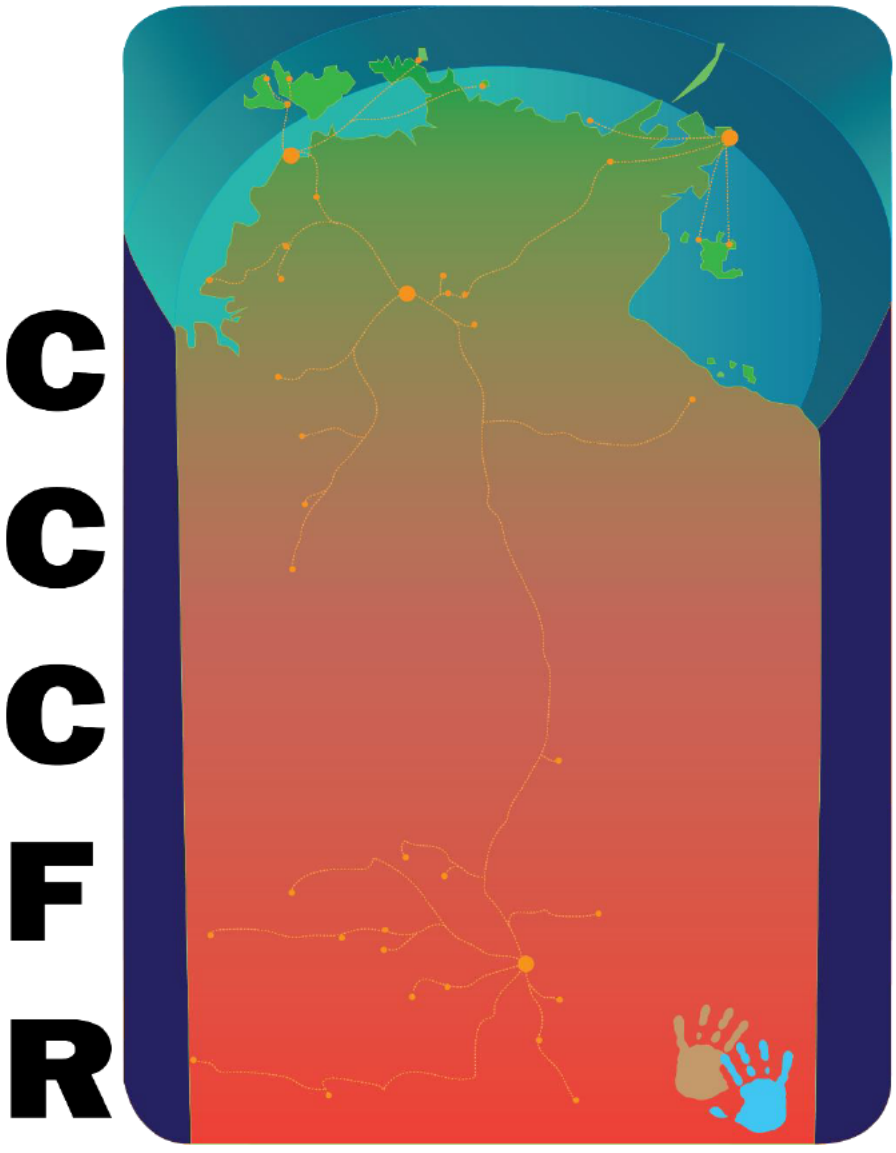
NT Community Child Care Fund Restricted Regulatory Project Final Report

December 2023



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Acronyms	Full form
ACECQA	Australian Children's Education and Care Quality Authority
AG DE	Australian Government Department of Education
CCCFR	Community Child Care Fund Restricted
CCS	Child Care Subsidy
s 22	
DESE	Department of Education Skills and Employment
EALD	English as an Additional Language or Dialect
ECEC	Early Childhood Education and Care
EYLF	Early Years Learning Framework
FaFT	Families as First Teachers
s 22	
Ministers Rules	*Child Care Subsidy Minister's Rules 2017*
NT	Northern Territory
NQF	National Quality Framework
NQS	National Quality Standard
QECNT	Quality Education and Care Northern Territory
RECIS	Remote Early Childhood Integrated Services
SNAICC	Secretariat of National Aboriginal and Islander Child Care

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Part 1: Project outline

1.1 Background

As of December 2023, there are 46 Community Child Care Fund Restricted (CCCFR) services operating in regional, remote and very remote locations across the Northern Territory (NT). Of these 46 services, 41 are out of scope of both the National Quality Framework (NQF) and any NT legislation, nor are they supported or monitored by a local regulatory authority.

The providers of CCCFR services are approved under the Family Assistance Law by the Australian Government Department of Education (AG DE) and are eligible to receive the Child Care Subsidy. There are conditions attached for the continued approval for these services under the Child Care Subsidy Minister's Rules 2017 (Ministers Rules). The conditions, particularly those around providing a safe environment and high-quality care for young children, are broad with no standards that can be assessed or measured. The monitoring of compliance with the Minister's Rules is currently through annual desktop compliance reporting and occasional site visits by AG DE CCCFR program officers.

1.2 Scope and methodology

In June 2022, the AG DE (formerly the Department of Education, Skills and Employment) commissioned the NT Department of Education (the department) to review the 41 unregulated CCCFR service's current capacity and capability to provide quality education and care in accordance with the NQF. The 3 options for recommendation agreed to by both departments to investigate for potential future service delivery were:

- the services' ability to transition (with support) to the NQF; and/or
- integration with other early childhood education and care services in the community; or
- consideration of alternative models and funding sources for the services.

The scope of the review included determining the services' practices in line with the National Quality Standard (NQS); however, the purpose was not to determine a rating for each of the services. Additionally, any findings that determined a service might have the capacity to transition into the NQF, does not mean that the service would be operating at a level that would be rated "Meeting Quality Standard".

The project used the following methodology.

Context	Inputs	Activities	Outputs
To determine the capacity of the 41 unregulated CCCFR services in consideration of the NQF. To recommend for each program whether the service should: • transition (with support) to the NQF • integrate with other early childhood education and care	AG DE funding. Department of Education in-kind support. Experienced trained assessors (including 2 previous lead assessors). Extensive remote experience across a variety of settings and remote early childhood experience. Well-developed strategic partnerships and	1. Use of an adapted National Quality Standard assessment tool to obtain evidence and provide feedback to individual services and the AG DE. 2. Adopting a differentiated approach towards services and communities to ensure authentic, site-specific information was collected.	1. Findings and recommendations for individual services regarding the application of NQF requirements (service context). 2. Specific recommendations regarding service or community challenges in quality early childhood service provision either through adopting the

Context	Inputs	Activities	Outputs
services in the community; or • consideration of alternative models and funding sources for the service.	collaborations with AG DE and ACECQA. Contributions from service providers, staff, community members	3. Consideration of the broad funding, policy and regulatory lens, with the geographical and cultural context contributing to enablers and systematic barriers	NQF or changing to another model (community context). 3. Findings and recommendations for the systemic treatment of the services, including NQF requirements, and ongoing support (systemic context).

The project's review process was developed and modelled on the National Quality and Assessment Rating Process to enable a comprehensive and reliable review process of the services and provide an accurate recommendation. The process included:

- development of a detailed review tool
- a comprehensive and flexible visit schedule
- integration considerations of early learning services in communities
- reporting documentation flexible enough for various audiences.

Any quality and safety risks identified during the review process were immediately verbally reported to the AG DE as required by the contract.

The review tool

The tool was collaboratively developed by the project team; Quality Education and Care Northern Territory (QECNT), the NT regulatory authority for the NQF, and the department's Remote Early Childhood Integrated Services (RECIS). The intention of the tool was to capture the services' practices in line with the NQS, using a strength's-based approach.

The review tool incorporated the additional conditions under the Minister's Rules, combined with the Education and Care Services National Regulations and the NQS and indicators. It was shared for review and feedback with experienced members of QECNT, Secretariat of National Aboriginal and Islander Child Care (SNAICC) and the Australian Children's Education and Care Quality Authority's (ACECQA) Quality and Safety project. Refinements were made from the feedback resulting in 2 versions of the tool; one for officers to use during visits, and the other more fit for purpose for services' use that reduced regulatory jargon and burden. The tool was provided to services prior to their review visit to provide transparency about the nature of the visit and to share the types of information and areas of practice that would be discussed and collected during the visit.

To ensure it served the intended purpose and was a workable tool for both providers/services and project officers, the review tool was 'tested' early in the project at 2 services identified as having the capacity and readiness to facilitate an early visit, to ensure it served the intended purpose and was a workable tool for both providers/services and project officers. This process also supported the development of the tool's integration considerations to support the required recommendations being made appropriately for each service.

The schedule

The visit schedule was jointly developed by the project team, QECNT and RECIS to optimise, where possible, visits to communities. In some cases, there could be a combination of a CCCFR review visit with a QECNT assessment and rating visit of a regulated preschool, where both service types were operating in a community. The benefits included understanding the early childhood services operating in community and the capacity to link the 2 services where there was limited connection.

Additionally, the schedule considered where multiple early learning services existed within the same community or where the integration aspects of a community were unknown. The visits included having a RECIS integration leader accompany the project officer to specifically consider the integration opportunities within the community.

Reporting documentation

Two reporting templates were developed with consideration of the project's purpose and outcomes and the different audiences within the project: that being the AG DE and the providers' and services' staff.

The first report provided a copy of the evidence collected during the 2-day visit. The second was a summary that provided a brief statement of the service's capacity against the quality areas of the NQS. Both reports took a strengths-based approach to analysing information on service practices to highlight the collective capacity of the service and the provider and identify areas of improvement.

Following the visit, providers had the opportunity to review and provide feedback to ensure the report was a true reflection of processes and practice at the time of the visit. Any feedback provided was taken into consideration with the final reports. The overall service recommendation was not included in the copy of the reports provided to the service as the 3 recommendations on future service modelling was specific to the AG DE's request.

Project collaborations

Conversations were held with SNAICC at the commencement of the project regarding their perspective on considerations in relation to the development of the review tool and service review visits. This was in addition to broad considerations of engagement with services and community, and key messaging to CCCFR services throughout the project.

The team worked closely throughout the project with ACECQA's CCCFR Quality and Safety Training team. This was to ensure consistency in messaging, avoid services being overwhelmed by the competing priorities of each project, and that the projects compliment and add value to each other despite different scope and intent.

Project officers were supported by ACECQA to understand key messages provided to services in the ACECQA training and resources and therefore were able to encourage services to reengage with the training where a need was identified.

The team attended all ACECQA face-to-face workshops over the life of the project to build and maintain relationships with the providers/services and take the opportunity to share the strengths observed in services, areas of common challenge and dispel myths about the project's intent. The last face-to-face workshop was utilised as an opportunity for the project team to facilitate a session regarding the project learnings on governance and leadership and the key characteristics for strong governance.

1.3 Approach to assessment and findings

1. **Understand:** a differentiated approach was adopted to understanding services and communities to ensure authentic, site-specific information was collected. This included:
    - an initial desktop audit to understand what information could be obtained and understood about each provider prior to the visits to reduce the administrative burden for services.
    - engaging with providers 4 to 6 weeks prior to a visit to allow significant conversations to understand any nuances regarding service delivery prior to visiting or identify challenges or information to be aware of when working with service educators. This included information on any other early learning services operating in community and the extent of the services' level of collaboration.
    - a 2-day face-to-face site visit at each operating service to collect evidence through observing practices, sighting documentation and service level discussions. Further discussions after visits occurred with providers, if required.
2. **Analysis:** evidence was analysed with a lens of structural quality versus process quality. This approach was supported by training and resources available for authorised officers and through the experience of project officers' previous work as authorised officers within remote and very remote contexts.
    - **Structural quality** refers to the foundation for optimal conditions including physical environment, health and safety, educator-to-child ratios and qualifications. These are most often found in Quality Area 2: Health and Safety, Quality Area 3: Physical Environment and Quality Area 4: Staffing Arrangements in the NQS.
    - **Process quality** relates to the experiences children have and include social interactions and involvement in the program or quantifiable inputs to quality. These are most often found in Quality Area 1: Educational Program and Practice and Quality Area 5: Relationships with Children.
    - Quality Areas 6: Collaborative Partnerships with Families and Communities and 7: Leadership and Service Management include aspects of both process and structural quality.

    Research shows that process quality had a "direct impact on child outcomes, whereas structural indicators of quality had an indirect impact through process quality".[1]

    It was determined that for services to successfully transition into the NQF (with support), the structural quality of Quality Area 2, 3, 4 and 7 would need to be well developed. Therefore, when making decisions about whether a service could successfully transition (with support) these areas of quality, in the first instance, were given more importance. This decision-making methodology was tested and reflected on regularly throughout the process.
3. **Differentiated approach**: during the project, several services were not operational for a range of reasons, including difficulties with attraction and retention of staff and significant damage to buildings. Subsequently, a differentiated approach to review closed services was developed. The approach was designed to capture the story and information about what was happening at each service when operating, contributions to closures and future operation plans.

[1] NICHD Early Child Care Research Network (2002) cited in Ishimine, K.,Tayler, C. and Bennett J, Quality and Early Childhood Education and Care: A Policy Initiative for the 21st Century, International Journal of Child Care and Education Policy Copyright 2010 by Korea Institute of Child Care and Education 2010, Vol. 4, No.2, 67-80

Evidence was collected using a tiered priority approach to ensure information on the building and equipment status, the provider's current capacity and management systems in place, and the context of the closure was captured, at a minimum. Evidence was collected through the same process as all other operating services, including a visit to the building site. It was determined this approach may not provide enough information to make a recommendation on future service delivery modes, it would include information about the infrastructure requirements moving forward, if applicable.

1.4 Consideration of integration approaches for CCCFR services

For the purposes of this project, integration of early childhood services is defined as services working collaboratively and in partnership through formalised systems to share information, better targeted resources, and respond to the varying needs of children and families, and capabilities of communities.

Research highlights that integration of early childhood services contributes to family functioning and children's wellbeing outcomes by improving access to services and enabling early identification of problems.[2] Integration is typically defined by how the early childhood system (including CCCFR) fits with other programs and services (such as preschool, playgroups, Family as First Teachers programs, and health, child protection, family services).

Integration can also be used as a mechanism to address the most significant challenges facing early childhood service provision in remote communities, including the ongoing difficulties in recruiting and access to appropriate infrastructure and resources. It works towards a sustainable, collaborative and integrated way of working in a remote setting.

Multiple early childhood service types working in isolation within a community may face challenges in achieving high quality service delivery due to competition in engaging the same families and having parallel workforce needs, as examples.

Opportunities to assist, collaborate or integrate services provides the best chances of delivering a responsive and high-quality early childhood service to children within that community. This approach reflects an evidence-based commitment to integrated delivery of early childhood services, which is proven to deliver more substantial outcomes to children and families primarily in complex communities.[3]

It is expected 3 integration model types could be conducive to several NT sites; however, this would require testing with individual communities:

- A services network model where 2 or more parties coordinate/collaborate service delivery to maximise coverage without co-locating or becoming a single organisation. The programs could potentially service more than one community, or provide outreach services, and operate from virtual platforms.[4]
- A nested services model where a core service is provided from purpose-built premises, such as the CCCFR service which hosts additional services such as preschool, playgroup and health services, as required to optimise program/community resources and improve access for families.[5]

[2] Moore, T. & Skinner, A.. (2016). An Integrated Approach to Early Childhood Development. 10.13140/RG.2.1.3408.4882.
[3] Sumsion, J., Press, F., Wong, S.M. (2012). Theorizing Integrated Service Provision in Australia: Policies, Philosophies, Practices. In: Duncan, J., One, S.T. (eds) Comparative Early Childhood Education Services. Critical Cultural Studies of Childhood. Palgrave Macmillan, New York. https://doi.org/10.1057/9781137016782_3
[4] Policy Brief No 17 2009: Integrating Services for Young Children and their Families https://www.rch.org.au/uploadedFiles/Main/Content/ccch/PB_17_FINAL_web.pdf
[5] IBID

- A fully integrated service model where a variety of multidisciplinary programs work to provide families maximum access to services with minimal navigation of systems; where the collective approach is holistic and appears seamless; can be operated onsite through networks and virtual systems.[6]

The effective provision of any quality integrated early childhood service should be inclusive of the following components:

- Quality service delivery - use of a shared quality assurance system, such as the NQF, delivered by suitably qualified educators; with a shared understanding of children's development and learning, family needs, including recognising children's identity and culture, as outlined in the Early Years Learning Framework (EYLF).
- Intentional integration systems – mechanisms to manage collaboration and partnerships; articulated and shared outcomes and intended practices; processes to share information and target resources; methodologies to plan and respond to the varying needs of children, families and capabilities of communities.
- Place-based and culturally responsive - effective engagement with parents and families in a strengths-based way; respecting culture and Aboriginal child rearing practices delivered in ways that are accessible to families and children and is responsive to their needs; services collectively engaging with community regarding which integrated early childhood service model meets the context of their community, within the resources available.
- Resources – needs based allocation, flexible allocation to improve early childhood accessibility and outcomes in the community. Resources include infrastructure, funding and staffing fit for the model.

When considering potential service integration for the CCCFR services, no particular model type was explored, only the readiness of community and services to do so. It was also with the view that entering into an integrated way of working may provide the CCCFR service additional support for sustained operations and quality improvements. If service integration was put forward as a recommendation, the CCCFR would:

1. be required to integrate with other early childhood services to have the strength to continue operating, as the option to transition into a regulatory framework was likely not possible; or
2. the service may gain strength by doing so; and
3. changing the funding type to a playgroup was not seen in the best interest considering the community context.

However, integration requires services to have existing strength in leadership and capacity to move beyond the day-to-day delivery of an education and care service to develop and maintain formal structures. This requires dedicated resources to facilitate and time to build a service's capacity to embed this beyond a superficial manner.

There was insufficient information available at some of the closed services to determine if this would be an appropriate approach. However, it is suspected that integration may be the best option for these services and further investigation is required to make a clear recommendation.

[6] IBID

It should also be noted that in relation to the integration of services, conversations were held with stakeholders in community rather than local community members. Therefore, where integration has been presented as an option, consultation with local community would be required to clearly determine which model or option is preferred moving forward, including communities' current need for early childhood services.

This project was a scoping exercise and conversations with no immediate action or deep level of consultation may result in community losing faith in the project's purpose and cause confusion. This would not benefit the long-term outcomes for early childhood in these communities and potentially damage the Australian and NT Government's current relationships and earned trust with these communities.

Further work is required as a system, both nationally and at a territory level, to determine the most appropriate models of early childhood integration within the NT context.

Further work will need to occur in partnerships, at all levels of government and non-government organisations that have a vested interest in the delivery of early childhood services, particularly those in remote locations, to determine and provide clarification on what integration looks like in this context and provide the most appropriate and best fit models for the NT.

Part 2: Findings and commentary

The service reports, including recommendations, aim to provide a clear picture of the strengths within services and identify areas of quality improvement required to continue building the services and provider's capacity to successfully transition to the NQF. The project team was deliberate in making both system level and specific practice level recommendations to prioritise children's health, safety and wellbeing. The analysis of the reviews and recommendations show that most NT CCCFR services and providers demonstrated varying levels of capacity and capability to transition into the NQF.

The following provides a high-level summary of the findings and recommendations arising from the individual service reports and additional observations of the project team.

2.1 Findings in relation to the application of NQF requirements

In keeping with the design of the review tool, findings regarding the common areas of difficulties and practice have been grouped into the Quality Areas of the National Quality Standard.

Quality Area 1 - Educational Program and Practice

All services provided opportunities for children to play and learn. A few services provided a comprehensive planned and documented program that was in line with the EYLF.

Several services did not provide a planned program with intentional experiences that acknowledged and strengthened children's cultural identity, in accordance with Part 4, Division 5, Section 49(2) (b) of the *Minister's Rules 2017*. Although, these services did typically have resources and equipment available for children that were appropriate to their age and stage of development.

About half of the services displayed resources from the Remote Indigenous Professional Development (RIPD) Package resources but it was not clearly evident how these were used in the planning of implementation of the educational program. The RIPD resources were designed to support Aboriginal and Torres Strait Islander educators to develop and implement programs that are responsive to children's ideas, interests, strengths and abilities in the context of their families and communities and promotes children's wellbeing and learning in a culturally responsive, safe and supportive setting.

Quality Area 2 - Children's health and safety

There was general consistency across services in having documented health and safety policies and procedures in place, with most aligning with the requirements of the Education and Care Services National Regulations. However, it was evident that many services' practices were not consistent with the documented policies and procedures, and some educators lacked an understanding of how and why practices relate to policies. The accessibility of the policies needed improvement from both a content and a language perspective. It was noted that the majority of services had educators and families with English as an Additional Language or Dialect (EAL/D) and/or low literacy, but policies were often in written English.

Quality Area 3 - Physical environment

Most services had purpose-built facilities that support children and educators to safely access different areas and move between indoor and outdoor spaces. These spaces supported children's learning and wellbeing, while promoting adequate supervision. Many services did not utilise all indoor and outdoor spaces within the environment due to low numbers of attendance.

A few services were operating from buildings that were not designed for education and care but were modified to be responsive to the education and care requirements of young children. While these services were providing safe spaces for children that would likely meet the basic compliance components of the NQF, the design building constraints often impacted on the use of the spaces. This resulted in environments and practices that did not always support best practice and quality outcomes for children. For example, in s 22 the creche was operating from a building that was previously a s 22 Centre. There was sufficient space for the number of children in attendance and educators had access to facilities and spaces that meet the daily needs of the children; however, the layout of the building required children and educators to either be all inside or all outside together to maintain safety and supervision. The children's bathroom was not accessible from outside, and children and educators must walk through the laundry to access the outdoor environment.

Most services reported difficulties with managing the ongoing repairs and maintenance requirements of their facilities, with high costs and long waiting times associated with being located in a remote location.

Quality Area 4 - Staffing arrangements

Quality Area 4 would be the most consistent issue predicted to impact on a service's rating within the NQF. While the *Ministers Rules 2017* do not stipulate qualification and staffing requirements, services were generally observed to endeavour to implement the educator to child ratio requirements for centre-based services from the NQF. However, acknowledging the national workforce shortages in the sector, this issue is even more acute in regional and remote locations. All remote services reported experiencing ongoing challenges in attracting and retaining qualified educators. This was observed to have a direct impact on the quality and consistency of service delivery, with ongoing vacancies causing both short-term and long-term service closures. The lack of availability of remote housing to support the attraction and retention of staff was identified as an additional barrier to staffing.

Further, the availability and accessibility to appropriate training opportunities for local educators to gain early childhood qualifications was an observed barrier. Many local educators are enrolled in certificate III or diploma level qualifications through registered training organisations that require travel to a regional campus to complete face-to-face training as part of course requirements. Providers consistently reported it was difficult for educators to leave family or attend cultural and community commitments during this time (typically a week) to attend the face-to-face course requirements. This often resulted in qualifications not being completed or taking an excessive amount of time and support to complete.

The abovementioned staffing challenges in addition to the NQFs limited ability to recognise, through a qualification, the highly important cultural knowledge and child rearing skills and experience that local Aboriginal educators bring to ECEC is critical to deliver high quality place-based education and care in remote Aboriginal communities.

Additionally, local educators have cultural commitments and business that can impact staff availability. This impact increases where educators are from the same family and can result in service closure during cultural business. It is acknowledged that although the NQF has a provision for staffing waivers to be applied to support providers in maintaining staffing qualification requirements, this is a regulatory tool that is typically used when dealing with special circumstances or unexpected events, not ongoing systemic issues.

Quality Area 5 - Relationships with children

Relationships with children were identified as an area of strength across the services. Interactions between educators and children were positive and appropriate to the age and stage of children. The dignity and rights of children were maintained in ways that were reflective of and supported children's sense of identity.

Quality Area 6 - Collaborative partnerships with families and communities

There appeared to be a lack of recognition or missed opportunities in some services around the importance of recognising families, their diverse composition and the cultural and kinship connections that contribute strongly to children's lives.

A small number of services were working with wraparound services and professionals in community to holistically support children and family's wellbeing; however, this would benefit from increased and more formalised collaboration to give strength and structure to partnerships, that do not rely on personal relationships and could continue to exist when there are changes in organisations.

It was observed that partnerships between the majority of CCCFR services and schools are very limited or ad hoc in nature. This obstructs transitioning processes and the sharing of information about each child to support the continuity of learning between services and school.

Quality Area 7 - Governance and leadership

Providers often had leadership roles within their organisations and governance structures in place to support the management and operation of a service. However, there was a clear disconnect for some providers between the understanding of effective early childhood service delivery and the direction they provided to service leaders and educators to support quality outcomes for children and families. It was observed that the lack of effective management systems and oversight of the service's procedures and processes increased the risk to children's health and safety. This was particularly evident in relation to adequate supervision, safe sleep and rest practices, safe food practices, preventing harm and hazards to children, excursions and transportation of children and child protection.

2.2 Service and community challenges in the provision of quality early childhood services

The majority of the CCCFR services are located in remote or very remote locations, predominantly in remote Aboriginal communities, and face considerable contextual challenges. These challenges include lack of housing and exhausted infrastructure, limited access to services and workforce development, and small populations with high rates of vulnerability and disadvantage.

The vast and proportional levels of vulnerability and disadvantage, geographic remoteness, small population and thin market means that service provision in the NT is particularly costly in comparison to other jurisdictions. Remote communities rely heavily on investment from all levels of government to access essential services, economic development opportunities, local employment and social benefits.

By the time many NT children commence school, they are more developmentally vulnerable than other Australian children. The Australian Early Development Census (AEDC) data shows that Aboriginal children in the NT have high levels of developmental vulnerability across each of the 5 domains: physical health and wellbeing; emotional maturity; social competence; language and cognitive skills; and communication skills and general knowledge.[7]

The provision of quality early childhood services in communities can be instrumental in community development including increased capacity for employment, improved health and social outcomes, and greater educational achievement. However, the quality of the service is paramount in making a difference to the community. Quality is generally underpinned by the community itself, including the Aboriginal educators' own expertise and knowledge, and the operators' capacity to enable place-based approaches that communities have influence over.

The following list is not exhaustive, however are matters raised by educators and providers they identified as considerable challenges or barriers to the services' operations in remote locations.

- **Housing -** availability of adequate and appropriate housing for educators – including accessible houses to rent or land to build on.
- **Access to appropriate resources, training and development for educators and providers.** A significant gap was identified in the availability of resources, training and development opportunities that specifically consider the context of CCCFR services and the operational requirements and barriers to service delivery they face. Consideration needs to be given to the remote location and cultural context in which they operate, and that the majority of educators have EAL/D. Specific training and support on how to operate an ECEC service within the relevant requirements and to maintain quality outcomes would benefit many providers and would be required for some to have the capacity be a successful provider under the NQF. Providers indicated a significant gap has been felt in professional development and resources available since the demise of the Regional and Remote Aboriginal Children's Services Support Unit under the Inclusion and Professional Support Unit. This program provided support and developed resources that were contextually specific to these services. During review visits, many services were observed to still be using these visual resources such as nappy changing procedures with step-by-step photos of local educators implementing the process.
- **Limited resources and funding** to facilitate integration and collaboration through establishing formal mechanisms between early childhood services in the same community. Limited connections between CCCFR services, other early childhood services, including schools, were observed. Connections in place usually occurred in an ad hoc manner and were based on goodwill and personal relationships. The project identified that all CCCFR services would benefit from more integration with other early learning services, and schools as well as wraparound supports.
- **Service closures** have a significant impact on access to education and care for vulnerable and disadvantaged children, families and community. At its most basic, service closures impact on the ability for other industries operating in communities to attract and retain skilled and qualified workers when families do not have access to education and care services.

[7] Office of Aboriginal Affairs (2021). *Closing the Gap Northern Territory Implementation Plan 2023-2024*. Closing the Gap - Northern Territory implementation plan annual report 2023-2024

In summary, it was observed that providers often deliver services despite these barriers being in place; however, were significantly challenged in their ability to deliver consistent high-quality services that are contextually and culturally appropriate.

2.3 Additional system level findings/key themes

The report also provides key findings and recommendations regarding systemic treatment of the services, including ongoing operational and system support. The issues identified are seen as system barriers that have a significant impact on the overall delivery of a CCCFR service and a family's ability to access education and care. These are outside a service or provider's ability to influence and are often a result of national structures, legislation and funding models. These are divided into 2 categories: funding and NQF requirements.

CCCFR funding

Limitations of the Child Care Subsidy (CCS) funding

This was raised by most providers in conversations with the project team. Challenges faced included the administration burden for families and services in the application of CCS, which consequently caused access barriers. It was evident that the current administration burden does impact on families and children's ability to successfully access and participate in the program.

Local educators often also mirrored these concerns stating that families found it difficult to navigate the system to access CCS, including providing sufficient identification to do so. These barriers were described as too big for families to overcome so they instead did not pursue the process of enrolling their children to access education and care.

Flexibility of CCCFR funding guidelines

Providers consistently discussed the impact of not having more flexibility in the way that the CCCFR funding is applied to meet community's early childhood needs as they change over time. Conversations highlighted the inability to deviate from a traditional model of childcare that is focused on workforce participation, even when the provider is struggling to reopen or keep the service open due to staff attraction and retention.

Increased flexibility under this funding to change or adjust the early childhood service model to suit current community needs and capacity would allow more consistency in the operation of services. This flexibility would allow an early childhood service, as needed, to continue to operate supporting the holistic needs of a family and child through wraparound support, moving from a centre-based care model to a targeted playgroup/early learning service or parenting capacity building focuses on supporting better outcomes for children.

NQF requirements

While it is clear there are challenges and barriers to services meeting the regulatory requirements and quality standards of the NQF, the project team believes that should these services remain as a traditional child care model the NQF is broad enough to consider the quality of the CCCFR services in the context in which they are located and operate. However, the project team has identified some potential barriers that may significantly impact the success of CCCFR services transitioning into NQF. These barriers commonly relate to the ways in which the NQF is currently administrated by regulatory authorities.

Training and skills of authorised officers

Based on the experience of the project officers that previously worked as authorised officers in the NT regulatory authority, it is suggested that the current training provided for authorised officers does not alone provide the knowledge and mindset required to appropriately recognise and appreciate the unique strengths, background, ethos and quality practice approaches of Aboriginal and Torres Strait Islander educators and organisations. It is assumed that this lack of knowledge and skills would impact on the authorised officer's ability to provide a flexible approach when collecting evidence and analysing information, consider place-based and culturally appropriate practices, and then determine how they may demonstrate the outcomes of the regulatory requirements and national quality standards.

This consideration arose from using the skills and experience of a particular project officer to complete quality reviews at the CCCFR services and the assessment and rating of in scope preschool services within the same community during the project. The original intent of this approach was to ensure the project considered the actual and potential connections between the 2 centre-based services in community; however, much more was learnt from this process. The officer found themselves adapting from a compliance focussed lens of looking for what services were not doing, in relation to the standards, to a more authentic strength-based approach of viewing and collecting information to inform a determination - whether that was a recommendation for an unregulated CCCFR service or a rating for a regulated service.

The officer also found over the project's life that their regulatory and quality knowledge was broadened to better consider how quality practices can be enormously rich and varied according to the differing community context and circumstances, at a level beyond the resources of the NQF and ACECQA. Through the learnings from each visit, the officer found they were less reliant on the authorised officer training and more on the contextual knowledge they were building, to consider the challenges experienced in remote services and the adapted practices in place with a more balanced view.

Applying a NQF rating would not be deemed as useful for CCCFR services

It has been observed that applying a quality rating to these services, should they come into scope of the NQF, may not be useful, and could in some circumstances be determinantal to a service or community.

Discussions and observations during the project have indicated that the most useful part of the visits for services and providers has been the continuous feedback loop provided and recommendations that have outlined areas of improvement/suggested focus. Conversations during these visits have been transparent, and each service has an idea of areas of focus that will be outlined in the report prior to the visit finishing. This has allowed the service to ask questions, discuss ideas and potential new ways to improve practice. This discussion has allowed project officers to:

- share their knowledge of quality practices from other services
- connect services to support each other, particularly those with similar areas of focus
- encourage the sourcing of professional development and training in areas of need
- encourage a renewed focus on quality rather than just compliance
- support services to reflect and recognise the strengths they already possess in their service delivery.

It has been identified that applying a rating of 'Working Towards' or less may have significant impact on communities relating to the ability to attract staff in all industries across community. CCCFR services are usually the only service available in community to provide education and care for children of working families. Some providers have shared they are working on joint initiatives with other industries to support the attractiveness for families to work and live in remote communities. Further, some services may never be able to obtain a rating higher than 'Working Towards' due to the systems barriers holding the challenges in place.

Having a place-based contextual approach toward compliance

Consideration of a provider's and service's ability to comply with the more prescriptive regulations from the NQF requires an approach toward the place-based context of the service, rather than complete adherence to the National Regulations. An inquiry lens was applied by officers, asking questions such as what the intent of the regulation is, what are the identified risks, how can these risks be mitigated, or how can this regulation be achieved to meet the intent but consider the context.

Examples of this include the following circumstances, that when not considered within the context and system barriers in which the services operate, could be punitive and out of the providers or services control to manage:

- ***Regulation 80 Weekly Menu*** stipulates that the provider must ensure that a weekly menu is displayed where parents can access it. Within the remote context it can be beyond a service's control to plan and provide a weekly menu due to inconsistent access and availability of food, whether that is through the local store or ordering from a larger regional supermarket. However, services have resources and support from health and nutrition services that acknowledge, and support people living in remote communities to purchase and prepare healthy balanced foods from the foods commonly available at stores. Services are able to ensure the quality of the food, ensure families are aware, and document what was available to children each day, thereby meeting the intent of the regulation.
- ***Regulation 99 Children leaving the education and care premises***, details that the provider must ensure a child does not leave the service premises except if they are given into the care of a parent, an authorised nominee from the child's enrolment form or a person authorised by the parent or an authorised nominee.

  Services shared the difficulties they experience in having consistent contact information for parents and authorised nominees. This includes how the transient nature of communities regularly impacts on having consistency in authorisation information and that identification documentation can be difficult for families and community members to obtain and provide for verification.

  Due to this, services have adapted their practices to be informed by the knowledge of local educators and families around the kinships relationships and how these can be relied upon to ensure children are given into the care of a safe person.

  The service in s 22 is an example of place-based consideration in relation to authorisations. The remote school attendance officer is an authorised person for all children enrolled at the service and the school to meet the compliance requirements for the delivery and collection process. Additionally, the service shared that it is common for parents and family members to regularly change phone numbers or have no phone available. It was explained that if the director needs to contact a parent or authorised nominee, particularly in an emergency, they will ring the community payphone on the street, and someone nearby would answer the phone and support the director to locate the person they need to speak with.

Qualification requirements

The qualification requirements under the NQF are predominantly recognised as the Certificate III and the Diploma in Education and Care. The findings in Quality Area 4 highlight the barriers around access to culturally appropriate training for Aboriginal educators and the lack of recognition that currently exists within qualifications and training providers for the extensive knowledge and experience that Aboriginal educators have and can bring to the role of educating and caring for children.

Some services shared that the lack of recognition of prior learning can result in Aboriginal educators having to complete units of study such as E*ncouraging an understanding of Aboriginal and/or Torres Strait Islander peoples' cultures* delivered by a non-Aboriginal person. Better recognition of Aboriginal educators' cultural knowledge and experience in educating and caring for children, that contributes to achieving ECEC qualifications is consistent with recommendations in the *Early Childhood Care and Development Sector Strengthening Plans* and the recently released draft report from the Productivity Commission on *A path to universal early childhood education and care.*

Part 3: Recommendations

The reports contain a point-in-time review of the providers and service's capacity and capability based on the information and evidence available. Service level recommendations were current at the time the individual service review visits and reports were completed.

Provider level recommendations have been based on the project team's overall knowledge about a provider from the information gathered from the AG DE, at service visits and through discussions with providers. It is acknowledged that the transient nature of staffing and the context and variability of remote and very remote communities can significantly impact the nature of recommendations remaining current and the project team are already aware of changes to staffing arrangements at services post review processes that may have had an impact on service level capacity and capability.

Recommendations within the report are provided at both a provider level and a service level. Attachment A includes the individual service reports for each of the reviewed 39 services that consider the services capacity and capability and the governance and leadership capacity and capability of the provider. In some instances, it has been identified a service may have the capacity to transition despite concerns being identified about the provider's capacity. This has generally been due to strong leadership within the service and/or consistent support from a coordinator level position.

Additional statements of provider level recommendations have been made below for providers of concern and providers that require further consideration. When categorising providers into these levels a risk based tiered approach was taken in relation to the structural quality areas of 2, 3, 4 and 7 and provider capacity.

3.1 Provider recommendations

Providers of concern	
s 22	**Analysis of evidence**
Governance and leadership structure	The s 22 governance structure includes an s 22 with a s 22 The organisational structure was originally detailed as including s 22 s 22 . Within the structure, s 22 who oversees the day-to-day operations. Currently, there are multiple positions with ongoing vacancies at the s 22 and at the s 22 . This requires s 22 to work across multiple roles and sites, the ongoing vacancies within s 22 contributes to the ongoing closures of services.

Providers of concern	
Current operating status	s 22 located in very remote communities in the s 22 Currently only s 22 s 22 are operating consistently. Of the s 22 recommended as having the service level capacity to transition into the NQF, specifically based on the service and coordinator level leadership capacity and capability demonstrated during the review process. Based on the review of the closed services, it is assumed they would require significant support to build the capacity and capability of the staff and service to transfer into the NQF.
Staffing arrangements	The provider has shared the range of ongoing challenges in attracting, recruiting, and retaining staff at the s 22 levels. It was noted that the provider's recruitment/qualification policy specifically requires a s 22 and the s 22 have stopped the ability to be competitive in the recruitment market.
Infrastructure issues	The provider claimed that that any of the non-purpose-built services will not meet the infrastructure requirements of the NQF and would impact their ability to successfully transition into the NQF. Although this has not been determined by the project team, it is agreed that these buildings do not always provide quality environments or facilitate best practices.
Community impact	The s 22 has had significant impact on communities. The provider communicates updates to community about the status of s 22 services through the regular s 22 meetings in each community. Most communities have fed back that they would like to see services 22 again. During the s 22 some families have continued to access an early learning program and environment through the local school, while some working families have been required to take their children to work with them.

Providers of concern	
Other	s 22 s 22 However, it was evident during visits to s 22 that some of the s 22 have in advertently put limitations on services' ability to fully meet compliance requirements and promote quality outcomes for children in relation to the NQF. s 22 It also increases the risk that actions may be ineffective or not implemented.
s 22	**Analysis of evidence**
Governance and leadership structure	The s 22 governance structure includes an s 22 with a s 22 to provide support to each of the s 22 who oversee the day-to-day operations of each service. It is acknowledged that during the period of the project s 22 with s 22 who did not have previous skills or experience in the early childhood education and care sector. The s 22 has now been filled with an s 22 overseeing the management of early learning (such as playgroups) and child and family health related services.
Current operating status	At the commencement of the project, s 22 unregulated CCCFR services. s 22 It is acknowledged that dedicated and ongoing support has been provided to s 22 . The s 22 at the service supporting local educators to operate the service and maintain safety processes. However, it is noted that s 22 has recently taken on the provider role for s 22 CCCFR services – s 22

Providers of concern	
	s 22 being established s 22). The s 22 established services are also not operating.
Staffing arrangements	The provider has experienced ongoing difficulties in attracting and retaining s 22 at s 22 The provider is endeavouring to s 22 s 22 once they are able to successfully recruit s 22 for each service.
Infrastructure issues	The s 22 and it was explained that the building has been a s 22 in the community, requiring significant repair work to bring it back up to a standard for operation again. The other s 22 do not have any major infrastructure issues
Community impact	In communities with ongoing closures, children and families have either not been accessing a service or have continued to access an early learning program and environment through the local school.
Providers that require further consideration	
s 22	**Analysis of evidence**
	The structure of s 22 means that different internal areas are responsible for the support and management of the s 22 s 22 It therefore misses the opportunity for collaboration and support across the leadership of the services and their practices. Additionally, the large amount of change in staffing within s 22 over the project has been observed to impact the leadership support being provided to services and the oversight of safe practices and processes. It is noted that these concerns were raised with the provider and AG DE at the time of the review visit to one of their services.

s 22	Analysis of evidence
	The provider now has s 22 . There is currently s 22 . In addition, there are vacant s 22 s 22 , requiring more face-to-face support from the s 22 for the services to remain open and operating effectively. The level of support required from the s 22 to keep these services operational and ensure they are working towards embedding quality practices is significant. Therefore, the sustainability level of the structure should be further investigated.

3.2 Service recommendations

The services listed in Table 1 have been determined as fitting into Recommendation 1. When determining services and providers suitability for this recommendation, a priority was placed on the structural quality areas of 2, 3, 4 and 7 of the NQS. Both services and providers have demonstrated their capacity and capability to transition in to the NQF (with support), with established supported practices and processes in these quality areas.

Table 1: Services who fit into Recommendation 1 - the service has the ability with support to transition (with support) into the National Quality Framework	
Services	
s 22	

The services listed in Table 2 have been determined as fitting into Recommendation 1 but require significant capacity building support to be able to transition into the NQF. This recommendation was concluded as the best option as the services' and/or community circumstances determined that there was no opportunity to integrate with other early childhood services (Recommendation 2), nor was it purposeful in each of the circumstances to identify whether other program models or funding sources for the service would be more appropriate (Recommendation 3).

Table 2: Service who fit into Recommendation 1 but would require significant capacity building at both a provider and service level to be able to transition (with support) into the National Quality Framework

Service	Analysis of evidence
s 22	It was evident through the review processes that the s 22 need to provide further leadership and direction to the service and to support the growth and development of the s 22 The provider did not demonstrate effective systems, procedures and processes and communication channels are in place to support the service to operate in line with well-established health and safety policies and practices. The provider was strongly encouraged to develop a comprehensive children's service focused induction process that provides all staff with accessible information to develop their knowledge and understanding of the policies and procedures. This induction should outline educator's role and responsibilities at the service, with a strong emphasis on respecting cultural values, in addition the provider should afford extra leadership/ management support and mentorship to the s 22 in order to create respectful and authentic relationships with the community to ensure the successful operation of the service. The provider was also encouraged to consider and review its current governance structure in relation to the s 22 . Including to develop a more structured and clearer conduit to s 22 who can support the development and growth of all s 22 staff to deliver a quality service and improve accessibility and utilisation of the service.
s 22	s 22 . While there is an established governance structure with leadership and administration roles in place, the current s 22 have limited experience working in the early childhood sector. The day-to-day operations of the s 22 is currently managed by s 22 . The review identified that the service is currently focussed on remaining open as much as possible and implementing the day-to-day operating processes to keep children safe. There are limited quality practices and interactions to support children's learning, development and wellbeing.

Table 2: Service who fit into Recommendation 1 but would require significant capacity building at both a provider and service level to be able to transition (with support) into the National Quality Framework	
s 22	The s 22 providing the day-to-day management of the s 22 In the first part of the year the service was operating with very limited support s 22 with minimal practices and processes in place to support quality outcomes for children and very low attendance. The s 22 in ECEC and are committed to improving the service but require dedicated and supportive leadership and guidance to achieve this. The service is currently viewed as a hub in community with the s 22 s 22 currently have a s 22 in place before the s 22 approval is transitioned over to s 22
s 22 s 22	s 22 that requires further consideration due to an s 22 , combined with the structure of s 22 to support all services and a number of services having s 22 vacancies. It was recommended through the review processes that s 22 will both require significant support to build their capacity and capability to transition into the NQF. It was evident at the time of the review visits that due to the lack of leadership available at these services, policies and practices were not being implemented through a lack of knowledge and capacity. Educators do not have the capability to provide quality education and care that is consistent with the NQF. At the time of the visit there was no immediate risk to children, however, should a situation such as a medical emergency, evacuation or lockdown, or an environmental hazard occur the s 22 was not confident educators would have the knowledge and ability to mitigate the risk by responding appropriately to the circumstances. This was discussed with the s 22 at the time of the visit. Additionally, it is acknowledged, that the s 22 service operates from a building that was s 22 . The design and set-up of the premises makes accessing all areas a challenge during wet weather. Due to the layout, there is limited opportunities for offering children access to indoor and outdoor environments simultaneously, and for educators to provide appropriate and safe spaces for both infants and older children, while maintaining educator to child ratios and adequate supervision. In addition, the current nappy change area is set-up in the staff disabled toilet area with limited supervision.

Table 2: Service who fit into Recommendation 1 but would require significant capacity building at both a provider and service level to be able to transition (with support) into the National Quality Framework	
s 22	It is recommended that should the opportunity be available, s 22 would have the capacity to transition into the NQF. However, it is acknowledged in current staffing complement s 22 . Therefore, it is expected that additional support to successfully transition would be required. s 22 has demonstrated its capacity to effectively support the service with established operating systems, which would enable the service to transition successfully into the NQF. At the time of the visit s 22 received ongoing regular support from the qualified s 22 and the coordinator at s 22 to provide quality education and care that is consistent with the NQF, in conjunction with the support and knowledge of the local educators are providing both-ways learning.
s 22	s 22 has the systemic capacity to support the service with established operating systems, which could enable the service to transition successfully into the National Quality Framework. However, it is acknowledged that the current leadership arrangements and vacancies at the s 22 reduce the capability to effectively support educators in the effective day to day operation of the service, including having established health and safety processes in place and an educational program. Should there be a change in the leadership structure or increase in staffing capacity at the s 22 , this may increase the capacity and capability for successful transition.
s 22	s 22 would require significant support to build their capacity and capability to transition the s 22 into a regulatory framework. The provider requires strong support and guidance to establish effective leadership roles and staffing and operating systems, with particular focus on improving health and safety policies and practices at the service. It is acknowledged that increasing the level and consistency of support provided from the s 22 role is crucial to the immediate health and safety of children and ongoing quality improvement.

Table 3: Services who fit into Recommendation 2 - that should be considered, if appropriate, to integrate with other early childhood education and care services in the community	
Services	**Analysis of evidence**
s 22	The s 22 operating the service. Attracting a suitably qualified staff member in line with s 22 recruitment and qualification policy has been proven difficult. The service has s 22 with damage that will require repair prior to the service s 22 It was determined by the project team that should the maintenance and building issues be repaired this would likely meet the compliance components of the NQF. However, it was noted that the premises in its current structure would not support some areas of quality and best practice due to constraints of the building layout. The project team met with the principal of the s 22 regarding the potential for an integrated service within community. They stated that the school had a close working relationship with the service while it was s 22 , and the impact of the service being s 22 was noticeable for local families. They advised that since the s 22 local families and their younger non-school age children had been joining in preschool to connect with an early learning service in the absence of s 22 over the past year. The principal was keen to further explore the possibility of being more formally integrated with the s 22 and alternate early learning models that could work to meet community's needs.
s 22	The service has experienced difficulties with attracting and retaining qualified educators in the past which has led to periods of closure. While the service was successful in recruiting a s 22 , it is acknowledged that the s 22 qualification and the other educators at the service have enrolled in a certificate III level qualification. There are nos 22 Discussions with the principal from the s 22 inferred that the school was seeking to establish a preschool/FaFT program at the school. The project team believes there is the opportunity for the service to benefit from working in an integrated way with the school's early learning programs (once established) to support sustained operations. Working in a formalised integrated way would also support the service and the school to share information and better target their resources to provide quality outcomes for children and families in the community.

It is further acknowledged that both the above services in Table 3 are under the provider support of s 22 and that integration requires services to have existing strength in their leadership and capacity to develop and maintain formalised structures to support integration. It is predicted that s 22 would require dedicated resources to integrate with other providers of early childhood services in these communities and time to build each service's capacity to embed this beyond a superficial manner.

It should be noted that although integration did not feature strongly as an option in the overall recommendations provided, this does not mean that further investigation should not occur or discussions with community about how this could occur in a place-based manner, as noted in the key findings. Further investigation of integration is particularly relevant to the closed services outlined in Table 4 below where a recommendation has not been made.

Table 4: Services who fit into Recommendation 3 - further consideration should be given to identify if other program models and funding sources for the service would be more appropriate.

Services	Analysis of evidence
s 22	Evidence collected during the review highlighted that the service consistently experiences difficulties in meeting the administration requirements under the CCS regarding family accounts and fees and children's enrolment records, including authorisations and children's health information. This increases the risk to educators and children, particularly in the event of serious incidents and emergencies. It was evident that the current administration burden impacts on families and children's ability to successfully access and participate in the program. The AG DE are encouraged to consider what alternative funding sources and service models may help to reduce the regulatory and administration burden experienced and continues to support the provision of a program that is clearly valued in the community. It is recognised that this option would significantly reduce the regulatory risk to the service, provider and funder associated with not being able to meet the requirements of a regulatory framework.

Closed services

The differentiated approach to the review of closed services focussed on collecting information on the context around the closure of the service, the current building status and physical environment, and the policies in place to support children's health and safety and the day-to-day operation of the service. To view the current status of the building and physical environment for readiness for reopening, information was collected through the same process as other visits.

In general, recommendations have not been made for closed services due to the limited information available that is required to make an informed decision on the service's level of capacity and capability to transition into the NQF. However, where it was determined that sufficient information was available to make a recommendation this has occurred, although deeper investigation would be required to validate this recommendation.

Two of the 41 services did not receive a site visit during the project due to the current contextual circumstances and one service's internal premises was unable to be accessed. The circumstances regarding all 3 services were discussed with the provider and the AG DE at the time of the decision. The 2 services that did not receive a visit do not have a report. However, a report has been provided for the service with access issues to the best of the project team's ability.

Service	Analysis of evidence
s 22	The provider has not been able to successfully recruit and retain a s 22 . The service building, facilities and equipment are in good repair and the s 22 is focused on recruitment processes for s and educators, to s 22 2
s 22	The provider has faced ongoing challenges with securing housing in the community after s 22 . This has had a major impact on the provider's ability to attract a s 22 without being able to offer suitable housing as part of the package. The provider has s 22 for accommodation and is currently working closely with the s 22 to source land. Once this has been further secured, recruitment processes will recommence.
s 22	The service has s 22 . The provider has employed a s 22 but has then had to move them to other operating services to support services to remain s 22 Recruitment processes continue.
s 22	s 22 during the site visit. The service has been s 22 with difficulties attracting a suitable applicant due to s 22 The building is not purpose built for childcare. Due tcs 22 during the visit. Although the outdoor area requires some repairs to meet compliance requirements, it is suggested further consideration is given to developing the quality of the environment to ensure it supports a quality environment for children to explore once the service s 22
s 22	The service s 22 . The provider has not been unsuccessful in attracting a suitable s 22 The service has been s 22 resulting in significant damage. The building was repaired after the s 22 but requires additional repairs, a major clean and replacement of resources.
s 22	The service was s 22 due to s 22 . The provider detailed that the tender and repairs roof won't be completed until s 22 There are community members who hold a certificate III qualification or were studying s 22
s 22	No report prepared due to s 22 and community consideration.
s 22	No report prepared as not able to access service site and new provider with limited history of information.

Part 4: Service review reports

Attachment of 39 service reports made up of 2 reports per service.