

## Education & Care Regulatory Unit

- What evidence is required to meet the exceeding themes?  
You need to be able to demonstrate a minimum of two indicators per themes. The bar has been lifted, the standard of expected quality is different under this revised system. You need to be able to demonstrate the beginning middle and end of your evidence. For example, you need to show where the practice came from, the critical reflection that was used to improve practices, and to show the achieved outcomes for those changes. You cannot make blanket statements about what you do, you need to be able to evidence why you do what you do. AOs will triangulate this through discussions, documentation and observed practice. Use the Guide's reflective questions as a starting point.
- With the revised NQS exceeding guidance, it seems there is so much to prove/showcase in such a short time frame and more validation/evidence is required to help assessors decide on a rating... have you considered how this takes even more time from being with the children?  
Our AOs are fully aware of the time that is required to document or prepare evidence. The policy change to introduce these themes was to raise the bar which also means extra work for services. We have continued to communicate the sector's concern around this at a national level.
- It has been clarified that WA assessors for A&R have not had training around Exceeding indicators, etc. How has this impacted centres that have already been assessed? When will your staff have this training completed?  
I'm not sure who this has been clarified by, but as the QM for ECRU I can assure you that our officers have participated in several internal workshops throughout the year. As you are all aware, there have been no further guiding documents provided by ACECQA, and as such we have used the same guide that services access. We have been part of national conversations around these themes and the current methodology that WA has used to assess the themes has recently stood up to scrutiny by ACECQA (Second Tier Review). While there are national conversations continuing around the exceeding themes these are at a policy level, and as such ECRU will be informed of any further guiding documents, or training opportunities and will of course take part in any nationally agreed sessions.
- I would like to know how ECRU are assisting centres who get Working towards achieve better outcomes. Our centre has received this rating twice and we have missed the "pilot programs" each time. There is no one now to assist centres that really want to improve when all ECRU seem to be looking for with spot checks are faults. We have never received positive feedback when good things are observed.  
As you are all aware ECRU is the state regulator, and as such does not have an official support arm of our operations. Our core business is to ensure the health, safety and wellbeing of children through compliance and to assess quality, it is not to provide support. However, in saying that, we are well aware that here in WA we are limited with the resources or opportunities provided to services through access to training and support that services on the east coast have access to. So that is why we ran the NASA trial last year, to see if this was something that we could continue to do. The initial trial was to visit those services due for A&R who had been previously rated as WT. This small trial saw us visit only 20+ services, however the results were very pleasing with 75% of services improving their

rating. Based on this idea we have committed to trying to do this on a larger scale for next year, visiting ALL services who are due to go through A&R in the next 12-18 months.

- How often are you visiting services with a pro-active visit these days?  
Its NASA at this point, and the annual compliant visit you receive. We encourage you to use this opportunity to discuss any questions, ideas, queries with the AO at that time. You can also contact our office for any clarification or guidance, and the documents provided by ACECQA are designed to assist you particularly the Guide to the NQF. We use the same document.
- Why are some services getting these NASA visits and others are not?  
Answered above this is a pilot still and is aimed only at those services who will be going through A&R in the next 12-18 months. Services will receive an email from us confirming that a visit will be organized at some point in the future.
- Why is there an 18-month lead time still from support visit to Assessment and rating? Some services have had a NASA visit how are they services picked, once they have had a visit what is the time frame for their A and R and what QA areas can we expect to cover?  
Our schedule is fluid and therefore we cannot predict exactly when a service will be rated, due to limited staff numbers, the number of new services that open, cancellations by the sector and other factors. We are giving the 12-18-month lead in in an attempt to encourage services to be proactive about their assessment and to give time to **Embed** practices. We are currently working through chronological order of services rated previously. We have 1200 services who need A&R here in WA.
- What is the most important thing (overall) you are looking for in a service when doing A&R?  
There are 7 Quality areas that have been decided upon that should reflect best practice. They are equally as important as each other and are often interlinked. You need to focus on a holistic approach to improving quality.
- What is the most common area for improvement within LDC?

Unsure if you are referring to services who are WT. However, ACECQA do publish a Snapshot of current ratings and finding which is readily available to services.

- We have recently attended training on QIP writing and they advised that each room write in story form for each element. This seems hugely excessive, especially when previously we have been told the QIP doesn't need to be pages and pages long for each element. What is the recommended way to document our QIP?  
We are unsure of what private training providers are telling services to do. What I can say is that ECRU has not endorsed any private training provider at this time. The QIP is your document, it is about the individual service, it is not about the number of examples, it's about painting a picture of your so far, your aims, your achievements, your focus on improvements. It should highlight those unique aspects of your service and how and why you do what you do. If you believe that you are exceeding, then use the template from ACECQA that allows you to document your evidence against the indicators of exceeding.

- What is the lag on A&R visits? If we have been given a 6-month extension, should we expect our visit to fall on the exact 6-month timeframe or will it just be AFTER the 6-month mark.  
IF you have been given an extension, then I cannot give you a timeframe, as there are many facets to how we schedule, and just one cancellation has a huge knock on affect. You should always be ready at that 6-month mark.
- Will the waiver process for ECT change?  
Waivers are for qualifications in general, there is nothing on the agenda to change this for any qualification type.
- If nominated supervisor has reported a pending regulation breach to the approved provider, will the nominated supervisor still be held accountable?  
Any action taken by a NS, such as informing the AP of a breach would be viewed favorably however, as the NS you are also responsible under the National Law and Regulations for ensuring the service operates in accordance with the Law and Regulations and as such should take the necessary steps to ensure that your service is compliant. You need to communicate any issues with your provider and if issues are still not resolved, then you are encouraged to inform the regulator.
- With there now being no emergency staffing waivers, how are small centres supposed to manage staff shortages due to sickness/emergencies?  
We assume you are referring to the exemptions under the previous Act which have not been in place since 2012. ECRU has always worked with services in emergency situations where staffing issues arise on a short-term basis. For example, an email to ECRU advising of an outbreak of Gastro in the town etc... Metro services expected to have relief staff, access to agency staff and so on.
- What are the transitions for services in country areas, are they just for remote or all rural and remote services, if not what is deemed to be remote or rural?  
I am not sure what this is relating to – if it is relating to Regulation 239A centre based services in remote and very remote areas – attendance of early childhood teachers – this only applies to areas that are nominated in the legislation which is based on the Aria scores,
- ARIA+ is widely used within the Australian community and has become recognised as a nationally consistent measure of geographic remoteness. The Hugo Centre for Migration and Population Research's [ARIA and Accessibility](#) web page provides more information on the subject and on how to obtain ARIA scores.