieved by all Council processes and staff.

2. SCOPE

This Policy applies to all employees, trainees and apprentices of Council. It does not form part of any employee's contract of employment. This Policy also applies to other persons performing work at the direction of, in connection with, or on behalf of Council (e.g. contractors, subcontractors, agents, consultants).

3. PURPOSE OF INTERNAL AUDIT

The internal audit function is a critical component of control assurance required to give Council and the Richmond Shire community confidence that the public monies entrusted to the Council are made use of efficiently, effectively, and economically, and in alignment with corporate objectives. An internal audit is a documented program that follows procedures for identifying, analysing, evaluating and documenting information, supported by audit working papers underpinning review findings.

4. ROLES AND RESPONSIBILITIES

Council is responsible for:

- ensuring that an internal audit takes place every financial year;
- establishing a Finance Committee; and
- each financial year, preparing:
 - an internal audit plan (typically a one-year to three-year plan);
 - carrying out an internal audit;
 - preparing a progress report for the internal audit to be provided to the Finance Committee; and
 - assessing compliance with the internal audit plan.

The Executive Team is responsible for ensuring that the recommendations of the audit/Finance Committee are implemented as appropriate throughout Council's processes, plans and work areas. The Executive Team is also responsible for ensuring that staff and Councillors are aware of the internal audit purpose, process and timeframe as appropriate.

Council employees and representatives are required to provide the internal auditor with documentation and information as requested to assist the audit process. Council staff may be required to participate in meetings to facilitate this.

5. APPOINTMENT OF INTERNAL AUDITOR

Due to the small size of Council, and to facilitate the impartiality and integrity of the audit process, an external auditing agency will generally be sourced by management to conduct the annual internal audit. The selection of an internal auditor shall occur in accordance with procurement Policy and legislation requirements. Several auditing agencies shall be compared and a selection made based on an assessment of the agencies' Local Government auditing experience, accreditation (e.g. professional accounting body membership, Institute of Internal Auditors membership), availability, two (2) client references and estimated cost for services. Records of the selection process shall be kept by Council.

6. FOCUS OF INTERNAL AUDIT

The scope of the internal audit function extends to include all departments, programs, sub-programs, functions, funded schemes, interests and entities over which Council has direct management, sponsorship or financial control. Any dispute relating to whether an activity falls within the scope of Council's internal audit function shall be determined by the Chief Executive Officer and may be referred to the Audit Committee.

Approximately six (6) weeks' prior to the internal audit being conducted, Council management will present the internal auditor with the Internal Audit Plan, which will have been finalised in liaison with the internal auditor and the Audit Committee as appropriate.

The Internal Audit Plan will typically establish investigation of issues/concerns such as, but not limited to:

- adherence and measures to facilitate adherence to the Local Government principles and ethics principles;
- the integrity of Council's financial reporting processes and internal controls, especially in relation to revenue, expenditure, assets and liability processes;
- the integrity of Council's policy, procedure and processes framework, and identifying gaps in non-financial management controls;
- enterprise risk management processes, the risks identified, and recommended control measures;
- regulatory and 'best practice' developments in financial management, corporate governance and human resource management, and recommended applications;
- the organisational structure of Council;
- the internal communication structure and processes (formal and informal) of Council;
- the training, development and induction of staff;
- the performance management of staff;
- the economy, efficiency and sustainability with which Council's resources are employed, identifying opportunities for improvement; and
- the results of operations/programs are consistent with established objectives, whether the objectives are appropriate, and whether the operations/programs are being carried out as planned.

The investigation of such issues and resulting recommendations will assist Council to comply with the Local Government principles and ethics principles.

The internal auditor will have free and unrestricted access to Council's physical and electronic files and databases, subject to intellectual property and privacy laws, and for use only for the purpose of the internal audit. All employees are to make available any material, system or information to the internal auditor when requested, however if the employee has any concerns they shall discuss this with their supervisor.

The internal auditor has no managerial powers, authorities, functions or duties except those relating to the internal audit function.

7. FINANCE COMMITTEE

7.1 Committee Members

The Finance Committee should comprise individuals with the right combination of skills and experience so that the group possesses broad business, financial management and public sector experience and expertise. The members need to be knowledgeable about Council's operations, particularly the risks and the arrangements in place for the management of these risks.

The Finance Committee will consist of:

- a suitably qualified person with significant experience and skills in financial matters; and
- two (2) Councillors. Where possible, the Councillors shall be the Councillors whose portfolio comprises corporate governance and budget review/financial management.

If the Chairperson is not present at a Committee Meeting, the members present shall choose a member to serve as Chairperson for the meeting.

7.2 Committee Charter

The Committee may underpin their operations with a charter and/or an annual work plan that outlines the activities that are to be covered at audit committee meetings during the year. The Charter would typically be determined having regard to Council's broader corporate governance framework and the committee's responsibilities and would be approved at a General Meeting. The Committee should focus on the important issues and risks, be forward-looking, and adopt a continuous improvement approach in interactions with Council management.

Effective Finance Committees monitor the implementation of recommendations made by internal and external auditors and other review activities (e.g. enterprise risk management). They ensure that:

- internal audit coverage is aligned with Council's risks;
- there is an appropriate mix of performance and compliance audits; and
- the internal audit includes a focus on the areas of greatest risk.

The Committee members should encourage and maintain open and constructive dialogue with senior management and the internal and external auditors. The Committee may choose to hold separate sessions with auditors and management to achieve the financial oversight responsibilities and obtain feedback for annual self-assessment.

7.3 Committee Meetings

The Finance Committee will meet:

- once to look at the financial statements before they are approved by Council (typically in August);
- once within a month of the finalisation of the audit, to review the results of the internal audit and strategise progress/organisational improvements; and to look at the annual report before it is approved by Council (typically October);
- once to review the progress of the budget process (typically in April); to review and finalise the Internal Audit Plan (in relation to the risks identified in Council's Risk Register); and to ensure that issues from the previous internal audit are being progressed; and
- at least at one (1) of these meetings shall undertake a self-assessment of the outcomes of the Committee (e.g. value of advice to Council).

Committee members may participate in meetings via teleconference or videoconference.

The Director of Corporate Services will arrange the meeting notice and agenda, and provide these to the Finance Committee members at least two (2) days before the meeting. The Director of Corporate Services will provide the Committee with the following documents, ready to discuss at each meeting:

- a summary of the recommendations stated in the progress report;
 - a summary of the actions that have been taken by Council in response to the recommendations;
 - a summary of any actions that have not been taken by Council in response to the recommendations.
- At each meeting, the Committee will review:
- the internal audit plan for the internal audit for the current financial year;
 - the internal audit progress report for the internal audit for the preceding financial year including the recommendations in the report and the actions to which the recommendations relate;
 - a draft of Council's financial statements for the preceding financial year before the statements are certified and given to the Auditor-General under Section 212 of the *Local Government Regulation 2012*; and
 - the Auditor-General's audit report and Auditor-General's observation report about Council's financial statements for the preceding financial year.

As soon as practicable after each Committee Meeting, the Committee shall provide a written report to the Chief Executive Officer about the matters raised at the meeting and the Committee's recommendations about the matters. The Chief Executive Officer will present the Committee's report to the next Council Meeting (or, if the timeframe does not allow it, the report may be provided to the subsequent Council Meeting).

8. CORRECTIVE ACTIONS

After each Committee Meeting the Executive Team will ensure that the corrective actions arising from the audit and the Committee Meeting discussions are implemented appropriately. This will include changing Council's strategies, processes, policies and formal plans (e.g. Operational Plan, Enterprise Risk Register) to include the corrective actions. It will also include communicating effectively with staff to implement new processes and priorities. This may be through mechanisms such as team meetings, staff newsletters, new/revised Policies/Procedures etc.

The corrective actions will need to have a timeframe for correction, which may be as recommended by the internal auditor, the Finance Committee or another timeframe agreed upon by the Executive Team.

A record of the implementation of corrective actions needs to be maintained by the Executive Team and reported to the Finance Committee in accordance with Section 7.3.

9. FORMAL REPORTING

Should circumstances of financial irregularities, missing property, unlawful incidents/criminal activity or suspected official misconduct arise from an internal audit, this may need to be reported to an official external body in accordance with appropriate legislation (e.g. missing property of \$1,000 value or more is to be reported to the Auditor-General, and also to the Queensland Police Service if the property may have been stolen).

The annual report for a financial year must contain the internal auditor's report on the internal audit for the financial year.

10. EXTERNAL AUDITS

Internal audit reports and associated work papers will be available for review by the external auditor's representatives. The internal auditor, external auditor and the Finance Committee will

typically liaise to minimise duplication of effort and to ensure that the widest coverage can be undertaken using the available resources.

11. DOCUMENTATION

All documentation relating to the internal audit process will be registered in Council's electronic records management system, InfoXpert.

12. DEFINITIONS

Councillor – an elected official under the *Local Government Act 2009*.

Employee – for the purposes of this Policy, “employee” will refer to those persons covered by the Scope of this Policy.

Ethics Principles – the ethics principles of the *Public Sector Ethics Act 1994* are:

- integrity and impartiality;
- promoting the public good;
- commitment to the system of government; and
- accountability and transparency.

Internal Auditor – for the purposes of this Policy, “internal auditor” will refer to all involved persons employed or contracted by the agency/business chosen by Council to perform an internal audit in accordance with this Policy.

Local Government Principles – the Local Government principles of the *Local Government Act 2009* are:

- transparent and effective processes, and decision-making in the public interest; and
- sustainable development and management of assets and infrastructure, and delivery of effective services; and
- democratic representation, social inclusion and meaningful community engagement; and
- good governance of, and by, Local Government; and
- ethical and legal behaviour of Councillors and Local Government employees.

Management – for the purpose of this Policy, “management” refers to all supervisory staff.

13. RELATED DOCUMENTS

- Internal Audit Plan

14. LEGISLATION

- *Local Government Act 2009*
- *Local Government Regulation 2012*

15. IMPLEMENTATION

This Policy will commence from the Policy reviewed date and will be made available to all corporate staff on Council's intranet site/network, and to all outdoor staff via their supervisor/coordinator. Council reserves the right to vary, replace or terminate this Policy from time to time. This Policy will typically be reviewed when a review has been deemed appropriate by organisational processes (e.g., audit recommendations), or when legislative requirements change.

16. APPROVAL

Date of Adoption: 23 July 2015
Policy Reviewed: General Council Meeting 19 November 2024
Resolution Number: 20241119.8

Policy Authorised: Peter Bennett
Chief Executive Officer

Item 3.8 Fraud and Corruption Policy

EXECUTIVE SUMMARY

Richmond Shire Council recognise that fraud and corruption management is an integral part of good governance and management practice. This policy establishes Councils intention to establish and maintain controls which will aid in the prevention and detection of fraud.

OFFICER'S RECOMMENDATION

That Council: adopt the Fraud and Corruption Policy as presented.

Budget & Resource Implications

Nil

Background

The Fraud and Corruption Policy has had minor grammatical changes.

Consultation (Internal/External)

Internal - Peta Mitchell (Director of Corporate Services)

Attachments

Attachment I – Policy

Report prepared by **Peta Mitchell (Director of Corporate Services)**



RICHMOND SHIRE COUNCIL FRAUD AND CORRUPTION POLICY

POLICY NUMBER: 066
INFOXPRT REF: 78989
TIME PERIOD OF REVIEW: 1 Year
DATE OF NEXT REVIEW: June 2026

1. OBJECTIVE

Richmond Shire Council recognise that fraud and corruption management is an integral part of good governance and management practice. This policy establishes Councils intention to establish and maintain controls which will aid in the prevention and detection of fraud.

Council will adopt fraud prevention and investigation procedures to assist Council, Management, and staff to promote consistent organisational behavior. Guidelines and the assignment of responsibilities will be put in place for the development of fraud prevention controls and those relating to the conduct of investigations into alleged occurrences of fraud.

This policy is applicable to all officers, employees and contractors engaged by the Council regardless of whether they are permanent, temporary, full-time, part-time, or casual employees.

2. BACKGROUND AND PRINCIPLES

Council has a zero tolerance for fraud and corruption. As part of its corporate responsibility and obligation to all stakeholders, Council will ensure that systems, procedures, and management practices are in place to prevent the occurrence of fraudulent activities.

Role

Council will establish an environment in which fraud is not tolerated and will demonstrate a commitment to the rigorous management of fraud risk through appropriate procedures for reporting and investigation.

The aim of the policy is to:

- Avoid any incidence of fraud
- Minimise opportunities for fraud through effective internal controls, awareness, and appropriate supervision
- Encourage ethical dealings at all levels of the organisation
- Ensure compliance with legal and statutory obligations, and
- Protect the reputation of Council.

Authorities and Responsibilities

- Council is responsible for ensuring that appropriate measures are in place, and tested, for the prevention and detection of fraud
- The Chief Executive Officer and Directors are responsible for the implementation of this policy and supporting procedures within their areas of responsibility
- Council employees are responsible for the detection and prevention of fraud within their areas of responsibility and are encouraged to report any suspected case of fraud

Recording and Reporting Standards

Reporting by staff members plays a crucial role in controlling fraud and corruption. Staff must report any concerns or suspicions that they have about fraudulent or corrupt activity to their immediate Supervisor. If the staff member believes that the supervisor may be involved in the activity, then the report must be made to a more senior person or to the Chief Executive Officer. Concerns and suspicions must be reported as soon as possible. An employee must not attempt to further investigate.

Council will comply with legislation in requirements for reporting matters of fraud and corruption to the Crime and Misconduct Commission, Queensland Police Service and Queensland Audit Office. Council has a mechanism in place for assessing fraud matters and determining its obligations for reporting them to the relevant external agency.

A register must be maintained of reports made and how they are addressed.

3. RELATIONSHIPS

- An employee who has an interest in a matter in relation to which he or she is required or authorised to act in the course of official duties must disclose the interest to the Chief Executive officer and must not, unless the Chief Executive Officer otherwise determines, act in relation to the matter
- Specific fraud prevention strategies must be implemented that are consistent with overall Council strategies such as defining clear lines for supervisory responsibilities and accountabilities, this places primary responsibility for deterrence and detection with each Director
- Council expects similar standards from contractors, volunteers, agencies, or organisations that do business or act on behalf of the Council
- Elected members will comply with the Councillors Code of Conduct
- All employees of Council have an obligation to adhere to Council's Code of Conduct for staff
- During internal assessment of alleged misconduct, the Investigating Officer will refer all cases of suspected official misconduct to the Chief Executive Officer or the Mayor if allegations are against the Chief Executive Officer

4. DEFINITIONS

Corruption

Dishonest activity in which an employee of an organisation acts contrary to the interest of the organisation, to achieve some gain or advantage, or to avoid loss or disadvantage, for the employee or for another person or entity. Corruption can include, but is not limited to behaviour such as fraud, deception, misuse of a position or authority.

Fraud

Deliberate deception to facilitate or conceal the misappropriation of assets or the taking of an unlawful advantage or benefit.

Fraud may include:

- Theft
- Obtaining property, a financial advantage, or any other benefit by deception.
- Causing a loss or avoiding or creating a liability by deception
- Knowingly providing false or misleading information to Council or failing to provide information where there is an obligation to do so
- A breach of trust in the performance of official duties, by which an employee or Council acts contrary to the interests of Council to achieve some personal gain or advantage for themselves or for another person or entity
- Using forged or falsified documents for an improper purpose

- Deliberate misstatement of accounting information for an improper purpose

Official Misconduct

Official misconduct is defined as any misconduct connected with the performance of an officer's duties that:

- Is dishonest or lacks impartiality,
- Involves a breach of trust, or
- Is a misuse of officially obtained information.

To be considered official misconduct, the conduct must constitute a criminal offence or be serious enough to justify dismissal.

5. RELATED DOCUMENTS

- Enterprise Risk Management Policy
- Code of Conduct

6. LEGISLATION

- *Local Government Act 2009*
- *Financial Accountability Act 2009*
- *Crime and Misconduct Act 2001*
- *Public Interest Disclosure Act 2010*
- *Local Government Regulation 2012*

7. IMPLEMENTATION

This Policy will commence from the Policy reviewed date and will be made available to all corporate staff on Council's intranet site/network, and to all outdoor staff via their supervisor/coordinator. Council reserves the right to vary, replace or terminate this Policy from time to time. This Policy will typically be reviewed when a review has been deemed appropriate by organisational processes (e.g., audit recommendations), or when legislative requirements change.

8. APPROVAL

Date of Adoption: 27 June 2016
Policy Reviewed: General Council Meeting 19 November 2024
Resolution Number: 20241119.30

Policy Authorised: Peter Bennett
Chief Executive Officer

Item 3.9 Booking for Council Facilities Policy

EXECUTIVE SUMMARY

The objective of this policy is to establish a process and guidelines for Council to follow when hiring facilities and equipment owned by Richmond Shire Council.

OFFICER'S RECOMMENDATION

That Council: adopt the Booking for Council Facilities Policy as presented.

Budget & Resource Implications

Nil

Background

The Booking for Council Facilities Policy has had minor grammatical changes.

Consultation (Internal/External)

Internal - Peta Mitchell (Director of Corporate Services)

Attachments

Attachment J – Policy

Report prepared by **Peta Mitchell (Director of Corporate Services)**



RICHMOND SHIRE COUNCIL BOOKINGS FOR COUNCIL FACILITIES POLICY

POLICY NUMBER: 078
INFOPERT REF: 105701
TIME PERIOD OF REVIEW: 2 Year
DATE OF NEXT REVIEW: June 2025

1. OBJECTIVE

The objective of this policy is to establish a process and guidelines for Council to follow when hiring facilities and equipment owned by Richmond Shire Council.

2. SCOPE

This Policy applies to all employees of the Richmond Shire Council and any community members seeking to hire Council owned facilities and equipment.

3. COUNCIL FACILITIES AND EQUIPMENT

- Richmond Shire Hall and Supper Room
- Richmond Woolgar Room
- Richmond Racecourse (Including Kitchenette, excluding Bar)
- Richmond Swimming Pool
- Richmond Charlie Wehlow Oval
- Richmond Lake Fred Tritton
- Richmond Lakeview Gazebo
- Richmond Library (Room only)
- HACCC Hall (After hour activities)
- Units 2, 3, 4 Richmond Village Consult Rooms

- Plastic Tables
- Plastic Chairs
- Bain Maries (1)
- Pie Warmer
- Video/Data Projector (1)
- Urn (2)
- Dog Traps
- Cat Traps (6)
- Dog Barking Collars (6)
- Two buses available to hire (1 x 21 seats and 1 x 12 seats)

4. CONDITIONS OF HIRE

- An application to hire Council facilities and equipment must be submitted at least 7 10 days prior to the event. Council reserves the right to accept or deny any applications.
- A confirmation email or phone call will be made by one of our Administration staff notifying the applicant of the outcome within 3 business days after receiving the application.
- A bond payment **must** be paid prior to the applicant's event. No exceptions.
- Council Administration Staff will arrange an inspection of the facilities and equipment prior to and after your event to ensure that all is in order.

- All non-Council hired equipment needs to be return to external hiring organisation caterers.
- Council will not be held liable for loss or damage sustained by the hirer.
- Failure to comply with any of the conditions or damage to any of Council's property will result in forfeiture of the part or full bond amount.

5. EQUIPMENT

- All equipment must be left in the condition they were picked up in or fees may apply.
- All equipment must be collected and returned by the hirer during normal business hours unless otherwise agreed. Delivery is not included. No exceptions.

6. FACILITIES

- All keys must be collected from the Council office between 8:20am – 5pm Monday – Friday. Keys must be collected the same day as your event and brought back the same day the event ends. Exceptions are weekend hire and events starting/finishing outside of Council work hours. Keys then must be returned on the next working day.
- The hirer is responsible for setting up and clearing away all equipment to its original location.
- A liquor license may be required if you intend to sell alcohol. You should check with the local Police station for further information and ask them for an application form.
- If using the bar area and cold room of the Shire Hall please do not remove any stock that is stored by other clubs or organisations.
- All rubbish is to be placed in the wheelie bins and put out for collection on the kerb.
- Floors must be swept and mopped after your event.
- All other cleaning products must be supplied by the hirer

7. BUS

The above mentioned organisation agrees to reimburse the Council at the rate of the current fees and charges per km + full tank of fuel. A bond is required in all instances of hire, buses must be clean and tidy when returned or bond will be forfeited. Council must take a photocopy of the driver's licence of the driver for the event.

All care and consideration will be exercised in the use of the vehicle and the organisation exonerates Richmond Shire Council from any legal responsibility in relation to all aspects pertaining to the use of the bus whilst under our jurisdiction. It is understood that the following conditions apply to cancellations; wet weather or other extenuating circumstances – 100% refund or cancellations which do not apply to the fore mentioned – 50% refund. My organisation makes itself responsible for any damage to seats, upholstery and fixtures within the bus and any damage occasioned by vandalism and is prepared to have such damage reinstated to Council's satisfaction.

Further Conditions:

- (a) The bus is taken from the depot with a full tank and must be returned to depot with a full tank of fuel.

- (b) Bus is available on weekends and statutory holidays only with the express approval of the Chief Executive Officer.
- (c) Bus may be available for long distance hiring at the Chief Executive Officers approval, however in the event of any accident or breakdown any expenses involved in returning the bus to Richmond Shire Council's Depot shall be borne by the hirer.
- (d) The bus cannot be taken off bitumen in any circumstance
- (e) The bus cannot be taken out of Richmond for more than a day without prior approval
- (f) The bus is to be refuelled at hirer's expense prior to return to Council. Should Council be required to fill the fuel tank at the conclusion of a hire period, fuel price will be determined by the highest local commercial fuel price on that day PLUS a surcharge of \$0.10 per litre. This figure shall be invoiced in accordance with procedures and recovery will be subject to Council's Debtor's Policy.
- (g) Damage to the bus will be charged at cost to hirer.
- (h) The Bus may only be hired by Community groups/clubs or the Richmond State School.

8. IN-KIND REQUEST APPLICATIONS

The Community In-Kind Assistance Program is designed to provide Council's organisational resources including labour, facilities, plant and other equipment by way of Sponsorship as in-kind support. Advanced notice is required as Council cannot guarantee supply on demand.

Items provided in-kind must be collected by the hiring body. Delivery is not included. No exceptions.

If your community group is requesting In-kind support, the In-Kind form must be filled in and returned to Council.

Bond is required on all In-Kind requests.

9. RELEVANT DOCUMENTATION

- Bond Hire Form
- Conditions of Hire Form
- Venue & Equipment Form
- Bus Hire Form
- Cat Trap and Barking Collar Form
- In-Kind Application Form

10. LEGISLATION

- *Local Government Act 2009*
- *Local Government Regulations 2012*

11. APPROVAL

Date of Adoption: 01 June 2020
Policy Reviewed: General Council Meeting 10 October 2023
Resolution Number: 20231010.4

Policy Authorised: Peter Bennett
Chief Executive Officer

Item 3.10 Investigation Policy

EXECUTIVE SUMMARY

This policy sets out a process for dealing with complaints in regard to suspected inappropriate Councillor conduct as required by section 150AE of the Local Government Act 2009. However, this policy does not apply to Councillor conduct that is misconduct, corrupt, conduct or unsuitable meeting conduct.

OFFICER'S RECOMMENDATION

That Council: adopt the Investigation Policy as presented.

Budget & Resource Implications

Nil

Background

The Investigation Policy has had minor grammatical changes.

Consultation (Internal/External)

Internal - Peta Mitchell (Director of Corporate Services)

Attachments

Attachment K – Policy

Report prepared by **Peta Mitchell (Director of Corporate Services)**



RICHMOND SHIRE COUNCIL INVESTIGATIONS POLICY

POLICY NUMBER: 086
INFOPERT REF: 120534
TIME PERIOD OF REVIEW: 2 Year
DATE OF NEXT REVIEW: June 2025

1. OBJECTIVE

This policy sets out a process for dealing with complaints in regard to suspected inappropriate Councillor conduct as required by section 150AE of the Local Government Act 2009. However, this policy does not apply to Councillor conduct that is misconduct, corrupt, conduct or unsuitable meeting conduct.

This policy applies to investigations and determinations of a complaint about the alleged inappropriate conduct of a Councillor/s which has been referred by the Independent Assessor.

2. DEFINITIONS

Assessor means the Independent Assessor appointed under section 150CV of the LGA.

behavioural standard means a standard of behaviour for Councillors set out in the Code of Conduct approved under section 150E of the LGA

conduct includes—

- (a) failing to act; and
- (b) a conspiracy, or attempt, to engage in conduct

Councillor conduct register means the register required to be kept by Council as at out in section 150DX of the LGA

inappropriate conduct see section 150K of the LGA

investigation policy, refers to this policy, as required by section 150AE of the LGA

investigator means the person responsible under this investigation policy for carrying out the investigation of the suspected inappropriate conduct of a Councillor or Mayor

LGA means the Local Government Act 2009

local government meeting means a meeting of—

- (a) a local government; or
- (b) a committee of a local government.

misconduct see section 150L of the LGA

model procedures see section 150F of the LGA

natural justice – a set of principles to ensure fair and just decision making, including a fair hearing, an absence of bias, decisions based on evidence, and the proper examination of all issues.

referral notice see section 150AC of the LGA

Tribunal means the Councillor Conduct Tribunal as established under section 150DK of the LGA

unsuitable meeting conduct see section 150H of the LGA

3. POLICY PROVISIONS

Confidentiality

Matters of suspected inappropriate conduct of a Councillor are confidential except as otherwise specifically provided for either in the Local Government Act 2009, other applicable legislation or this investigation policy.

Note: It must be kept in mind that the matter is an allegation only and not yet proven. Further, there will be circumstances where the detail of the referral will need to remain confidential to the Local Government. Any release of confidential information that a Councillor knows, or should reasonably know, to be confidential to the local government may be contrary to section 171(3) of the Local Government Act 2009 and dealt with as misconduct.

Natural Justice

Any investigation of suspected inappropriate conduct of a Councillor/s must be carried out in accordance with natural justice. An overview of the principles of natural justice follows.

"Natural justice" or procedural fairness, refers to three key principles:

- the person being investigated has a chance to have his or her say before adverse formal findings are made and before any adverse action is taken (fair hearing);
- the investigator(s) should be objective and impartial (absence of bias); and
- any action taken is based on evidence (not suspicion or speculation).

A fair hearing means the Councillor who is the subject of the suspected inappropriate conduct complaint must be told of the case against them including any evidence and be provided with an opportunity to respond in writing with the investigation report provided to the Councillors as part of the meeting agenda.

An absence of bias means that any investigation must not be biased or be seen to be biased in any way. This principle embodies the concept of impartiality.

Ensuring decisions based on evidence requires that the investigation should not be based on mere speculation or suspicion but instead must be based upon evidentiary material. A proper examination of all the facts in issue means the investigation must give proper and genuine consideration to each party's case.

Assessor's Referral

Where the Assessor has determined a referral is necessary, Council will receive from the Assessor a referral notice about the suspected inappropriate conduct of a Councillor/s. The referral notice will include details of the conduct and any complaint received about the conduct, state why the Assessor reasonably suspects that the Councillor has engaged in inappropriate conduct and include information about the facts and circumstances that form the basis of the Assessor's reasonable suspicion.

The referral notice may be accompanied by a recommendation from the Assessor about how Council may investigate or deal with the conduct. The recommendation of the Assessor may be inconsistent with this policy.

The investigation must be conducted in a way consistent with:

- any recommendations of the Assessor;
- to the extent that this policy is not inconsistent with the recommendation of the assessor – this investigation policy; or
- in another way the Council decides by resolution

Receipt of Assessor's referral

On receipt of a referral notice about the suspected inappropriate conduct of a Councillor/s from the Assessor, the Council's Chief Executive Officer will forward a copy of that referral notice to the Mayor and all Councillors as a confidential document.

Should the Mayor or a Councillor (other than the subject of the complaint or the complainant) disagree with any recommendation accompanying the Assessor's referral notice or form the opinion that the complaint should be dealt with in a way other than under this policy, the Mayor

or Councillor may request the matter be placed on the agenda of the next Council meeting to decide on the appropriate process to investigate the complaint. Such a request must be made in accordance with the Council's meeting procedure requirements.

Investigator

Unless otherwise resolved by Council, the Mayor will manage the investigation of suspected inappropriate conduct of other Councillors.

If the suspected inappropriate conduct involves conduct that in the circumstances, the Mayor believes, it is in the best interests of the investigation to refer the matter for external investigation, then the Chief Executive Officer must refer the suspected inappropriate conduct to the President of the Tribunal to investigate and make recommendations to the Council about dealing with the conduct.

If the suspected inappropriate conduct involves an allegation about the conduct of the Mayor or the Mayor as the complainant, then the Chief Executive Officer may refer the suspected inappropriate conduct to the President of the Tribunal, or another entity, to investigate and make recommendations to the Council about dealing with the conduct.

Early Resolution

Before beginning an investigation, the investigator should consider whether the matter is appropriate for resolution prior to the investigation. This consideration can include any recommendations made by the assessor.

A matter is only appropriate for early resolution if the parties to the matter both voluntarily agree to explore early resolution. The investigator may engage an independent person with suitable qualifications or experience to facilitate this process.

If the matter cannot be resolved, the matter will then be investigated as outlined in this Investigation Policy.

If the matter is resolved prior to investigation, the investigator will advise the Chief Executive Officer of this outcome. In turn, the Chief Executive Officer will advise the Mayor (if the Mayor is not the investigator) and all Councillors that the matter has been resolved. The Chief Executive Officer will also update the councillor conduct register to reflect this.

Timeliness

The investigator will make all reasonable endeavours to complete the investigation and provide a report for inclusion on the agenda of a Council meeting no more than eight (8) weeks after the receipt of the complaint.

Note: If the investigator is of the opinion that it may take longer than eight (8) weeks to complete the investigation, the matter should be raised with the Mayor (if the Mayor is not the investigator) to seek an extension of time, further noting any valid extension request will not be unreasonably withheld.

Assistance for Investigator

If the Mayor, or another Councillor appointed by Council resolution, is the investigator of a complaint of suspected inappropriate conduct, the Mayor or Councillor may use section 170A of the Local Government Act 2009 to seek advice or information during the investigation from a local government employee.

The Mayor is authorised by Council to expend money as reasonably necessary to engage contractors for the purposes of an investigation, though engagement must in accordance with the Council's Procurement Policy.

Possible Misconduct or Corrupt Conduct

If during the course of an investigation the investigator obtains information which indicates a Councillor/s may have engaged in misconduct, the investigator must cease the investigation and advise the Chief Executive Officer. The Chief Executive Officer will then notify the Assessor of the possible misconduct.

If during the course of an investigation, the investigator obtains information which indicates a Councillor/s may have engaged in corrupt conduct, the investigator must cease the investigation and advise the Chief Executive Officer. The Chief Executive Officer will then notify the Crime and Corruption Commission of the possible corrupt conduct.

Instances of suspected misconduct or corrupt conduct may be referred back to the Council if determined by the Assessor or Crime and Corruption Commission to be inappropriate conduct.

Completion of Investigation

On the completion of an investigation, the investigator will provide a report to the Council outlining as appropriate:

- The investigation process
- The investigation findings
- Documents or other evidence obtained
- Confirmation that the subject Councillor has been provided with an opportunity to respond to the complaint and the evidence gathered
- A statement of any relevant previous disciplinary history
- Any recommendations about dealing with the conduct

If there is risk to the health and safety of the complainant, under section 275 of the Local Government Regulation 2012, Council may resolve that the meeting be closed to the public for the Councillors to consider the investigation report and any recommendations.

Council (with the exception of the Councillor at the subject of the investigation and the complainant, if another Councillor) will consider the findings and recommendations of the investigator's report and decide whether the Councillor has engaged in inappropriate conduct and, if so, what action will it take under section 150AH of the Local Government Act 2009.

Disciplinary Action Against Councillors

If Council decides at the completion of the investigation that the Councillor has engaged in inappropriate conduct, Council may:

- (i) order that no action be taken against the Councillor, or
- (ii) make an order outlining action the Councillor must undertake in accordance with section 150AH(1)(b) of the Local Government Act 2009.

Notice About the Outcome of the Investigation

After an investigation is finalised, Council must give notice of the outcome of the investigation to the person who made the complaint about the Councillor/s conduct that was the subject of the investigation.

Councillor Conduct Register

The Chief Executive Officer must ensure decisions about suspected inappropriate conduct of a Councillor are entered into the Councillor Conduct register.

Where a complaint has been withdrawn by the complainant, the Chief Executive Officer will update the register to reflect that the complaint was withdrawn.

Expenses

Council must pay any reasonable expenses of Council associated with the informal early resolution or investigation of suspected inappropriate conduct of a Councillor including any costs of:

- the president of the Tribunal in undertaking an investigation for Council;
- an independent investigator engaged on behalf of, or by the Tribunal;
- an independent investigator engaged on behalf of Council;
- travel where the investigator was required to travel to undertake the investigation or to interview witnesses;
- seeking legal advice; or
- engaging an expert.

Note: Council may order the subject Councillor reimburse it for all or some of the costs arising from the Councillor's inappropriate conduct. Any costs incurred by complainants, or the subject Councillors will not be met by Council.

4. LEGISLATION

- *Local Government Act 2009*
- *Local Government Regulation 2012*
- *Crime and Corruption Act 2001*
- Councillor Conduct Register
- Procurement Policy
- Code of Conduct Policy
- [Councillor Conduct Tribunal | State Development, Infrastructure, Local Government and Planning](#)

5. IMPLEMENTATION

This Policy will commence from the Policy reviewed date and will be made available to all corporate staff on Council's intranet site/network, and to all outdoor staff via their supervisor/coordinator. Council reserves the right to vary, replace or terminate this Policy from time to time. This Policy will typically be reviewed when a review has been deemed appropriate by organisational processes (e.g., audit recommendations), or when legislative requirements change.

6. APPROVAL

Adopted at the Council Meeting held on 20 June 2023.

Date of Adoption: 20 June 2023
Policy Reviewed: General Council Meeting 20 June 2023
Resolution Number: 20230620.14

Policy Authorised: Peter Bennett
Chief Executive Officer

Item 3.11 Statements

EXECUTIVE SUMMARY

Council's monthly financial report in relation to the 2024/2025 adopted budgeted is presented for consideration, together with Statement of Comprehensive Income, Statement of Financial Position and Statement of Cash Flow as at 31st May 2025.

OFFICER'S RECOMMENDATION

That Council: receive the monthly financial report presenting the progress made as at 31st May 2025 in relation to the 2024/2025 budget and including the:

- *Statement of Financial Position*
- *Statement of Comprehensive Income*
- *Statement of Cash Flows*

Budget & Resource Implications

Nil

Background

N/A

Consultation (Internal/External)

Internal - Peta Mitchell (Director of Corporate Services)

Attachments

Attachment L – Statements

Report prepared by **Peta Mitchell (Director of Corporate Services)**

Richmond Shire Council
Statement of Comprehensive Income
as at 31 May 2025

	2025 Actuals	2025 Current Budget	2024 Actuals	Budget Variance
	\$	\$	\$	%
Income				
Revenue				
Recurrent revenue				
Rates, levies and charges	2,346,501	2,342,000	2,261,250	100.19%
Fees and charges	1,592,393	1,738,550	1,446,231	91.59%
Sales revenue	7,567,887	11,309,532	8,699,382	66.92%
Grants, subsidies, contributions and donations	9,213,810	8,778,584	602,021	104.96%
	<u>20,720,591</u>	<u>24,168,666</u>	<u>13,008,884</u>	<u>85.73%</u>
Capital revenue				
Grants, subsidies, contributions and donations	7,073,280	33,719,522	9,274,790	20.98%
Total capital revenue	<u>7,073,280</u>	<u>33,719,522</u>	<u>9,274,790</u>	<u>20.98%</u>
Rental income	168,159	154,500	162,655	108.84%
Interest received	558,094	425,000	394,262	131.32%
Other income	242,916	826,500	223,554	29.39%
	<u>969,170</u>	<u>1,406,000</u>	<u>780,472</u>	<u>68.93%</u>
Total income	<u>28,763,040</u>	<u>59,294,188</u>	<u>23,064,146</u>	<u>48.51%</u>
Expenses				
Recurrent expenses				
Employee benefits	(6,806,573)	(7,825,135)	(5,576,492)	86.98%
Materials and services	(10,939,944)	(11,915,912)	(8,970,098)	91.81%
Finance costs	(50,987)	(78,000)	(60,242)	65.37%
Depreciation and amortisation				
Property, Plant and Equipment	(6,404,934)	(6,775,000)	(6,175,068)	94.54%
	<u>(24,202,439)</u>	<u>(26,594,047)</u>	<u>(20,781,900)</u>	<u>91.01%</u>
Capital expenses				
Loss on disposal of non-current assets	(22,704)	100,000	312,541	
	<u>(22,704)</u>	<u>100,000</u>	<u>312,541</u>	<u>-22.70%</u>
Total expenses	<u>(24,225,142)</u>	<u>(26,494,047)</u>	<u>(20,469,359)</u>	<u>91.44%</u>
Net result	<u>4,537,898</u>	<u>32,800,141</u>	<u>2,594,788</u>	<u>13.83%</u>
Other comprehensive income				
Items that will not be reclassified to net result				
Increase in asset revaluation surplus			-	0.00%
Total other comprehensive income for the year	<u>-</u>	<u>-</u>	<u>-</u>	<u>0.00%</u>
Total comprehensive income for the year	<u>4,537,898</u>	<u>32,800,141</u>	<u>2,594,788</u>	<u>13.83%</u>

Richmond Shire Council
Statement of Financial Position
as at 31 May 2025

	2025 Actuals	2025 Current Budget	2024 Actuals	Budget Variance
	\$	\$	\$	%
Current assets				
Cash and cash equivalents	15,219,867	7,564,370	8,516,310	201.20%
Trade and other receivables	1,469,677	900,000	2,842,194	163.30%
Inventories	430,145	400,000	444,682	107.54%
Land for Resale	-	-	-	0.00%
Contract assets	1,590,548	500,000	2,717,018	318.11%
Other assets	108,116	175,000	264,232	61.78%
Total current assets	18,818,353	9,539,370	14,784,433	197.27%
Non-current assets				
Property, plant and equipment	246,586,648	293,514,528	241,222,511	84.01%
Intangible assets	-	-	-	0.00%
Capital Work in Progress	11,293,187	-	7,834,228	0.00%
Total non-current assets	257,879,834	293,514,528	249,056,740	87.86%
Total assets	276,698,188	303,053,897	263,841,173	91.30%
Current liabilities				
Trade and other payables	946,827	1,161,000	375,156	81.55%
Contract liabilities	8,248,215	400,000	670,399	2062.05%
Borrowings	152,178	636,964	148,528	23.89%
Provisions	1,495,496	1,413,230	1,377,668	105.82%
Total current liabilities	10,842,716	3,611,194	2,571,750	300.25%
Non-current liabilities				
Provisions	237,476	255,000	243,270	93.13%
Borrowings	1,082,572	445,609	1,676,680	242.94%
Total non-current liabilities	1,320,049	700,609	1,919,950	188.41%
Total liabilities	12,162,765	4,311,803	4,491,701	282.08%
Net community assets	264,535,424	298,742,094	259,349,472	88.55%
Community equity				
Asset revaluation surplus	138,314,233	138,609,160	133,921,894	99.79%
Operating surplus	4,537,898	32,800,141	2,594,786	13.83%
Retained surplus	121,683,293	127,332,793	122,832,793	95.56%
Total community equity	264,535,424	298,742,094	259,349,472	88.55%

**Richmond Shire Council
Statement of Cash Flows
as at 31 May 2025**

	2025 Actuals	2025 Current Budget	2024 Actuals	Budget Variance
	\$	\$	\$	%
Cash flows from operating activities				
Receipts from customers	15,962,819	15,569,582	13,173,183	102.53%
Payments to suppliers and employees	(18,163,280)	(21,325,915)	(16,004,750)	85.17%
	(2,200,461)	(5,756,333)	(2,831,567)	38.23%
Interest received	558,094	425,000	394,262	131.32%
Rental income	168,159	154,500	162,655	108.84%
Grants, subsidies, contributions and donations - non-capital	9,213,810	8,778,584	602,021	104.96%
Finance/Borrowing costs	(50,987)	(78,000)	(60,242)	65.37%
Net cash inflow (outflow) from operating activities	7,688,616	3,523,751	(1,732,870)	218.19%
Cash flows from investing activities				
Payments for property, plant and equipment	(5,996,670)	(36,063,227)	(8,626,657)	16.63%
Proceeds from sale of property plant and equipment	(22,704)	100,000	312,541	-22.70%
Grants, subsidies, contributions and donations - capital	7,073,280	33,719,522	9,274,790	20.98%
Net cash inflow (outflow) from investing activities	1,053,906	(2,243,705)	960,674	-46.97%
Cash flows from financing activities				
Proceeds from borrowings	-	-	-	0.00%
Repayment of borrowings	(443,942)	(636,965)	(431,105)	69.70%
Net cash (outflow) from financing activities	(443,942)	(636,965)	(431,105)	69.70%
Net increase in cash and cash equivalent held	8,298,580	643,081	(1,203,302)	1290.44%
Cash and cash equivalents at the beginning of the financial year	6,921,288	6,921,288	9,683,797	100.00%
Cash and cash equivalents at end of the financial year	15,219,867	7,564,370	8,516,310	201.20%

Item 4. Reports for Consideration – Community Services

Item 4.1 Sensory Impairment Policy

EXECUTIVE SUMMARY

To provide worker guidance in the support of consumer's sensory impairments including hearing and vision loss and balance disorders.

OFFICER'S RECOMMENDATION

That Council: adopt the Sensory Impairment Policy as presented.

Budget & Resource Implications

Nil

Background

Nil

Consultation (Internal/External)

N/A

Attachments

Attachment M - Policy

Report prepared by **Angela Henry (Director of Community Services and Development)**

Sensory Impairment

POLICY STATEMENT

Richmond Aged Care implements processes to minimise and manage sensory impairment from hearing loss, vision loss and balance disorders by providing access to and supporting the use of assistive devices and aides to maximise the consumer's independence, function and quality of life.

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1 PURPOSE

To provide worker guidance in the support of consumer's sensory impairments including hearing and vision loss and balance disorders.

2 SCOPE

Home Care

3 CARE TEAM AND RESPONSIBILITIES

The care team who contributes to supporting effective sensory impairment management include:

- **Medical Practitioner:** medical assessment and treatment
- **Registered Nurse** (and Enrolled Nurse within scope of practice): nursing assessment; development of appropriate care/support plans; identifying consumer risks and taking actions to prevent harm from sensory impairments; ensuring appropriate access to assistive devices and aids; seeking advice through referral as necessary
- **Health Professionals:** specialist assessment; development of appropriate care/support plans; provision of equipment
- **Support Workers:** following and implementing care/support plans; escalating concerns regarding consumer health, safety and wellbeing relating to sensory impairments to the Registered Nurse in a timely manner; supporting consumers with assistive devices and aids

- **Consumers and their representatives/substitute decision makers:** communicating with the workforce regarding their health, safety and wellbeing regarding sensory impairments; engaging in care/support planning processes.

4 ASSESSMENT

Consumer's sensory losses are assessed by the Registered Nurse. The Occupational Therapist conducts a further assessment of other senses including touch, smell and taste as part of their assessment. The Physiotherapist assesses mobility and balance disorders.

Care interventions to assist a consumer with sensory losses are developed using information from these assessments and are included in the care/support plan to guide workers in the support of consumers. Sensory losses are also given consideration in the planning and implementation of leisure interests and activities.

Note: Sensory losses may contribute to social isolation and a consumer may not be able to hear emergency warning alarms. Workers are aware of those consumers with sensory losses and support consumers in emergency situations.

5 CARE/SUPPORT PLANNING

A care/support plan detailing the care provided to support the consumer to manage their sensory impairments.

6 CARE PROVISION

6.1 SIGHT¹

- Use the Approach, Ask, Assist method:
 - **approach:** if you suspect someone may need a hand, walk up, greet them and identify yourself
 - **ask:** "Would you like some help?" The person will accept your offer or tell you if they don't require assistance
 - **assist:** listen to the reply and assist as required. Not all people who are blind or vision impaired will want assistance - don't be offended if your assistance is not required
- Address people who are blind or have low vision by their names, so they know you are speaking to them
- Let the person who is blind or has low vision know that you have entered the room
- Do not walk away from a person who is blind or has low vision without indicating that you are doing so - it is embarrassing and frustrating to talk to thin air
- Let the person who is blind or has low vision take your arm just above the elbow
- In dangerous situations say "STOP" rather than "LOOK OUT"
- Do not relocate objects or furniture without telling the person who is blind or has low vision
- Do not fill glasses or cups to the brim
- Use ordinary language when directing or describing and be specific. Do not point or say "over there". Direct people who are blind or have low vision to their left and right, not yours

¹ [Vision Australia](#) Accessed 2024 and [VisAbility](#) Accessed 2024

- Describe the surroundings and obstacles in a person's pathway (remember to look up as well as down). Warn of the presence of over-hangs, such as kitchen cupboards, jutting side mirrors of cars, or trees
- Do not leave doors ajar. Close them or open them fully
- Be aware that the person who is blind or has low vision will be disadvantaged by not seeing what is going on. Therefore, talk about what is happening
- Ask people who are blind or have low vision what they want or need. Do not direct questions through their companion
- If people who are blind or have low vision extend their hands to shake, do so.
- When seating people who are blind or have low vision, put their hands on the back of the chair and they will then be able to seat themselves
- Assist the consumer with low vision to clean and keep safe their glasses as required.

6.2 HEARING²

- Instruct all Support Workers to directly face consumers when speaking to them
- Allow consumers to see your facial expression (do not speak directly into the consumer's ear - this does not improve hearing)
- Raise voice moderately and speak clearly and slowly; find a different way of saying the same thing if the consumer does not understand you
- Do not shout
- Provide pencil and paper to communicate in writing if appropriate
- Eliminate background noise
- Engage the consumer in social conversation and give your undivided attention
- Motivate the consumer to use hearing aid if she/he has one
- Assist the consumer to adjust to the different sounds of a hearing aid
- Teach the consumer how to care for hearing aids or support them as required. Ensure hearing aids are clean and batteries are in working order
- Ensure hearing aids are stored safely and removed prior to showering if necessary
- Evaluate the consumer's progress and adjustment at regular intervals
- Document in the consumer's progress notes/care plan factors that improve or reduce the consumer's capacity to hear.

6.3 BALANCE³

Dizziness and balance disorders are a common health problem for many adults and can be caused by disease, vision and hearing impairment, hypotension, medications, anxiety, brain, ear and nerve disorders.

The Physiotherapist, as part of the Multidisciplinary Team, assesses consumers for balance and contributing factors and consults with the Medical Practitioner and other health professionals if required to implement a care/support plan to support the consumer to manage balance issues and reduce risk. This can include medication, dietary considerations, exercise programs and supervision and support.

² Adapted from [Hearing Australia](#) Accessed 2024

³ The Royal Victorian Eye and Ear Hospital Fact Sheet [Dizziness and Balance Disorders](#) Accessed 2024

7 REFERRAL

Consumers are referred to vision and hearing assessment services (audiology and optometry) for assessment and support planning if additional sensory loss support is required.

DOCUMENT INFORMATION

Owner**	Director Community Services
Date Approved	
Applicable Aged Care Programs	CHSP, HCP
Review History	Developed: 18 October 2024
Date of review and summary of changes	
Date of review and summary of changes	
Date of review and summary of changes	

**The person responsible for ensuring the Procedure is appropriate, followed and maintained up to date.

Item 4.2 Service Delivery Policy

EXECUTIVE SUMMARY

To provide worker guidance in the delivery of services that meet the assessed needs of each consumer.

OFFICER'S RECOMMENDATION

That Council: adopt the Service Delivery Policy as presented.

Budget & Resource Implications

Nil

Background

Nil

Consultation (Internal/External)

N/A

Attachments

Attachment N – Policy

Report prepared by **Angela Henry (Director of Community Services and Development)**

Service Delivery

POLICY STATEMENT

Richmond Aged Care strives to provide well planned and coordinated services based on consumer assessed need, goals, preferences, and consideration to funding. We support consumers to optimise their quality of life, through reablement, preventative care and maintenance of function. We provide culturally safe care and services that are respectful of each consumer’s individual needs including supporting them to participate in leisure interests and activities they enjoy.

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1 PURPOSE

To provide worker guidance in the delivery of services that meet the assessed needs of each consumer.

2 SCOPE

Home Care

3 PRINCIPLES

In delivering services we consider the following principles which are outlined in our policies and procedures:

- Person-centred care
- Partnering with consumers
- Respecting choice and promoting independence
- Considering specific needs
- Delivering coordinated care
- Consent

- Informed assessment and care/support planning
- Respecting rights and responsibilities
- Quality and safe care
- Respecting consumer's right to take risks
- Funding considerations.

4 CARE ENVIRONMENTS AND SERVICES

We deliver a range of care and services across service programs including the delivery of clinical care in a range of care environments. How we deliver care and services is detailed below.

4.1 CONSUMER FOCUSED CARE

We deliver consumer focused care by:

- Consultation with the consumer (and their representative/substitute decision maker if requested/required by the consumer relative to their ability to participate) before, during and after admission to our service (See [Person-Centred Care](#))
- Identification of the consumer's expressed (SMART) goals and working with them to articulate how we can support them in achieving them whilst promoting independence (See [Assessment and Care/Support Planning Home Care](#)/Goal Setting)
- Measuring and monitoring the consumer's achievement of their goals on an ongoing basis through consultation, review and reassessment (See [Assessment and Care/Support Planning Home Care](#))
- Using previously conducted assessments and referral information to inform our assessments (See [Assessment and Care/Support Planning Home Care](#))
- Conducting assessments relevant to the consumer's need and using this information to inform the development of a consumer-approved care/support plan (See [Assessment and Care/Support Planning Home Care](#))
- Delivering quality and safe services consistently by reviewing the consumer's progress in meeting defined goals, measuring our performance, auditing our performance and conducting surveys, meetings and focus groups (See [Continuous Improvement](#) and [Clinical Governance](#))
- Matching services to available funding
- Referring consumers when necessary to services and suitably qualified Health Professionals and incorporating information from other service providers and Health Professionals into our care/support plans (See [Assessment and Care/Support Planning Home Care](#))
- Identifying and minimising risk to consumers whilst supporting the 'dignity of risk' for every consumer (See [Choice, Independence and Quality of Life](#))
- Consistently documenting the care and services provided to tell the consumer journey, improve our services and meet regulatory requirements (See [Continuous Improvement](#))
- Providing workers with training, support, supervision and mentorship to deliver safe and quality services (See [Workforce Training](#))
- Requiring support workers to have completed a Certificate 3 in Aged Care
- Encouraging and supporting support workers to complete a Certificate 4 in Aged Care
- Improving our services by listening to and engaging with consumers, workers, contractors, volunteers, community and other stakeholders (See [Complaints and Feedback](#))
- Monitoring and reporting our practice through the review of clinical and care indicators through our clinical governance framework reporting (See [Clinical Governance](#)).

Procedure documents outline how we deliver care as it relates to specific areas of care and services, including clinical care.

4.2 DELIVERING CLINICAL CARE

4.2.1 PRINCIPLES OF DELIVERING CLINICAL CARE¹

Richmond Aged Care delivers safe and effective personal and clinical care to meet consumer needs, goals and preferences to optimise health and wellbeing by:

- Using evidence-based practices to inform our care²
- Using information from other Health Professionals in understanding the consumer's diagnosis to influence assessment and care/support planning
- Tailoring personal and clinical care to each consumer's needs and identifying and minimising risk through a consultative assessment process whilst respecting the consumer's right to the 'dignity of risk' (See [Choice, Independence and Quality of Life](#))
- Developing care/support plans in consultation with the consumer including meeting the needs and preferences of those nearing the end-of-life (See [Palliative and End of Life Care](#))
- Ensuring workers are skilled to detect deterioration in the consumer's mental, physical and cognitive function (See [Mental Health Support](#), [Living with Cognitive Impairment](#))
- Supporting processes to share, communicate, handover and document in the Care Management System information about the consumer's condition to personnel within the organisation and outside of the organisation where necessary (See [Communicating for Safety and Quality](#))
- Referring consumers to health professionals and other organisations as necessary and in a timely manner to optimise the health and wellbeing of the consumer.

4.2.2 APPLICATION OF THE NURSING PROCESS

We use the nursing process³ to guide the Registered Nurse to individualise, contextualise and prioritise care. The nursing process includes the following steps⁴:

- **Assessment:** systematic collection of subjective (described by the consumer) and objective (observed by the Nurse) assessment data through interview with the consumer, consumer examination and use of the organisation's assessment tools. This is followed by analysis of data to inform a plan of care.
- **Nursing diagnosis:** describing the nursing diagnosis related to factors relevant to the diagnosis determined through assessment
- **Planning:** including formulating measurable outcomes and planning nursing/care interventions in consultation with the consumer
- **Intervention:** providing the nursing care and support outlined in the Care/Support Plan
- **Evaluation:** determining the responses to the nursing care and support in consultation with the consumer on a regular basis to determine outcomes and reviewing the support plan as necessary (informed by further assessments as required).

¹ This section is only applicable to services who deliver personal care and/or clinical care.

² An example of evidence-based nursing procedures is Mosby's Pocket Guide to Nursing Skills and Procedures (9th Edition) 2018 available through [Amazon](#) for around \$95.00 (check for other suppliers)

³ The nursing process was first determined as a four-stage process (assessment, planning, implementation and evaluation) in 1958 by Ida Jean Orlando and later further developed to include nursing diagnosis.

⁴ NurseLabs G Wayne 2024 The Nursing Process: A Comprehensive Guide

4.2.3 ALLIED HEALTH PROFESSIONALS

Allied Health Professionals use a similar approach to assessment and care/support planning and integrate their assessments and care/support plans in the Care Management System. The multidisciplinary team meet fortnightly to identify consumers at risk or requiring clinical review and determine additional assessment and care/support planning requirements.

Provision of Equipment and Aids

Allied Health Professionals prescribe appropriate equipment for consumers and ensure the equipment is prescribed based on a comprehensive assessment to ensure the equipment is fit for purpose for the consumer. When equipment is used as a mechanical restraint (lap top tables, lay back chairs, bed rails that prevent exit from the bed) the Allied Health Professional liaises with the Registered Nurse and ensures safety and monitoring of these items (See [Restrictive Practices](#)). A **Hazard Report** is completed if equipment poses a hazard to a consumer and appropriate action taken to address the issue (See [Incident Management](#)).

4.3 HOME CARE

Home care service provision supports consumers to live in their own homes and communities whilst providing a range of services to promote independence and quality of life. The services consumers receive is dependent on their individual assessed needs and determined by the funding program including the Commonwealth Home Support Program (CHSP) and Home Care Packages (HCP). Consumers can also choose to receive additional services through Fee for Service provision if they choose.

4.3.1 PROVIDING IN-HOME CARE

CHSP Services

CHSP Services

CHSP supports consumers to manage everyday activities in a safe, secure and healthy home environment including time limited services to support wellness and reablement goals. Services are specific to the consumer and are provided in a reablement context, rather than delivering a cleaning service. The services provided under CHSP include:

- Help around the house such as domestic assistance and home and garden maintenance
- Transport
- Meals, note: carers may be able to access CHSP Meals at full cost recovery.⁵ (See also [Food Service](#))
- Personal care
- Home modifications
- Social support such as companionship and support to access the consumer's community
- Shopping and/or bill paying (this may be accompanied or unaccompanied)
- Nursing and allied health
- Planned respite care.⁶

Commented [JE1]: Updated reference

⁵ Australian Government Department of Health and Aged Care [Commonwealth Home Support Programme \(CHSP\) Manual](#) 2024-2025 Published December 2024, 5.1 Community and Home Support / Meals

⁶ <https://www.health.gov.au/our-work/chsp/about#what-services-the-chsp-can-provide>

HCP

Home Care Packages (HCP) support consumers more complex care, providing more coordinated and complex support at home, supporting assessed care needs and goals. Services that can be provided under HCP include:

- Personal care: such as help with showering and hygiene
- Communication support: such as help with using the phone or hearing aids
- Dietary support: such as help with nutrition and preparing and delivering meals (See [Food Service](#))
- Skin care: such as bandages and dressings
- Continence care: such as disposable pads, commode chairs and bedpans
- Mobility support: such as crutches, handrails, wheelchairs and bed rails
- Support services: such as cleaning, gardening and transport
- Social support: such as help to take part in social activities and access emergency services
- Care management: such as reviewing agreements and making sure services are suitable
- Clinical care: such as:
 - nursing (can be short term or intermittent)
 - podiatry
 - physiotherapy
 - hearing services⁷

(See Clinical Care Procedures for detailed information on how these services are delivered.)

4.3.2 ARRANGING IN-HOME CARE

The Administration Team are responsible for scheduling in-home care services and for dealing with changes to the schedule and cancellations.

Keeping Appointments

Support workers are rostered to a very tight schedule which makes it difficult to accommodate short notice changes to appointments. Except in the case of emergencies, 48 hours' notice is required of a change. The consumer is informed that they may have to wait for the next scheduled visit if appointments are cancelled (as appropriate to need and services delivered).

If the consumer is not home when support workers arrive payment for that visit is requested as we still need to pay the support worker for the time. Consumers are advised to ring the office if they are not able to keep an appointment.

Consumers are advised that whilst every effort is made to deliver services to the timeframes provided, workers may arrive up to half an hour before or after the scheduled time due to factors beyond scheduling control.

4.3.3 CARE/SUPPORT PLAN

The **Care/Support Plan** for in-home care are developed following assessment of need and clearly identify the tasks that need to be completed by the allocated workers and specify what tasks the consumer has agreed to do or assist with.

⁷ <https://www.health.gov.au/our-work/home-care-packages-program/delivering-services#services-you-can-provide>

4.3.4 IN THE HOME

On arrival at the consumer's home the worker records the time of arrival and checks the **Care/Support Plan** for tasks to be carried out and any special requirements for the consumer.

The support workers encourage and support the consumer to do their agreed tasks, being mindful of the importance of the consumer maintaining their independence. Support workers are instructed to only deliver the support specified in the Care/Support Plan. If the consumer requests additional support the support workers telephone their supervisor for instruction. This is to ensure that any changes in the consumer's condition are noted and responded to.

On completion of the work the support workers enter any notes that need to be made in the Care Management System and escalates any concerns to their Supervisor.

Provision of Equipment and Aids

Allied Health Professionals prescribe appropriate equipment for consumers and ensure the equipment is prescribed based on a comprehensive assessment to ensure the equipment is fit for purpose for the consumer. We support the consumer to clean their equipment and provide support for them to arrange maintenance of equipment through external contractors. A **Hazard Report** is completed if equipment poses a hazard to a consumer and appropriate action taken to address the issue (See [Incident Management](#)).

Transitions of Care

Should home care consumers require transfer/transition to another care environment, we assist with the transfer (if we are aware of it) and review the care/support plan following return to ensure continuity of care and services. (See also: [Communicating for Safety and Quality](#) and [Deterioration and Escalation](#).)

Commented [JE2]: Added

4.3.5 TRANSPORT SERVICES

The transport service supports consumer access to the community. Richmond Aged Care provides transport to consumers to:

- Attend social support-group activities in our centre and to external venues such as libraries, community groups and other resources that the consumer accesses to maintain community links and relationships.
- Conduct shopping, attend medical appointments and pay bills.

The transport service is included in the consumer's Care/Support Plan and includes any communication, mobility or other specific supports.

Arranging Transport

Consumers ring the Administration Team to book (or cancel) transport appointments. Consumers who are regular centre attendees have a permanent bus booking for pick up and drop off on their allocated centre days. The Administration Team are responsible for scheduling transport services and for ensuring the Transport Records are completed and returned and entered in the Care Management System.

Recording Transport

Transport services for social support are recorded on the Centre Attendance and all other transport is recorded on a Transport Record sheet maintained in each vehicle which is returned to the Administration Officer at the end of each week.

Each vehicle has a mobile telephone so that the driver can be contacted, and a First Aid Kit. A **Consumer Details and Transfer Form** is also taken in the vehicle for each passenger.

4.4 SOCIAL CENTRE

Our social centre provides consumers access to

- Transport
- Group activities and outings
- Meals and drinks (See [Food Service](#)).

Social Support Group assists frail older people to participate in community life and feel socially included through structured, group-based activities that develop, maintain or support independent living and social interaction.

Richmond Aged Care Social Support Group program includes centre-based programs and outings. Transport is also provided. Consumers pay for their own meals on outings.

Note that for CHSP funded support social gatherings must specifically aim to support older people's social inclusion and independence.

Note that consumers who have transitioned from the CHSP to a HCP may continue to access, at their cost, their existing CHSP social support group on an ongoing basis to allow the continuity of social relationships. HCP funds are not permitted to be used. The fee charged to the consumer is the amount charged under our consumer contribution framework or fee schedule.⁸

4.4.1 PLANNING

Social Support Group consumers are consulted regarding their activity and outing preferences through assessment, 1:1 discussions and group discussions. Consideration is given to the cultural, cognitive and functional abilities and wellness and reablement needs of consumers in the planning of activities.

The Team Leader and workers plan activities including outings and in-centre activities on a monthly planning cycle; the month's activities are posted on the calendar in the centre. For planned outings, a risk assessment of the outing location is conducted that includes ensuring that the environment, facilities and location are suitable for the consumer group (See [Workplace Safety](#)). A **Consumer Details and Transfer Form** is also completed and taken on all outings for use in the event of an emergency transfer being required.

Feedback is sought after all activities and noted by day centre workers to assist in the development of future activity plans. Social support consumers are also surveyed twice a year to determine their satisfaction with the programs/activities.

4.4.2 CONDUCTING ACTIVITIES

Supplies are purchased for in-centre activities such as crafts, games and social interaction. Pre-prepared meals (See [Food Service](#)) and morning and afternoon tea (prepared biscuits, cakes or fruit) are provided and are served by the centre workers, all of whom have completed food safety training. Consideration is given to food allergies, fluid and diet modifications and preferences and these are recorded on the consumer's records and in the kitchen.

⁸ Australian Government Department of Health and Aged Care Information for the Aged Care Sector Newsletter #15 Accessed 13 August 2021

On outings, an Activities Officer goes on the bus with the Volunteer Driver to assist in collecting consumers and takes the file with consumer details and transfer form, and a mobile phone with them.

Attendance at the centre is recorded on the Centre Attendance Sheet along with transport and meal provision. This is returned to the Administration Team to enter in the Care Management System and for billing consumers.

For CHSP funded social support: As Richmond Aged Care is funded to provide both social support group and transport these services are recorded separately. Where transport is provided (separate to any excursion) to a carer accompanying the consumer this is also counted.

Progress Notes are documented, if required, in the consumer file. An **Incident Report**, **Hazard Report** and **Medication Incident Report** are completed as required. Consumer satisfaction with activities and their participation is documented, analysed and used to inform changes in line with consumer preferences.

DOCUMENT INFORMATION

Owner**	Director Community Services
Date Approved	
Applicable Aged Care Programs	CHSP, HCP
Review History	Developed: 18 October 2024
Date of review and summary of changes	04.03.2025
Date of review and summary of changes	
Date of review and summary of changes	

**The person responsible for ensuring the Procedure is appropriate, followed and maintained up to date.

Item 4.3 SIRS Management Policy

EXECUTIVE SUMMARY

To provide guidance to workers in responding and reporting Serious Incident Response Scheme (SIRS) incidents.

OFFICER'S RECOMMENDATION

That Council: adopt the SIRS Managements Policy as presented.

Budget & Resource Implications

Nil

Background

Nil

Consultation (Internal/External)

N/A

Attachments

Attachment O - Policy

Report prepared by **Angela Henry (Director of Community Services and Development)**

SIRS Management¹

POLICY STATEMENT

Richmond Aged Care responds to all incidents involving consumers and adheres to the requirements of the Serious Incident Response Scheme (SIRS) to ensure reportable incidents are managed effectively.

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1 PURPOSE

To provide guidance to workers in responding and reporting Serious Incident Response Scheme (SIRS) incidents.²

2 SCOPE

Home Care

¹ Australian Government Aged Care Quality and Safety Commission [Serious Incident Response Scheme Guidelines for providers of home services](#) November 2022.

² See also [Incident Management](#).

3 THE SERIOUS INCIDENT RESPONSE SCHEME (SIRS)

The Serious Incident Response Scheme (SIRS) sits alongside the Charter of Aged Care Rights and the Aged Care Quality Standards³, and along with our open disclosure, risk management and continuous improvement processes, support Richmond Aged Care to deliver safe, quality care to consumers and to act quickly when incidents (including allegations and suspicions of serious incidents) do occur and to take proactive steps to prevent them from occurring again.

The SIRS establishes responsibilities for all aged care providers to:

- Prevent and manage incidents (focusing on the safety and wellbeing of older people)
- Use incident data to drive quality improvement, and
- Report serious incidents.⁴

SIRS incident management and prevention responsibilities apply to all incidents that occur in connection with the provision of care. Not all incidents are reportable.

4 REPORTABLE INCIDENTS

The following incidents that occur, are alleged to have occurred, or are suspected of having occurred to a consumer in connection with the provision of care services, are reported to the Aged Care Quality and Safety Commission (the Commission). For detailed definitions (and more fulsome examples) of each type of incident:

- **Unreasonable use of force:** conduct ranging from a deliberate and violent physical attack to use of unwarranted physical force such as shoving, pushing, hitting, punching or kicking a consumer ([HC Link](#))⁵
- **Unlawful sexual contact, or inappropriate sexual conduct:** contact or conduct of a sexual nature inflicted on the consumer, including but not limited to sexual assault, an act of indecency or sharing of an intimate image of the consumer; any touching of the consumer's genital area, anal area or breast in circumstances where this is not necessary to provider care or services to the consumer; any non-consensual contact or conduct of a sexual nature, including but not limited to sexual assault, an act of indecency or sharing an intimate image of the consumer; engaging in conduct relating to the consumer with the intention of making it easier to procure the consumer to engage in sexual contact or conduct ([HC Link](#))
- **Psychological or emotional abuse:** including taunting, bullying, harassment or intimidation, threats of maltreatment, humiliation, unreasonable refusal to interact with the consumer or acknowledge the consumer's presence, unreasonable restriction of the consumer's ability to engage socially or otherwise interact with people, repetitive conduct or contact which does not constitute unreasonable use of force but the repetition of which has caused, or could reasonably have caused, the consumer psychological or emotional distress ([HC Link](#))
- **Unexpected death:** circumstances where reasonable steps were not taken by the provider to prevent the death, the death is the result of care or services provided by the provider or a failure by the provider to provide care and services ([HC Link](#))

³ Australian Government Aged Care Quality and Safety Commission 2019 Aged Care Quality Standards

⁴ Australian Government Department of Health and Aged Care [Home Care Packages Program Operational Manual A Guide for Home Care Providers](#) Version 1.5 – November 2024 3.7 What is the Serious Incident Response Scheme and what are my incident management obligations? (Applicable to CHSP and Residential Care)

⁵ HC denotes Home Care

- **Stealing from, or financial coercion by a worker:** stealing from a consumer by a worker of the provider; conduct by a worker of a provider that is coercive or deceptive in relation to the consumer's financial affairs, unreasonably controlling the financial affairs of the consumer ([HC Link](#))
- **Neglect of a consumer:** a breach of the duty of care owed by the provider, or worker of the provider, to the consumer; a breach of professional standards by a worker of the provider in providing care or services to the consumer. ([HC Link](#)) (See [Abuse and Neglect](#))
- **Inappropriate use of restrictive practices:** restraint other than in the circumstances set out in the Quality of Care Principles ([HC Link](#)) (See [Restrictive Practices](#))
- **Missing consumers:** a consumer goes missing from the service environment and workers are unaware of the reasons for their absence and there are reasonable grounds to report that fact to police. ([HC Link](#)) (See [Missing or Not at Home Consumers](#)).

Note: Irrespective of whether an incident is deemed to be reportable to the Aged Care Quality and Safety Commission workers are required to complete the organisation's **Incident Report** for every adverse event.

If an incident is deemed to be reportable to the Commission, the reporting process below, is followed. If the incident is not reportable it is still investigated and actioned in line with our broader responsibility to protect the safety, health and wellbeing of consumers (including allegations or suspicions of abuse or neglect).⁶

5 PRIORITY OF INCIDENTS⁷

5.1 PRIORITY 1 INCIDENTS

A Priority 1 reportable incident is an incident that occurs in connection with the provision of care services:

- That caused, or could reasonably have been expected to have caused, a consumer physical or psychological injury or discomfort that requires medical or psychological treatment to resolve
- Where there are reasonable grounds to report the incident to police
- Involving unlawful sexual contact or inappropriate sexual conduct inflicted on a consumer
- That is an unexpected death of a consumer, or
- Where a consumer goes missing from the service environment.

Examples of Priority 1 incidents include:

- Consumer distress requiring emotional support or counselling
- Cuts, abrasions, burns, fractures or other physical injury to a consumer requiring assessment and/or treatment by a Nurse, Medical Practitioner or Allied Health Professional
- Bruising, including large individual bruises or a number of small bruises over the consumer, head or brain injuries which might be indicated by concussion or loss of consciousness
- Injury or impairment requiring the consumer's attendance at or admission to a hospital
- The death of a consumer.

⁶ See also [Abuse and Neglect](#), for information on the management of elder abuse risks and responding to abuse and neglect.

⁷ Australian Government Aged Care Quality and Safety Commission [Serious Incident Response Scheme Guidelines for providers of home services](#) November 2022 p 49

5.2 PRIORITY 2 INCIDENTS

A Priority 2 reportable incident includes any reportable incident that does not meet the Priority 1 criteria. Examples of Priority 2 incidents include:

- The consumer is momentarily shaken or upset
- The consumer experiences temporary redness or marks that do not bruise.

If uncertain about the impact to the consumer and the classification, treat the incident as a Priority One.

5.3 ASSESSING THE PRIORITY AND IMPACT OF AN INCIDENT

Information on assessing incidents is provided in the Serious Incident Response Scheme Guidelines.⁸ Workers also utilise the Aged Care Quality and Safety Commission [SIRS decision support tool](#) to determine the priority of an incident where there is uncertainty.

We are also aware of the impacts of being involved in a serious incident can have on a consumer, those who witnessed the incident, workers and representatives. We refer to the [SIRS Impact Assessment Tool](#) to assist us to understand the impacts of incidents and support decision making in seeking additional support for those affected.

6 REPORTING INCIDENTS⁹

6.1 WHAT IS REPORTED?

All actual, suspected or alleged reportable incidents are reported to the Commission. This includes where the person who is suspected or alleged to have committed the incident is a worker or volunteer, a visiting health professional, a family member, friend or visitor to the service or another consumer at the service; or if the person making the allegation has a cognitive impairment.

Reportable incidents involving another consumer at the service must be reported irrespective of whether that consumer has an assessed cognitive impairment.

The Commission can determine that we do not have to notify a reportable incident in specific circumstances. We can, by application to the Commission, request that particular cases do not have to be reported. For example, repetitive reports from a consumer diagnosed with dementia have been investigated and it is determined they are based on delusions.

Requests to the Commission require evidence such as an assessment by an appropriate health professional. Exceptions approved by the Commission are still recorded in our Incident reporting process using the **Incident Report**.

6.2 MAKING A REPORT

See Figure 1: Serious Incident Reporting Framework and Figure 2: Reportable Incidents Workflow below.

⁸ Australian Government Aged Care Quality and Safety Commission [Serious Incident Response Scheme Guidelines for providers of home services](#) November 2022 p 49

⁹ Australian Government Aged Care Quality and Safety Commission [Serious Incident Response Scheme Guidelines for providers of home services](#) November 2022 p 54

Figure 1: Serious Incident Reporting Framework

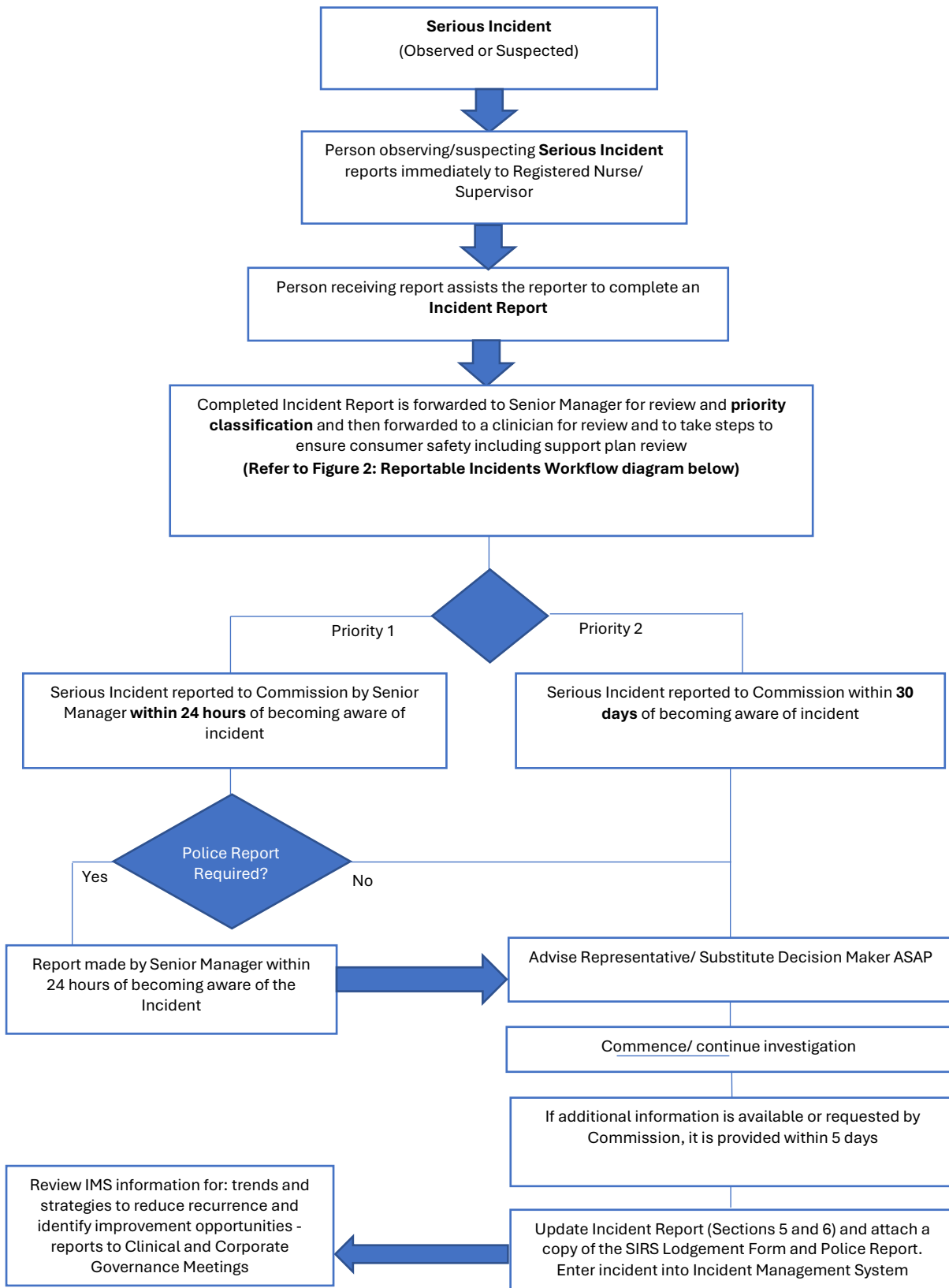


Figure 2: Reportable Incidents Workflow

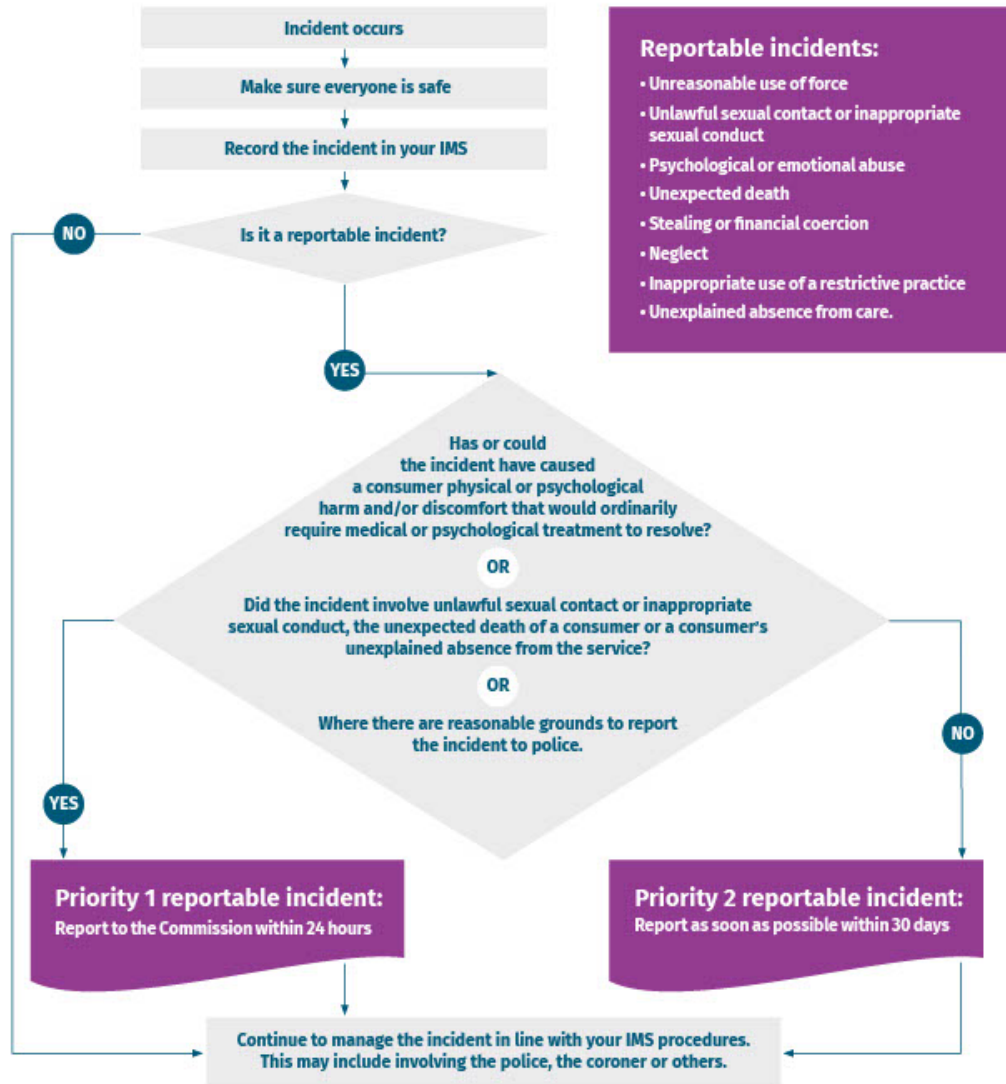


Australian Government
Aged Care Quality and Safety Commission

Engage
Empower
Safeguard

Reportable incidents workflow

Take the following steps when an incident occurs in your residential aged care service:



Reportable incidents should be reported to the Commission using the My Aged Care Provider Portal.

1800 951 822
agedcarequality.gov.au/sirs

Workers or other observers of an incident are to report all actual, suspected or alleged incidents immediately or as soon as possible to a supervisor. If a supervisor is not immediately available, they report to one of our key personnel:

- Senior Manager
- Board members
- The CEO
- Manager Home Support services
- Director Care Services
- Manager Corporate Services.

Incidents are reported on an **Incident Report**. The person receiving the report assists the reporter to complete an Incident Report. The reporter may also be asked to assist in the online submission to the Commission. The Registered Nurse is informed about every incident and takes steps to ensure consumer safety and comfort (See [Incident Management](#)).

We also designate a worker to support the consumer and other people involved in the incident.

Where it is suspected, or it is alleged to us, that the incident involves a criminal offence the incident is reported to the Police by the Senior Manager. Criminal offences may include physical and sexual assault, theft and acts of a sexual nature.

The Senior Manager is responsible for notifying reportable incidents to the Commission and the Police as per the requirements below (See below Notifying Priority 1 Incidents and Notifying Priority 2 Incidents) however, other key personnel listed above receiving a report must ensure that the incident is reported to the Commission and the Police within the specified timelines as per the requirements below.

6.3 NOTIFYING PRIORITY 1 INCIDENTS

6.3.1 REPORT TO THE COMMISSION

Reports to the Commission are entered through the <https://myagedcare-serviceproviderportal.health.gov.au/>.

If we have reasonable grounds to believe that a reportable incident is a Priority 1 reportable incident, the Commission is notified **within 24 hours** of us becoming aware of the reportable incident.

If additional information becomes available during further investigation, it is reported to the Commission as soon as possible through a second notice. If the Commission requests additional information a second notice must be provided within 5 days using the Commission form.

It is critical that notifications of reportable incidents to the Commission through the SIRS are clearly and comprehensively described and include sufficient detail to enable the Commission to:

- Understand the context of the reportable incident
- Assess the appropriateness of the provider's response to the incident
- Determine the level of harm and/or discomfort caused (or that could reasonably have been expected to have caused) to the consumer(s) involved
- Assess the appropriateness of the provider's actions taken to manage the incident and minimise the risk of reoccurrence
- Assess the effectiveness of the provider's Incident Management System.

Detailed information on the above points is included in the Serious Incident Response Scheme Guidelines.¹⁰

6.3.2 REPORT TO THE POLICE¹¹

Incidents **must be** reported to the Police **within 24 hours** of becoming aware of the incident where:

- We suspect, or it is alleged to us, that the incident involves a criminal offence against a Commonwealth, state or territory law, or there are other reasonable grounds to report the incident. Criminal offences may include physical and sexual assault, theft, acts of a sexual nature. For further clarification see [Serious Incident Response Scheme Guidelines for providers of home services](#).
- A consumer's absence from their care environment remains unexplained after all reasonable measures to locate the consumer have been exhausted. The report is made within a reasonable timeframe so an appropriate response and action can be taken to locate the consumer. (See [Missing or Not at Home Consumers](#).)

6.3.3 REPORT TO THE CORONER

The Director Care Services in consultation with the Medical Practitioner contacts the Coroner of Queensland (through the Coroners Court of Queensland see [Reportable deaths](#)¹², death from external causes may be reported to police by contacting Policelink on 131 444.) if a consumer dies unexpectedly and takes advice as to next steps.

6.4 NOTIFYING PRIORITY 2 INCIDENTS

Priority 2 reportable incidents must be notified to the Commission **within 30 days** of becoming aware of the reportable incident.

Priority 2 reportable incidents involve a single notification only. However, we must respond to any requests for further information regarding the incident and notify the Commission of any significant new information about the incident as soon as possible and within 5 days using the Commission form.

[Examples of completed forms](#) for each type of reportable incident are provided by the Commission on their website. Workers should utilise these examples when completing a report.¹³

6.5 DIRECT REPORTING TO THE COMMISSION OR POLICE

If workers do not feel comfortable reporting an incident within Richmond Aged Care, they can make a report directly to the Police or the Commission without fear of reprisal.

7 INVESTIGATION OF INCIDENTS

See [Incident Management](#).

¹⁰ Australian Government Aged Care Quality and Safety Commission [Serious Incident Response Scheme Guidelines for providers of home services](#) November 2022 p 54

¹¹ Australian Government Aged Care Quality and Safety Commission [Serious Incident Response Scheme Guidelines for providers of home services](#) November 2022 p 23

¹² Queensland Government, Coroners Court of Queensland [Reportable Deaths](#) Website accessed September 2024

¹³ Government Aged Care Quality and Safety Commission Submitting a SIRS notification/[Example responses Website](#) accessed August 2024

DOCUMENT INFORMATION

Owner**	Director Community Services
Date Approved	
Applicable Aged Care Programs	CHSP, HCP
Review History	Developed: 18 October 2024
Date of review and summary of changes	
Date of review and summary of changes	
Date of review and summary of changes	

**The person responsible for ensuring the Procedure is appropriate, followed and maintained up to date.

Item 4.4 Skin Integrity Support Policy

EXECUTIVE SUMMARY

To provide worker guidance in the support of consumers to maintain skin integrity and prevent alteration in skin integrity.

OFFICER'S RECOMMENDATION

That Council: adopt the Skin Integrity Support Policy as presented.

Budget & Resource Implications

Nil

Background

Nil

Consultation (Internal/External)

N/A

Attachments

Attachment P – Policy

Report prepared by **Angela Henry (Director of Community Services and Development)**

Skin Integrity Support

POLICY STATEMENT

Richmond Aged Care understands the importance of providing support for consumers to maintain skin integrity for their health and wellbeing and prevent alteration in skin integrity that can result in pressure injury, wounds, infection and discomfort.

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- 2 Scope 1**
- 3 Care Team and Responsibilities 1**
- 4 Assessment 2**
- 5 Care/Support Planning 2**
- 6 Care Provision 3**
 - 6.1 Skin Care Strategies 3
- 7 Referral 3**
- 8 Escalation 3**
- 9 Reporting 4**
- Document Information 4**

1 PURPOSE

To provide worker guidance in the support of consumers to maintain skin integrity and prevent alteration in skin integrity¹.

2 SCOPE

Home Care

3 CARE TEAM AND RESPONSIBILITIES

The care team who contributes to supporting effective skin integrity management include:

- **Medical Practitioner:** medical assessment and treatment
- **Registered Nurse** (and Enrolled Nurse within scope of practice): nursing assessment; development of appropriate care/support plans; identifying consumer risks and taking actions to prevent harm from alteration in skin integrity; ensuring appropriate access to assistive devices, aids and consumables to support skin integrity; seeking advice through referral as necessary; reporting through clinical indicators, handover, audits and meeting forums, the organisation’s performance in supporting skin integrity
- **Health Professionals:** specialist assessment; development of appropriate care/support plans; provision of equipment

¹ See also [Wound Care, Pressure Injury Prevention and Management](#), and [Personal Care](#)

- **Support Workers:** following and implementing care/support plans; escalating concerns regarding consumer health, safety and wellbeing relating to alteration in skin integrity to the Registered Nurse in a timely manner; supporting consumers with skin care, assistive devices, repositioning and aids
- **Consumers and their representatives/substitute decision makers:** communicating with the workforce regarding their health, safety and wellbeing regarding skin integrity; engaging in care/support planning processes.

4 ASSESSMENT

Older adults are at risk of skin becoming thinner, losing elasticity, reduced blood supply, less subcutaneous fat, reduced skin hydration, and a reduction of the dermal-epidermal layer. Further, consumers with chronic illnesses (such as renal, liver, cardiovascular, malnutrition, illnesses necessitating multiple medications, incontinence and obesity) are at greater risk to alteration in skin integrity. These risks contribute to skin frailty.²

A skin check assessment and pressure injury risk assessment are conducted and alteration in skin integrity is noted considering³:

- Skin assessment through observation and touch (skin check) to identify skin frailty (See above)
- Past medical history with consideration to chronic illness and allergies
- Continence (identification of incontinence associated dermatitis)
- Personal hygiene practices (such as soap and moisturiser use)
- Mobility, activity and footwear
- Sensory impairment (consider diabetes)
- Nutrition and hydration (decreased subcutaneous fat and any bony prominences)
- Full blood count (anaemia) and blood glucose level and/or HbA1c
- Pain
- Smoking status
- Medications including topical preparations
- Oral assessment.

Consumers at risk of pressure injury or incontinence associated dermatitis are included in the **High-Risk Consumer Register**.

5 CARE/SUPPORT PLANNING

The support plan is developed with the consumer considering the abovementioned and detailing the care provided as outlined below.

² Beeckman D et al 2020 Best practice recommendations for holistic strategies to promote and maintain skin integrity. Wounds International page 5

³ Ibid page 12

6 CARE PROVISION

6.1 SKIN CARE STRATEGIES

Workers support skin integrity by⁴:

- Observing skin for alteration in skin integrity (during care provision and personal care activities) and reporting it to the Supervisor/Registered Nurse⁵
- Taking care when providing personal care such as mobility support and manually handling to ensure consumers' skin is protected to prevent skin friction and shear
- Following the care/support plan and handover instructions regarding repositioning regimes that reflect the individual consumer's risk
- Encouraging adequate food and fluids, mobility, pain management strategies to support skin integrity
- Ensuring the consumer's continence aids are changed as per the care/support plan and any alteration in skin integrity (such as incontinence associated dermatitis) is reported to the Supervisor/Registered Nurse
- Ensuring any protective dressings (to prevent alteration in skin integrity) are intact and report to the Registered Nurse if these require changing
- When providing personal care, use non-soap alternatives (with consent of the consumer) where possible and avoid friction when drying skin
- Applying moisturiser to consumer's skin following personal care, and preferably twice daily
- Supporting consumers to apply any skin protection items and footwear to prevent alteration in skin integrity
- Ensuring the appropriate selection and fitting of clothing (in consultation with the consumer) to ensure temperature regulation
- Encouraging consumers to care for their skin.

7 REFERRAL

The Registered Nurse will seek advice from or refer the consumer (with consent) to a Specialist Wound Care Nurse/service if required, to advise on skin integrity issues. The referral is noted in the care management system and recommendations included in the consumer's care/support plan. Referrals to other Health Professionals (Dietitian, Podiatrist, Occupational Therapist, Physiotherapist) are made as necessary.

8 ESCALATION

Support Workers report to Supervisor/Registered Nurse if any concerns regarding the consumer's skin integrity are identified. The Supervisor/Registered Nurse escalates to the appropriate Health Professional for advice and support, assesses the consumer and updates their care/support plan as necessary.

Bruising and alteration in skin integrity may indicate rough handling and must always be reported to the Registered Nurse to investigate. Complete an **Incident Report** and consider SIRS reporting if applicable.

⁴ Beeckman D et al 2020 Best practice recommendations for holistic strategies to promote and maintain skin integrity. Wounds International pages 14-20

⁵ NOTE: Bruising and alteration in skin integrity may indicate rough handling and must always be reported to the registered nurse to investigate, complete an incident form and consider SIRS reporting if applicable.

9 REPORTING

Monthly reporting of alterations in skin integrity is conducted to ensure quality care (See [Clinical Governance](#)). Data is reviewed at clinical meetings and reported to the Clinical Care Committee.

DOCUMENT INFORMATION

Owner**	Director Community Services
Date Approved	
Applicable Aged Care Programs	CHSP, HCP
Review History	Developed: 18 October 2024
Date of review and summary of changes	
Date of review and summary of changes	
Date of review and summary of changes	

**The person responsible for ensuring the Procedure is appropriate, followed and maintained up to date.

Item 4.5 Voluntary Assisted Dying Policy

EXECUTIVE SUMMARY

To provide guidance in supporting voluntary assisted dying including:

- Principles underpinning our approach
- Our approach including referral and support to our workers
- Resources.

OFFICER'S RECOMMENDATION

That Council: adopt the Voluntary Assisted Dying Policy as presented.

Budget & Resource Implications

Nil

Background

Nil

Consultation (Internal/External)

N/A

Attachments

Attachment Q – Policy

Report prepared by **Angela Henry (Director of Community Services and Development)**

Voluntary Assisted Dying

POLICY STATEMENT

Richmond Aged Care respects consumer's rights to access voluntary assisted dying services if they so choose and as outlined in each State's legislative framework.

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1 PURPOSE

To provide guidance in supporting voluntary assisted dying including:

- Principles underpinning our approach
- Our approach including referral and support to our workers
- Resources.

2 SCOPE

Home Care

3 OVERVIEW

Richmond Aged Care respects the rights of Queensland residents to access voluntary assisted dying services if they choose to do so. In QLD¹, individuals who are at the end of life and meet the stringent eligibility criteria can request access to voluntary assisted dying.

- We facilitate consumer's access if they wish but will not participate directly in voluntary assisted dying
- We are committed to providing continuing in home care assistance to Carers and Consumers may wish to access voluntary assisted dying
- We provide information, support and referral services to consumers and families who request information about, or access to, voluntary assisted dying
- We also ensure workers are provided with information and support about voluntary assisted dying.

¹ Queensland Government [Voluntary assisted dying](#) Website accessed September 2024

4 PRINCIPLES

Two principles underpin our approach to voluntary assisted dying:

- We support each consumer's choice through communication, support, information provision and referral; however, health care workers must not initiate a discussion about, or suggest, voluntary assisted dying to a person to whom they are providing health or professional care services.
- We ensure workers are supported and safe.

5 APPROACH

We are committed to supporting consumers and their families through:

- **Client communication:** We communicate openly, effectively and in a timely manner with consumers and their families regarding our position regarding voluntary assisted dying
- **Support:** We provide emotional support to consumers and their families through our provision of inhome care and of other appropriate health professionals as required
- **Information provision:** We provide accurate and timely information based on resources available through the relevant Voluntary Assisted Dying Care Navigator Service.

5.1 REFERRAL

We refer consumers and families to the relevant Voluntary Assisted Dying Care Navigator Service and/or a health practitioner or service participating in the provision of voluntary assisted dying, in a timely manner. The Care Co-Ordinator will:

- Provide general information about voluntary assisted dying
- Provide specific information about the voluntary assisted dying process
- Assist in locating a Medical Practitioner who is willing and eligible to participate in the voluntary assisted dying process
- Assist eligible people to access support and
- Link people to helpful resources.

Referral to the Voluntary Assisted Dying Navigator Service is noted in the consumer's health care record.

5.2 WORKFORCE SUPPORT

We are committed to ensuring workers are supported and safe by providing them with access to information and support regarding voluntary assisted dying to enable them to support consumers, families and peers in understanding our policy position and maintain wellbeing.

6 RESOURCES

Below is the link to information, resources and publications to assist organisations to understand and support consumers and our workforce through the voluntary assisted dying process in Queensland.

[Queensland voluntary assisted dying support service \(QVAD-Support\) \(qld.gov.au/health\)](https://www.qld.gov.au/health)

DOCUMENT INFORMATION

Owner**	Director Community Services
Date Approved	
Applicable Aged Care Programs	CHSP, HCP
Review History	Developed: 18 October 2024
Date of review and summary of changes	
Date of review and summary of changes	
Date of review and summary of changes	

**The person responsible for ensuring the Procedure is appropriate, followed and maintained up to date.

Item 4.6 Administration of First Aid Policy

EXECUTIVE SUMMARY

Under the *Education and Care Services National Regulations* the approved provider must ensure policies and procedures are in place for the administration of first aid (Reg. 168) and take reasonable steps to ensure policies and procedures are followed. First aid can save lives and prevent minor injuries or illnesses from becoming major. The ability to provide prompt basic first aid is particularly important in the context of an out of school hours service where educators have a duty of care and obligation to assist children who are injured, become ill, or require support with administration of medication.

OFFICER'S RECOMMENDATION

That Council: adopt the Administration of First Aid Policy as presented.

Budget & Resource Implications

Nil

Background

Nil

Consultation (Internal/External)

N/A

Attachments

Attachment R – Policy

Report prepared by **Teena Chappell (Outside School Hours Care Coordinator)**

ADMINISTRATION OF FIRST AID POLICY

Under the *Education and Care Services National Regulations* the approved provider must ensure policies and procedures are in place for the administration of first aid (Reg. 168) and take reasonable steps to ensure policies and procedures are followed. First aid can save lives and prevent minor injuries or illnesses from becoming major. The ability to provide prompt basic first aid is particularly important in the context of an out of school hours service where educators have a duty of care and obligation to assist children who are injured, become ill, or require support with administration of medication.

NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY		
2.1.1	Wellbeing and comfort	Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's needs for sleep, rest and relaxation.
2.1.2	Health practices and procedures	Effective illness and injury management and hygiene practices are promoted and implemented.
2.2	Safety	Each child is protected.
2.2.1	Supervision	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.
2.2.2	Incident and emergency management	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented.

EDUCATION AND CARE SERVICES NATIONAL LAW AND NATIONAL REGULATIONS	
S.167	Offence relating to protection of children from harm and hazards
12	Meaning of serious incident
85	Incident, injury, trauma and illness policies and procedures
86	Notification to parents of incident, injury, trauma and illness
87	Incident, injury, trauma and illness record
88	Infectious diseases
89	First aid kits
90	Medical conditions policy
92	Medication record
93	Administration of medication

94	Exception to authorisation requirement-anaphylaxis or asthma emergency
97	Emergency and evacuation procedures
101	Conduct a risk assessment for excursions
102C	Conduct a risk assessment for transporting of children by the education and care service
136	First aid qualifications
137	Approval of qualifications
161	Authorisations to be kept in enrolment record
162	Health information to be kept in enrolment record
168 (2)(a)(iv)	Education and care service must have policies and procedures
170	Policies and procedures to be followed
171	Policies and procedures to be kept available
175	Prescribed information to be notified to Regulatory Authority
176	Time to notify certain information to Regulatory Authority
183	Storage of records and other documents

RELATED POLICIES

Administration of Medication Policy Anaphylaxis Management Policy Asthma Management Policy Child Safe Environment Policy Dealing with Infectious Diseases Policy Diabetes Management Policy Emergency and Evacuation Policy Enrolment Policy Epilepsy Management Policy Family Communication Policy	Health and Safety Policy Incident, Injury, Trauma and Illness Policy Medical Conditions Policy Responsible Person Policy Record Keeping and Retention Policy Safe Transportation Policy Sun Safety Policy Supervision Policy Water Safety Policy Work Health and Safety Policy
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PURPOSE

Our Out of School Hours Care (OSHC) Service has a duty of care to provide and protect the health and safety of children, families, educators, and visitors of the Service. This policy aims to support educators to:

- Preserve life
- Ensure the environment is safe and other people are not in danger of becoming ill or injured
- Ensure that ill or injured persons are stabilised and comforted until medical assistance intervenes

- Relieve pain if possible
- Monitor ill or injured persons and promote recovery
- Provide immediate and effective first aid to children or adults
- Apply additional first aid if the condition does not improve

'First aid can reduce the severity of an injury or illness and in extreme cases, could mean the difference between life and death.' (Safe Work Australia).

SCOPE

This policy applies to children, families, staff, educators, approved provider, nominated supervisor, management, students, volunteers and visitors of the OSHC Service.

IMPLEMENTATION

First aid is the emergency aid or treatment given to persons suffering illness or injury following an accident and prior to obtaining professional medical services if required. It includes emergency treatment, maintenance of records, dressing of minor injuries, recognition and reporting of health hazards, and participation in safety programs. Legislation that governs the operation of approved children's services is based on the health, safety and welfare of children, and requires that children are protected from hazards and harm.

THE APPROVED PROVIDER/NOMINATED SUPERVISOR/MANAGEMENT IS RESPONSIBLE FOR:

- ensuring obligations under the *Education and Care Services National Law and National Regulations* are met
- ensuring educators, staff, students, visitors and volunteers have knowledge of and adhere to this policy and procedure
- ensuring all new employees, students and volunteers are provided with a copy of this policy as part of their induction process
- ensuring there is an induction process for all new staff, including casual and relief staff, that includes providing information on the location of first aid kits and specific first aid requirements; individual children's allergies and individual children's medical management plans
- ensuring families are aware of this *Administration of First Aid Policy*
- taking every reasonable precaution to protect children at the OSHC Service from harm and/or hazards that can cause injury
- ensuring that the following qualified people are in attendance and immediately available in an emergency **at all times** the service is providing education and care to children [Reg.136]

- at least one educator, staff member or nominated supervisor who holds a current ACECQA approved first aid qualifications
- at least one educator, staff member or nominated supervisor of the service who has undertaken current approved anaphylaxis management training
- at least one educator, staff member or nominated supervisor of the service who has undertaken current approved emergency asthma management training

(One staff member may hold one or more of the three qualifications)

- ensuring staff maintain current ACECQA approved first aid qualification and ACECQA approved anaphylaxis and asthma management training every 3 years and renew cardio-pulmonary resuscitation every 12 months.
 - planning and reviewing the staff roster to ensure all first aid qualification requirements are met at all times
- appointing a nominated first aid officer
- ensuring a risk assessment is conducted prior to an excursion, regular outing, or when providing transportation to identify risks to health, safety, or wellbeing and specifying how these risks will be managed and minimised (NB: risk assessment for a regular outing or regular transportation is required at least annually) [Reg. 102B, 102D (4)]
- providing and maintaining an appropriate number of up-to-date, fully equipped first aid kits that meet Australian Standards including transportable first-aid kits to be used on excursions and when providing transportation [Reg. 89]
- monitoring the contents of all first aid kits and arrange replacement of stock, including when the use-by date has been reached
- disposing of out-of-date materials and supplies appropriately
- ensuring safety signs showing the location of first aid kits are clearly displayed
- providing and maintaining a transportable first aid kit that can be taken to excursions and other activities [Reg. 89]
- ensuring that first aid training details are recorded and kept up to date on each staff member's record
- ensuring there is an induction process for all new staff, including casual and relief staff, that includes providing information on the location of first aid kits and specific first aid requirements and individual children's allergies and individual medical management plans
- ensuring that families/parents are notified **as soon as** practicable or within 24 hours if their child is involved in an incident, injury, trauma or illness at the Service and that details are recorded on the *Incident, Injury, Trauma and Illness Record*

- ensuring the regulatory authority is notified within 24 hours if a child is involved in a serious incident, injury, trauma or illness at the OSHC Service [Reg 12, 176]
- ensuring that staff members are offered support and debriefing subsequent to a serious incident requiring the administration of first aid
- ensuring a resuscitation flow chart is displayed in a prominent position in the indoor and outdoor environments of the OSHC Service.
- keeping up to date with any changes in procedures for administration of first aid and ensuring that all educators are informed of these changes
- ensuring parents/guardians provide written consent (via the enrolment record) for service staff to administer first aid
- ensuring parents/guardians provide written consent for the approved provider, nominated supervisor or educator to seek medical treatment for their child by a registered medical practitioner, hospital or ambulance service and if required, transport the child to hospital [Reg 161(1)(a)]

EDUCATORS WILL:

- implement appropriate first aid procedure. when necessary, by adhering to the service's *Administration of First Aid Procedure*
- maintain current ACECQA approved first aid qualification, and qualifications in approved anaphylaxis management and emergency asthma management as required
- renew cardio-pulmonary resuscitation every 12 months
- ensure that all children are adequately supervised while providing first aid and comfort for a child involved in an incident or suffering trauma
- ensure that the details of any incident requiring the administration of first aid are recorded on the *Incident, Injury, Trauma and Illness Record* accurately
- conducting a risk assessment prior to an excursion, regular outing or when providing regular transportation of children to identify risks to health, safety, or wellbeing and specifying how these risks will be managed and minimised (NB: risk assessment for a regular outing or regular transportation is required at least annually) [Reg. 102B, 102D (4)]

FAMILIES WILL:

- read and comply with the policies and procedures of the OSHC Service
- sign the *Incident, Injury, Trauma and Illness Record* which is on Xplor playground Incident Records OSHC Service records of accidents or injuries that have occurred, acknowledging they have been made aware of the incident and the first aid that treatment that was given to the child

- provide the required information for the OSHC Service's medication record
- provide the service with a medical management plan for their child if required
- provide written consent (via the enrolment record) for Service staff to administer first aid
- provide written consent for the approved provider, nominated supervisor or educator to seek medical treatment for their child by a registered medical practitioner, hospital or ambulance service and if required, transport the child to hospital
- be contactable, either directly or through emergency contacts listed on the child's enrolment record
- notify educators of any change in condition of their child's health that may impact the child's care and require the administration of first aid (ACECQA, 2021).

INCIDENT, INJURY, TRAUMA AND ILLNESS RECORD

Any incidents, injuries trauma or illness, including first aid provided, must be recorded and include the following details, as per Education and Care Services National Regulation 87:

- name and age of the child
- circumstances leading to the incident, injury, trauma, or illness (including any symptoms)
- time and date
- details of action taken by the OSHC Service including any medication administered, first aid provided or
- medical personnel contacted
- details of any witnesses
- names of any person the service notified or attempted to notify, and the time and date of this
- signature of the person making the entry, and time and date of this.

FIRST AID KIT

The approved provider of the OSHC Service will ensure that first aid kits are kept in accordance with National Education and Care Service Regulations (Reg. 89).

ALL FIRST AID KITS AT THE SERVICE MUST:

- be suitably equipped
- not be locked
- not contain paracetamol
- be suitable for the number of employees and children and sufficient for the immediate treatment of injuries at the Service
- be easily accessible to staff and educators

- be constructed of resistant material, be dustproof and of sufficient size to adequately store the required contents
- be capable of being sealed and preferably be fitted with a carrying handle as well as have internal compartments
- contain a list of the contents of the kit
- be regularly checked using the *First Aid Kit Checklist* to ensure the contents are as listed and have not degraded or expired
- have a white cross on a green background with the words 'First Aid' prominently displayed on the outside
- be easily recognisable
- be easy to access and if applicable, located where there is a risk of injury occurring
- include emergency telephone numbers, and location of the nearest first aid trained educators
- display a photograph of the first aid trained educators, along with contact details to assist in the identification process
- **be provided in each work vehicle**
- be stocked with precautionary items such as sunscreen and water if using outdoors
- be taken on excursions
- be maintained in proper condition and the contents restocked as required.

Our nominated First Aid Officer responsible for maintaining all First Aid kits at the OSHC Service is:

FIRST AID OFFICER	
Name	Tina Chappell
Role	Coordinator
Number of First Aid Kits Responsible for at the Service:	4
Additional First Aid Officer:	Lorna Matthews and Anastacia Chappell

These individuals are responsible for conducting and maintaining each first aid kit by complying with the First Aid Checklist, certifying each kit has the required quantities, items are within their expiry dates, and sterile products are sealed. This will occur after each use or if unused, at least annually.

Individuals along with the nominated supervisor will also consider whether the first aid kits and components are appropriate and effective for the Service’s hazards and the injuries that have occurred. If

the kit requires additional resources, these individuals will advise and follow up with the nominated supervisor.

Our OSHC Service will display a well-recognised, standardised first aid sign to assist in easily locating first aid kits. Signage will comply with AS 1319:1994 – Safety Signs for the Occupational Environment.

FIRST AID KIT CHECKLIST

Our OSHC Service will use the checklist provided by the *Childcare Centre Desktop*. The checklist will be completed annually to ensure first aid kits are equipped and maintained.

Safe Work Australia’s [First Aid in the Workplace Code of Practice](#) also provides a guide to what to include in a First Aid Kit. [\(Appendix E – Example of contents\)](#)

We will determine the need for additional items to those in the checklist, or whether some items are unnecessary, after analysing the number of children at our OSHC Service and what injuries children or adults may incur. We will review our incident, injury, trauma and illness records to assist us in making an informed decision about what to include.

CONTINUOUS IMPROVEMENT/REFLECTION

Our *Administration of First Aid Policy* will be reviewed on an annual basis in consultation with children, families, staff, educators and management.

CHILDCARE CENTRE DESKTOP- RELATED RESOURCES

Administration of First Aid Procedure	Illness Management Procedure
Dental Accident Procedure	Incident, Injury, Trauma or Illness Record
First Aid Checklist	Incident Injury Report Register
First Aid Kit Fact Sheet Guide	Incident Injury Report Record Staff
First Aid Certificate Register	Tick Bite Procedure
Head Injury Guide and Procedure	

SOURCES

[Australian Children’s Education & Care Quality Authority. \(2025\). *Guide to the National Quality Framework*](#)

[Australian Children’s Education & Care Quality Authority. \(2025\). *Managing and Responding to Injury, Trauma and Illness Incidents*](#)

[Australian Children’s Education & Care Quality Authority. \(2023\). Policy and procedure guidelines- *Administration of First Aid Policy Guidelines*](#)

[Early Childhood Australia Code of Ethics. \(2016\).](#)

Education and Care Services National Law Act 2010. (Amended 2023).

[Education and Care Services National Regulations](#). (Amended 2023)

Safe Work Australia First Aid in the Workplace Code of Practice: [First Aid in the Workplace](#)

[Western Australian Legislation Education and Care Services National Law \(WA\) Act 2012](#)

[Western Australian Legislation Education and Care Services National Regulations \(WA\) Act 2012](#)

REVIEW

POLICY REVIEWED BY	Tina Chappell	Coordinator	June 25
POLICY REVIEWED	MAY 2025	NEXT REVIEW DATE	MAY 2026
VERSION NUMBER	V13.05.25		
MODIFICATIONS	<ul style="list-style-type: none"> • annual policy maintenance • minor edits within policy • sources checked for currency and repaired as required 		
POLICY REVIEWED	PREVIOUS MODIFICATIONS	NEXT REVIEW DATE	
MAY 2024	<ul style="list-style-type: none"> • annual policy maintenance • merged Nominated Supervisor section with previous section • created new heading for requirements of Incident, Injury, Trauma and Illness Record • sources checked for currency and repaired as required 	MAY 2025	

Item 4.7 Excursion/Incursion/Extra-Curricular Activities Policy

EXECUTIVE SUMMARY

Under the Education and Care Services National Regulations the approved provider must ensure policies and procedures are in place for managing excursions (Reg. 168) and take reasonable steps to ensure policies and procedures are followed.

Excursions/incursions/extra-curricular activities enhance children's learning by providing them the opportunity to participate in curriculum planned activities and experiences to extend on their skills and knowledge in the current interest topic. Our OSHC Service recognises that excursions provide opportunities for children to explore the wider community as a group and extend on the educational program provided.

OFFICER'S RECOMMENDATION

That Council: adopt the Excursion/Incursion/Extra-Curricular Activities Policy as presented.

Budget & Resource Implications

Nil

Background

Nil

Consultation (Internal/External)

N/A

Attachments

Attachment S – Policy

Report prepared by **Teena Chappell (Outside School Hours Care Coordinator)**

EXCURSION/INCURSION/EXTRA-CURRICULAR ACTIVITIES POLICY

Under the Education and Care Services National Regulations the approved provider must ensure policies and procedures are in place for managing excursions (Reg. 168) and take reasonable steps to ensure policies and procedures are followed.

Excursions/incursions/extra-curricular activities enhance children's learning by providing them the opportunity to participate in curriculum planned activities and experiences to extend on their skills and knowledge in the current interest topic. Our OSHC Service recognises that excursions provide opportunities for children to explore the wider community as a group and extend on the educational program provided.

NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 4: STAFFING ARRANGEMENTS		
2.2	Safety	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.
2.2.1	Supervision	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented.
2.2.2	Incident and emergency management	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.

EDUCATION AND CARE SERVICES NATIONAL LAW AND NATIONAL REGULATIONS	
S. 51(4A)	Conditions of service approval- ensure number of children educated and cared for by the service at any one time does not exceed the maximum number of children specified in the service approval
S.165	Offence to inadequately supervise children
Sec.167	Offence relating to protection of children from harm and hazards
4 (1)	Definition regular outing
89	First Aid Kits
90	Medical conditions policy
97	Emergency and evacuation procedures
98	Telephone or other communication equipment
99	Children leaving the education and care service premises
100	Risk assessment must be conducted before excursion

101	Conduct of risk assessment for excursion
102	Authorisation for excursion
102B	Transport risk assessment must be conducted before service transports child
102C	Conduct of risk assessment for transporting of children by the education and care service
102D	Authorisation for service to transport children
102E	Children embarking a means of transport – centre-based services
102F	Children disembarking a means of transport – centre-based services
123	Educator to child ratios-centre-based services
136	First Aid qualifications
149	Volunteers and students
151	Record of educators working directly with children
158	Children’s attendance record to be kept by approved provider
160	Child enrolment records to be kept by approved provider and family day care educator
161	Authorisations to be kept in enrolment record
168	Policies and procedures are required
170	Policies and procedures to be followed

RELATED POLICIES

Acceptance and Refusal of Authorisations Policy Administration of Medication Policy Administration of First Aid Policy Child Safe Environment Policy Code of Conduct Policy Delivery of Children to, and Collection from and Education and Care Service Premises Educational Program Policy Emergency and Evacuation Policy	Family Communication Policy Incident, Incident, Trauma and Illness Policy Interaction with Children, Family and Staff Policy Medical Conditions Policy Privacy and Confidentiality Policy Respect for Children Policy Safe Transportation Policy Sun Safety Policy Supervision Policy Water Safety Policy
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PURPOSE

To ensure that all excursions and incursions undertaken by the Outside School Hours Care Service are planned and conducted in a safe manner, maintaining children’s health, safety and wellbeing at all times

in accordance with Education and Care National Regulations. We believe excursions/incursions provide the children with the opportunity to expand and enhance their skills and knowledge gaining insight into their local and the wider community.

SCOPE

This policy applies to children, families, educators, staff, management, approved provider, nominated supervisor, students, volunteers and visitors of the OSHC Service.

IMPLEMENTATION

Excursions and incursions will be conducted with the children's safety and wellbeing in mind at all times. We will regularly schedule incursions and visitors to our OSHC Service however, if we feel an excursion will benefit the children and offer a valuable experience, we will adhere to the National Regulations and Service policies and procedures to plan and manage an experience that is enjoyable for children. This policy relates to excursions that may be a 'regular outing' or a one-off excursion for a particular purpose and incursions, where visiting performers, groups or community services may visit our OSHC Service.

Children who are enrolled in our OSHC Service may participate in extra-curricular activities that are organised separately from our OSHC. Our OSHC will support children to participate in extra-curricular activities located within school grounds.

DEFINITIONS

Excursion: means an outing organised by an education and care service or family day care educator but does not include an outing organised by an education and care service provided on a school site if-

- (a) a child or children leave the education and care service premises in the company of an educator and
- (b) the child or children do not leave the school site.

Extra-Curricular Activities: means an activity organised separately from the OSHC Service that children may attend during OSHC operating hours. Examples include music lessons, dance class, choir lessons.

Regular outing: in relation to an education and care service, means a walk, drive or trip to and from a destination

- (a) that the service visits regularly as part of its educational program; and
- (b) where the circumstances relevant to the risk assessment are *substantially* the same on each.

Incursion: means an activity organised by our Service, whereby an outside body is employed or engaged to visit the service to run an educational program and to promote culture and diversity. This could include a visit from the Rural Fire Service, an Aboriginal Cultural awareness group, science or reptile show or a musical or drama performance. Some incursions may be offered free of charge whilst others may incur a small participation cost.

CONSIDERATIONS FOR EXCURSIONS AND INCURSIONS

The purpose of the excursion should be clearly identified by staff providing information on how the excursion or incursion supports the educational program and contributes to the outcomes for children.

Excursions/incursions should be planned in advance and consideration given to the:

- time away from the OSHC service
- availability of toilet and washing facilities
- access to safe drinking water
- adequate health and hygiene practices
- possible risk to children (identified in risk assessment)
- accessibility for all children
- transportation
- cost
- weather- wet weather arrangements
- teaching children safety procedures and responsibilities whilst on an excursion
- communication with parents and families
- Risk Assessment documentation provided by the excursion venue
- safety and wellbeing of children whilst at the OSHC service whilst participating in an incursion (identified in risk assessment)

EXCURSION/INCURSION RISK ASSESSMENT

The approved provider or nominated supervisor must conduct a risk assessment which reflects Reg. 101 before an authorisation is scheduled under Reg. 102 to determine the safety and appropriateness of the excursion/incursion. If the excursion involves transporting children, the risk assessment must adhere to **all** components of **regulations** 101, 102, 102B, 102C (effective March 2023)

The risk assessment must:

- identify and assess possible risks that the excursion/incursion may pose to the health, safety and wellbeing of any child being taken on the excursion or participating in the incursion

- specify how the identified risks will be managed and minimised
- ensure Working with Children Checks are conducted for all adults visiting the Service on incursions
- ensure the visiting group/performance is covered by insurance
- consider the proposed route and destination for the excursion and
- identify any water hazards
- reflect on any risks associated with water-based activities
- consider the transport to and from the proposed destination for the excursion
- consider the duration of the transportation
- consider any requirements for seatbelts or safety restraints under a law for our Queensland jurisdiction
- the process for entering and exiting the education and care service premises and the pick-up location or destination (as required)
- procedures for embarking and disembarking the means of transport, including how each child is to be accounted for on embarking and disembarking
- consider the ratio of adults to children involved in the excursion
- consider the risks posed by the excursion/incursion, the number of educators or other responsible adults required to provide supervision, and whether any adults with specialised skills are required to ensure children's safety (e.g.: lifesaving skills)
- consider the planned activities
- determine the duration of the excursion
- consider items that should be taken on the excursion (mobile phone, emergency contacts, first aid kit, medical plans, etc.).
- consider strategies to ensure supervision is consistent at all times during the excursion-transitions, toileting, departure from the service and conclusion of the excursion

If the excursion is a *regular excursion*, or '*regular outing*' a risk assessment authorisation is only required to be carried out once in a 12-month period, however, must be regularly reviewed. If circumstances around the excursion change, a new risk assessment is required.

THE APPROVED PROVIDER/NOMINATED SUPERVISOR/MANAGEMENT WILL ENSURE:

- obligations under the *Education and Care Services National Law and National Regulations* are met
- educators, staff, students, visitors and volunteers have knowledge of and adhere to this policy and procedure

- all new employees, students and volunteers are provided with a copy of this policy as part of their induction process
- an *Excursion/Incursion Risk Assessment* is developed prior to any excursion or incursion [see: *Excursion Risk Management Plan, Regular Outing Risk Management Plan, Incursion Risk Management Plan*]
- a responsible person (or coordinator) is appointed to oversee the organisation of the excursion/incursion
- families are notified about the excursion using an *Excursion Authorisation Form* and written authorisation must be provided by a parent or other person named in the child's enrolment record
- families are notified about any incursion and if permission is required for participation, an *Incursion Authorisation Form* -provided for parent or carer consent for their child to participate
- families have a right to view the risk assessment prior to the excursion/incursion upon request in which the Service must comply with ensuring all information is available.

PARENT/GUARDIAN AUTHORISATION

The approved provider/nominated supervisor must ensure:

- that a child is not taken outside the OSHC Service premises on an excursion unless written authorisation has been provided
- the authorisation must be given by a parent or other authorised person named in the child's enrolment record as having authority to authorise transportation of a child
- the authorisation form must state:
 - the child's name
 - the reason the child is to be taken outside the premises/transported
 - the reason the child is to be transported (if transportation is included in the excursion)
 - if the authorisation is for a regular outing, a description of when the child is to be taken on the regular outing
 - the date the child is to be taken on the excursion and transported (unless the authorisation is for a regular outing)
 - a description of the proposed pick-up location destination for the excursion
 - the method of transport to be used for the excursion
 - the proposed activities to be undertaken by the child during the excursion
 - the period the child will be away from the premises
 - the period of time during which the child is to be transported
 - the anticipated number of children likely to be attending the excursion

- the anticipated educator to child ratio attending the excursion to the anticipated number of children attending the excursion
- the anticipated number of staff members and any other adults who will accompany and supervise the children on the excursion
- any requirements for seatbelts or safety restraints under a law of each jurisdiction in which the children are being transported
- that a risk assessment has been prepared and is available at the Service
- that written policies and procedures for transporting children are available at the Service
- if the excursion is a regular outing, the authorisation is only required to be obtained once in a 12-month period
- parental authorisation may be required for incursions if identified in the risk assessment or if a cost is required
- authorisations must be kept securely in the child's enrolment records.

STAFFING ARRANGEMENTS

The approved provider/nominated supervisor will ensure that:

- adequate supervision is provided for children and the educator to child ratio for school age care is always maintained as per National Regulations
- consider:
 - the number, age and ability of children
 - the number and physical positioning of educators
 - each child's current activity
 - risks related to the mode of transport (for example: walking)
 - visibility and accessibility
 - the experience and skill of each educator
- additional educators/staff are engaged to provide care and support to children with additional needs
- educators are aware of their responsibility to provide supervision to other responsible adults or volunteers assisting on the excursion
- educators are aware the procedures to follow in the event of an emergency
- at least one educator or the nominated supervisor must hold current ACECQA approved first aid qualification, CPR qualification, approved emergency asthma management and approved anaphylaxis management training

PARENT AND VOLUNTEER PARTICIPATION

The approved provider/nominated supervisor will ensure parents and volunteers:

- are encouraged/invited to participate in excursions when possible
- cannot be counted as part of the educator to child ratio
- cannot be left alone with a child/children and must be supervised by an educator at all times
- are briefed prior to participating on an excursion about the risk assessment, emergency procedures, supervision, photograph policy for privacy and confidentiality and use of mobile phone
- are aware that smoking or vaping is not permitted at any time whilst participating in the excursion
- are aware of need to wear appropriate clothing and footwear
- Working with Children Checks/Clearances are verified for parent and volunteers prior to participating in excursions.

ITEMS TO BE TAKEN ON AN EXCURSION

The approved provider/nominated supervisor must ensure that the following items are taken on all excursions, as per the risk assessment:

- appropriate number of suitably equipped first aid kits
- fully charged and operating mobile phone
- emergency contact information details for all children participating on the excursion
- medication for children requiring medical and relevant medical management plans
- items required for excursion circumstances- such as sunscreen, hats, other equipment
- child attendance record

TRANSPORTATION FOR EXCURSION

Excursions involving transportation must adhere to the *Safe Transportation Policy* including ensuring a risk assessment has been completed prior to children being transported by the service and authorisation for the service to transport children as part of the excursion. It is a requirement of the National Regulation that the means of transport is stated on the risk assessment record and parent authorisation record. Information must be included in the risk assessment about the process for embarking and disembarking the means of transport, including how each child is to be accounted for.

The *means of transport* may mean:

- **Walking**

Educators must ensure children and adults use the safest footpaths and safe crossings where possible, such as pedestrian crossings and traffic lights

Educators will ensure all children and adults obey road rules

Educators will ensure children follow the 'stop, look, listen and think' process when walking near roads

Educators will remain vigilant that no child runs ahead or lags behind the group

- **Bus**

the nominated supervisor must ensure that the seating capacity as displayed on the compliance registration is not exceeded. All children must sit on seats, preferably with, or close to an adult.

Any requirements for seat belts or safety restraints under law must be followed depending on the vehicle used. If the bus has seat belts, they must be worn at all times.

- **Train**

the nominated supervisor will be required to contact the local station prior to the excursion to inform them of the time you will be travelling, the destination, and the number of children and adults who will be travelling.

Provisions should be made to ensure children have ample time to board the train safely and in an unhurried way. This will allow the station to inform the train guard so that they can hold the train for the period of time for safe boarding and disembarkment. All children should be seated at all times, with an adult close by. All children should be seated in the one carriage if possible- and not in a Quiet Carriage.

- **Car**

Any motor vehicle that is used to transport children on an excursion (other than a motor vehicle seating more than nine persons) must be fitted with child restraints and/or seatbelts that are appropriate for the age and weight of each child, that conform to the Australian Standards, and are professionally installed or checked by an authorised restraint fitter.

The vehicle must be registered and free of any defects that could put any passenger at harm.

All children must be fastened in the vehicle according to National Child Restraint Laws for Vehicles (below). The educator or staff member driving the vehicle must hold a current Australian driver's

licence appropriate for the vehicle type. **(A national police check may be required for any educator or staff member driving a vehicle)**

The process for entering and exiting the Service premises safely must be considered at all times.

NATIONAL CHILD RESTRAINT LAWS FOR VEHICLES

- children aged from four years old but under seven years old cannot travel in the front seat of a vehicle with two or more rows, unless all other back seats are occupied by children younger than seven years in an approved child restraint or booster seat
- children aged from seven years old but under 16 years old who are too small to be restrained by a seatbelt properly adjusted and fastened are strongly recommended to use an approved booster seat
- children in booster seats must be restrained by a suitable lap and sash type approved seatbelt that is properly adjusted and fastened, or by a suitable approved child safety harness that is properly adjusted and fastened.

Source: NSW Government Centre for Road Safety, 2017.

EXTRA-CURRICULAR ACTIVITIES

Our OSHC Service will support children to participate in extra-curricular activities that may be organised within school grounds during OSHC operating hours. Communication between families and the school or the extra-curricular activity organisation (e.g., third party music teacher/provider) is paramount to the support provided to children to participate in the activity, Families are to make arrangements between the extra-curricular organisation/coordinator regarding attendance for their child. Examples of extra-curricular activities include music lessons, dance classes, team sports, drama classes or chess club. Families are required to complete the *Extra-Curricular Authorisation Form* and are responsible for informing the OSHC Service of any changes to attendance at extra-curricular activities.

Children attending extra-curricular activities will be signed out of the attendance record by OSHC educators and signed back into the OSHC Service upon return.

A Risk Assessment will be completed for all extra-curricular activities that children attend during OSHC operating hours. The Risk Assessment will include the following information:

- details of the extra-curricular activity
- date and time of extra-curricular activity
- location and duration of extra-curricular activity
- reason for extra-curricular activity
- name and contact details of extra-curricular coordinator
- the route the children will take to walk to the extra-curricular activity
- if children require an escort to the extra-curricular activity

Children will not be able to participate in extra-curricular activities unless prior written authorisation for the child to leave the OSHC Service has been obtained by the family. Authorisation for regular extra-curricular activities will be obtained each term.

INSURANCE

Management must review their insurance policy **of the vehicle** prior to the excursion/incursion to ensure liability is protected by the OSHC Service. A copy of the insurance policy should be kept within the service's vehicle at all times.

CHECKING FOR CHILDREN'S SAFETY

Educators will ensure:

- children's attendance records are taken on excursions
- all children are accounted for when embarking/disembarking the car/vehicle or bus
- children's names are marked off as they enter and leave the vehicle including time and date
- a thorough check is made of the vehicle to ensure no child is left in the vehicle (a second person should repeat this check for safety)
- the vehicle is parked to avoid other vehicles, driveways or car parks
- the vehicle is parked as close as possible to the OSHC premises or visiting venue
- children only disembark the vehicle when it is safe to do so
- head counts are conducted at least every **30 minutes** whilst on the excursion
- bathrooms and toilets are checked for any potential hazard before children enter, and children are escorted to the bathrooms and supervised
- **children remain in the care and supervision of educators from the Service during the excursion. If a parent or authorised guardian collects the child whilst on an excursion the *Delivery of Children to and Collection from EEC Service Premises Policy* and procedures must be followed.**

CHILD BECOMES ILL WHILST ON EXCURSION- EDUCATORS WILL:

- assess the child's illness and follow the *Incident, Injury, Trauma and Illness Procedure*
- keep the child calm and comfortable
- if a child has an individual medical management plan for their symptoms displayed, follow the directions and administer medication if applicable and notify parents/guardians
- use the supplies in the excursions first aid kit to assist in applying first aid to child
- seek medical assistance, including ambulance transport, medication if required (as per child's excursion authorisation form)

- contact the child’s parents/guardian as soon as possible, no later than 24 hours after the incident
- contact the nominated supervisor at the Service for further direction if required
- ensure ratios are maintained for supervision
- complete an *Incident, Injury, Trauma and Illness Record*
- notify the regulatory authority of any serious incident of a child while being educated and cared for at the Service within 24 hours

LOST CHILD DURING AN EXCURSION/ EXTRA-CURRICULAR ACTIVITY

In the event of a child being unaccounted for during an excursion or following an extra-curricular activity, educators will immediately:

- inform another educator and provide supervision for groups
- conduct a head count
- ask children/parent helpers/other educators if they have seen the missing child
- check with the extra-curricular activity coordinator if they aware of the missing child’s location
- search the premises
- check organised meeting points (use mobile phone to contact other educators)
- alert the venue management and request that an announcement is made
- if the child is still unaccounted for after checking as above, the nominated supervisor or excursion coordinator will contact the Police on 000 and report the incident
- the nominated supervisor will contact parents/guardian
- educators will reassure other children and provide supervision
- the approved provider must make a notification to the regulatory authority within 24 hours of a serious incident

CONTINUOUS IMPROVEMENT/REFLECTION

Our *Excursion/Incursion/Extra Curricular Activities Policy* will be reviewed on an annual basis in consultation with children, families, staff, educators and management.

CHILDCARE CENTRE DESKTOP- RELATED RESOURCES

Excursion Authorisation Form Excursion Risk Assessment Management Plan	Extra-Curricular Authorisation Form Regular Outing Parent Authorisation Regular Outing - Risk Assessment Management Plan
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SOURCES

Australian Children’s Education & Care Quality Authority. (2025). [Guide to the National Quality Framework](#)
 Australian Children’s Education & Care Quality Authority (ACECQA). 2021. [Policy and Procedure Guidelines, Excursion Guidelines.](#)

Australian Government Department of Education. (2022). [Belonging, Being and Becoming: The Early Years Learning Framework for Australia.](#) V2.0.

Education and Care Services National Law Act 2010. (Amended 2023).

[Education and Care Services National Regulations.](#) (Amended 2023)

Kidsafe Victoria *Road Safety* <https://www.kidsafevic.com.au/road-safety/>

Kids and Traffic Early Childhood Road Safety Education Program (NSW) [Transporting Children Safely](#)

NSW Government Centre for Road Safety. (2024):

<https://roadsafety.transport.nsw.gov.au/stayingsafe/children/childcarseats/index.html>

Road Transport (Safety & Traffic Management) Act 1999.

Victoria State Government Education and Training *Early Childhood Professionals*

[Western Australian Legislation Education and Care Services National Law \(WA\) Act 2012](#)

[Western Australian Legislation Education and Care Services National Regulations \(WA\) Act 2012](#)

REVIEW

POLICY REVIEWED BY	Tina Chappell	Coordinator	June 25
POLICY REVIEWED	MAY 2025	NEXT REVIEW DATE	MAY 2026
VERSION NUMBER	V11.05.25		
MODIFICATIONS	<ul style="list-style-type: none"> • annual policy maintenance • moved requirements of risk assessment under heading- Excursion/Incursion risk assessment • sources checked for currency and updated as required 		
POLICY REVIEWED	PREVIOUS MODIFICATIONS	NEXT REVIEW DATE	
MAY 2024	<ul style="list-style-type: none"> • annual policy maintenance • additional section added re: Child becomes ill whilst on an excursion • WA specific law added • sources checked for currency and updated as required 	MAY 2025	

Item 4.8 Nutrition and Food Safety Policy

EXECUTIVE SUMMARY

As per Education and *Care Services National Law and Regulations*, our Service has a *Nutrition and Food Safety Policy* and procedures in place to ensure quality practices relating to nutrition, food and beverages and dietary requirements are followed at all times.

Our Outside School Hours Care (OSHC) Service recognises the importance of safe food handling and healthy eating to the growth and development of young children and is committed to implementing the healthy eating key messages outlined in the Australian Dietary Guidelines for primary school aged children.

Our OSHC Service recognises the important role educators have in teaching healthy lifestyles through everyday experiences and routines and physical activity. Our educators support families by providing information about healthy food and drink for their children when visiting our service.

OFFICER'S RECOMMENDATION

That Council: adopt the Nutrition and Food Safety Policy as presented.

Budget & Resource Implications

Nil

Background

Nil

Consultation (Internal/External)

N/A

Attachments

Attachment T – Policy

Report prepared by **Teena Chappell (Outside School Hours Care Coordinator)**

NUTRITION AND FOOD SAFETY POLICY

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NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY		
2.1	Health	Each child's health and physical activity is supported and promoted
2.1.2	Health practices and procedures	Effective illness and injury management and hygiene practices are promoted and implemented
2.1.3	Healthy lifestyles	Healthy eating and physical activity are promoted and appropriate for each child

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS	
77	Health, hygiene and safe food practices
78	Food and beverages
79	Service providing food and beverages
80	Weekly menu
90	Medical conditions policy
91	Medical conditions policy to be provided to parents
160	Child enrolment records to be kept by approved provider and family day care educator
162	Health information to be kept in enrolment record

168	Education and care service must have policies and procedures
170	Policies and Procedures to be followed
171	Policies and procedures to be kept available
172	Notification of change to policies or procedures

RELATED POLICIES

Administration of First Aid Policy	Family Communication Policy
Anaphylaxis Management Policy	Governance Policy
Child Safe Environment Policy	Health and Safety Policy
Dealing with Infectious Diseases Policy	Incident, Injury, Trauma and Illness Policy
Enrolment Policy	Medical Conditions Policy
Excursions / Incursions Policy	Multicultural Policy

PURPOSE

Out of School Hours Care Services are required by legislation within the National Quality Standard to ensure the provision of healthy foods and drinks that meet the requirements for children according to the *Australian Dietary Guidelines*. It is essential that our OSHC Service partners with families to provide education about nutrition and promote healthy eating habits for children to positively influence their health and wellbeing. Dietary and healthy eating habits formed in the early years are shown to continue into adulthood and can reduce the risk factors associated with chronic adult conditions such as obesity, type 2 diabetes and cardiovascular disease.

Our OSHC Service recognises the importance of healthy eating for the growth, development, and wellbeing of children and is committed to promoting and supporting healthy food and drink choices for children in our care. This policy affirms our position on the provision of healthy food and drink while children are in our care and the promotion and education of healthy choices for optimum nutrition. We believe in providing a positive eating environment that reflects dietary requirements, cultural and family values, and promotes lifelong learning for children, as we commit to implementing and embedding the healthy eating key messages outlined the *Australian Guide to Healthy Eating*.

Our OSHC Service is also committed to ensuring consistently high standards of food preparation and food storage and transportation are adhered to.

SCOPE

This policy applies to children, families, staff, educators, approved provider, nominated supervisor,

students, volunteers and visitors of the OSHC Service.

IMPLEMENTATION

Our OSHC Service has a responsibility to help children to develop good food practices and approaches, by working with families and educators.

Mealtimes reflect a relaxed and pleasant environment where educators engage in meaningful conversations with children. This assists in creating a positive and enjoyable eating environment. Food will be prepared in accordance with the Food Safety Program. All kitchens and food preparation areas will comply with Food Standards Australia and New Zealand (FSANZ) and any relevant local jurisdictional requirements (i.e., local council registrations and inspections). All staff involved in the stages of food handling have the skills and knowledge to ensure food safety is a priority.

Recent changes to the Food Standards Code and Food Act 2003 (Standard 3.2.2A) involve the appointment of a Food Safety Supervisor who must be available to supervise food handlers at the Service. It is a requirement that both the Food Safety Supervisor and all food handlers attend food safety training. Additionally, records must be maintained relating to receiving, storage, processing, displaying and transportation of food. These records must be retained for a period of 3 months.

NUTRITION

Promote healthy food and drinks based on the Australian Guide to Healthy Eating and the Dietary Guidelines for Children and Adolescents.

OUR OSHC SERVICE WILL:

WHERE FOOD IS PROVIDED BY THE OSHC SERVICE:

- provide children with a wide variety of healthy and nutritious foods for meals and snacks including fruit and vegetables, wholegrain cereal products, dairy products, lean meats, and high protein alternatives
- plan and display the OSHC Service *Menu Record* (at least two weeks at a time) that is based on *Australian Dietary Guidelines* sound menu planning principles and meets 50% of the daily nutritional needs of children
- plan healthy snacks on the menu to complement what is served at mealtimes and ensure the snacks are substantial enough to meet the energy and nutrient needs of children
- vary the meals and snacks on the menu to keep children interested and to introduce children to a range of healthy food ideas

- regularly review the menu to ensure it meets best practice guidelines
- develop the menu in consultation with children, educators and families
- consult with health professionals to support the menu development including dietitians for children with special dietary requirements such as vegetarian and vegans
- celebrate diversity by valuing and including foods of different cultures
- respect and accommodate children’s cultural or religious dietary practices as requested by families

WHERE FOOD IS BROUGHT FROM HOME:

- provide information to families on the types of foods and drinks recommended for children and that are suitable for children’s lunchboxes and after school snacks
- provide information to families on how to read the *Nutritional Information Panel* on food and drink labels
- provide space in a refrigerator to keep lunchboxes or insulated lunch bags to be stored
- ensure insulated lunchboxes are unzipped to allow cool air to circulate
- encourage children to eat the more nutritious foods provided such as sandwiches, fruit, cheese and yoghurt, before eating any less nutritious food provided
- strongly discourage the provision of highly processed snack foods high in fat, salt, and/or sugar, and low in essential nutrients in children’s lunchboxes. Examples of these foods include sweet biscuits, some muesli bars, breakfast bars and fruit filled bars, and chips.
- food items that should not be brought to the OSHC service include confectionary (lollies, sweets, chocolate, jelly), two minute noodles, deep fried foods (chicken nuggets, fish fingers) and sugary drinks (cordial, energy drinks).

THE APPROVED PROVIDER/ MANAGEMENT/ NOMINATED SUPERVISOR WILL:

- ensure educators and staff are aware of their responsibilities and obligations under the *Education and Care Services National Law and National Regulations* in relation to this policy and relevant procedures to ensure awareness of safe food handling practices while promoting healthy eating
- ensure new staff and educators are aware of food practices and procedures as outlined in this policy during induction and orientation
- ensure staff responsible for preparing, serving and supervising food for children with food allergies undertake the *All about Allergens for Cooks and Chefs* and *All about Allergens for Children’s Education and Care (CEC)* online courses- [Food Allergy Aware Training](#)

- ensure that a notice is displayed prominently in the main entrance of the OSHC Service stating that a child diagnosed at risk of anaphylaxis is being cared for or educated at the Service, and provide details of the allergen/s (Reg. 173(2)(f)) [note: this notice should not identify the child]
- ensure water is readily available for children to drink
- ensure enrolment forms include information relating to child's food preferences, allergies, intolerances, cultural or religious considerations or medical conditions which involve food or food practices
- consult with families on enrolment to develop individual management plans, including completing *Medical Risk Minimisation Plans* for children with medical conditions involving food allergies, food intolerances and special dietary requirements as per *Medical Conditions Policy*
- ensure children's individual dietary requirements as per enrolment information or medical condition plans are communicated to all staff and food handlers
- ensure any changes to children's individual dietary requirements are recorded and communicated to all staff and food handlers
- appoint a Food Safety Supervisor to oversee food handlers (check state requirements under Food Safety Standard 3.2.2A)
- ensure the Food Safety Supervisor hold a valid Food Safety Supervisor certificate and training (check state requirements)
- ensure all staff handling food attend basic safe food handling training, including an appropriate Food Safety and Food Hygiene Certificate
- comply with Food Safety Standard 3.2.2A requirements (check individual state/territory requirements)
- keep an up-to-date *Food Safety Certificate Register* to provide evidence of safe food handling training for all food handlers
- keep records relating to receiving, storage, processing, displaying and transportation of food. These records must be kept for a period of 3 months
- ensure the weekly menu is displayed in an accessible and prominent area for parents to view
- ensure the weekly menu is accurate and describes the food and beverages provided each day of the week
- ensure the Service menu is reviewed on a regular basis, every 6 months. Amendments made to the Service *Menu Record* will be recorded.
- encourage and provide opportunities for staff and educators to undertake regular professional development to maintain and enhance their knowledge about childhood nutrition and food safety practices

- ensure parents/guardians are notified as soon as practicable but within 24 hours if their child is involved in a serious incident/situation at the Service. Details of the incident/situation are to be recorded on the *Incident, Injury, Trauma and Illness Record*.
- notify the regulatory authority of any serious incident or complaints alleging the safety, health or wellbeing of children has been compromised within 24 hours of the incident or the time that the person becomes aware of the incident or complaint
- conduct a review of practices following a serious incident, such as a food poisoning outbreak, including an assessment of areas for improvement.

EDUCATORS/ FOOD HANDLERS WILL:

- ensure children remain seated while eating and drinking
- be aware of children with food allergies, food intolerances, and special dietary requirements and consult with families and management to ensure individual management plans are developed and implemented, including completing *Medical Risk Minimisation Plans* for children with medical conditions involving food as per *Medical Conditions Policy*
- supervise children whilst eating and drinking
- participate in regular professional development to maintain and enhance knowledge about childhood nutrition and food safety practices
- participate in safe food handling training on a regular basis, every 12 months, including the completion of an appropriate Food Safety and Food Hygiene Certificate (if required)
- keep records relating to the safe handling of food, where required
- consult with children, families, educators and dietitians regarding the review of the Service *Menu Record*
- follow the [Australian Dietary Guidelines](#) for serving sizes and different types of food
- display nutritional information for families and keep them regularly updated
- ensure the weekly menu is displayed in an accessible and prominent area for parents to view
- ensure the weekly menu is accurate and describes the food and beverages provided each day of the week
- ensure food is presented attractively
- not allow food to be used as a form of punishment or to be used as a reward or bribe
- establish healthy eating habits in the children by incorporating nutritional information into our program
- encourage parents to the best of our ability to continue our healthy eating message in their homes

- encourage children to brush their teeth after breakfast at the OSHC Service, if possible, to promote good dental health
- ensure pets or animals are not present within the kitchen or food preparation areas

FOOD HYGIENE

Food poisoning is caused by bacteria, viruses, or other toxins being present in food and can cause extremely unpleasant symptoms such as diarrhoea, vomiting, stomach cramps, and fevers.

(Foodsafety.gov, 2019). Our OSHC Service will strictly adhere to food hygiene standards to prevent the risk of food poisoning.

During warmer weather, the risk of foodborne illnesses increases. Our OSHC Service will strictly adhere to food hygiene standards to prevent the risk of food poisoning including:

- maintaining proper temperature control for perishable foods
- ensuring refrigerators are set to recommended temperature of 5 °C or below, regularly monitoring and recording temperatures to guarantee food safety
- emphasising hand hygiene for staff and children and encourage frequent handwashing before and after meals
- implementing food safety practices to minimise the risk of cross-contamination
- ensuring staff are aware of heightened increase in allergic reactions and maintain consistent allergen management
- consider the impact of the sun on food safety when eating meals outside
- use insulated containers to keep perishable food cool and avoid leaving food exposed to direct sunlight.

BUYING AND TRANSPORTING FOOD

Our OSHC Service will:

- ensure food supplies have been ordered in a timely manner
- always check labels for the 'use by' and 'best before' dates, understanding that 'use by' dates apply to perishable foods that could potentially cause food poisoning if out of date, whilst 'best before' dates refer to food items with long shelf life, but quality could be compromised
- avoid buying food items in damaged, swollen, leaking or dented packaging
- always check eggs within cartons: Never buy dirty or cracked eggs
- never buy any food item if unsure about its quality
- record temperatures of foods upon delivery (See *Food Delivery Register*)

- ensure fresh meat, chicken, or fish products cannot leak on to other food items
- ensure chilled, frozen, and hot food items are kept out of the 'danger zone' (5 °C to 60 °C) on the trip back to the Service by:
 - not selecting chilled frozen, or hot food items until the end of the shopping.
 - placing these items in an insulated shopping bag or cooler
 - immediately unpacking and storing these items upon the return to the Service
 - Immediately unpacking and storing these items upon the return to the Service.

STORING FOOD

Our OSHC Service will:

- ensure the refrigerator and freezer has a thermometer and that the refrigerator is maintained at 5 °C or below and the freezer is maintained at -17 °C or below
- ensure fridge and freezer temperatures are checked and recorded daily (*See Refrigeration Temperature Control Register*)
- store raw foods below cooked foods in the refrigerator to avoid cross contamination by foods dripping onto other foods
- ensure fresh meat is not stored in the fridge for more than 3 days
- ensure that all foods stored in the refrigerator are stored in strong food-safe containers with either a tight-fitting lid, or tightly applied plastic wrap or foil
- ensure that all foods not stored in their original packaging are labelled with:
 - the name of the food
 - the 'use by' date
 - the date the food was opened
 - details of any allergens present in the food
- transfer the contents of opened cans into appropriate containers
- ensure all bottles and jars are refrigerated after opening
- place 'left-over' hot food in an appropriate sealed container in the refrigerator as soon as the steam has stopped rising. Food can be cooled quickly to this point by placing in smaller quantities in shallow containers, reducing the amount of time sitting in the 'danger zone'
- not reuse disposable containers (e.g., Chinese food containers)
- store dry foods in labelled and sealed, air-tight containers if not in original packaging.
- store dry foods in cupboards or if in a walk-in pantry, on shelving no lower than 30cm from the floor
- not place anything on the floor of a walk-in pantry (as containers of any type create easy access to shelves for mice and rats)

- store bulk dry foods only in food-safe and airtight containers
- use the FIFO (first in, first out) rule for all foods (dry, chilled, and frozen) to ensure rotation of stock so that older stock is used first
- store cleaning supplies and chemicals separate to food items

PREPARING AND SERVING FOOD

Our OSHC Service will:

- ensure that all cooked food is cooked through and reaches 75 °C
- document periodic recordings of food (See *Cooking, Cooling & Reheating Register*)
- ensure that cooked food is served promptly, or
- use a thermometer to ensure that hot food is maintained at above 60 °C until ready to serve.
- ensure that prepared cold food is stored in the refrigerator maintained at below 5 °C until ready to serve
- discard any cooked food that has been left in the 'danger zone' for two or more hours. Do not reheat.
- reheat cooked food (if required, for example for a child who was sleeping at lunch time) to a temperature of 70 °C (but only ever reheat **once**. Discard if the food is not eaten after being reheated).
- keep cooked and ready-to-eat foods separate from raw foods
- ensure foods are defrosted in the fridge or microwave
- wash fruit and vegetables thoroughly under clean running water before preparation
- ensure unused washed fruit or vegetables are thoroughly dry before returning to storage
- ensure food that has been dropped on the floor is immediately discarded
- thoroughly clean kitchen utensils and equipment between using with different foods and/or between different tasks
- avoid cross-contamination by ensuring that separate knives and utensils are used for different foods
- avoid cross-contamination by ensuring that colour-coded cutting boards are used (note that it doesn't matter which colour you use for which food providing signs are displayed to alert all staff).

Common colours are:

- Blue: raw fish/seafood
- Green: fruit and vegetables
- Red: raw meat
- Brown: cooked meat
- Yellow: raw poultry
- White: bakery and dairy

- ensure that gloves are changed between handling different foods or changing tasks
- ensure that staff preparing food for children with food allergies or intolerances are proficient at reading ingredient labels
- ensure that food allergies and intolerances are catered for by using separate easily identifiable cutting boards, utensils, and kitchen equipment (e.g., using a colour code, or food-safe permanent marker)
- ensure that children with food allergies and/or intolerances are served their meals and snacks individually on an easily identifiable plate (e.g. different colour), and that food is securely covered with plastic wrap until received by the child to prevent possible cross-contamination
- implement a two person check to ensure the 'right child gets the right meal' for example: a checklist is developed to record children's names, their allergies, health needs
- ensure all educators and staff are aware of children who have severe allergic reactions to certain foods as per ASCIA Action Plans
- ensure that unwell staff do not handle food
- ensure left-over food is stored immediately in the fridge or thrown away

CLEANING

Our OSHC Service will:

- ensure that food preparation areas and surfaces are cleaned both before, after, and during any food preparation
- record cleaning and sanitising of food contact surfaces (See *Kitchen Cleaning Checklist*)
- ensure that all cooking and serving utensils are cleaned and sanitised before use
- ensure that all dishwashing sponges, brushes, and scourers are cleaned after each use and allowed to air dry or placed in the dishwasher
- ensure the food storage area is clean, ventilated, dry, pest free, and not in direct sunlight
- ensure refrigerators and freezers are cleaned regularly and door seals checked and replaced if not in good repair
- prevent pest infestations by cleaning spills as quickly as possible and ensuring rubbish and food scraps are disposed of frequently
- ensure that floor mops are thoroughly cleaned and air dried after each use
- replace any cleaning equipment that shows signs of wear or permanent soiling.

PERSONAL HYGIENE FOR FOOD HANDLERS

Our OSHC Service will:

- clean clothing is worn by food handlers (such as an apron or appropriate jacket)\
- long hair is tied back or covered with a net
- hand and wrist jewellery are not worn while preparing food (e.g. rings and bracelets)
- nails are kept short and clean and no nail polish is worn (as it can chip into food and hide dirt under the nails)
- strict hand-washing hygiene is adhered to, including washing hands each time they return to the kitchen before continuing with food preparation duties
- gloves to be worn when handling food and tongs used **[best practice]**
- wounds or cuts are covered with a brightly coloured, waterproof dressing (that will easily be seen if it falls off), and gloves will be worn over any dressings
- staff who are not well will not prepare or handle food.

ALL STAFF HANDLING FOOD WILL:

- ensure children and staff wash and dry their hands (using soap, running water, and single use disposable towels or individual hand towels) before handling food or eating meals and snacks
- ensure gloves (and food tongs) are used by all staff handling 'ready to eat' foods.
- ensure food is stored and served at safe temperatures (below 5°C or above 60°C), with consideration to the safe eating temperature requirements of children
- ensure separate cutting boards are used for raw meat and chicken, fruit and vegetables, and utensils and hands are washed before touching other foods
- discourage children from handling other children's food and utensils
- ensure food-handling staff members attend relevant training courses and pass relevant information on to the rest of the staff.

CREATING A POSITIVE LEARNING ENVIRONMENT

Our OSHC Service will:

- ensure that educators sit with the children at meal and snack times to role-model healthy food and drink choices and actively engage children in conversations about the food and drink provided
- choose water as a preferred drink- consider serving it chilled or with ice in summer; add lemon, mint leaves or other fruits such as oranges for flavour
- endeavour to recognise, nurture and celebrate the dietary differences of children from culturally and linguistically diverse backgrounds
- choose foods from the five food groups

- create a relaxed atmosphere at mealtimes where children have enough time to eat and enjoy their food as well as enjoying the social interactions with educators and other children
- encourage children to try different foods but do not force them to eat
- not use food as a reward or withhold food from children for disciplinary purposes
- role-model and discuss safe food handling with children

OSHC SERVICE PROGRAM

Our OSHC Service will:

- foster awareness and understanding of healthy food and drink choices through including in the children's program a range of learning experiences encouraging children's healthy eating
- encourage children to participate in a variety of 'hands-on' food preparation experiences
- provide opportunities for children to engage in discovery learning and discussion about healthy food and drink choices
- embed the importance of healthy eating and physical activity in everyday activities and experiences

COOKING WITH CHILDREN

Cooking can help develop children's knowledge and skills regarding healthy eating habits. Cooking is a great, fun activity and provides opportunities for children to be exposed to new foods, sharing of recipes and cooking skills. During any cooking experience, educators will be vigilant to ensure that the experience remains safe, and relevant food hygiene practices are adhered to.

COMMUNICATING WITH FAMILIES

Our OSHC Service will:

- provide a copy of the *Nutrition and Food Safety Policy* to all families upon orientation at the Service
- provide opportunities for families to contribute to the review and development of the policy
- request that details of any food allergies or intolerances or specific dietary requirements be provided to the OSHC Service and work in partnership with families to develop an appropriate response so that children's individual dietary needs are met
- display menus for families to view easily
- communicate regularly with families about food and nutrition related experiences within the Service and provide up to date information to assist families to provide healthy food choices at home.
- communicate regularly with families and provide information and advice on appropriate food and drink to be included in children's lunchboxes- especially during Vacation Care. This information may

be provided to families in a variety of ways including factsheets, newsletters, during orientation, information sessions and informal discussion.

- discuss discretionary choices- (food and beverages which are not necessary as part of a balanced diet) with families and if necessary, remove items from children’s lunch boxes. Alternative healthy food will be offered to children.

FOOD SAFETY STANDARDS FOR STATE/TERRITORIES

Changes to the Food Standards Code have included new food safety requirements under the Food Safety Standard 3.2.2A. Please check your local Food Authority if the new Food Safety Standard applies to your service. See below for links to state regulators.

The new requirements comprise of 3 key elements including:

- Food Safety Supervisor
- Food Handler Training
- Record Keeping

See [Safe Food Australia](#) (guide to the food safety standards in the Food Standards Code) or email information@foodstandards.gov.au. Food regulators also have information to help food businesses in their jurisdiction understand the requirements of this standard. See the web links below:

- [New South Wales](#)
- [Northern Territory](#)
- [Queensland](#)
- [South Australia](#)
- [Tasmania](#)
- [Western Australia](#)
- [Victoria](#)
- [ACT](#)

CONTINUOUS IMPROVEMENT/REFLECTION

Our *Nutrition and Food Safety Policy* will be reviewed on an annual basis in consultation with children, families, staff, educators and management.

CHILDCARE CENTRE DESKTOP- RELATED RESOURCES

Cooking, Cooling and Reheating Register	Menu Amendment Notifications
Cultural and Religious Consideration at Meal Times	Menu Evaluation Survey
Daily Kitchen Checklist	Managing Menus and Food Supplies
Dietary Request Letter	Menu Planning Checklist
Dietary Requirement Form	Menu Planning – Vegetarian Checklist
Food Delivery Register	Menu Record
Food Safety Certificate Register	Nutritional Practices Procedure
Food Safety Program	Nutritional Practice Survey
Food Safety Standards Guide	Refrigeration Temperature Control Register
Kitchen and Nutritional Practices Audit	Right Child, Right Meal Form
Kitchen Cleaning Checklist	Routine Checklist- Chef/ Cook (HR)
Kitchen Cleaning Procedure	Supplier Register

SOURCES

Australian Children’s Education & Care Quality Authority. (2025). [Guide to the National Quality Framework](#)

Australian Children’s Education & Care Quality Authority. (2021). [Nutrition, food and beverages, dietary requirements Policy Guidelines.](#)

Australian Government Department of Education. [My Time, Our Place- Framework for School Age Care in Australia. V2.0, 2022](#)

Australian Government Department of Health [Eat for Health- The Australian Dietary Guidelines](#)
<https://www.eatforhealth.gov.au/guidelines>

Education and Care Services National Law Act 2010. (Amended 2023).

[Education and Care Services National Regulations.](#) (Amended 2023).

Food Act 2003

Food Authority NSW. (2023). [Food safety requirements for children’s services in NSW.](#)

Food Regulation 2015

Food Safety Standards (Australia only). (2024): <https://www.foodstandards.gov.au/business/food-safety-standards>
Food Standards Australia and New Zealand Act 1991

Food Standards Australia New Zealand. (2023). Safe Food Australia – A guide to the food safety standard (4th Ed.):
<http://www.foodstandards.gov.au/publications/Pages/safefoodaustralia3rd16.aspx>

National Health and Medical Research Council. Australian Dietary Guidelines 2013):

<https://www.nhmrc.gov.au/about-us/publications/australian-dietary-guidelines>

National Health and Medical Research Council. Department of Health and Ageing. Infant Feeding Guidelines. (2013):
https://www.eatforhealth.gov.au/sites/default/files/files/the_guidelines/n56b_infant_feeding_summary_130808.pdf

National Health and Medical Research Council. Eat for health: <https://www.eatforhealth.gov.au/>

NSW Food Authority: <http://www.foodauthority.nsw.gov.au/>

The Australian Dental Association: <https://www.ada.org.au/Home>

The Department of Health. Get Up & Grow: [Healthy Eating and Physical Activity for Early Childhood – Staff/Carers Book](#)

Victoria State Government Education and Training Nutrition Australia [Healthy eating in the National Quality Standard A guide for early childhood education and care services](#)

[Western Australian Legislation Education and Care Services National Law \(WA\) Act 2012](#)

[Western Australian Legislation Education and Care Services National Regulations \(WA\) Act 2012](#)

Work Health and Safety Act 2011 <https://www.legislation.gov.au/Details/C2017C00305>

REVIEW

POLICY REVIEWED BY	Tina Chappell	Coordinator	June 25
POLICY REVIEWED	MAY 2025	NEXT REVIEW DATE	MAY 2026
VERSION NUMBER	V11.05.25		
MODIFICATIONS	<ul style="list-style-type: none"> • annual policy maintenance • updated Food Safety requirements for children’s services- summer heat • additional information added re: management of food allergens • sources checked for currency and updated as required 		
POLICY REVIEWED	PREVIOUS MODIFICATIONS	NEXT REVIEW DATE	
MAY 2024	<ul style="list-style-type: none"> • annual policy maintenance • updated Food Safety requirements for children’s services- check state/territory requirements • minor edits in policy • sources checked for currency and updated as required 	MAY 2025	

Item 4.9 Anti-Bias and Inclusion Policy

EXECUTIVE SUMMARY

Anti bias is the practice of inclusion and underpins our philosophy. It is the acceptance that all children are valued and respected. We believe in the statement of inclusion as advocated by Early Childhood Australia (ECA) that '*Inclusion means every child has access to, participates meaningfully in, and experiences positive outcomes from early childhood education and care programs.*' (2016).

Our Out of School Hours Care (OSHC) Service believes that children have the right to be treated equally and our goal is to develop children's identity and self-esteem in a trusting and supportive environment. We embrace diversity in all its forms to help develop positive and accepting attitudes in children, and to help them gain a better understanding of their environment, community, country, and the world.

OFFICER'S RECOMMENDATION

That Council: adopt the Anti-Bias and Inclusion Policy as presented.

Budget & Resource Implications

Nil

Background

Nil

Consultation (Internal/External)

N/A

Attachments

Attachment U – Policy

Report prepared by **Teena Chappell (Outside School Hours Care Coordinator)**

ANTI-BIAS AND INCLUSION POLICY

Anti bias is the practice of inclusion and underpins our philosophy. It is the acceptance that all children are valued and respected. We believe in the statement of inclusion as advocated by Early Childhood Australia (ECA) that *'Inclusion means every child has access to, participates meaningfully in, and experiences positive outcomes from early childhood education and care programs.'* (2016).

Our Out of School Hours Care (OSHC) Service believes that children have the right to be treated equally and our goal is to develop children's identity and self-esteem in a trusting and supportive environment. We embrace diversity in all its forms to help develop positive and accepting attitudes in children, and to help them gain a better understanding of their environment, community, country, and the world.

NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 5: RELATIONSHIPS WITH CHILDREN		
5.1	Relationships between educators and children	Respectful and equitable relationships are maintained with each child.
5.1.1	Positive educator to child interactions	Responsive and meaningful interactions build trusting relationships which engage and support each child to feel secure, confident and included.
5.1.2	Dignity and rights of the child	The dignity and rights of every child are maintained.
5.2	Relationships between children	Each child is supported to build and maintain sensitive and responsive relationships.
5.2.1	Collaborative learning	Children are supported to collaborate, learn from and help each other.

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS	
155	Interactions with children
156	Relationships in groups
157	Access for parents
168	Education and care service must have policies and procedures
170	Policies and procedures are to be followed

RELATED LEGISLATION

Disability Discrimination Act 1992

RELATED POLICIES

Additional Needs Policy	Interaction with Children, Family and Staff Policy
Behaviour Guidance Policy	Gender Equity Policy
Child Safe Environment Policy	Orientation of Families Policy
Code of Conduct Policy	Privacy and Confidentiality Policy
Educational Program Policy	Respect for Children Policy

PURPOSE

We aim to provide an inclusive environment for all children, families and educators, acknowledging the uniqueness of every person regardless of their race, gender, sexuality, religion, culture, physical and mental abilities and socio-economic background. This policy ensures all children, families, and staff are welcomed and treated equitably and with respect.

SCOPE

This policy applies to children, families, educators, staff, management, approved provider, nominated supervisor, students, volunteers and visitors of the OSHC Service.

IMPLEMENTATION

Our Anti-Bias and Inclusion policy underpins the philosophy of our OSHC Service. The role of educators is to encourage children to share and learn about the individuality of each child and their family and their role in the OSHC Service. This policy aims to assist children to form positive social relationships, develop their identify and self-awareness and to learn to accept the diversity of members within and outside of the OSHC Service community. Our OSHC Service embeds the National Principles for Child Safe Organisations and promotes a culture of safety and wellbeing to minimise the risk of child abuse or harm to children whilst promoting children’s sense of security and belonging.

“Being culturally responsive includes a genuine commitment to take action against discrimination in any form, embedding Aboriginal and Torres Strait Islander perspectives in all aspects of the curriculum and working collaboratively with culturally and linguistically diverse children and families.” (MTOP, V2.0, 2022, p.66)

CREATING INCLUSION

Inclusion supports children’s rights, fosters diversity and overcomes bias and barriers that may exist preventing children to participate in experiences within our OSHC Service. Inclusion is consistent with the Convention on the Rights of the Child and other international conventions, including the UN Convention on the Rights of Persons with Disabilities, UN Declaration on the Rights of Indigenous Peoples and the National Principles for Child Safe Organisations.

Inclusion involves taking into account **all** children’s social, cultural and linguistic diversity including learning styles, abilities, disabilities, gender, family circumstances and geographic location in curriculum decision-making processes. (Framework for School Age Care, MTOP. V2.0, p.66).

We will ensure all children and young people are provided with equitable access to resources, activities and environments; participate meaningfully while learning to foster a sense of belonging and have opportunities to experience positive learning outcomes.

CULTURAL OR NATIONAL ORIGIN AND RACIAL IDENTITY

Our OSHC Service values and promotes equity, respect and awareness of different cultures. We ensure a cultural inclusive curriculum that reflects the cultural, linguistic and religious diversity of our society.

THE APPROVED PROVIDER, MANAGEMENT, NOMINATED SUPERVISOR AND EDUCATORS WILL:

- ensure obligations under the *Education and Care Services National Law and National Regulations* are met
- ensure obligations under the *Disability Discrimination Act 1992 (DDA)* are met
- access information and professional development/awareness about other cultural and racial identities, especially those relevant within the OSHC Service
- engage in critical reflection about stereotypes and biases
- foster an inclusive environment within the OSHC Service
- ensure our program design and delivery builds on community and cultural strengths
- develop strong partnerships with families and children to extend their individual and communities’ cultural responsiveness
- ensure children have opportunities to participate with a wide variety of resources from the daily life of a variety of families and cultures
- where possible, engage educators that reflect a variety of cultural, national origin, and racial identities.
- affirm and foster children’s knowledge and pride in cultural identity
- foster children’s curiosity, enjoyment and empathetic awareness of cultural differences and similarities
- provide children with tools to respond appropriately to bias- build on children’s strengths, interests and individuality
- teach children to overcome any inappropriate responses triggered by cultural differences
- encourage children to ask about differences in physical characteristics

- enable children to feel pride and equality about their racial identity
- help children to become aware of our shared physical characteristics – what makes us all human
- encourage parent input into the program and to participate on a level that they feel comfortable with, sharing their culture, and, for example, their language
- collect information from each family on enrolment and incorporate it into the program to meet individual family needs in regard to ethnicity and home language.
- develop communication plans with families to ensure inclusion- use of interpreter/cultural support
- where possible use both the educators and children’s first language as appropriate within the OSHC Service environment
- respect all cultures by presenting photographs, pictures, play equipment, books, posters, music, dramatic play resources, and dolls that will encourage open discussion and exploration of a variety of cultures
- provide resources that include diversity and skin tone to foster respect and understanding for people of all backgrounds
- develop an understanding of the needs, strengths, and attitudes of each culture represented at the OSHC Service
- challenge inappropriate or stereotypical conversations or remarks by children.

DIVERSITY IN FAMILY COMPOSITION

THE APPROVED PROVIDER, NOMINATED SUPERVISOR AND EDUCATORS WILL:

- create an environment that is welcoming to all families
- respect each family, and work in partnership to support the child’s emergent identity as an individual, member of their family, our Service, and the community
- engage in simple discussions about families that focus on fact rather than values e.g., *“some children live with their mum or dad, some children live with their mum and dad, some with grandparents, and some with two mums or two dads”*.
- be encouraged to seek awareness and reflect on his/her own feelings, beliefs and background and evaluate the effect these may have on their attitudes and interactions with families
- respect family lifestyle choices
- treat all families respectfully regardless of socioeconomic background
- discuss how members of the community can support one another and less fortunate people through the provision of resources, donations of goods or time etc.

ABORIGINAL AND TORRES STRAIT ISLANDER PERSPECTIVES

THE APPROVED PROVIDER, NOMINATED SUPERVISOR AND EDUCATORS WILL:

- reflect on the current level of cultural competence of our staff
- promote the inclusion of children’s voices in all decisions that affect them
- build and strengthen our knowledge and understanding of Aboriginal and Torres Strait Islander cultures, histories and contributions
- embed Aboriginal and Torres Strait Islander perspectives in all aspects of the curriculum
- attend professional development to support our understandings of Aboriginal and Torres Strait Islander cultures and perspectives
- provide opportunities for professional reflection
- create a culturally safe environment to ensure children have the ability to express their culture and enjoy their cultural rights [Child Safe Standards]
- identify and challenge our own cultural assumptions, beliefs and commitments to cultural competency
- engage with local Aboriginal families and communities through Aboriginal Education Consultative Groups
- invite Elders and Traditional Owners to speak to children, staff and families about the histories and cultures of the local area
- develop an Acknowledgement of Country in collaboration with Elders, community members, children and families which will be displayed and given during special events and incorporated into the program on a regular basis
- develop awareness and meaningful understanding about Aboriginal and Torres Strait Islander people as part of the cultural heritage of all Australians
- encourage Aboriginal and Torres Strait Islander communities access children services
- show sensitivity and respect to Aboriginal and Torres Strait Islander languages by incorporating verbal and visual languages into the Service environment.

ABILITY

THE APPROVED PROVIDER, NOMINATED SUPERVISOR AND EDUCATORS WILL:

- provide an inclusive educational environment in which all children can succeed
- promote acceptance, respect and appreciation for individual’s varying abilities
- consult with all families and other professionals to enable full participation in the program for children with varying abilities

- evaluate and intentionally plan for inclusive learning environments including making reasonable adjustments to optimise access and enable all children to develop autonomy, independence, competency, confidence and pride
- provide children and parents with developmentally appropriate information about varying abilities to foster understandings that we are all similar and different
- empower children in their own learning to ensure that they gain a feeling of self-respect
- treat all children fairly and develop an understanding that everyone has something important to contribute
- find examples in books, movies and tv shows that reflect attitudes about diversity, ability and disability
- observe all children and with family consultation, provide an individualised program to extend each child's interests and abilities
- create an environment where all children can participate in activities and experiences.

PROMOTING INCLUSION AND DIVERSITY INTO THE CURRICULUM

THE APPROVED PROVIDER, NOMINATED SUPERVISOR AND EDUCATORS WILL:

- promote positive influences, modelling appropriate communication, non-bias or gender specific language and attitudes
- develop appropriate expectations for each child based on their individual strengths, developmental needs, and interests
- assist educators with the development of required skills and knowledge for working with all children and families
- work with Inclusion Support Professionals to assist in the inclusion of children with additional needs (*see Additional Needs Policy*)
- explore the values and uniqueness of the diversity within the OSHC Service. These opportunities will form part of the curriculum
- treat children with respect by answering their questions honestly
- adapt activities, interactions, communication, the environment, and documentation to ensure all children and families are actively included and supported to participate in the curriculum
- provide children with a range of resources, equipment and opportunities to enhance their awareness of diversity
- reflect on the curriculum ensuring inclusive practice and goals set for children are realistic and being met
- involve families in the planning of learning opportunities reflective of their culture.

PROMOTING AND SUPPORTING CHILDREN’S HOME LANGUAGES

THE APPROVED PROVIDER, NOMINATED SUPERVISOR AND EDUCATORS WILL:

- work collaboratively with culturally and linguistically diverse children and their families (MTOP, V2.0)
- acknowledge that the use of children’s home language underpins their sense of identity and conceptual development (MTOP, V2.0)
- promote and support children’s home languages in the OSHC Service
- present books that reflect different languages and children’s first language
- create an environment which supports natural language learning and interaction
- assist parents to understand the value and importance both their home language and English
- engage in professional development about cultural diversity and building linguistic capacity.

CONTINUOUS IMPROVEMENT/REFLECTION

The *Anti-Bias Inclusion Policy* will be reviewed on an annual basis in conjunction with children, families, educators, staff and management.

CHILDCARE CENTRE DESKTOP- RELATED RESOURCES

Reconciliation Action Plan Guide	Inclusive Audit
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SOURCES

Anti-Discrimination Board of NSW: <https://antidiscrimination.nsw.gov.au>

Australian Children’s Education & Care Quality Authority. PSCA Fact Sheet. Exploring diversity and equity in education and care services. <https://www.acecqa.gov.au/sites/default/files/2021-01/ExploringDiversityAndEquityInEducationAndCareServices.PDF>

Australian Children’s Education & Care Quality Authority. (2025). *Guide to the National Quality Framework*

Australian Government Department of Education. (2022). *My Time, Our Place- Framework for School Age Care in Australia.V2.0*

Australian Children’s Education & Care Quality Authority. (2023). *Information sheet. Belonging, Being and Becoming: Equity, inclusion and high expectations.*

Australian Children’s Education & Care Quality Authority. (2022). *The Disability Discrimination Act: What do Children’s Education and Care Services Need to Know?*

Australian Government Department of Education. (2022). *Belonging, Being and Becoming: The Early Years Learning Framework for Australia. V2.0.*

Australian Human Rights Commission (2020). *Child Safe Organisations.* <https://childsafef.humanrights.gov.au/>

Early Childhood Australia Code of Ethics. (2016).

Early Childhood Australia (ECA) (2016) *Statement on the Inclusion of every child in early childhood education and care*

Early Childhood Australia (ECA), & Early Childhood Intervention Australia (ECIA). (2012). *Position statement on the inclusion of children with disability in early childhood education and care.*

http://www.earlychildhoodaustralia.org.au/wp-content/uploads/2014/06/ECA_Position_statement_Disability_Inclusion_web.pdf

Education and Care Services National Law Act 2010. (Amended 2023).

[Education and Care Services National Regulations](#). (Amended 2023).

Family Matters Queensland [Our Way A generational strategy for Aboriginal and Torres Strait Islander children and families 2017-2037](#)

Narragunnawali: Reconciliation in Education Welcome to Country. <https://www.narragunnawali.org.au/>

Victorian Early Years Learning and Development Framework (2011) Melbourne Graduate School of Education

[Evidence Paper Practice Principle 4: Equity and Diversity](#)

[Western Australian Legislation Education and Care Services National Regulations \(WA\) Act 2012](#)

REVIEW

POLICY REVIEWED BY	Tina Chappell	Coordinator	June 25
POLICY REVIEWED	APRIL 2025	NEXT REVIEW DATE	APRIL 2026
VERSION NUMBER	V13.04.25		
MODIFICATIONS	<ul style="list-style-type: none"> • annual policy review • minor edits to align with MTOP (2.0) • sources checked and updated as required 		
POLICY REVIEWED	PREVIOUS MODIFICATIONS	NEXT REVIEW DATE	
APRIL 2024	<ul style="list-style-type: none"> • annual policy review • minor edits to align with MTOP (2.0) • sources checked and updated as required 	APRIL 2025	

Item 4.10 Behaviour Guidance: Bullying Policy

EXECUTIVE SUMMARY

Bullying can occur among children of any ages, sex or background. In most instances, children need adult assistance to deal with bullying. This includes adults taking responsibility to develop strategies for the prevention of bullying, and for dealing fairly and effectively with allegations of bullying.

My Time, Our Place identifies secure, respectful and reciprocal relationships with children as one of the principles that underpin practice. Within the Out of School Hours community many different relationships are negotiated with and between children, educators and families. The way in which these relationships are established and maintained, and the way in which they remain visible impacts on how the community functions as a whole. Relationships directly affect how children form their own identity, whether or not they feel safe and supported, and ultimately, their sense of belonging.

OFFICER'S RECOMMENDATION

That Council: adopt the Behaviour Guidance: Bullying Policy as presented.

Budget & Resource Implications

Nil

Background

Nil

Consultation (Internal/External)

N/A

Attachments

Attachment V – Policy

Report prepared by **Teena Chappell (Outside School Hours Care Coordinator)**

BEHAVIOUR GUIDANCE: BULLYING POLICY

Bullying can occur among children of any ages, sex or background. In most instances, children need adult assistance to deal with bullying. This includes adults taking responsibility to develop strategies for the prevention of bullying, and for dealing fairly and effectively with allegations of bullying.

My Time, Our Place identifies secure, respectful and reciprocal relationships with children as one of the principles that underpin practice. Within the Out of School Hours community many different relationships are negotiated with and between children, educators and families. The way in which these relationships are established and maintained, and the way in which they remain visible impacts on how the community functions as a whole. Relationships directly affect how children form their own identity, whether or not they feel safe and supported, and ultimately, their sense of belonging.

NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 5: RELATIONSHIPS WITH CHILDREN		
5.1.2	Dignity and rights of the child	The dignity and rights of every child are maintained.
5.2	Relationships between children	Each child is supported to build and maintain sensitive and responsive relationships.
5.2.1	Collaborative learning	Children are supported to collaborate, learn from and help each other.
QUALITY AREA 6: COLLABORATIVE PARTNERSHIPS WITH FAMILIES & COMMUNITIES		
6.1	Supportive relationships with families	Respectful relationships with families are developed and maintained and families are supported in their parenting role.

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS	
73	Educational program
123	Educator to child ratios- centre based services
155	Interactions with children
156	Relationships in groups
168	Education and care services must have policies and procedures
170	Policies and procedures to be followed
171	Policies and procedures to be kept available

RELATED POLICIES

Anti-Bias and Inclusion Policy	Interactions with Children, Family and Staff Policy
Behaviour Guidance Policy	Privacy and Confidentiality Policy
Child Safe Environment Policy	Respect for Children Policy
Code of Conduct	
Enrolment Policy	

PURPOSE

To create a safe and healthy environment for children where bullying behaviours are not tolerated. As reflected in our Service philosophy and the *My Time, Our Place Framework (MTOF) (V2.0, 2022)*, educators will encourage positive and respectful relationships between children and their peers.

SCOPE

This policy applies to children, families, staff, educators, approved provider, nominated supervisor, students, volunteers and visitors of the OSHC Service.

IMPLEMENTATION

The *Education and Care Services National Regulations* require approved providers to ensure policies and procedures are in place for in relation to interactions with children.

Our OSHC service does not tolerate bullying of any kind. Bullying is never OK!

The priority of our OSHC Service is to provide a safe and inclusive environment to prevent bullying. We aim to ensure the safety and wellbeing of the child being bullied and take any allegation of bullying seriously. It is important that the needs of the child who bullies does not overshadow the needs of the child being bullied. The relevant school the child attends may be contacted to ensure consistency between strategies used by the school and whilst in attendance at our service.

TYPES OF BULLYING

The most common types of bullying in the early childhood (K-3) setting are physical and verbal. Some children may also bully others by social isolation/exclusion.

Physical bullying includes:

hitting, punching, kicking, pinching- directed at the same child/ren over an extended period of time.

Verbal bullying includes:

calling children names, taunting them, making sexist/racist statements, making cruel statement about personal attributes, clothing etc.

Social bullying includes:

Excluding individual children or groups of children from play or social situations; spreading rumours or playing mean jokes

Cyber bullying includes:

Using technologies such as texting or e-mailing to taunt, insult, intimidate or harass another child.

(source: <https://kidshelpline.com.au/teens/issues/bullying>)

SIGNS OF BULLYING

In many cases, bullying occurs without adults being aware of it. Bullying can include physical violence (hitting, shoving), teasing or name-calling, social exclusion, or intimidation. It often occurs over a period of time. Possible signs a child is being bullied might include:

- unexplained cuts, bruises, scratches
- changes in behaviour, such as becoming moody, teary, depressed
- bedwetting
- complaints of physical ailments such as headaches or stomach aches
- having few friends, or a breakdown in a previous friendship
- does not want to attend school/after school care/vacation care
- does not want to attend parties, visit other children

Children may also disclose to a trusted adult that they are being bullied.

EFFECTS OF BULLYING

Children who are bullied are more likely to be depressed, lonely, and anxious and have low self-esteem.

They may frequently feel sick and avoid interactions with others.

PREVENTATIVE STRATEGIES

Bullying thrives where there is not enough supervision. If required, and where possible, OSHC Services should improve upon the educator: child ratios set in the National Regulations. The program of activities should be designed to meet the needs and interests of all children in attendance to prevent periods of boredom.

Staff/educators model appropriate behaviours towards other staff and children, including refraining from teasing, humiliating, or talking 'behind another's back'. This should also include using appropriate

language when supporting children to recognise, manage and learn about their behaviour and develop an understanding of how their behaviour affects others. Children and young people should be encouraged to verbalise their emotions and to develop empathy and compassion.

TALKING ABOUT BULLYING

Educators play an important role in helping children understand and guide their own behaviour as they learn about positive and healthy relationships with others.

Behaviours in the early years (K-3) may be *precursors* to bullying rather than true bullying. This could include making faces, refusing to play together, telling lies or stories about another child, grabbing objects, pushing, pinching or shoving another child. Without intervention, these behaviours could turn into a pattern of bullying.

Educators can assist children recognise bullying behaviour and assist children in developing strategies to develop positive relationships and prevent bullying. Skills to develop to assist in preventing bullying include:

- empathy- understanding and responding to what others feel
- problem solving- how to resolve problems constructively without using aggression
- language- understanding what to say when the child is feeling targeted by another child- 'stop it!'

EDUCATORS WILL:

- teach social skills through role-plays, stories and games.
- avoid using terminology such as 'bully' or 'victim' when describing behaviour being displayed
- focus and guide children to practice more appropriate ways to interact with others positively and respectfully when talking about bullying
- maintain and respect the dignity and rights of children.

PROCEDURE WHEN A CHILD DISCLOSES ALLEGED BULLYING OR AN EDUCATOR SUSPECTS BULLYING IS OCCURRING

EDUCATORS WILL:

- refer to the *Behaviour Guidance- Bullying Response Procedure* for steps to undertake when approaching a bullying situation
- listen when a child attempts to tell you about behaviours that might indicate bullying
- learn as much as possible about the children involved and the tactics used

- summarise the problem they are discussing
- ensure the child knows that the educators at the service are there to help them
- provide support and empathy
- empathise with the child and reassure them that it is not their fault
- ask the child what they think could be done to help, what will make them feel safe
- encourage and support the child who is being bullied to contribute to discussions on actions to challenge or stop bullying behaviours
- notify the nominated supervisor of the allegation
- document the incident and record strategies used to guide and support the child (see *Bullying Incident Report form*)
- inform and communicate with families regarding instances of bullying involving their child (See Involving Families section below)

EDUCATORS WILL NOT:

- exhibit negative behaviour, sarcasm, or any form of corporal punishment, or any discipline that is unreasonable or inappropriate
- humiliate a child
- negatively label a child or family
- verbally or physically threaten a child
- exclude a child from events

STRATEGIES FOR DEALING WITH BULLYING

- adopt this policy to ensure zero tolerance for bullying
- model respectful ways of interacting with colleagues, children and families
- ensure children are adequately supervised at all times and be aware of any indicators of bullying if it occurs
- teach children strategies to challenge bullying-type behaviours- e.g., “*I don’t like it when you call me names*”.
- critically reflect on environmental factors within the service to support children and foster positive, respectful relationships
- take action when they suspect a child is being bullied
- try to talk with the alleged bully about their behaviour and the outcomes of their behaviour on others
- let them know that this type of behaviour is not acceptable and provide guidance and encouragement toward acceptable behaviour

- don't force a meeting between the bully and the victim. Forced apologies are not constructive.
- ask the child who is suspected of bullying for possible reasons for the bullying
- consider the age, cultural values, and physical and intellectual development and abilities of each child
- support children's agency by assisting the child to move toward more considerate actions
- develop a *Behaviour Guidance Plan* in collaboration with the child, family and support agencies if required.

INVOLVING FAMILIES

Our OSHC Service will seek the cooperation and support from families for bullying prevention initiatives and reinforcement of positive interactions with other children.

We will:

- ensure families are aware of our *Service Philosophy, Behaviour Guidance- Bullying Policy* and *Child Safe Environment Policy*
- provide information to families about the nature and harmful consequences of bullying- e.g., newsletters, parent information sessions
- openly communicate with families of children who bully or are bullied and work in partnership with them to implement appropriate strategies to support the children involved (*refer to Privacy and Confidentiality Policy and Code of Conduct Policy*)
- if required, seek further strategies from relevant inclusion Support Services (implementation of Behaviour Guidance Plan)
- support families to guide their child's behaviour with effective strategies and provide support – such as Kids Helpline

POTENTIAL FURTHER ACTIONS

Possible actions may be required to ensure our service provides a child safe environment for all children. Any action taken by management will be dependent on each individual case following regular communication with families, professional support and intervention. Should the bullying behaviour continue and children's wellbeing and safety is at risk, management may request a:

- temporary exclusion the child from the Service, or
- permanent exclusion from the Service (*see: Enrolment Policy*)

CONTINUOUS IMPROVEMENT/REFLECTION

Our *Behaviour Guidance- Bullying Policy* will be reviewed on an annual basis in consultation with children, families, staff, educators and management.

CHILDCARE CENTRE DESKTOP- RELATED RESOURCES

Behaviour Guidance Audit	Behaviour Guidance Incident Report
Behaviour Guidance Biting Guide	Behaviour Guidance Observation Record
Behaviour Guidance Bullying Incident Report	Behaviour Guidance Plan
Behaviour Guidance Bullying Response Procedure	Behaviour Guidance Procedure
Behaviour Guidance Guide Promoting and Supporting Positive Behaviour	Behaviour Guidance Review Form
	Bullying, Discrimination & Harassment Procedure

RESOURCES

[Bullying- NO WAY!](#)

[Kids Help Line](#)

[Kids Help line Dealing with bullying](#)

NSW Department of Education [Anti-bullying Parents and carers tips Fact sheet](#)

Raising Children [Signs of bullying in children and teenagers](#)

SOURCES

Australian Children’s Education & Care Quality Authority. (2025). [Guide to the National Quality Framework](#)

Australia Children’s Education & Care Quality Authority. (2023). [Inappropriate Discipline.](#)

Australian Government Department of Education. [My Time, Our Place- Framework for School Age Care in Australia.V2.0, 2022](#)

Australian Government. Australian Institute of Family Studies. (2014). [Helping your child stop bullying. A guide for parents](#)

[Education and Care Services National Regulations.](#) (Amended 2023).

NSW Department of Education [Anti-bullying- Parents and carers tips- Fact Sheet](#) (2020).

[Western Australian Legislation Education and Care Services National Regulations \(WA\) Act 2012](#)

REVIEW

POLICY REVIEWED BY	Tina Chappell	Coordinator	June 25
POLICY REVIEWED	MAY 2025	NEXT REVIEW DATE	MAY 2025
VERSION NUMBER	V9.05.25		
MODIFICATIONS	<ul style="list-style-type: none"> annual policy review sources checked and updated as required 		
POLICY REVIEWED	PREVIOUS MODIFICATIONS	NEXT REVIEW DATE	
DECEMBER 2024	<ul style="list-style-type: none"> annual policy review minor edits sources checked and updated as required 	MAY 2025	

Item 4.11 Behaviour Guidance Policy

EXECUTIVE SUMMARY

The right for children to receive positive guidance in a supportive and respectful environment is promoted within the *Education and Care Services National Regulations*. Children learn to face a variety of challenges throughout their lives. Learning the difference between acceptable and unacceptable behaviour assists children to regulate their own behaviours in different social and emotional environments as well as when interacting with peers and adults. Our Out of School Hours (OSHC) Service will liaise with local feeder primary schools to ensure consistency of behaviour guidance strategies such as Positive Behaviour for Learning (PBL) values.

OFFICER'S RECOMMENDATION

That Council: adopt the Behaviour Guidance Policy as presented.

Budget & Resource Implications

Nil

Background

Nil

Consultation (Internal/External)

N/A

Attachments

Attachment W – Policy

Report prepared by **Teena Chappell (Outside School Hours Care Coordinator)**

BEHAVIOUR GUIDANCE POLICY

The right for children to receive positive guidance in a supportive and respectful environment is promoted within the *Education and Care Services National Regulations*. Children learn to face a variety of challenges throughout their lives. Learning the difference between acceptable and unacceptable behaviour assists children to regulate their own behaviours in different social and emotional environments as well as when interacting with peers and adults. Our Out of School Hours (OSHC) Service will liaise with local feeder primary schools to ensure consistency of behaviour guidance strategies such as Positive Behaviour for Learning (PBL) values.

NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY		
2.1.1	Wellbeing and comfort	Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's need for sleep, rest and relaxation.
2.2.1	Supervision	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.
QUALITY AREA 5: RELATIONSHIPS WITH CHILDREN		
5.1	Relationships between educators and children	Respectful and equitable relationships are maintained with each child.
5.1.1	Positive educator to child interactions	Responsive and meaningful interactions build trusting relationships which engage and support each child to feel secure, confident and included.
5.1.2	Dignity and rights of the child	The dignity and rights of every child are maintained.
5.2	Relationships between children	Each child is supported to build and maintain sensitive and responsive relationships.
5.2.1	Collaborative learning	Children are supported to collaborate, learn from and help each other.
5.2.2	Self-Regulation	Each child is supported to regulate their own behaviour, respond appropriately to the behaviour of others and communicate effectively to resolve conflicts.
QUALITY AREA 6: PARTNERSHIPS WITH FAMILIES AND COMMUNITIES		
6.1	Supportive relationships with families	Respectful relationships with families are developed and maintained and families are supported in their parenting role.
QUALITY AREA 7: GOVERNANCE AND LEADERSHIP		
7.1	Governance	Governance supports the operation of a quality service
7.1.2	Management Systems	Systems are in place to manage risk and enable the effective management and operation of a quality service

EDUCATION AND CARE SERVICES NATIONAL LAW AND NATIONAL REGULATIONS	
S. 162A	Child protection training
S. 166	Offence to use inappropriate discipline
S. 167	Offence relating to protection of children from harm and hazards
S. 174	Offence to fail to notify certain information to Regulatory Authority
12	Meaning of serious incident
84	Awareness of child protection law
147	Staff members [records]
155	Interactions with children
156	Relationships in groups
168	Education and care service must have policies and procedures
175	Prescribed information to be notified to Regulatory Authority

RELATED POLICIES

Anti-Bias and Inclusion Policy Behaviour Guidance Bullying Policy Child Protection Policy Educational Program Policy Family Communication Policy Incident, Injury, Trauma and Illness Policy Interaction with Children, Family and Staff Policy	Medical Condition Policy Privacy and Confidentiality Policy Record Keeping and Retention Policy Respect for Children Policy Enrolment Policy Supervision Policy
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PURPOSE

We aim to create positive relationships with children making them feel safe, secure, and supported within our OSHC Service. We will ensure children are treated with respect, consistency, fairly and equitably as they are supported to develop the skills and knowledge required to behave in a socially and culturally acceptable manner.

Supporting children to develop socially acceptable behaviour is a primary goal for educators and families. This is embedded in fundamental documents including the My Time Our Place, V2.0 (MTOP), Education and Care Services National Regulations, and the National Quality Standard (NQS).

SCOPE

This policy applies to children, families, staff, educators, approved provider, nominated supervisor, management, students, volunteers and visitors of the OSHC Service.

DEFINITIONS

Behaviour guidance- this term is used to reflect current thinking about the most positive and effective ways to help children gain understanding and learn skills that will help them to manage their own behaviour. Using appropriate behaviour guidance educators aim to support each child regulate their own behaviour, respond appropriately to the behaviour of others and communicate effectively to resolve conflicts.

Cool down- this is an example of appropriate discipline or behaviour guidance. A cool down period is when a child is having a difficult moment, they are encouraged to find a space, near an educator, to 'cool down' and regain self-control. This strategy can be used as an opportunity for educators to support children to regulate their own behaviour. [ACECQA, 2020]

Restraint- in situations where a child becomes a risk to themselves or others, they may need to be physically removed from the situation or physically restrained by an educator to prevent harm to themselves or others. For instance- attempting to scale a fence, running in front of a vehicle. ACECQA advises that children should only be restrained in emergency situations. (ACECQA, 2023, P.2)

Self-regulation- The ability to manage energy states, emotions, behaviour and attention: the ability to return to a balanced, calm and constant state of being. Self-regulation is a key factor for mental health, wellbeing and learning (KidsMatter, Early Childhood, 2014).

Inclusion- taking into account all children and young people's social, cultural and linguistic diversity (including learning styles, capabilities, disabilities, gender, family circumstance and geographic location) in program decision-making processes. (MTOP V2.0).

IMPLEMENTATION

The behaviour and guidance strategies used by staff and educators at our OSHC Service are designed to provide children the opportunity to expand their experiences of life in a productive, safe environment that allows individuals the right to safety, tolerance, self-expression, cultural identity, dignity and the worth of the individual. Educators understand that as children grow and develop self-regulation becomes an important aspect of social and emotional development as they begin to understand how their actions affect others.

We believe in providing clear, consistent guidelines for children’s behaviour as part of a caring and trusting relationship with children and families to help them feel secure and self-confident. Children benefit from knowing that their environment is stable and that a competent adult is taking care of them.

There are three key aspects to promoting positive behaviour:

1. Creating a quality learning environment that is positive and supportive and provides developmentally appropriate experiences and resources.
2. Implementing guidance strategies for building skills and strengthening positive behaviour based on age-appropriate behaviour expectations.
3. Employing strategies for guiding children’s behaviour resulting in decreasing undesired behaviours.

POSITIVE BEHAVIOUR GUIDANCE STRATEGIES

Guiding children’s behaviour is an important aspect of caring for and educating children. Positive strategies need to be developed to assist children to learn appropriate ways of behaving.

All educators and staff at our OSHC Service will role model appropriate behaviour and language, encouraging children to socialise with other children, including children of different cultural backgrounds as well as from different age groups and different genders.

Behaviour guidance strategies implemented within our OSHC service are appropriate to the child's age and developmental capacity. Children are encouraged to make decisions for themselves and are provided with opportunities for independence and self-regulation. Children are given the opportunity to make choices and experience the consequences of these choices when there is no risk of physical or emotional harm to the child or anyone else. They are acknowledged when they make positive choices in managing their behaviour.

Strategies may include using visual cues, prompting, redirection, re-teaching strategies, developing logical consequences providing a ‘cooling down’ period and conferences with children. In the instance of adverse behaviour being persistently observed, educators will evaluate their program, room set up, supervision etc. to identify triggers and sources of inappropriate or challenging behaviour. Physically restraining a child will only be used in emergency situations if a child is:

- In a clearly unsafe situation – e.g., attempting to scale a fence or run onto a road
- Physically threatening other children or adults
- Behaving in ways that are destructive to themselves, other people or the environment. [ACECQA, 2020]

Regular routines and consistency in implementing behaviour guidance strategies are critical to support children's wellbeing and promote children's agency. All staff implement an active and positive approach to guiding children's behaviour within our service.

INAPPROPRIATE DISCIPLINE

All staff play an important role in embedding child safe practices within our OSHC Service. Any form of corporal punishment, or any discipline that is unreasonable or inappropriate is not permitted at any time when children are being educated and cared for by an education and care service. Staff are made aware of interactions and practices with children that are classified as unreasonable or inappropriate discipline.

All staff and educators have undertaken current child protection legislation training, including mandatory reporting requirements and obligations. Staff must report all alleged or witnessed instances of child abuse or child related misconduct by any staff member, volunteer or contractor immediately to the [insert state/territory relevant reporting authority] or Police on 000.

The approved provider will notify the regulatory authority of any incident where there is a reasonable belief that physical and/or sexual abuse of a child has occurred or is occurring at the Service, or any allegation that sexual or physical abuse of a child has occurred or is occurring at the OSHC Service.

THE APPROVED PROVIDER/MANAGEMENT/NOMINATED SUPERVISOR WILL ENSURE:

- obligations under the *Education and Care Services National Law and National Regulations* are met
- educators, staff, students, visitors and volunteers have knowledge of and adhere to this policy and procedure
- all new employees, students and volunteers are provided with a copy of this policy as part of their induction process
- families are aware of this *Behaviour Guidance Policy*
- no child being educated and cared for by the OSHC Service is subjected to any form of corporal punishment or any discipline that is unreasonable in the circumstances (S.166 National Law)
- every reasonable precaution is taken to protect children from harm and from any hazard likely to cause injury
- each nominated supervisor and person in day-to-day charge of the service has completed child protection training (S.162A of the National Law)
- staff records include evidence of the approved training completed by staff members (Reg.147)
- connections are built between our service and local primary schools to support positive learning environments
- behaviour guidance does not involve making judgements about children or their families

- information is gathered from families about their children’s social skills, relationship preferences, family and cultural values which will be recorded in the child’s individual file
- educators will use this information to engage children in experiences that support children to develop their social and decision-making skills
- positive and respectful relationships with children are established and maintained
- children are empowered to use language and other forms of non-hurtful communication to communicate their emotions
- positive, empathetic relationships are promoted between children assisting them to develop respectful relationships
- the dignity and rights of each child are maintained at all times
- positive and inclusive strategies are implemented to enable educators to encourage positive behaviour in children in order to minimise adverse behaviour
- general information about behaviour guidance is provided to families such through parent interviews and newsletters
- a partnership is developed with other professionals or support agencies that work with children who have diagnosed behavioural or social difficulties to develop plans for the inclusion of these specific children. This information will be kept confidential and in the individual child’s file.
- excessive or challenging behaviour is managed and communicated with families
- strategies are implemented to re-direct a child who may be causing or about to cause harm to himself or herself, another child, or adult. Incidents may include a child who is kicking, spitting, biting, throwing furniture or toys, punching or hitting, or being disruptive. Redirection may also include an incident where a child places him/herself in a dangerous situation, for example, climbing a fence or hiding in a potentially dangerous position. Safety is a priority, and this may mean using physical re-direction in which an educator will actually remove the child from the harmful situation if required. It may be necessary to remove other children from the area while the child calms down.
- families are notified and the incident/behaviour is addressed sensitively. In an instance where a child or children's safety has been jeopardised, parents are required to sign the *Behaviour Incident Report*.
- should the behaviour continue, the child’s behaviour is observed and carefully documented. Additional information is collated related to the context and behaviour guidance strategies implemented.
- a meeting with the child’s parents/carers and educator may be arranged to discuss any behaviours or concerns that have been observed. A *Behaviour Guidance Plan* may be developed in consultation with families and other health professionals as required

- *Behaviour Guidance Plans* are to be reviewed on a periodic basis reflecting changes that have been applied through the implementation of the plan in consultation with the child's family
- the child's primary school is contacted to gain information about behaviour guidance strategies implemented within the school context to ensure consistency between environments
- families, the child's primary school and professional agencies are consulted to ensure that a consistent approach is used to support the child with diagnosed behavioural or social difficulties
- application for additional support for educators to build their capacity and capabilities to include children with additional needs will be made through the Inclusion Support Program.
- a Strategic Inclusion Plan (SIP) is developed and guided by local support agencies as required for individual groups of children
- the SIP is reviewed on a periodic basis reflecting changes that have been applied through the implementation of the plan
- professional development is provided for educators to be informed, trained and supervised to implement the SIP created, ensuring that information is composed and recorded for reflection on its effectiveness for the individual child
- professional development is provided for educators to learn about Trauma Informed Practices to help educators understand challenging behaviours through a 'trauma lens'
- notification is made to parents/guardians as soon as practicable, but within 24 hours, if their child is involved in a serious incident/situation at the Service. Details of the incident/situation are to be recorded on the *Incident, Injury, Trauma and Illness Record*.
- notification is made to the regulatory authority, via the NQAITS, within the legislated time frames of any circumstance that poses a risk to the health, safety and wellbeing of a child or children, or of any complaint alleging that a serious incident has occurred at the OSHC Service
- notification is made to the regulatory authority and to the children's commissioner, child protection agencies or the police of any incident of inappropriate discipline
- a review of practices is conducted following a serious incident, including an assessment of areas for improvement (ensure any review or investigation does not interfere with outside agency investigations).

EDUCATORS WILL:

- encourage and support each child's social and emotional development, striving to develop children's self-regulation and an understanding of the feelings of others
- actively work with younger children to promote and role-model positive ways to interact with others
- teach behavioural expectations

- support appropriate behaviour- visual cues, prompting, positive verbal feedback and quality learning environments
- ensure children are provided with positive guidance and encouragement toward acceptable behaviour
- promote children’s initiative and agency
- actively work with all children to support them in constructing and conveying ways of expressing needs, resolving conflict, and responding to the behaviour of others
- at all times provide positive role-modelling in their dealings with children, other educators and families
- discuss guidelines, rules, limits, and what is fair with children, and use their contributions in setting limits and guidelines
- talk calmly with children about the consequence of their actions, and the reason for rules
- use corrective consequences- prompt, redirect, re-teach, provide choice, logical consequence, conference with child and educator
- guide children’s behaviour, teaching them how to be considerate of others – to think about the effects of their actions on others. It is important that children understand what acceptable and unacceptable behaviour is and how to manage their emotions.
- provide positive feedback and focus on children’s strengths and achievements and build on their abilities
- take into consideration the child’s past experiences as their behaviour could be a result of past trauma such as changes in routine, changes or losses within the family, placement in care, or more serious circumstances involving abuse, neglect, or family violence
- be responsive to these former experiences, designing and implementing behaviour plans with the individual child that include strategies which will assist alternative and positive behaviour
- provide age appropriate, challenging, and interesting activities, experiences, and equipment for children to use and become engaged with
- ensure there are sufficient materials and equipment for individual, small and large group activities
- set up the environment (indoor and outdoor) for children to engage in activities and experiences in accordance with their abilities and interests
- adapt a positive approach, excluding cruel, harsh, humiliating or demeaning actions
- commit to professional development and keep up to date with industry information regarding behaviour guidance strategies
- support children to explore different identities and points of view and to communicate effectively when resolving disagreements with others

- participate in planned and spontaneous conversations with children about emotions, feelings and issues of inclusion and fairness, bias and prejudice, and the consequences of their actions, as well as the appropriate rules and the reasons for the rules
- provide children with the language and vocabulary needed to express their emotions and feelings and verbalise their concerns
- encourage children to listen to other people's ideas, consider pro-social and altruistic behaviour and collaborate and negotiate in problem solving situations
- listen empathetically to children when they communicate their emotions, provide encouragement as they reassure the child it is normal to experience positive and negative emotions
- guide children to remove themselves from situations where they are experiencing frustration, anger, or fear
- support children to negotiate their rights and rights of others and mediate perceptively when children experience difficulty in resolving dissimilarity
- learn about children's relationships with others and their relationship preferences they have and use this knowledge to encourage children to manage their own behaviour and expand on their empathy skills
- use positive language, gestures, facial expressions, and tone of voice when redirecting or discussing children's behaviour with them
- remain calm, respectful and tolerant as they encourage children who are strongly expressing distress, frustration or anger
- guide children's behaviour with a focus on preserving and promoting children's self-esteem as they learn to self-regulate their behaviour
- implement '*time with*' or '*cool down time*' with an educator, which will be used when all other strategies (above) have been exhausted. '*Time with*' or '*cool down time*' allows educators to offer reassurance and support so the child can settle and regain self-control, develop some self-calming behaviours and gain composure. Once calm, educators can assist the child to identify what happened, reflect on their actions and consider how they may have done something differently. '*Time with*' or '*cool down time*' will always occur under the supervision of other educators
- contribute to and ensure Individual Support Plans are followed in consultation with the Services' SIP.

FAMILIES WILL:

- provide consent for the OSHC Service to consult with their child's primary school and other professional agencies to assist with implementing a Strategic Inclusion Plan (SIP)

- work collaboratively with educators and professional agencies when required in order to develop a broader understanding of the child’s developmental level and share any recent events which may be influencing the child's behaviour
- consult with educators and provide consent when the Service is applying for Inclusion Support Funding
- work in partnership with educators and health professionals in the development of a behaviour guidance plan or Individual Support Plan to assist with the identification of challenging behaviour, the development of supportive strategies and the review of strategies implemented within a behaviour guidance plan where required
- create consistency in behaviour guidance strategies used at the OSHC Service and at home

CONTINUOUS IMPROVEMENT

The *Behaviour Guidance Policy* will be evaluated and reviewed on an annual basis in conjunction with children, families, educators and staff.

CHILDCARE CENTRE DESKTOP - RELATED RESOURCES

Behaviour Guidance Procedure	Behaviour Guidance Review Form
Behaviour Guidance Guide	Behaviour Guidance Plan A
Behaviour Guidance Incident Report	Behaviour Guidance Plan B
Behaviour Guidance Observation Record	

SOURCES

Australian Children’s Education & Care Quality Authority. (2025). [Guide to the National Quality Framework](#)
 Australian Government Department of Education. [My Time, Our Place- Framework for School Age Care in Australia.V2.0](#)

Australian Children’s Education & Care Quality Authority. (2025). [Supporting children to regulate their own behaviour.](#)

Australian Children’s Education & Care Quality Authority. [When children bite! A resource for early childhood educators.](#)

Australian Children’s Education & Care Quality Authority. *Inappropriate discipline.* (2020).
www.acecqa.gov.au/sites/default/files/2020-06/inappropriate-discipline.pdf

Australian Government Department of Education. Inclusion Support Program
<https://www.education.gov.au/child-care-package/inclusion-support-program>

Early Childhood Australia Code of Ethics. (2016).

Education and Care Services National Law Act 2010. (Amended 2023).

[Education and Care Services National Regulations.](#) (Amended 2023).

[Emerging Minds. \(2022\). Interpersonal trauma learning pathways.](#)

NAPCAN: www.napcan.org.au

Raising Children Network. (2019) *What is self-regulation?*

<https://raisingchildren.net.au/toddlers/behaviour/understanding-behaviour/self-regulation>

Victorian Government. *Strategies supporting children’s behaviour in early childhood services.*

Western Australian Legislation Education and Care Services National Regulations (WA) Act 2012

REVIEW

POLICY REVIEWED BY	Tina Chappell	Coordinator	June 25
POLICY REVIEWED	MAY 2025	NEXT REVIEW DATE	MAY 2026
VERSION NUMBER	V10.05.25		
MODIFICATIONS	<ul style="list-style-type: none"> • annual policy maintenance • additional information added regarding reporting any allegations of child abuse or child related misconduct by any staff member to relevant authorities • added information re: trauma informed practices • sources checked for currency and repaired as required 		
POLICY REVIEWED	PREVIOUS MODIFICATIONS	NEXT REVIEW DATE	
MAY 2024	<ul style="list-style-type: none"> • annual policy maintenance • additional section added ‘inappropriate discipline’ • sources checked for currency and repaired as required 	MAY 2025	

Item 4.12 Gender Equality Policy

EXECUTIVE SUMMARY

In order to create an environment that supports, reflects and promotes gender equitable and inclusive behaviours and practices, it is crucial for our Out of School Hours (OSHC) Service and educators, to examine our values and belief systems. We are committed to promoting confidence and self-esteem in all children, young people, staff and visitors and acknowledge the uniqueness and potential of all people.

OFFICER'S RECOMMENDATION

That Council: adopt the Gender Equality Policy as presented.

Budget & Resource Implications

Nil

Background

Nil

Consultation (Internal/External)

N/A

Attachments

Attachment X – Policy

Report prepared by **Teena Chappell (Outside School Hours Care Coordinator)**

GENDER EQUITY POLICY

In order to create an environment that supports, reflects and promotes gender equitable and inclusive behaviours and practices, it is crucial for our Out of School Hours (OSHC) Service and educators, to examine our values and belief systems. We are committed to promoting confidence and self-esteem in all children, young people, staff and visitors and acknowledge the uniqueness and potential of all people.

NATIONAL QUALITY STANDARDS (NQS)

QUALITY AREA 5: RELATIONSHIPS WITH CHILDREN		
5.1	Relationships between educators and children	Respectful and equitable relationships are maintained with each child.
5.1.1	Positive educator to child interactions	Responsive and meaningful interactions build trusting relationships which engage and support each child to feel secure, confident and included.
5.1.2	Dignity and rights of the child	The dignity and rights of every child are maintained.
5.2	Relationships between children	Each child is supported to build and maintain sensitive and responsive relationships.
5.2.1	Collaborative learning	Children are supported to collaborate, learn from and help each other.

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS	
155	Interactions with children
156	Relationships in groups
168	Education and care service must have policies and procedures
170	Policies and procedures are to be followed

LEGISLATION AND FRAMEWORKS
Australian Human Rights Commission (2013) Disability Discrimination Act 1992 Early Childhood Australia Code of Ethics 2006 My Time Our Place- Framework for School Age Care in Australia. V2.0 2022 Equal Opportunity Act 2010 Privacy Act 1988 Sex Discrimination Act 1984 United Nations Convention on the Rights of the Child (1989)

RELATED POLICIES

Anti-Bias and Inclusion Policy	Educational Program Policy
Additional Needs Policy	Interaction with Children, Family and Staff Policy
Child Safe Environment Policy	Privacy and Confidentiality Policy
Code of Conduct Policy	Respect for Children Policy

PURPOSE

To ensure children are treated with respect and equality, our OSHC Service affirms the right for all children to have access to and participation in, the same experiences and activities irrespective of gender. To ensure that positive attitudes towards gender equity are encouraged and supported within our Service and community. Children will be encouraged to develop a sense of pride and self-worth, as they develop respect for each other's rights and responsibilities.

SCOPE

This policy applies to children, families, educators, staff, management, approved provider, nominated supervisor, students, volunteers and visitors of the OSHC Service.

IMPLEMENTATION

Educators who work with school aged children are in a unique position to influence their development and create environments that encourage equal and respectful relationships. Gender plays a significant role in the lives of children as it defines masculinity and femininity. These are socially constructed roles, behaviours, activities and attributes that society considers 'appropriate' for a person based on their sex. Breaking down gender stereotypes from a young age, helps stop the negative consequences of inequality and discrimination. Educators working with children need to observe the implication of gender in children's choice of friends, activities, language, interactions, group dynamics and behaviour. These observations can lead to valuable insight into children's understandings about gender and assist educators to promote challenges to gender stereotypes and embrace diversity.

The *Anti-Bias Approach in Early Childhood* suggests the following principles as a basis to challenge sexism and promote anti-bias behaviour:

- be prepared to challenge sexist attitudes and behaviours
- ensure that you protect the child or adult who has been treated unfairly
- explain what you think is unfair about their attitudes and behaviours and model anti-sexist attitudes and behaviours
- correct any incorrect and sexist assumptions a child has about gender

- plan a strategy for how to deal with a similar situation in the future.

Red Ruby Scarlet (Ed.). 2018

DEFINITIONS

Gender refers to the socially learnt roles, behaviours, activities and attributes that any given society considers appropriate for men and women. Gender defines masculinity and femininity. Gender equity is the process of being fair to women and men.

Gender equity acknowledges that women and men have different access to resources, power, responsibilities and life experiences and different strategies are often necessary to address disadvantages and achieve equal outcomes of women and men, boys and girls.

Gender equality is the outcome reached through gender equity. It is the equal valuing by the society of the similarities and differences between women and men, and the varying roles that they play.

Gender inequality is the unequal distribution of power, resources, opportunity, and value afforded to men and women in society due to prevailing gendered norms and structures. Gender roles are the functions and responsibilities expected to be fulfilled by women and men, girls and boys in a given society.

Gendered norms consist of a set of dominant beliefs and rules of conduct, which are determined by a society or social group in relation to the types of roles, interests, behaviours and contributions expected from boys and girls, men and women.

Inclusion involves taking into account all children and young people's social, cultural and linguistic diversity (including learning styles, capabilities, disabilities, gender, family circumstances and geographic location) in program decision-making processes. The intent is to ensure that all children and young people's experiences are recognised and valued. The intent is also to ensure that all children and young people have equitable access to resources and participation, and opportunities to demonstrate their learning and to value difference.

Sex refers to biological and physiological differences between females and males.

Stereotype refers to a widely held but fixed and oversimplified image or idea of a particular type of person or thing.

Sexism refers to gender discrimination. It is prejudice or discrimination based on a person's sex or gender.

Violence against women is defined as ‘any act of gender-based violence that causes or could cause physical, sexual or psychological harm or suffering to women, including threats of harm or coercion, in public or in private life’ (Council of Australian Governments, 2011; United Nations General Assembly, 1993).

Sourced from Our Watch (2015) in Creating Gender Equity in the Early Years: A Resource for Local Government and MTOP (V2.02) (2022).

THE APPROVED PROVIDER/MANAGEMENT/NOMINATED SUPERVISOR WILL:

- ensure obligations under the *Education and Care Services National Law and National Regulations* are met
- ensure educators, staff, students, visitors and volunteers have knowledge of and adhere to this policy and associated procedure
- ensure all new employees are provided with a copy of this policy as part of their induction process
- provide families with information about the importance of a gender equity approach in achieving positive outcomes for all children
- provide information about the OSHC Service’s gender equity work
- provide a positive, inclusive, respectful and safe environment for LGBTIQ+ parented families
- ensure all staff have access to professional development activities- promote inclusivity and representing all families in the community including LGBTIQ+ families
- ensure all staff have access to professional development activities
- engage staff in reflective practice about their own biases about gender
- foster an inclusive and gender equitable environment that focuses on acceptance and celebrates diversity
- promote a positive understanding of gender equity
- ensure educators and staff are aware of the service’s expectations regarding positive, respectful and appropriate behaviour when working with children and families
- ensure that any behaviour or circumstances that may constitute discrimination or prejudice are dealt with in an appropriate manner

EDUCATORS WILL:

- be mindful and respectful of how activities and experiences provided may impact on the expectations, interests, and behaviours of all genders
- be mindful of the language used when addressing children be inclusive and respectful when referring to LGBTIQ+ families

- provide a stimulating learning environment in which boys and girls are equally encouraged to explore a full range of experiences and emotions that aren't constricted by gender
- encourage children to express emotions and display affection and empathy
- act as advocates of children in dealing with other adults who act in a bias manner against a child due to their gender
- discourage the identification of particular skills, behaviours, and/or feelings as 'boys' and 'girls'
- encourage children to look upon both sexes as equal
- support the gender equity policy review by focusing on how children construct gender, and the effects of gender in curriculum, teaching and learning
- be responsive and ensure their actions are relevant to the specific and changing gender dynamics that emerge from the different ways in which different children interpret gender
- monitor language, attitudes, and assumptions with regard to gender and anti-bias of themselves, other educators, and children
- give positive messages about gender equity through their actions and words and avoid giving messages that promote traditional gender roles and gender bias
- critically reflect on their practices and environment and model a positive attitude towards gender equality
- encourage and support all children to participate in the full range of experiences and activities
- regularly review resources, equipment, materials, and images used with children to make sure they include gender diversity, non-stereotypical images, and non-traditional family lifestyles such as single or same sex parents
- encourage children to explore their own gender identities and the impact of gender relations in their play
- regularly review the book collection to ensure a range of different stories and experiences are depicted beyond stereotypical narratives.

CONTINUOUS IMPROVEMENT/REFLECTION

The *Gender Equity Policy* will be reviewed on an annual basis in conjunction with children, families, educators, staff and management.

SOURCES

Australian Children's Education & Care Quality Authority. (2025). [Guide to the National Quality Framework](#)
 Australian Human Rights Commission (2015) *Supporting young children's rights* Statement of Intent (2105-2018)
 Australian Human Rights Commission and Early Childhood Australia (ECA)

Australian Government Department of Education. (2022). [My Time, Our Place- Framework for School Age Care in Australia. V2.0, 2022](#)

Australian Government. Australian Institute of Families Studies. (2022). [LGBTIQA+ glossary of common terms.](#)

Darebin City Council *Creating Gender Equity in the Early Years: A resource for Local Government*

Early Childhood Australia Code of Ethics. (2016).

Education and Care Services National Law Act 2010. (Amended 2023).

[Education and Care Services National Regulations.](#) (Amended 2023).

Red Ruby Scarlet (Ed). (2001). *The anti-bias approach in early childhood* (3rd Ed.). Australia

[Western Australian Education and Care Services National Regulations](#)

Women’s Health East (2017). *No Limitations. Breaking down gender stereotypes in the early years. A resource guide for early years educators.* <https://whe.org.au/what-we-do/gender-equity-for-health-outcomes/no-limitations-gender-stereotypes-early-years/>

REVIEW

POLICY REVIEWED BY	Tina Chappell	Coordinator	June 25
POLICY REVIEWED	APRIL 2025	NEXT REVIEW DATE	APRIL 2026
VERSION NUMBER	V8.04.25		
MODIFICATIONS	<ul style="list-style-type: none"> • annual policy maintenance • moved definitions to beginning of policy • sources checked and updated as required 		
POLICY REVIEWED	PREVIOUS MODIFICATIONS	NEXT REVIEW DATE	
APRIL 2024	<ul style="list-style-type: none"> • annual policy maintenance • no major edits • sources checked and updated as required 	APRIL 2025	

Item 4.13 Interaction with Children, Families and Staff Policy

EXECUTIVE SUMMARY

My Time, Our Place (MTOP) identifies secure, respectful, and reciprocal relationships with children as one of the principles that underpin practice. Within our Out of School Hours Care (OSHC) community many different relationships are negotiated with and between children, educators, and families. The way in which these relationships are established and maintained, and the way in which they remain visible impacts on how our community functions as a whole. Relationships directly affect how children form their own identity, whether or not they feel safe and supported, and ultimately, their sense of belonging.

OFFICER'S RECOMMENDATION

That Council: adopt the Interaction with Children, Families and Staff Policy as presented.

Budget & Resource Implications

Nil

Background

Nil

Consultation (Internal/External)

N/A

Attachments

Attachment Y – Policy

Report prepared by **Teena Chappell (Outside School Hours Care Coordinator)**

INTERACTIONS WITH CHILDREN, FAMILIES AND STAFF POLICY

My Time, Our Place (MTO) identifies secure, respectful, and reciprocal relationships with children as one of the principles that underpin practice. Within our Out of School Hours Care (OSHC) community many different relationships are negotiated with and between children, educators, and families. The way in which these relationships are established and maintained, and the way in which they remain visible impacts on how our community functions as a whole. Relationships directly affect how children form their own identity, whether or not they feel safe and supported, and ultimately, their sense of belonging.

NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 5: RELATIONSHIPS WITH CHILDREN		
5.1	Relationships between educators and children	Respectful and equitable relationships are maintained with each child.
5.1.1	Positive educator to child interactions	Responsive and meaningful interactions build trusting relationships which engage and support each child to feel secure, confident and included.
5.1.2	Dignity and rights of the child	The dignity and rights of every child are maintained.
5.2	Relationships between children	Each child is supported to build and maintain sensitive and responsive relationships.
5.2.1	Collaborative learning	Children are supported to collaborate, learn from and help each other.
QUALITY AREA 6: COLLABORATIVE PARTNERSHIPS WITH FAMILIES AND COMMUNITIES		
6.1	Supportive relationships with families	Respectful relationships with families are developed and maintained and families are supported in their parenting role.
6.1.1	Engagement with the service	Families are supported from enrolment to be involved in the service and contribute to service decisions.
6.1.2	Parents views are respected	The expertise, culture, values and beliefs of families are respected, and families share decision-making about their child's learning and wellbeing.
6.1.3	Families are supported	Current information is available to families about the service and relevant community services and resources to support parenting and family wellbeing.

EDUCATION AND CARE SERVICES NATIONAL LAW AND NATIONAL REGULATIONS	
S.166	Offence to use inappropriate discipline
73	Educational program
84	Awareness of child protection law
115	Premises designed to facilitate supervision
117A	Placing a person in day-to-day charge
118	Educational leader
123	Educator to child ratios-centre-based services
126	Centre-based services- general educator qualifications
145	Staff record
155	Interactions with children
156	Relationships in groups
157	Access for parents
168	Education and care services must have policies and procedures
170	Policies and procedures to be followed

RELATED POLICIES

Behaviour Guidance Policy	Incident, Injury, Trauma and Illness Policy
Child Protection Policy	Management Committee Policy
Child Safe Environment Policy	Orientation of Families Policy
Code of Conduct Policy	Open Door Policy
Dealing with Complaints Policy	Privacy and Confidentiality Policy
Delivery of Children to, and Collection from and Education and Care Service Premises	Relief Staff Policy
Educational Program Policy	Respect for Children Policy
Enrolment Policy	Social Media Policy
Family Communication Policy	Staffing Arrangement Policy
Governance Policy	Student and Volunteer Policy
	Supervision Policy

PURPOSE

We aim to build positive relationships with children, families, and educators through collaboration and interactions, which is reflective of our Out of School Hours Care (OSHC) Service philosophy and the *My Time, Our Place Framework* (V2.0). Educators will encourage positive relationships between children and

their peers as well as with educators and families at the Service, ensuring children feel safe and supported.

SCOPE

This policy applies to children, families, staff, the approved provider, nominated supervisor, management, students, volunteers and visitors of the OSHC Service.

IMPLEMENTATION

Under the *Education and Care Services National Regulations*, the approved provider must ensure that policies and procedures are in place for interactions with children (Reg. 168) and take reasonable steps to ensure those policies and procedures are followed.

To build and maintain positive and respectful relationships with children, families, and educators our OSHC Service will adhere to our statement of philosophy and the ACA Code of Ethics. We aim to provide a child safe culture where our values and practices that guide the attitudes and behaviour of all staff are guided by the National Principles for Child Safe Organisations and the implementation of the Child Safe Standards.

INTERACTIONS WITH CHILDREN

Children need positive relationships with educators that are trusting and responsive to their individual needs. Through these experiences and interactions children will develop a positive understanding of themselves and feel a sense of belonging. We promote a respectful, child safe culture where children concerns are always responded to, and children feel empowered to participate in decisions and provide feedback to educators and staff. All educators and staff play a vital role in protecting children from harm by responding to and reporting any incidents, disclosures or suspicions of abuse, harm, neglect or ill-treatment. Our Service upholds a strong reporting culture to safeguard children in our care.

THE APPROVED PROVIDER/ NOMINATED SUPERVISOR WILL:

- ensure obligations under the *Education and Care Services National Law and National Regulations* are met
- ensure educators, staff, students, visitors and volunteers have knowledge of and adhere to this policy and procedure
- ensure all new employees, students and volunteers are provided with a copy of this policy as part of their induction process

- create a welcoming and relaxed atmosphere in which children experience equitable, friendly and genuine interactions with all educators
- ensure environments are created to ensure children feel safe, valued, understood and supported to learn
- meet educator to child ratio and qualification requirements
- ensure all educators and staff have undertaken current child protection legislation training including mandatory reporting requirements and obligations
- ensure all educators and staff are aware of the procedure of reporting allegations of abuse, neglect, harm or ill-treatment
- ensure that no child is subjected to any form of corporal punishment or any discipline that is unreasonable or inappropriate in the circumstances (S. 166 National Law)
- support educators to use trauma-informed practices to recognise and respond to the emotional needs of children (see *Incident, Injury, Trauma and Illness Policy*).

EDUCATORS WILL:

- role-model appropriate language and behaviour
- support children to be aware of their own feelings as well as the feelings of others
- encourage children to treat all other children with respect
- provide children with the opportunity to explore their dispositions for learning by expressing themselves and their opinions
- ensure children are aware of how to raise concerns or provide feedback – (child focused complaint handling system- *Dealing with Complaints Policy*)
- respond or report to children about how their feedback has been acted upon
- assist the children to build resilience and self-assurance through positive interactions
- guide children's behaviour positively (see *Behaviour Guidance Policy*)
- respect the rights, dignity and agency of children (United Nations Convention on the Rights of the Child)
- support children within the OSHC learning environment
- provide appropriate supervision so children feel safe in their interactions with other children
- speak to children in a positive manner at all times, promoting respect, tolerance and empathy, including the use of non-verbal cues and communication
- engage in meaningful, open interactions that support the acquisition of skills for life and learning of children

- respect each child’s uniqueness, be attuned to, and respond sensitively and appropriately to children’s efforts to communicate and use the child’s own language, communication styles, and culture to enhance interactions
- listen to children and take them seriously; support and encourage children to use appropriate language in their interactions with adults and peers. Educators will extend upon children’s interests and ideas through questions and discussions, supported and made visible in observations, reflections, and programming.
- understand their **mandatory** reporting requirements and respond to any incident, disclosure or suspicion of child abuse, **harm, neglect or ill-treatment they witness or suspect immediately**
- communicate with children by getting down to their level, using eye contact, and showing respect to the child whilst engaging in and promoting effective communication
- show empathy to children
- ensure that the values, beliefs, and cultural practices of the child and family are considered and respected (Reg. 155)
- ensure that no child is ever isolated for any reason other than illness, accident or pre-arranged appointment with parental consent. During this time, they will be under adult supervision.
- regularly reflect on their relationships and interactions with children and how these can be improved to benefit each child
- facilitate children’s individual development extending upon their strengths, interests and abilities

INTERACTIONS **BETWEEN MANAGEMENT, EDUCATORS AND FAMILIES**

Effective communication is the key to developing and maintaining positive interactions and relationships with others and helps to build trusting and respectful partnerships with families. Educators use positive and open communication with families and siblings in order to create a responsive and inclusive environment for children, staff and families. Interactions with families help to inform educators’ knowledge of each child’s distinctive interests, skills cultures and abilities. This helps to build a positive experience and a safe learning environment that encourages children to expand their knowledge and understandings.

MANAGEMENT AND EDUCATORS WILL ENSURE:

- all families are treated equitably without bias or judgement, recognising that each family is unique
- families are provided with information and resources in their first language
- families are asked to identify a preferred method of regular communication with the Service (this may include utilising a translator service)

- families and children are greeted upon arrival in a respectful manner
- they learn the names of family members and use these names when they greet them
- two-way communication is established through leading by example and asking questions and a willingness to offer information about ourselves
- common terminology (not jargon) is used when talking to parents regarding their child's development
- privacy and confidentiality are respected at all times
- information about another child or family information is never discussed with a parent or visitor
- they remain sensitive to cultural differences amongst families and encourage families to share cultural aspects with the children and educators at the service
- the advice and opinion from other professional experts are requested, with parental permission, to assist educators develop and implement strategies to support the inclusion of children with additional needs
- they seek additional resources and professional support for families through a range of organisations such as KU Inclusion Support, Area Health and other specific health professional networks
- verbal communication is always open, respectful and honest
- families are provided with up-to-date service information and notices through Daily Reports, newsletters, communal notice boards, emails and sign-in sheets.
- they regularly reflect on parent input into the program and make changes where necessary that will best benefit the service and children
- connections between families are promoted and enhanced through inviting families to participate in routines and events at the OSHC Service
- families are aware of our complaint handling process- (*Dealing with Complaints Policy*)
- any bribe or gift received by a family that may influence or appear to influence a decision or action is to be declined and reported to management.

INTERACTIONS BETWEEN STAFF AND EDUCATORS

The OSHC Service recognises that the way educators interact with each other has an effect on the interactions they have with children and families. Educators working within our OSHC Service are required to demonstrate mutual respect towards each other and value the contributions made by each educator. This enables our OSHC Service to maintain positive relations and model the type of communication they want children to develop.

TO MAINTAIN PROFESSIONALISM AT ALL TIMES, EDUCATORS WILL:

- engage in professional communication in order to create an effective work environment and to build a positive relationship with educators, children and families. Communication amongst colleagues creates a positive atmosphere and a professional image for families. Communication between staff and families ensures that important information is being passed on consistently.
- champion a child safe culture through their attitudes, behaviours and actions
- collaborate together as a team sharing room roles and responsibilities through the use of a roster where necessary
- be respectful when listening to each other's point of view and ideas
- maintain effective communication to ensure that teamwork occurs
- use staff meetings to communicate their professional reflections and ideas for continuous improvement as a team
- attend in-service training to update and refresh and add to individual skills and knowledge
- keep up to date with current legislation to child protection including mandatory reporting requirements – (*Child Protection, Reportable Conduct Scheme*)
- refer to the *Dealing with Complaints Policy (Staff) /Procedure* if they feel a situation with another educator is not being handled with professionalism, respect, and fairness
- recognise each other's strengths and value the contribution each person makes to different work roles
- work collaboratively to reach decisions which will enhance the quality of the education and care offered at the OSHC Service
- welcome diverse views and perspectives
- work together as a team and engage in open and honest communication at all times
- respect each other's positions and opinions
- develop and share networks and links with other agencies
- resolve differences promptly and positively and use the experience to develop more effective methods of working together.

TO ENHANCE COMMUNICATION AND TEAMWORK, MANAGEMENT WILL:

- provide new educators with relevant information about the Service and program through a *Staff Handbook*, induction program, and daily communication
- treat educators with respect
- be sensitive to the feelings and needs of educators
- provide constructive feedback to educators as part of their professional learning plan support

- value the role and contribution of each educator
- demonstrate commitment to ongoing collaboration and engagement to support staff wellness
- provide opportunities for all educators to have input into the program development and evaluation
- appreciate and utilise educator skills and interests
- provide support, assistance and mentoring to educators
- hold regular educator meetings to encourage and support professional growth and reflective practice
- use appropriate conflict resolution techniques to solve problems
- ensure policies and procedures are up to date regarding communication, expected behaviour and grievances **and providing a child safe environment**
- provide opportunities for professional development

TO ENHANCE COMMUNICATION AND TEAMWORK, EDUCATORS WILL:

- maintain privacy and confidentiality
- be respectful, caring and inclusive of all colleagues
- be sensitive to the feelings and needs of other team members
- support colleagues during difficult situations
- provide constructive feedback to each other
- trust each other
- value the role and contribution of colleagues
- appreciate and utilise colleague skills, strengths and interests regardless of qualification and experience
- provide support and assistance to each other
- share responsibilities
- have a flexible attitude towards team roles and responsibilities
- greet each other by name
- show genuine interest in the other person by using active and reflective listening
- communicate ideas and opinions clearly and professionally
- use a communication book or daily diary to pass on messages and record relevant information
- use appropriate conflict resolution techniques to solve problems
- engage in opportunities for professional development.

CONTINUOUS IMPROVEMENT/REFLECTION

Our *Interaction with Children, Families and Staff Policy* will be reviewed on an annual basis in consultation with children, families, staff, educators and management.

CHILDCARE CENTRE DESKTOP - RELATED RESOURCES

Communciation Audit Interaction Audit	Teamwork Audit
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SOURCES

Australian Children’s Education & Care Quality Authority. (2025). [Guide to the National Quality Framework](#)

Australian Children’s Education & Care Quality Authority. (2023). [Policy and Procedure Guidelines- Interactions with Children](#)

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Child Australia *Cultural Connections Booklet*. (2017).

Early Childhood Australia Code of Ethics. (2016).

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[Education and Care Services National Regulations](#). (Amended 2023)

NSW Department of Education. (2021). [Implementing the Child Safe Standards: A guide for early childhood education and outside school hours care services](#).

Privacy and Personal Information Protection Act 1998 (Cth).

Victorian Early Years Learning and Development Framework (2011) Melbourne Graduate School of Education *Evidence Paper Practice Principle 5: Respectful relationships and responsive engagement*

<https://www.education.vic.gov.au/Documents/childhood/providers/edcare/respectrelns.pdf>

[Western Australian Legislation Education and Care Services National Regulations \(WA\) Act 2012](#)

REVIEW

POLICY REVIEWED BY	Tina Chappell	Coordinator	June 25
POLICY REVIEWED	MAY 2025	NEXT REVIEW DATE	MAY 2026
VERSION NUMBER	V10.05.25		
MODIFICATIONS	<ul style="list-style-type: none"> • annual policy maintenance • additional information added re: mandatory reporting any allegations of child abuse, harm, neglect or ill treatment • sources checked for currency and updated as required • new section added: Childcare Centre Desktop Resources 		
POLICY REVIEWED	PREVIOUS MODIFICATIONS		NEXT REVIEW DATE
MAY 2024	<ul style="list-style-type: none"> • annual policy maintenance • added information about receiving gifts from families • minor edits • sources checked for currency and updated as required 		MAY 2025

Item 4.14 Professional Development Policy

EXECUTIVE SUMMARY

Professional development is a term used which includes workshops, conferences, in-services, training sessions, formal studying, readings, and professional research. The contribution of professional development to developing practice can be a source of deep professional satisfaction, for both individual practitioners and Out of School Hours Care (OSHC) Services collectively.

A commitment to ongoing professional development is the key to effective continuous improvement and the provision of quality school age care. Engaging in professional development helps to identify individual educator's areas of strengths and areas requiring improvement.

OFFICER'S RECOMMENDATION

That Council: adopt the Professional Development Policy as presented.

Budget & Resource Implications

Nil

Background

Nil

Consultation (Internal/External)

N/A

Attachments

Attachment Z – Policy

Report prepared by **Teena Chappell (Outside School Hours Care Coordinator)**

PROFESSIONAL DEVELOPMENT POLICY

Professional development is a term used which includes workshops, conferences, in-services, training sessions, formal studying, readings, and professional research. The contribution of professional development to developing practice can be a source of deep professional satisfaction, for both individual practitioners and Out of School Hours Care (OSHC) Services collectively.

A commitment to ongoing professional development is the key to effective continuous improvement and the provision of quality school age care. Engaging in professional development helps to identify individual educator's areas of strengths and areas requiring improvement.

NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 7: GOVERNANCE AND LEADERSHIP		
7.1.1	Service philosophy and purposes	A statement of philosophy guides all aspects of the service's operations.
7.1.2	Management Systems	Systems are in place to manage risk and enable the effective management and operation of a quality service.
7.2	Leadership	Effective leadership builds and promotes a positive organisational culture and professional learning community.
7.2.1	Continuous improvement	There is an effective self-assessment and quality improvement process in place.
7.2.2	Educational leadership	The educational leader is supported and leads the development and implementation of the educational program and assessment and planning cycle.
7.2.3	Development of professionals	Educators, co-ordinators and staff members' performance is regularly evaluated, and individual plans are in place to support learning and development.

EDUCATION AND CARE SERVICES NATIONAL LAW AND NATIONAL REGULATIONS	
S. 162A	Child protection training
84	Awareness of child protection law
118	Educational Leader
136	First Aid qualifications
138	Application for qualification to be assessed for inclusion on the list of approved qualifications
168	Education and care service must have policies and procedures.

RELATED LEGISLATION

Child Care Subsidy Secretary’s Rules 2017	Family Law Act 1975
A New Tax System (Family Assistance) Act 1999	
Family Assistance Law – Incorporating all related legislation as identified within the Child Care Provider Handbook	

RELATED POLICIES

CCS Governance Policy CCS Personnel Policy Code of Conduct Policy Child Protection Policy Enrolment Policy First Aid Policy	Payment of Fees Policy Record Keeping and Retention Policy Recruitment Policy Staff Arrangement Policy Work, Health and Safety Policy
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PURPOSE

Professional development allows individuals to build and improve their knowledge and skills within the early childhood and school age care sector whilst keeping up to date with current research and recommended practice. The school age care sector continues to grow and change and these changes impact on licensing and assessment requirements as well as our interactions and documentation of individual children. To comply and improve we implement procedures for identifying areas in which our educators and staff can enhance skills and knowledge through relevant and effective professional development and training. We aim to review and update individual professional development plans based on performance appraisals detecting strengths, interests, and goals.

SCOPE

This policy applies to educators, staff, approved provider, nominated supervisor and management of the OSHC Service.

IMPLEMENTATION

The Early Childhood Australia (ECA) Code of Ethics suggest that in relation to being professional, educators will take responsibility for reflecting on and assessing their professional values, knowledge and practice, and the positive contribution to the early childhood profession. Educators will engage in critical reflection, ongoing professional learning and support research that builds knowledge and that of the profession.

THE APPROVED PROVIDER/NOMINATED SUPERVISOR/MANAGEMENT WILL ENSURE:

- obligations under the *Education and Care Services National Law and National Regulations* are met
- educators are knowledgeable and have access to the OSHC Services policies and procedures, and Code of Conduct
- educators are knowledgeable in the pedagogy programming and practice required to be implemented for the education of children following the National Quality Framework, National Quality Standard, My Time Our Place V2.0 (MTOF)
- educators are aware of the National Education and Care Services National Law, National Education and Care Services National Regulations and the Early Childhood Australia (ECA) Code of Ethics
- the nominated supervisor undertakes professional development in accordance with National Law and Regulations, Family Assistance Law (FAL), Child Care Subsidy and their individual professional development plan
- administration staff are aware of Family Assistance Law (FAL) legislation, enrolment processes and management of Child Care Subsidy as detailed in the Child Care Provider Handbook and keep up to date with changes and additions to the administration of Child Care Subsidy
- the roster supports at least one nominated supervisor and person in day-to-day charge of the Service, who holds the following qualifications is in attendance at all times at the Service when children are being educated and cared for and immediately available in an emergency:
 - ACECQA approved and current first aid qualification including CPR
 - ACECQA approved and current emergency asthma management training
 - ACECQA approved and current anaphylaxis management training
 - child protection training.
- child protection training for **each** nominated supervisor **and each person in day-to-day charge of the service** is valid and updated every 12-24 months, and whenever significant changes are made to the child protection law or reporting requirements, to maintain skills and knowledge required by required by National Law and Regulations [S.162A]
- educator's child protection **awareness** training is valid and updated every 12-18 months to maintain skills and knowledge required by National Regulations.
- the policies, practices, systems and processes within the Service align with the requirements of the Child Safe Standards
- all educators and staff are provided with professional learning for the Child Safe Standards to continually improve their child safe capabilities **ensuring all staff can identify signs of grooming or harmful behaviours towards children and know how to report allegations of child abuse (it is against the law to fail to report child abuse)**

- a budgeted amount is allocated and available to provide relevant training to educators and staff
- approve all professional development prior to booking (for events which are paid for or subsidised by the Service). Only professional development which are beneficial to the Service and other educators will be approved for payment, at the discretion of the educational leader
- all professional development completed by educators and staff is recorded in individual staff records via the *Professional Development Record* and relevant materials and information to enhance skills and knowledge is shared with colleagues
- a variety of professional development for educators and staff is provided and encouraged
- professional development is linked to the Quality Improvement Plan (QIP)
- educators and staff have the opportunity to experience different rooms and/or locations of OSHC premises. This will be achieved through rotation of educators and staff at the discretion of management but will not have adverse effects on the continuity of care experienced by children. Individual needs will be considered when rotation occurs, but the final decision should not hinder other staff members from the opportunity to develop their skills and knowledge.
- mentoring programs and management support networks are implemented for educators and staff to receive guidance and inspiration
- opportunities are provided for educators to work closely with more experienced colleagues to assist skills in observations, questioning, critiquing and responding to children's experiences
- they are positive role models for educators and staff
- educators are supported to attend professional development by committing time and resources in order to develop new skills and knowledge that can be shared within the OSHC Service
- strategies are implemented by educators to make practical use of the information gained from professional development
- a culture of learning through reflective practice within the Service to drive continuous improvement is developed
- *Position Descriptions* are reviewed as part of the agenda before establishing the *Professional Development Plan*
- educators are supported to complete the *Ambitions and Reflections Form* to assist with allocation of training and development
- the *Professional Development Ambitions and Reflections Form* is reviewed in collaboration with educational leader once professional learning is undertaken, to gain an understanding of each team member's personal goals and aspirations.

THE EDUCATIONAL LEADER WILL:

- review professional development with the nominated supervisor for the OSHC service
- support educators to further their professional growth and achieve accreditation under the Australian Professional Standards for Teachers
- meet with educators and discuss outcomes of the *Professional Development Ambitions and Reflections Form*
- complete the simple *Professional Development* SWOT analysis for each educator (Strengths, Opportunities, Weaknesses and Threats)
- maintain the *Professional Development Record* for each educator following the completion of training and workshops
- source and schedule in-services, webinars, workshops and other professional development opportunities as per educator *Professional Development Plan* taking into consideration the service training budget
- facilitate educators to share new knowledge and skills learnt at training and workshops
- facilitate reflective practice as a form of ongoing professional learning for all staff
- support educators to undertake WHS training as a part of their in-service training.

EDUCATORS WILL:

- keep up to date with Child Protection 'refresher' training ensuring currency and compliance and their mandated responsibility to report allegations of child abuse if they witness or suspect that a child is at risk of abuse, harm, neglect or ill-treatment
- participate in training to build capacity to implement the Child Safe Standards
- hold a current ACECQA approved first aid and CPR qualification and ACECQA approved emergency asthma and anaphylaxis management qualifications.
- ensure CPR training is completed annually.
- complete annual adrenaline auto injector training through ASCIA.
- attend a minimum of 4 professional development/ in-services training over a 12-month period for permanent-part time and casual staff
- seek assistance and direction from the OSHC service's educational leader regarding options for in-services and other professional learning opportunities- e.g. trauma informed practices
- participate in professional learning about Family Assistance Law and Child Care Subsidy
- engage in the *Professional Development Plan* activities with the Educational Leader as per the Professional Development Agenda, including completing the *Professional Development Ambitions*

and Reflections Form, and completing in the Professional Development Plan with the educational leader

- following the attendance of training and workshops, complete a Professional Development Review Form
- with the assistance of the educational leader, share skills and knowledge learnt from professional development with other team members.

EXAMPLE OF PROFESSIONAL DEVELOPMENT AND IN-SERVICE OPPORTUNITIES

Networking with other services and professionals	Mentoring and coaching programs
In-house or external training (workshops, courses)	Self-paced training packages
Sharing information gained from formal studies	Hands-on job training
Knowledge and skills sharing	e-learning modules
Conferences	Webinars
Visitors from local areas	Meeting discussions
Reading professional publication and websites	Inquiry conversations
Viewing professional online digital learning	Reading recently published ECE texts
Engage in professional reflection (journals)	Subscribing to professional newsletters
Formal TAFE, college or University courses (check with ACECQA for list of approved qualifications)	

CONTINUOUS IMPROVEMENT/REFLECTION

Our Professional Development Policy will be reviewed on an annual basis in consultation with children, families, staff, educators and management.

CHILDCARE CENTRE DESKTOP- RELATED RESOURCES

Contract for Paid Training Agreement	Professional Development Guide and Procedure
Mentorship Guide and Agreement	Professional Development Plan
Professional Development Ambitions and Reflections Form	Professional Development Record
Professional Development Audit	Professional Development Reflection- Form
	Professional Development SWOT

SOURCES

[Australian Children’s Education & Care Quality Authority. \(2025\). Guide to the National Quality Framework](#)

Australian Children’s Education & Care Quality Authority. (2021). [Supporting Performance and the Development of Professionals](#)

Australian Government Department of Education Child Care Provider Handbook

<https://www.education.gov.au/early-childhood/resources/child-care-provider-handbook>

Australian Government Department of Education. (2022). [My Time, Our Place- Framework for School Age Care in Australia.V2.0](#)

Australian Government Department of Education. [Leading Learning Circles for Educators Engaged in Study. \(2016\).](#)

Early Childhood Australia Code of Ethics. (2016).

Education and Care Services National Law Act 2010. (Amended 2023).

[Education and Care Services National Regulations.](#) (Amended 2023).

[Western Australian Legislation Education and Care Services National Law \(WA\) Act 2012](#)

[Western Australian Legislation Education and Care Services National Regulations \(WA\) Act 2012](#)

REVIEW

POLICY REVIEWED BY	Tina Chappell	Coordinator	June 25
POLICY REVIEWED	MAY 2025	NEXT REVIEW DATE	MAY 2026
VERSION NUMBER	V10.05.25		
MODIFICATIONS	<ul style="list-style-type: none"> annual policy maintenance additional information added re: child safe practices and reporting processes sources checked for currency and updated as required 		
POLICY REVIEWED	PREVIOUS MODIFICATIONS	NEXT REVIEW DATE	
MAY 2024	<ul style="list-style-type: none"> annual policy maintenance added information for professional learning related to approved learning framework, NQF/NQS, FAL, CCS added National Law for NS to complete child protection training Nominated Supervisor section merged with AP/Management section to reduce repetitive statements sources checked for currency and updated as required 	MAY 2025	

Item 5. General Business

DATE OF NEXT MEETING

15 July 2025

CONCLUSION

Peter Bennett
Chief Executive Officer