1) Key evaluation questions for measuring long term outcomes

NQF objectives	Long term (8+ years) outcomes	Key evaluation questions
To ensure the safety, health and wellbeing of children attending education and care services	Children, families and the wider community realise the individual, economic and societal benefits of quality children's education and care, including: improved transition to school positive educational and developmental outcomes for children better social inclusion reduced disadvantage	 To what extent have children, families and the wider community benefited from the NQF? For example, for children attending services Meeting the NQS or higher: a. are fewer children experiencing developmental vulnerability¹? b. is transition to school improved for preschool age children? c. what impact does frequency and duration of attendance have on outcomes? d. how do outcomes compare to those children who did not attend ECEC/OSHC?
To improve the educational and developmental outcomes for children attending education and care services		 To what extent do children's experiences in early childhood education and care and school age care settings support their wellbeing², learning and development? What are the effects for different groups of children (e.g. children of different ages, socio-economic backgrounds, cultural backgrounds)?
To promote continuous improvement in the provision of quality education and care services		 3. In the longer term, to what extent have educational, employment, health and wellbeing outcomes been improved? For which children, families or communities has the improvement been greatest? a. What do longitudinal studies and other measures say about children's educational and development outcomes (e.g. NECECC, E4Kids, LSAC/LSIC, AEDC, NAPLAN results)? b. Have inequalities between groups of children been reduced (e.g. children from Aboriginal and Torres Strait Islander backgrounds; lower socioeconomic backgrounds; children in remote and regional areas)?
To improve efficiency in the regulation of education and care services, including the reduction of regulatory burden	All parties to the NQF realise the efficiency benefits and costeffectiveness of a unified national system	 To what extent has the NQF provided an integrated and unified national system with consistency of approach and interpretation of the National Law? To what extent is the NQF an efficient and cost-effective regulatory system³ from the perspective of: a. the sector? b. governments? To what extent do the benefits of the NQF outweigh the costs?
To improve public knowledge and access to information about the quality of education and care services	Families and the wider community are more engaged with the NQF, including the benefits of quality education and care	1. To what extent has the NQF contributed to engaging families and the wider community in understanding the importance of high quality education and care for improving outcomes?

¹ Consistent with the five domains measured by the Australian Early Development Census (AEDC): physical health and wellbeing, social competence, emotional maturity, language and cognitive skills (school-based), and communication skills and general knowledge.

² There is no single or agreed way to define or measure 'wellbeing'. Examples of measures that could be used include the Personal Wellbeing Index (PWI) and the Kessler Psychological Distress Scale (K10).

³ This includes consideration of all aspects of the regulatory framework under the NQF, including the requirements under the National Regulations, and may include consideration of administrative obligations and regulatory actions related to applications and approvals; operational requirements; monitoring, compliance and enforcement; fees; reviews; and assessment and rating.

2) Evaluation sub questions for measuring medium term outcomes

NQF objectives	Medium term (4-8 years) outcomes	Sub questions
To ensure the safety, health and wellbeing of children attending education and care services	Providers of services and educators are guided by the National Quality Standard in the provision of quality education and care, including through: - supporting children's safety, health and wellbeing - the development of quality educational programs - the implementation of a cycle of continuous improvement	 To what extent does the NQF support and improve children's safety, health and wellbeing? a. What is the health and safety profile of NQF services as measured by: Quality Area 2 of the NQS? ii. incidents and complaints relating to children's safety, health and wellbeing? iii. monitoring, compliance and enforcement action?
To improve the educational and developmental outcomes for children attending education and care services		 b. To what extent are services supporting children's wellbeing according to: i. quality rating results for NQS standards and elements with a specific focus on children's wellbeing (e.g. Element 1.1.1, Standard 4.1, Element 6.2.1 and Standard 6.3 of the 2012 NQS; Element 1.1.1, Element 2.2.1, Element 6.1.2 and Standard 6.2 of the 2018 NQS)? ii. how well educators are promoting learning in Outcome 3 (<i>Children have a strong sense of wellbeing</i>) of the Early Years Learning Framework (EYLF) and the Framework for School Age Care (FSAC)? c. Are there differences across service types (e.g. according to different service characteristics such as service sub-type, jurisdiction, provider management type, ARIA+ and SEIFA classification)? d. What does the risk profile of services look like under the NQF? Does the risk profile accord with the quality rating profile of services? e. What actions are regulatory authorities taking to manage incidents / complaints / non-compliance? f. To what extent are regulatory interventions improving the safety, health and wellbeing of children attending education and care services? i. What types of interventions are more effective?
To promote continuous improvement in the provision of quality education and care services		
		 Which services are achieving high quality ratings for Quality Area 1 – Educational program and practice? To what extent is this outcome associated with the role of the educational leader and other staff factors (e.g. qualifications, turnover)? What lessons can be learned from the curriculum decision-making in these services? To what extent are children realising the benefits of attending these services? Are some children benefiting more than others? To what extent has the NQF contributed to continuous improvement over time for services? How has the quality profile of services changed over the lifetime of the NQS? To what extent have service ratings improved at reassessment? Is the rate of improvement the same for all services? What are the characteristics of services who have improved the most/least (e.g. service type, provider management type, jurisdiction, historical factors)? Have highly rated services (e.g. Excellent rated services) had an influence on service quality improvement more generally?
		c. What has been the pattern of waiver usage over time?d. What role have other tools played in continuous quality improvement (e.g. conditions on approvals; minor adjustments)?
To improve efficiency in the regulation of education and care services, including the reduction of regulatory burden	Governments and the sector benefit from: • a more effective regulatory model • reduced regulatory burden	 To what extent have governments realised efficiency savings through streamlined regulatory arrangements? To what extent are the governance arrangements for the NQF effective? To what extent is regulatory burden being reduced for providers under the NQF? To what extent has the national system improved the consistency of regulation from the provider perspective? To what extent have refinements, such as legislative changes, reduced the costs of complying with the NQF over time?
To improve public knowledge and access to information about the quality of education and care services	Families and the wider community give increased priority to information about the quality of education and care services	 To what extent has the NQF contributed to community knowledge and understanding of quality in education and care services? To what extent has it led to increased priority being given to information about the quality of education and care services? What other sources of information influence decision-making? To what extent does knowledge and understanding differ according to specific community groups (for example, migrant communities, OSHC families, vulnerable and disadvantaged families, new families)?