

## Childcare in rural and remote Australia

Access to affordable, quality childcare and early learning is becoming an increasingly important issue for families in rural<sup>1</sup> and remote Australia, affecting the capacity of parents and carers to participate in the paid workforce. This impacts not only on the economic and social advantage of children and families, but also on their communities and the Australian economy more broadly. Quality childcare and early learning can provide a foundation for children's later academic and social success<sup>2, 3, 4</sup>. There is an increasing focus on broader community-based infrastructure and services issues which are impacting on recruitment and retention of healthcare workers in rural and remote settings<sup>5</sup>.

In 2024, the Rural Doctors Association of Australia (RDAA) conducted a small survey (n=59) to assess the experiences of its rural doctor members with childcare. Some other rural and remote Australia health professionals also contributed to the survey. Over 90 per cent of respondents were located in MMM 3-7 (8.5 percent were located in MMM2).

Survey results reveal that access to childcare plays a significant role in decisions about where doctors and other health professionals choose to work, with 66 per cent of respondents indicating that their ability to access suitable childcare has influenced where they are currently working. A further 16 percent said that access to suitable childcare will be a consideration in future decisions about where they will practise.

**Specific childcare initiatives to support doctors and other essential health professionals are needed in rural areas to ameliorate critical childcare shortages that impact on the recruitment and retention of medical and other health professionals. Initiatives should include the establishment of childcare centres on hospital grounds in rural locations (to manage priority access to childcare places, as is the case in the Australian Parliament House and some metropolitan hospitals<sup>6</sup>).**

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<sup>1</sup> RDAA uses the term 'rural' to encompass all locations described by Modified Monash Model (MMM) levels 3-7, acknowledging that this includes remote and very remote places where the health needs are often greater and healthcare service delivery challenges are most difficult. The Modified Monash Model (MMM) is a scaled classification system measuring geographical remoteness and population size with MMM 1 being a major city and MMM 7 being very remote.

<sup>2</sup> Australian Institute of Health and Welfare (2015). Literature review of the impact of early childhood education and care on learning and development. <https://www.aihw.gov.au/reports/children-youth/learning-development-impact-of-early-childhood-edu/summary>. Viewed 30 January 2025.

<sup>3</sup> NSW Government Education. Benefits of early childhood education. <https://education.nsw.gov.au/early-childhood-education/information-for-parents-and-carers/every-child-benefits>. Viewed 30 January 2025.

<sup>4</sup> Health Affairs (2019). The Effects Of Early Care And Education On Children's Health. <https://www.healthaffairs.org/content/briefs/effects-early-care-and-education-children-s-health>. Viewed 30 January 2025.

<sup>5</sup> National Rural Health Alliance (2023). Evidence base for additional investment in rural health in Australia. <https://www.ruralhealth.org.au/sites/default/files/publications/evidence-base-additional-investment-rural-health-australia-june-2023.pdf>. Viewed 30 January 2025.

<sup>6</sup> Childcare centres exist in many city hospitals, for example: South Eastern Sydney Local Health District hospitals; Royal North Shore, Sydney; Royal Women's Hospital, Melbourne; Princess Alexandra Hospital, Brisbane.

## Position

- Access to childcare services is essential to maximise the workforce participation of key health and other professionals within a community. These include doctors, nurses, other health care professionals and teachers. RDAA recognises that access to childcare services is an issue for the broader community as well as for these professionals.
- Additional investment is required in rural communities where there are waitlists for childcare services. RDAA is not seeking additional financial support for parents or carers in relation to childcare fees but is focused on innovative solutions and investment to redress the limited access to these services in rural areas.
- Innovative models that ensure critical community workforces have access to the services they need – without being detrimental to broader community access to childcare services – must be developed and implemented. Initiatives aimed at increasing key workforce participation should further enhance the services at a local level, not provide competition in a market with excess service capability.
- Initiatives to promote collaboration with other stakeholders to develop childcare capacity within the community should also be instituted.

## Background

Childcare and early childhood learning has a range of potential benefits for children and families, including in relation to short- and long-term health-related outcomes. Equitable access to affordable quality childcare and early learning should be available for all Australian families. This is reflected in the Productivity Commission's 2024 inquiry report<sup>7</sup>.

In 2022, the Mitchell Institute report *Deserts and Oases: How accessible is childcare in Australia?* found that where you live matters when it comes to access to childcare. The report focused on access to centre-based day care as the service most used by children and families<sup>8</sup>. The Institute's latest (2024) analysis includes preschools<sup>9</sup>.

These reports indicate that while there are childcare deserts (either a total absence of services or insufficient places to meet demand) in all parts of Australia, they are more likely to be in rural and remote Australia. The range and type of childcare and early learning places are limited in rural and remote areas, if available at all, and many centres have long waitlists.

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<sup>7</sup> Productivity Commission (2024). A path to universal early childhood education and care: Inquiry report – volume 1. <https://www.pc.gov.au/inquiries/completed/childhood/report/childhood-volume1-report.pdf>. Viewed 30 January 2025.

<sup>8</sup> Mitchell Institute (2022). *Deserts and Oases: How accessible is childcare in Australia?* <https://www.vu.edu.au/mitchell-institute/early-learning/childcare-deserts-oases-how-accessible-is-childcare-in-australia>. Viewed 30 January 2025.

<sup>9</sup> Mitchell Institute (2024). *Mapping the deserts: Childcare accessibility in Australia*. <https://www.vu.edu.au/mitchell-institute/childcare-accessibility-australia>. Viewed 30 January 2025.

The distribution of childcare places is uneven with metropolitan areas, particularly in advantaged areas, having the most places. This may reflect incentives for providers that make it financially advantageous to operate in areas where they can charge higher fees. Rural and remote areas are more likely to be lower socioeconomic (disadvantaged) areas<sup>10</sup> which compounds economic and social advantage inequities. While doctors are generally not socioeconomically disadvantaged, they are impacted by the lack of community infrastructure and amenity, including for childcare. Lack of childcare and early learning is a key factor in decisions doctors and other health professionals make about where to live and work.

In addition to the overall lack of access to childcare, doctors (and other health and essential workers) also have specific issues related to shift work and/or expanded work hours, including on call rosters. Even if day care is available, the opening hours are not suited to the times doctors are required to work and be available to attend patients. This means that multiple concurrent childcare arrangements (multicare) may need to be made, especially if shifts are rotating. These can be formal (such as the employment of a babysitter or au pair) or informal (such as care provided by grandparents or other family members). Any arrangements must be reliable to enable working parents to be in a position to commit to rosters which are often planned months in advance. If reliable childcare options are not available for cost or other reasons, parents or carers may not be able to participate in full time employment or after hours rosters.

Lack of suitable childcare may also present a barrier to participating in as much clinical activity as doctors would want or need to maintain the volume of practice required to practise procedural skill/s after a period of absence from the workforce (such as being on parental leave). Some doctors reduce their hours and scope of practice and take on less procedural work after having children due to these childcare barriers. As access to childcare and female workforce participation are linked<sup>11</sup> and medicine is becoming increasingly feminised<sup>12</sup>, this particularly impacts on female doctors and has implications for flexibility within employment arrangements.

If the challenges that doctors and other essential health workers face in accessing appropriate childcare continue, the administrative and recruitment and retention pressures on rural health services (already experiencing workforce shortages) will increase. This will worsen the lack of access to health care services being experienced by rural Australians. This in turn can lead to poorer health outcomes.

Initiatives to promote collaboration with other stakeholders to develop childcare capacity within the community should also be instituted. This could include facilitating access to training in early childhood and care education for individuals interested in these careers and returning to their rural communities to work.

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<sup>10</sup> Australian Bureau of Statistics (2021). Socio-Economic Indexes for Areas (SEIFA) – Index of Relative Socio-Economic Advantage and Disadvantage (IRSAD) Quintiles for all Local Government Areas (LGAs). <https://www.abs.gov.au/statistics/people/people-and-communities/socio-economic-indexes-areas-seifa-australia/latest-release>. Viewed 30 January 2025.

<sup>11</sup> Mitchell Institute (2022). Deserts and Oases: How accessible is childcare in Australia? <https://www.vu.edu.au/mitchell-institute/early-learning/childcare-deserts-oases-how-accessible-is-childcare-in-australia>. Viewed 30 January 2025.

<sup>12</sup> Anderson S et al (2023). Demographic Changes in Australia's regulated health professions: 6-year trends. Australian Health Review. <https://www.publish.csiro.au/ah/pdf/AH23004>. Viewed 30 January 2025.

The diversity of stakeholders and campaigns interested in rural and remote childcare and early learning is indicative of the importance of this issue. Groups include Graingrowers<sup>13</sup>; The Parenthood<sup>14</sup>; Thrive by Five<sup>15</sup>; Early Childhood Australia<sup>16</sup>; and Regional Development Victoria<sup>17</sup>.

## Conclusion

Strategic reform – underpinned by adequate funding and resourcing – is needed to identify and implement ways to address the lack of access to affordable quality childcare and early education in rural Australia. These strategies must be practical, achievable and flexible enough to enable local challenges to be met.

Specific childcare and early education initiatives to support medical and other essential health workers in rural areas have the potential to ease critical childcare issues that impact on the recruitment and retention of these professionals and mitigate lack of access to healthcare services – issues that contribute to the poorer health outcomes experienced by rural Australians.

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<sup>13</sup> Graingrowers. Rural and Remote Early Childhood Education and Care Issues Under the Spotlight (2023). <https://www.graingrowers.com.au/news/rural-and-remote-early-childhood-education-and-care-issues-under-the-spotlight>. Viewed 30 January 2025.

<sup>14</sup> The Parenthood (2023). Choiceless: The plight of parents in accessing regional, rural and remote early learning and care. Viewed 30 January 2025. [https://assets.nationbuilder.com/theparenthood/pages/1009/attachments/original/1699574735/FINAL\\_PDF\\_Choiceless\\_compressed.pdf?1699574735](https://assets.nationbuilder.com/theparenthood/pages/1009/attachments/original/1699574735/FINAL_PDF_Choiceless_compressed.pdf?1699574735) and [https://www.theparenthood.org.au/regional\\_rural\\_families\\_deserve\\_better](https://www.theparenthood.org.au/regional_rural_families_deserve_better). Viewed 30 January 2025.

<sup>15</sup> <https://thrivebyfive.org.au/actions/allkids/>. Viewed 30 January 2025.

<sup>16</sup> <https://www.earlychildhoodaustralia.org.au>. Viewed 30 January 2025.

<sup>17</sup> Regional Development Victoria (2022). Enabling Early Childhood Education & Childcare in Rural Areas. [https://sgsep.com.au/assets/main/SGS-Economics-and-Planning\\_enabling-childhood-education-in-rural-areas-report.pdf](https://sgsep.com.au/assets/main/SGS-Economics-and-Planning_enabling-childhood-education-in-rural-areas-report.pdf). Viewed 30 January 2025.