Early Childhood Education and Care
Quality in Practice

Snapshot #1

What we heard

Conversations with Providers

the FrontProject

As access to early learning expands and governments respond to serious concerns about quality and child safety, focus cannot shift to compliance and regulatory measures alone.

There is strong evidence about the ability of high-quality early learning and care to shape lives.[1]

This project was an opportunity to look at what it takes to deliver high-quality ECEC. Examinations of quality in early learning and care tend to focus on one of two levels.

Some look at the micro level: practice in the room and within individual services.

Others look at the macro level: policy, funding and regulatory settings.

Yet early learning and care in Australia is delivered by providers, alongside leaders, teachers and educators, and their role in shaping quality is less well understood.

1 Rankin, P., Staton, S., Jones, A., Potia, A. H., Houen, S., Healey, B., & Thorpe, K. (2024). Linking quality and child development in early childhood education and care: Technical report. Australian Education Research Organisation. https://www.edresearch.edu.au/research/technical-papers/linking-quality-and-child-development-early-childhood-education-and-care

Executive summary

1

Quality lives in relationships.

Providers prioritised the quality of the relationships children have with the adults who care for them. Those relationships depend on staffing consistency and continuity and on educators who are well supported.

2

Providers are investing in the roles and conditions that underpin quality.

Leaders described dedicated support roles and above-award pay and conditions as deliberate choices. These choices sit with individual providers. They are largely not built into how the system funds services.

3

Current settings can pull time away from children.

Two pressures came through strongly from providers. Compliance and assessment processes can take time away from relationships with children, and funding and support is not keeping up with the growing complexity of children's and families' needs.

4

No one is planning for the system as a whole.

Providers are largely left to manage common challenges, like financial sustainability, workforce supply and leadership succession, on their own. Without system-level planning and stewardship, providers and jurisdictions solve the same problems separately, with limited coordination or shared learning.

To understand the distinct role of providers in supporting quality, in May and June 2026, the Front Project spoke with leaders from providers with a strong quality track record. We wanted to understand what providers do to make high-quality practice possible, and what gets in the way. We also reviewed how 11 different providers talk about quality on the public record, through their annual reports, websites, Quality Improvement Plans and Statements of Philosophy, to see how their public accounts compared with what leaders described in practice.

Our interviews with providers spanned different ownership models, service types and jurisdictions. Interviewees included CEOs, centre directors, educational leaders, managers, coordinators and team leaders. (Questions at Attachment A)

Providers included an Aboriginal Community Controlled Organisation, for-profit providers, large, medium and small not-for-profit providers, and school and government services. They were selected for their strong quality track record under the National Quality Standard. This means the findings reflect the experience of providers already delivering high-quality practice, and what they believe makes it possible.

What follows are the themes and practices that came up repeatedly across providers with very different structures, working in very different communities. We have also included examples raised by individual providers where they offer useful insight.
This Quality Snapshot is the first in a series, which will also comprise *Quality Snapshot #2: What we heard from educators*.

Ten key insights

What we heard from 30 leaders across 20 early learning and care providers

1. **Dedicated structural support roles enable quality**
2. **Relationships, continuity and workforce wellbeing are the foundation of quality**
3. **Quality requires investment, and many factors affect whether providers can fund it**
4. **Compliance and regulation can undermine, rather than enable, relational practice**
5. **Regulatory capacity, consistency and posture can undermine quality uplift**
6. **The complexity of children's and families' needs has outpaced how services are staffed and funded**
7. **Workforce qualification pathways aren't preparing people adequately**
8. **Misunderstanding of the complexity of the work**
9. **Quality investment looks different depending on the community a service sits within**
10. **The sector lacks system-level planning and stewardship**

1.

Dedicated structural support roles enable quality

Providers told us that they have purpose-built roles focussed on building quality and capacity amongst frontline staff and who absorb administrative and compliance load so teachers and educators can stay focused on children. Examples include area managers, quality and compliance officers, quality education support managers and coaches, inclusion support coordinators, practice partners and leaders, in-house training officers, Aboriginal consultants, project officers, centre administrative staff.

> **We have a culture of high expectations of staff. We encourage them to examine their practice. We invest in consistent staffing and bespoke programs such as a specialist inclusion team, behaviour coaches, an education and research team and a dedicated quality team.**

Cathy McClennan
Head, Quality Regulation and Safeguarding, C&K

1 In practice:

- Most providers we interviewed employed dedicated staff, based either within services or in a central office, who visited or contacted educators and services regularly. Their role was to coach and support rather than monitor. They freed up educators' time by taking on work that would otherwise fall to them, such as interpreting new regulatory requirements and reviewing policies, and manging compliance matters. They also supported educators' professional practice, acting as someone to think problems through with and leading reflective conversations about practice. In some instances, these staff helped collect data and evidence and developed programs of support and collaborative projects to drive quality improvement.

- Some providers built professional learning into the rhythm of the year. For example, one provider holds 10 paid, in-service training sessions and staff meetings per centre each year, quarterly training and development for centre directors, and monthly practice workshops where educational leaders and centre directors work on their service's self-assessment, including a focus on the Exceeding themes.

- Many of the providers we spoke to emphasised distributed leadership. Some invited staff to nominate for room leadership on a rotating basis and to work out responsibilities as a team, with management there to support rather than direct. Others gave individual educators responsibility for leading a particular area of practice, such as inclusion, family engagement or sustainability, and sharing what they learnt with the rest of the team. Approaches like this build leadership capability across the whole team, rather than relying on one person to hold it.

2.

Relationships, continuity and workforce wellbeing are the foundation of quality

> **Children do best when they're surrounded by adults who are supported to do well.**

Cathrine Neilsen-Hewett
Chief Children's Officer, Goodstart Early Learning

Providers consistently linked quality to the relationships between children and educators and linked those relationships to how well supported educators are. Many leaders described educator wellbeing as a precondition for quality rather than an added extra. Several were explicit that neglecting adult wellbeing has a direct, causal flow-through to children. An unwell or depleted workforce cannot deliver safe, quality early learning or care.

Several providers made the same point from a different direction: a polished, well-resourced physical environment is not what determines quality. One described visiting a service with a visibly tired physical environment but very strong relationships between staff and children, and concluded the environment mattered far less than the relationships did. Another put it more bluntly: people are often blinded by services that look bright and shiny, when what actually matters, the quality of interaction, is far less tangible and sometimes less visible to parents when they initially walk through the door.

2 In practice:

- Providers described deliberate choices to protect continuity for children. These included small, stable groupings; a primary caregiver model, where one or two educators take main responsibility for a small group of children; and looping, where an educator moves up with the same group of children as they transition between rooms, rather than children moving to new educators each year. It means educators build a deep knowledge of each child and family over a number of years.

- Several providers pointed to investments in staff wellbeing as a key contributor to staff retention. For example, through above-award pay, paid time for planning and reflection, additional leave, flexible rostering and wellbeing programs and regular check-ins.

- One service described deliberately staffing above ratio while a new group of children settles in, usually at the start of the year or when several new children start at once. The extra educator means rostered staff aren't pulled between rooms to cover breaks or absences, so children see the same familiar faces every day while they're getting used to being away from their families. It also gives educators time to comfort an unsettled child, or talk with a parent at drop-off, without leaving the rest of the group short.

- Providers invested in relationships with families from the start. One provider holds family partnership meetings when a child enrols and at points throughout the year, so educators and families build a shared understanding of the child over time rather than relying on brief conversations at drop-off and pick-up.

- Some providers made a deliberate choice to slow the pace of the day and reduce paperwork. In practice, this meant fewer scheduled transitions and whole-group routines, longer uninterrupted periods of play, streamlined documentation that focuses on meaningful observations rather than volume, and non-contact time for programming so it isn't done on the floor. The aim was to give educators the time and headspace to be present with children: to notice, join in and respond, rather than simply supervising while managing a list of tasks. Providers and leaders described how this changed the feel of the room and what educators noticed as a result.

3.

Quality requires investment and there are many things that impact whether a provider has funding to support this.

Whether a service can reinvest in people and practice depends on ownership model, funding mechanisms, and market conditions. Providers described specific funding mechanisms as either enabling or actively constraining what they could do, and market pressures like falling occupancy shaping how much room they had to move.

> **"Services need to make enough profit to ensure their sustainability. However, current funding structures are making sustainability harder. Rather than having enough funds to reinvest in the service and our team, at the moment we are just surviving.**

Su Garrett
Director, Explore and Develop (Annandale)

3 In practice:

- Pay and conditions above the award. Many providers we spoke to chose to pay educators above the minimum award, either through the sector multi-employer agreement or their own enterprise agreement, alongside the Worker Retention Payment. Many also offered better conditions, such as additional leave and paid planning time, along with support for professional development. Providers linked these choices directly to stronger retention and saw them as an investment in stability. Keeping experienced educators meant continuity for children, and less time and money spent on recruitment.

- Fee increases tied to quality. Some providers, when raising fees, did so explicitly and transparently, telling families exactly what the increase would fund, such as a dedicated quality improvement role, or a wage improvement for educators. Providers described this transparency as important for keeping families' trust, as parents could see the link between what they paid and the quality of their child's experience.

- Real revenue loss from funding mechanisms like fee caps and rising licensing fees, eating into the budget available for quality investment. Rising licensing fees as a result of safety reforms add to fixed costs providers can't pass on, leaving little room to invest beyond the minimum, particularly for small and community-managed services.

- Vulnerability to broader market conditions, falling occupancy, rising rents, and grant processes inaccessible to small providers, all constraining even well-intentioned services' ability to invest.

4.

Compliance and regulation can undermine, rather than enable, relational practice

We heard that rigid, compulsory or duplicative compliance requirements can crowd out the time and flexibility relational practice needs. That pressure can be felt especially when new requirements arrive on tight timelines. Providers and leaders described having to implement new compliance requirements, review policies, complete mandatory training or update documentation within short windows, often on top of full workloads managing a service or organisation. For many, this has landed at a time when they are already stretched by staff shortages, high workloads, or the complexity of supporting children and families with significant needs.

> **"Regulations aren't something to aspire to, they're the bare minimum.**
>
> **Bernadette Dower**
> Director, Ada Mary A'Beckett Children's Centre

4 In practice:

- Training and reporting obligations, including compulsory safeguarding training, that add to already full workloads. Providers were clear that safeguarding training matters. However, many high-quality providers already had strong internal training and reporting systems in place, so new requirements can duplicate what they already do.

- Services unable to close to train or forced to divert time to meet administrative compliance load.

- We heard that compliance can be treated by some in the sector as a minimum to meet, rather than a foundation for improving quality. Documentation is one example, where used well, a short observation of a child's play shapes what an educator offers the next day and sparks a conversation with a parent at pick-up. Instead, some interviewees described poor practices in the sector of documentation being driven by quotas, such as a set number of observations per child each week, or produced to meet parents' expectations, such as daily photo updates through family apps. By contrast, one provider uses monthly practice workshops to turn its self-assessment into a tool for improvement, focused on the Exceeding themes.

- Community-led or non-standard models (bush kinder, family day care embedded in a school, an Aboriginal-led service) coming into direct conflict with regulations built primarily around a centre-based model of care. One provider described a bush kinder program that nearly shut down under regulations never designed for that kind of delivery, and a proposed college-based care model, which would have supported students needing care and created placement pathways, blocked outright by current settings.

> **"Governments and departments can have a narrow view of what ECEC comprises and where it can physically take place. There are lots of alternative models and other ways of delivering quality education and care but they don't always meet the funding eligibility. We should value unique models of delivery; accessibility looks different to be equitable.**
>
> **Jessica Horne-Kennedy**
> Program Director, Indi Kindi

5.

Regulatory capacity, consistency and posture can undermine quality uplift

Providers described a regulatory system straining under its own reform agenda, sometimes lacking the pedagogical expertise to properly recognise quality. This showed up as three related but distinct concerns: capacity (whether regulators and authorised officers have the early childhood expertise and resourcing to do the job), consistency (whether outcomes depend on who happens to assess you), and posture (whether the system is supportive and developmental or purely punitive).

In practice:

- Assessment and rating outcomes that vary depending on which assessor conducts them, described by providers as sometimes inconsistent and unfair. For example, one provider described two of its services, using the same practices and documentation, receiving different ratings from different assessors.
- A shift toward a more punitive regulatory posture, with fines and possible legal action increasingly emphasised in regulator bulletins and during visits. Some providers believe this is contributing to workforce attrition, as educators fear being held personally responsible.
- Concerns, in some contexts, about whether regulators hold the specific early childhood expertise needed to assess relational quality, rather than just review compliance documentation.

6.

The complexity of children's and families' needs has outpaced how services are staffed and funded

The settings that shape how services are staffed and funded were designed for a simpler mix of child and family needs than services see today. The Child Care Subsidy subsidises families' fees based on hours of care, so it doesn't adjust for the complexity of the children a service supports, and targeted programs such as the Inclusion Support Program only partly fill the gap. Participants described this as both a ‘volume’ problem, with educators stretched across more children and more complex needs than current resourcing allows for, and a ‘concentration’ problem, where some services, often those with strong reputations for inclusion, take on a disproportionate share of children with complex needs without additional resourcing to match.

6 In practice:

- Educators managing genuinely complex medical, behavioural or developmental needs within ratios and planning time designed for far simpler circumstances.
- Services coordinating with allied health professionals, community partners and government agencies, such as child protection, to support children and families with complex needs. One provider described this coordination as a regular part of its centres' work, despite not being recognised in how services are funded.
- Educators responsible for large numbers of individual children across a week, as part-time attendance means many different children move through the same room. One provider described individual educators in the preschool program seeing as many as 52 children a week, leaving no realistic room for meaningful planning alongside direct teaching time.
- A structural tension where high-performing services attract more complex-needs referrals, which then affects their own quality outcomes, while underperforming services face no equivalent accountability.
- Some providers draw a distinction between the reflective, relational work quality requires and the operational demands of the day-to-day, arguing the two increasingly can't both be done well within current staffing and funding design.
- Growing difficulty finding and keeping centre directors and educational leaders willing to take on extra responsibility in an increasingly compliance-driven sector. Some providers are responding by investing directly in leadership, for example through quarterly training and development for centre directors and dedicated leadership pathways and programs.

7.

Workforce qualification pathways aren't preparing people adequately

Many providers raised concerns about the quality of qualifications and training pathways, saying the problem often starts before someone even takes the job. They described new educators arriving with qualifications that hadn't prepared them for the realities of the work. Some had completed courses quickly or largely online, with limited time on supervised placement in a service. Others had little practical experience supporting children with additional needs or managing complex behaviour. As a result, providers often had to retrain new staff from the ground up, adding to the load on experienced educators and leaders, who were already stretched.

In practice:

- Concerns about training quality and courses offering insufficient practicum or child development content. For example graduates who struggled to observe children and use those observations to plan the next steps in their learning.
- A provider choosing not to directly employ new graduates from a fast-tracked qualification pathway, citing wellbeing risk to graduates who struggle on entry to the workforce, and the flow-on burden on the leaders who have to compensate for skills gaps.
- Overseas-qualified educators who can only be counted as qualified for a three-month probation period, while recognition of their qualifications often takes longer. Visa settings add further barriers, including sponsorship costs. Services risk losing skilled staff they've already recruited because of assessment and visa settings, not because of their capability.

8.

Public and policymaker misunderstanding of the complexity of the work

> **Understanding of the complexity of the work educators do every day, narratives like 'how hard can it be to look after children?' in the media, are pervasive and can be undermining.**

Nicole Pilsworth
Director, Quality and Compliance, Early Learning Victoria

8

Multiple providers, across very different contexts, independently raised a version of the same concern: that public understanding of what early childhood work actually involves is often underestimated and undervalued, and that this shapes policy and media narratives in ways that misjudge the skill involved. This can affect how educators see their own work, making it harder to attract people into the profession and to keep them there.

In practice:

- Persistent media and societal narratives framing the work as simple, disconnected from its actual skill and complexity.
- Policy responses to incidents focused on adding compliance rather than asking why something happened in the first place.
- A narrow, centre-based default assumption about what early learning is and where it can legitimately take place.
- Specifically in Aboriginal-led contexts, a cultural load involved in engaging with government systems built on a different worldview, alongside a persistent gap between what culturally grounded practice offers and what mainstream frameworks are able to recognise or measure.

9.

Quality investment looks different depending on the community a service sits within

Some providers deliberately operate in areas the market and mainstream system don't always reach, such as rural and remote communities and Aboriginal communities, absorbing extra cost and complexity to do so. Their experience shows that what quality requires depends on the community a service sits within. Decisions about how to invest in quality need to be made close to the community, with funding and regulation flexible enough to support them, rather than prescribed from the centre.

In practice:

- Delivering wraparound supports such as transport, nutrition, family and community programs, that go well beyond a standard centre-based service, because the community's needs demand it.
- Providers responding to staffing shortages and taking on staff working from a lower capability base than they'd typically expect and investing heavily in training and support to bring them up to standard rather than being able to recruit experienced staff.
- Consistently finding that standard funding models, grant processes, and regulatory settings assume a metro, centre-based context, leaving them to adapt or absorb the mismatch themselves.

10.

The sector lacks system-level planning and stewardship

Several providers said they were largely left to manage problems like financial sustainability and workforce supply on their own, even though these affect the whole sector. There is a view that there is no overarching plan for how the sector will stay sustainable in the long term. Several felt that providers and states/territories are solving shared quality and workforce challenges independently, without coordination or shared learning. One interviewee with a health background argued that ECEC's approach to quality assurance is markedly less mature than in the health, aged care or disability sectors.

In practice:

- No overarching plan or stewardship of the sector's financial sustainability, leaving individual providers to manage pressures such as falling occupancy and rising costs on their own, even though those pressures affect the whole system.
- No coordinated approach to workforce sustainability, including leadership succession. There is pressure on the leadership pipeline with providers largely left to plan for this themselves.
- Providers and jurisdictions solving shared problems separately, with limited cross-sector learning.

How Providers Talk About Quality in the Public Domain

The way providers talk about quality in public matters. Annual reports, information on websites and philosophy statements signal what an organisation values. They can also shape what families come to expect quality to look like in practice.

Our analysis was guided by an overarching question “How do major ECEC providers in Australia talk about quality on the public record?” To answer this question, we explores the following questions: how do providers define and describe quality? where do they allocate resources to support quality? and how do they measure and report on quality?

For our analysis we selected 11 providers spanning a range of large for-profit, large not-for-profit, community managed and government providers across Australia. For each provider we reviewed public documents including the provider's latest annual report, alongside information on their website describing their approach to quality and safety (where available). We also examined any Quality Improvement Plan and Statement of Philosophy, where these were published.

As the availability of publicly available documents varies across providers, our review was based on the documents that were available in June 2026. With regards to our process, we examined these documents to identify information that was relevant to our questions and recorded our findings in a comparison matrix. This supported our synthesis and enabled us to easily identify themes, differences and tensions across the documents and website pages.

Provider	Annual report	Safety information	Quality Improvement Plan (noting these are required for individual centres, so unlikely to be published for providers with multiple centres)	Statement of Philosophy
G8 Education	Annual Report 2025	Children's Health, Safety and Wellbeing		Our Philosophy
GoodStart Early Learning	Annual Report 2025	About Us		Our Vision and Purpose
KU Children's Services	Annual Report 2025	Child Safe Commitment		Vision, Values and Strategy
C&K	Annual Report 2025	Child Safety		Our Learning Program
Affinity Education		Quality page Our Safety Commitment		The Affinity Way
ECMS	Annual Report 2025	Child Safety Commitment		Pedagogy at ECMS
Lady Gowrie Tasmania	Annual Report 2024–25	Commitment to Child Safety		Education and Care Philosophy
Baringa Early Learning Centre	Annual Report 2024	Policies	Quality Improvement Plan 2026	Our Philosophy
One Tree Hill Preschool	Annual Report 2025	Child Safety First	Quality Improvement Plan 2026	Statement of Philosophy 2026
Kieraville Community Preschool				Our Philosophy
Guardian Childcare & Education		About Us Our Promise to Families on Safety Our Commitment to Child Safety and Quality Care How We Recruit to Keep Children Safe		Our Philosophy and Values

Insight 1: Patterns, shared language, alignment

Across providers we found that although different words and phrases were used to describe quality, key phrases and words frequently occurred regardless of provider type.

Language relating to safety was repeatedly referenced, with the words “Safety”, “Child Safety” and “Safe” described as foundational to quality and as something that is embedded in organisational culture, shaping providers' everyday decisions and practice. For example, ECMS stated “child safety is foundational, it shapes our decisions, our practice and our culture”, and similarly Guardian emphasised that “Safety is more than a policy, it’s a culture that shapes every decision in our centres”.[2]

The terms “Workforce”, “Capability” and “Professional Development” were frequently mentioned across providers, particularly not-for-profit providers, acknowledging the vital role that educators and teachers play in providing high-quality early learning and care. Investing in their capability through professional development and fostering a supportive and inclusive organisational culture so that educators feel supported and able to do their work, was emphasised as fundamental to delivering quality learning for children. For example, KU Children's Services stated that “When our people thrive, children thrive”[3], and Goodstart echoed, “Quality, of course, depends on our educators, the hardworking, committed early learning professionals”.[4]

2 Guardian Childcare & Education, "Our Promise to Families on Safety," September 11, 2025, https://www.guardian.edu.au/blog/child-safety-wellbeing/our-promise-to-families-on-safety/.

3 KU Children's Services, 2025 Annual Report (Sydney: KU Children's Services, for the year ended 31 December 2025), https://www.ku.com.au/wp-content/uploads/2026/06/2025-KU-Annual-Report_Web.pdf.

4 Goodstart Early Learning Ltd, Annual Report 2025 (Brisbane: Goodstart Early Learning Ltd, ABN 69 139 967 794, for the year ended 30 June 2025), https://www.goodstart.org.au/getmedia/a4b19b45-febe-484a-ba68-448e60aa844e/2025-Goodstart-Annual-Report.pdf.

Additionally, there was shared language which acknowledged the importance of consistent, reciprocal relationships as foundational to the quality that children experience every day. The terms "Relationships," "Collaboration," and "Community" featured repeatedly through the documents we reviewed. We found that these terms were most likely to be used amongst smaller not-for-profit providers, community managed and government operated providers.

Several of these providers articulated what relationships look like in practice and how they're experienced by children. For example, ECMS articulated this as the extent to which an educator is able to develop a deep understanding of children's needs and capabilities and how closely they can attune and respond to children's cues. They further emphasised investing in relationships as a central measure of quality, because "a child who experiences consistent, attuned relationships is more likely to express their needs...and to signal when something is not right".[5] In this sense, safety is intrinsically linked to the quality of relationships a child experiences. One Tree Hill Preschool deepened the understanding of the relationship between educator and child, positioning educators as "researchers of and with children", while highlighting that the relationships that surround a child in family and community are also important contributors to the high-quality education and care that they receive.[6]

Overall, across the public information that we reviewed, the sector broadly defines quality through the lens of both keeping children safe, and as a value that guides their organisational culture, everyday decisions and practice. We found that not-for-profit providers were most likely to use language that emphasises the importance of investing in the workforce and their capability, as an integral part of providing high-quality education and care. Community managed and government owned providers were most likely to use language that defines quality through the lens of the relationships that children experience every day.

5 Early Childhood Management Services (ECMS), Annual Report 2025: Belonging and Becoming (Melbourne: ECMS, for the year ended 31 December 2025), https://www.ecms.org.au/wp-content/uploads/2026/06/Annual-Report-2025_.pdf.

6 One Tree Hill Preschool, Statement of Philosophy 2026, South Australia: Department for Education, https://www.preschools.sa.gov.au/one-tree-hill-preschool/our-centre/things-to-know/one_tree_hill_philosophy.pdf.

Insight 2: What gets measured and reported

Through our analysis we found that the most reported indicator of quality is a provider's National Quality Standard (NQS) rating, which all the large for-profit and not-for-profit providers we reviewed reported on. This suggests that there is a shared recognition across the sector that quality can be measured and assessed through the NQS framework.

Large not-for-profit providers additionally reported on the stability and engagement of their workforce, specifically average tenure and retention metrics. This suggests that they place significant value on a stable workforce and the impact this has on high-quality education and care for children. Additionally, one large not-for-profit provider highlighted the percentage of their workforce with the highest qualifications, indicating that they recognise a direct correlation between skill and expertise and the education and care that children receive. Interestingly, KU Children's Services was the only provider to report on the engagement and satisfaction of their workforce. This suggests that they recognise the positive impact a highly engaged and well-supported workforce has on children's education and care. It also signals that they value educators' voices, and that there is a level of transparency embedded within their organisational culture.

Two not-for-profit providers report on building the capability of their workforce, with one provider outlining the percentage of funding allocated to quality improvement initiatives in 2025, and the other reporting on workforce training undertaken. This suggests that they recognise the value of building workforce capability. Notably, only one not-for-profit provider reported on measuring the quality of educator-child relationships, through their use of the Classroom Assessment Scoring System (CLASS framework). Overall, it's interesting that providers report on what can be more easily measured and quantified, rather than on the quality and consistency of relationships, despite relationships being central to high-quality education and care for children.

Across the public reports, statements and quality improvement plans we reviewed, providers broadly agree that quality can be measured and assessed through the NQS framework. Not-for-profit providers, however, tend to go further on the public record, explicitly naming workforce stability and capability as central to high-quality education and care, rather than treating NQS compliance as the full picture of quality.

Insight 3: What's missing

Whilst providers strongly recognise the importance of attuned and reciprocal relationships between educator and child as fundamental to quality, we found that, with the exception of one not-for-profit provider, there is little description in these public documents of what high-quality relationships look like in practice, and how, or if, providers know they are occurring consistently.

Furthermore, none of the documents we reviewed reflected quality from the perspective of what a child experiences day to day. There were no case studies or examples throughout the documents we reviewed demonstrating whether children felt understood, supported and listened to, and the degree to which they feel they have agency and voice in their learning and development. In addition, no providers reported on child outcomes.

It is clear there is a shared understanding in the sector of how integral a stable and highly qualified workforce is to children's education and care, and that it requires investment. However, there is little mention of the conditions that enable educators to build strong relationships with children and support them to do their best work. For example, there is no mention of educator-to-child ratios, workload, the time available for planning and reflection, or educator wellbeing, all of which we know are important conditions for high-quality education and care. Furthermore, educators' experiences of the conditions and factors that hinder them from forming strong and attuned relationships with children remain absent from the documents we reviewed.

What this tells us

Across our review of public reports, statements and improvement plans, the sector clearly recognises that high-quality education and care is broader than compliance and regulation. Providers emphasise that a stable and highly skilled workforce is central to the quality children experience every day and the relationships they form, which is reflected in what they report. Workforce stability, skill and engagement are important factors that underpin the quality children experience, but the conditions that truly enable educators to build reciprocal and attuned relationships with children remain largely absent from the public record. In this sense, a child can attend a service that meets every standard and presents well, but still not be genuinely known by the people they are supported by. If strong relationships are intrinsic to the quality children experience every day, how are the enabling conditions reflected in what is measured and publicly communicated?

At the same time, we recognise that public reporting is shaped by what can be measured and easily quantified and acknowledge that these documents will not capture the full picture of quality. Our review is not intended as a critique of individual providers, but rather as an exploration of what providers across the sector make visible, and where we have observed notable patterns or differences. Furthermore, this review was limited to public documents, and we did not extend it to other forms of public communication, such as a provider's social media channels.

Conclusion: What we heard from providers

The providers we spoke to showed what high-quality early learning and care looks like when leaders make deliberate choices to invest in their people. Many were doing this while working hard to manage the pressures of current funding and regulatory settings.

What they described had one thing in common. Quality lives in the relationships between children and the adults who care for them, and those relationships depend on educators having the time, stability and support to be present. Yet the conditions that make this possible aren't built into the system. They aren't reflected in how services are funded or in what the system incentivises and measures. Instead, they depend on individual providers choosing to create them.

As governments expand access and respond to serious concerns about safety, quality risks coming to mean compliance. The experience of these providers points the other way. If we want every child to be known by the people caring for them, and to benefit fully from early learning, the system needs to fund, measure and value the conditions that make strong relationships possible.

Next in the series

This Snapshot is the first of two. *Quality Snapshot #2: What we heard from educators* turns to the people working directly with children.

Drawing on a survey of 119 educators, it explores what helps and what gets in the way of high-quality practice, what drew educators into the profession and what keeps them, and what support and resources they need to work impactfully with children.

Attachment A: Interview Prompts

These questions were provided to interviewees prior. They were designed as a guide for the conversation.

1. What does “quality” look like in your service/s, (less about the formal NQS rating, although that’s relevant too)? We’re interested in the practices, routines, and systems that embed quality in everyday operations and how that shows up for children, families, and staff.

2. What have been the most important drivers of quality uplift in your service over time? Reflect on specific changes, investments, or decisions that made a meaningful difference. We’re also interested in what you see as the highest leverage activities versus areas that remain difficult.

3. Where do you invest most heavily to achieve and sustain quality, and what trade-offs have you had to make? For example, workforce, leadership, pedagogy, environments, or systems.

4. What roles and capabilities are most critical to delivering high quality? For example, Centre Directors, Educational Leaders, practice coaches, or other specialist roles, and the skills that matter most.

5. How do you monitor, assess, and continuously improve quality over time? Including any tools, data, or feedback loops you rely on, and how improvement is sustained.

6. What support do you need from government / department / regulator / quality authority to deliver and sustain high quality? For example, in areas such as funding, regulation, workforce, rating and assessment, or broader system supports.

Attachment B: Interview Participants

Ada Mary A'Beckett Children's Centre — Bernadette Dower
Big Fat Smile —Kellie Grose
C&K — Catherine McClennan
Early Learning Victoria — Nicole Pilsworth
ECMS — Clare Jennings
Explore and Develop Annandale — Su Garrett
GoodStart Early Learning — John Cherry, Cathrine Nielson-Hewitt, Rachel Marriott;
Gowrie SA — Lyndsey Healey, Sally Braddy
Indi Kindi — Jessica Horne-Kennedy, Beck Sobczak
Kidz Galore, Kyilla centre — Adelaide Oram
KU Children's Services — Chris Legg, Cherylanne Williams
Our Place — Elfie Taylor, Nicole Bechaz
SDN — Rod Nadwie-Smith
SNAICC — Angela Bodini, Maurita Cavenough
St Margaret's Anglican Girls School — Belinda Knowles
Styles Street Community Long Day Care Centre — Sunny Sun, Claire Bunani
Thrive Group — Ed Beswick, Jemma Sims, Caitlyn Heyward
Uniting Vic Tas — Fiona Balsillie, Kristin Kenwell
Uplyft — Linda Santangeli, Megan Mitchell