**REMOTE AREA FPLANNING AND DEVELOPMENT BOARD (RAPAD)**
RAPAD Early Childhood Education and Care (ECEC) Alliance

# The Same Barriers, Everywhere

## Common Ground, Shared Solutions and Priorities for Equitable Childcare in Rural, Regional and Remote Australia

*A comprehensive report of the inaugural RAPAD Childcare Alliance Action Forum*

Longreach and online · 18–19 May 2026

Delivered by RAPAD in partnership with The Future Care Project

Prepared for the RAPAD ECEC Alliance of Councils, partner organisations and government

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# Executive summary

More than 65 people from across regional, rural and remote Australia gathered in Longreach and online on 18 and 19 May 2026 for the inaugural **RAPAD Childcare Alliance Action Forum**. They came as parents, educators, providers, councillors, peak bodies and allied service organisations, from seven RAPAD local government areas and well beyond. They came to put on the record what access to childcare looks like in reality and what it costs our communities when there is a total lack of access.

What emerged was not a list of separate, local problems. It was **the same set of structural barriers, surfacing again and again, in every cohort and every community**. Four cohort groups, families and carers, providers, educators, and local councils, ran independent conversations on the 18th of May and arrived at the same conclusions. When multiple cohorts independently raise the same issue, it is no longer a local problem. It is a structural one, and it makes the strongest possible case for policy reform.

This report does three things. First, it maps the area of common overlap, the barriers that every group shares. Second, it sets out the practical solutions the forum identified, most of which can be piloted at low risk inside existing policy settings. Third, it distils eight priorities into a clear, sequenced action plan and names the people and bodies the Alliance needs to engage with to move forward.

### The common ground, in one paragraph

Rural families face a near-total market failure in accessible childcare. The Certificate III requirement is choking an already diminishing workforce. Family Day Care, often best suited for low-density communities, is being regulated and compliance-costed toward extinction. The CCS hourly rate cap leaves rural families using In-Home Care paying gap fees up to four times those of their metropolitan counterparts. The Inclusion Support Program exists on paper but cannot be activated where allied health visits once a term. Children on properties, whose parents are often working close to plant and machinery to earn a living, are at risk when no supervision is available. Hundreds of families are entitled to the subsidy but cannot use it, because no approved providers exist within reach despite their best efforts. Informal care is the backbone of the sector in rural and remote communities, propped up by grandparents, neighbours and mothers forgoing income. Housing for educators barely exists and underneath all of it sits a one-size-fits-all policy framework that treats geographic isolation as an inconvenience rather than a recognised vulnerability.

### What the Alliance is asking for

Not lower safety or quality standards. We are seeking equitable access and policy that is fit for purpose and which meets us where we live. The Alliance comes to the table with lived experience, to advocate for their communities and a willingness to pilot many of the solutions this conversation has already identified.

### Why now

The timing is decisive. Locally, the lack of access to childcare is not some distant problem on the horizon. It is here now, and it is costing our communities everything: the ability to retain and attract young families has been eroding for years, and year on year the gap widens with no sign of a solution.

The in-home care hourly rate cap has not moved in roughly eight years. Meanwhile the Children's Services Award rose 5% in March 2026 and is set to rise a further 5% plus CPI from 1 July 2026, widening the affordability gap further. Since May 2022, the Family Day Care sector has seen a net decline of 91 CCS-approved services (22%) and 2,030 educators (23%). National policy announcements follow the same pattern. The $1 billion Building Early Education Fund has been announced in Queensland with an estimated $45 million investment creating fewer than 350 new places across the state, and those projects sit at schools in larger centres, missing our communities altogether once again as we are currently invisible to the government datasets. The 3 Day Guarantee does nothing to address supply and nothing for families who cannot use it because there is no approved provider within reach.

Finding shared from Deloitte's possible modelling on universal childcare risks perpetuating the same flaws generated by the current data, where children aged 0 to 5 are counted only once they are enrolled with an approved provider. This ignores current unmet demand in places where there is no service to put a name down for, and it also misses the informal, often unaffordable and unregulated, care arrangements that families fall back on when the market has failed entirely. Both go unmeasured. A proposed Early Childhood Commission risks cementing the same failed approach if we do not find a way to expand our understanding of what care arrangements are being used. The Senate Inquiry into ECEC quality and safety handed down its findings in February 2026 without recognising the needs of rural and remote families in any of the recommendations. If metropolitan-centric, one-size-fits-all modelling keeps driving funding decisions, the regions will be overlooked again and again.

The Blackall forum in August 2026 is the checkpoint for the Alliance's progress. It is where we will report on the outcomes of conversations held with relevant peak bodies, organisations, advocacy groups, ministers, and government about addressing the systemic barriers identified at the Longreach forum and their impact on regional childcare.

# 1. Context, purpose and method

## 1.1 About RAPAD and the ECEC Alliance

The Remote Area Planning and Development Board (RAPAD) represents seven Central West Queensland councils: Barcaldine, Barcoo, Blackall-Tambo, Boulia, Diamantina, Longreach and Winton. The forum was the culmination of around 18 months of targeted work by RAPAD and member councils to address childcare challenges from a regional perspective, including a foundational regional review, online workshops, and growing industry networks. It marked an important early step for the newly formed RAPAD ECEC Alliance of Councils.

The forum was delivered in partnership with **The Future Care Project**, a community-led not-for-profit established in Goondiwindi in direct response to the critical lack of childcare access in regional, rural and remote communities. The partnership reflects a deliberate move out of silos and into a united front.

## 1.2 Purpose of the consultation

The forum set out to gather lived-experience evidence to inform government policy, funding decisions and structural reform; to test whether the barriers experienced locally are in fact shared across the region and the country; and to move beyond identifying problems toward what communities, councils and organisations are willing to do next.

## 1.3 How the two days were structured

**Day one (18 May)** opened the floor to the people most affected. In-person and online attendees were grouped into four cohorts, families and carers; providers; educators and prospective educators; and local councils, and worked through a common set of questions about their lived reality and what they need to see change. The groups then reconvened to identify the consistencies across regions.

**Day two (19 May)** reframed the conversation toward building solutions and presented the eight priorities that had emerged overnight from the four groups. Although government and ministerial representatives were invited to attend, few did; the Alliance has committed to pursuing those conversations directly in the weeks following.

## 1.4 Evidence base for this report

This report draws on the full forum record and supporting material:

- Facilitated cohort discussions and minutes from both days, across in-person and online breakout groups;
- **Baseline data questionnaires** completed by member councils (including Barcaldine, Barcoo, Longreach and Boulia Shire), mapping current services, demand, workforce, infrastructure and council appetite;
- Relevant national and state policy announcements current at the time of the forum.

*Where this report quotes participants, it does so by organisation or role to convey the strength and consistency of the testimony, not to identify individuals. Council figures should be treated as*

*best estimates where marked as such; national figures are sourced to the Australian Government and cited inline.*

## 1.5 The national policy backdrop: initiatives that are leaving the regions behind

This section reflects the forum's opening framing, delivered by the founder of The Future Care Project, Angela Cochrane. Its argument is simple: the current wave of national reform may be well-intentioned, but it is built on settings and data that do not reach and in places cannot reach, regional, rural and remote communities. Stripped of the marketing language, each initiative below does little or nothing for a community that has no service to begin with.

### The Three-Day Guarantee changes the subsidy, not the supply

From 5 January 2026 the Australian Government replaced the Child Care Subsidy (CCS) activity test with the Three-Day Guarantee. All CCS-eligible families are now entitled to at least 72 hours (three days) of subsidised care per fortnight regardless of activity, with up to 100 hours for those meeting participation requirements or holding an exemption, and 100 hours for families caring for a First Nations child. Importantly, the change does not alter subsidy percentages or income thresholds, and families still pay a gap fee.

The policy has not made childcare more affordable for the approximately 93% of families already engaged in work, study or volunteering. Nor has it done anything to increase the supply of places. It has simply brought more families into a system that, in these communities, does not exist to enter.

This is the marketing fluff to cut through: the Three-Day Guarantee is a **demand-side entitlement reform, it expands who can claim subsidised hours, but it does not create a single new service**. For a family in Barcoo or Boulia, where there is no CCS-approved service at all, an expanded entitlement to subsidised hours is worth nothing, because there is nothing to spend it on. Worse, where a single service exists at or near capacity (as in Barcaldine), removing the activity test increases the number of families entitled to claim against a service that is already full. A subsidy reform without a supply reform widens the gap it claims to close.

### The data counts the cared-for, not the missing

The case is clearest in the government's own numbers. According to the Department of Education's Child Care Subsidy quarterly data for the September quarter 2025, 1,451,860 children from 1,020,930 families used CCS-approved care, yet only 49.7% of children aged 0–5 used approved care. In other words, just under half of all children under five are in subsidised care and the quarterly report counts only those who are. It measures usage of the services that exist; it does not measure the families who cannot get a place, or who never had one to seek.

This is the heart of the opening question: **if roughly half of all children aged 0–5 are in approved care, where are the other half, and who is caring for them, at what cost?** The data offers no answer, because unmet demand generates no record. Tellingly, the Department excludes In-Home Care from its published usage analysis "for privacy reasons", so the very model most relied upon in remote Australia does not even appear in the national picture. The communities in this report are, quite literally, not in the data the system uses to plan.

### The Senate Inquiry: a safety lens that risks overlooking access

The Senate Education and Employment References Committee established its inquiry into the quality and safety of Australia's early childhood education and care system in August 2025, with submissions closing in October 2025 and a report delivered in early 2026. It was prompted by serious child-safety failures in (predominantly metropolitan, centre-based) services. Both The Future Care Project and RAPAD lodged submissions.

Their argument deserves to be front and centre: **for these communities, the safety risk is not what happens inside a regulated centre, it is the absence of any regulated option at all**. A lack of access to CCS-approved care does not remove the need for care; it pushes families into informal, unvetted arrangements found often through social media. An inquiry framed around quality and safety that does not address regional, rural and remote access therefore overlooks a direct safety harm: by locking these families out of regulated care, the system is making care less safe for them, not more. Any recommendations that omit access for low-density communities leave that harm unaddressed.

### The Early Childhood Commission: the right idea on the wrong data

The federal government has flagged a proposed Early Childhood Commission as a body to identify where services are lacking and ensure the system meets community need. The announcement is very new, with the next step understood to be engaging state education ministers on its design. The risk is structural: **if the Commission inherits the existing data, which tracks only CCS-enrolled, approved services and excludes informal care, it will inherit the same blind spot**, and the regions will again be invisible to the body created to find them. This is precisely the gap the Future Care Projects live demand-side data tool (Section 4) is designed to fill: a ready-made instrument the Commission could draw on from day one.

### The Deloitte modelling: the legacy agenda that could entrench the gap

Universal childcare has been positioned as a signature legacy reform from the Prime Minister Athony Albanese, with Deloitte having been engaged by the federal government to model how it would be delivered. Because that modelling will shape how funding is distributed, it is the single most consequential piece of work for these communities. The warning from the forum was unambiguous: if the modelling continues on metropolitan, population-density assumptions, it risks *"a continuance of our regions being overlooked again and again and again."*

### Advocacy is already underway and bipartisan

This is not a standing start. The Future Care Project and RAPAD are already in the policy process, through the Senate Inquiry submissions, ongoing engagement with the relevant federal departments, and meetings with the federal and Shadow Ministers. The Alliance's ask across all of it is consistent: fit-for-purpose policy that understands geographic isolation and low population density, and that treats these communities as a recognised case rather than a rounding error.

## 2. The area of common overlap: shared structural barriers

This is the heart of the report. The forum's central finding is that four separate cohorts, in separate rooms, named the same barriers. The diagram below summarises the overlap; the sections that follow set out each barrier, who it affects, and why it matters.

## 2.1 The overlap at a glance

Every cohort, families, educators, providers and councils, independently raised the barriers in the centre column. The consistency is the evidence.

| Families & carers | Educators | Providers | Local councils |
|---|---|---|---|
| No services at all; reliance on informal care; unaffordable in-home care; advertising on social media out of desperation | Cert III barrier; wages below award capacity; no Worker Retention Payment for FDC/IHC; no relief or housing | Lost operational funding; CCS caps too low; recruitment near-impossible; regulatory burden and red tape | Willing but unfunded; no infrastructure dollars; can't attract or house educators; running services at a loss |
| **SHARED STRUCTURAL BARRIERS**<br>CCS rate cap · Cert III bottleneck · Worker Retention Payment exclusion · Inclusion Support unreachable · no educator housing · one-size-fits-all policy · isolation not recognised as vulnerability | | | |

## 2.2 Voices from the region

Behind the structural language are people making impossible choices. The following accounts, de-identified, were shared at the forum and illustrate what the barriers mean in practice.

**A widowed registered nurse** running a beef property roughly 100km from the nearest major town, approved for in-home care but without an educator for around eighteen months, is now preparing to sell the property, because without care she cannot work, and she is trying to hold onto her nursing registration just to keep the family afloat.

**A mother 165km north-west of Longreach**, with no close family support, can access the childcare subsidy only through in-home care, the single option available to her, and is watching its cost rise rapidly toward unaffordability.

**A mother at a Boulia community centre**, in a shire with no childcare at all, takes part in the forum with her nine-month-old at her feet because her workplace has made room for children, an informal accommodation that many other parents, especially those on a single income, do not have.

## 2.3 The barriers in detail

### 1. The Certificate III requirement is a workforce bottleneck

The single most consistently named barrier. The qualification is large and unmanageable for many, participants cited a reported one-in-four completion rate and roughly 17 modules, compared with 11–12 in comparable Certificate IIIs. The recent shift from “working towards” to “must hold” a Cert III was identified as a key reason for the decline in Family Day Care educator numbers over the last two years.

Hidden practicum costs compound the problem: travel, accommodation, and childcare, plus lost wages and forced service closure for sole-operator educators who must shut their service to complete placement. The requirement blocks experienced primary teachers, mature-aged community members and younger carers from supporting a diminishing workforce, and gateway requirements affect the ratios services must maintain.

**Who it hits:** Educators, prospective educators, providers, and ultimately families who lose access when ratios can’t be met.

> *“Some of them are the best staff we could ever have … but they struggle to complete the minimum required.”* (Provider, day-two session)

### 2. In-Home Care and Family Day Care are excluded from the Worker Retention Payment

The Worker Retention Payment applies to approved long day care but not to Family Day Care (FDC) or In-Home Care (IHC), the two models most suited to low-density communities. Participants reported a mass exit of educators from IHC and FDC into mainstream long day care, where wage rises are guaranteed.

The administrative challenge cited by government, how to deliver the payment into contractor and ABN-based models, has become a reason for inaction rather than a problem to solve.

**Who it hits:** FDC and IHC educators, the providers competing against higher-paying centres, and the remote families those models exist to serve.

> *“There is none. We’re not eligible. And that is an issue.”* (In-home care participant)

### 3. The CCS hourly rate cap is structurally inequitable

The Child Care Subsidy hourly rate cap leaves rural families paying gap fees up to four times higher than metropolitan families. The in-home care cap in particular has not increased in roughly eight years, and does not even reach a level-one pay classification, while around 75% of educators are diploma-qualified (level five). With the Children’s Services Award up 5% in March 2026 and a further 5% plus CPI rise from 1 July 2026, the gap is widening, not closing.

The result is a model that participants describe as structurally broken: of more than 3,200 assigned in-home care places, fewer than 800 families are actually using them.

Rural and remote communities are in the middle of a childcare access crisis, even though a model built specifically to meet the needs of regionally isolated families already exists. It simply cannot be reached. The problem is not a lack of demand. It is that the system makes

the model all but impossible to access. Attendees raised this as a clear priority and a shared concern.

An experienced in-home care agency operator described the hourly rate cap as far too low to recruit qualified educators, below even a junior, level-one classification, and warned that affordability would deteriorate quickly without intervention.

**Who it hits:** Every rural family using or trying to use in-home care; the educators who can't be paid at their qualification level; the providers who can't recruit.

> *"Families are being punished for living in remote areas."* (In-home care agency operator)

### 4. The Inclusion Support Program cannot be activated in remote communities

Inclusion support exists on paper but cannot be reached where allied health professionals visit once a term, if at all. Participants described the absence of early diagnosis pathways and limited access to speech therapy, occupational therapy, psychology and paediatricians, alongside long wait times and infrequent specialist outreach. Recent changes to the NDIS, shifting to a new delivery platform known as Thriving Kids, are adding further uncertainty for families seeking to support children with complex needs.

**Who it hits:** Children with disability or additional needs and their families; educators expected to provide inclusive care without support.

> *"Diagnostic is always the hardest one … we need to provide a holistic approach."* (Disability support participant)

### 5. Housing for educators barely exists

Recruitment into isolated areas fails for want of accommodation as much as anything else. Councils reported housing as a key constraint on employment; you cannot attract educators without somewhere for them to live. Participants suggested under-used assets, such as former rural hospital nursing quarters, as part of the answer.

**Who it hits:** Every community trying to attract an educator; the providers carrying unfunded recruitment and accommodation costs.

### 6. A one-size-fits-all policy framework ignores geographic isolation

Underneath every specific barrier sits a framework designed for somewhere else. Geographic isolation is treated as an inconvenience rather than a recognised vulnerability. Current government modelling risks failing to reflect population density and regional realities, which would see funding distributed against the same metropolitan assumptions that created the gap.

The same framework drives a regulatory burden designed for metropolitan settings. A Family Day Care educator with 26 years' experience observed that when she began, the requirements were a blue card and a first aid certificate, whereas routine activities now demand formal risk-assessment documentation, with extensive unpaid programming, observation and critical-reflection work outside care hours, compliance that may not improve outcomes for children in low-density communities but reliably erodes the time and viability of the educators delivering care.

Participants repeatedly called for bottom-up, community-informed service design and a diversity of care models suited to local need, rather than shoehorning every community into the same template.

**Who it hits:** Every regional, rural and remote community; the children whose access depends on a postcode.

> *"Governments keep trying to shoehorn us all into the same thing."* (Family Day Care provider)

### 7. Operational funding and provider support have been stripped away

The removal of Family Day Care operational funding around a year ago triggered the loss of local-government and small providers as services became financially unsustainable. The provider role, the qualified coordination units that support educators on the ground, is poorly understood and under-funded, even though it is the mechanism that makes remote delivery safe and viable.

**Who it hits:** Small and not-for-profit providers, local-government operators, and the educators who lose their support structure.

### 8. In-venue care is trapped in a regulatory bottleneck

In-venue care, Family Day Care delivered in a community building rather than a home, must be approved by the Department of Education as regulator, a process described as slow and unfamiliar to a department that may never have visited the community. It is only approved where need is unmet, so it does not threaten existing services; yet the approval burden makes it impractical at the very moment communities need it most. Allowing a 2:8 educator-to-child ratio in these settings could also deliver better outcomes for communities.

**Who it hits:** Communities with no service at all, where in-venue care is often the only viable model.

### 9. Informal, unregulated care goes unrecognised, and families are pushed into it

Because approved services are unreachable, families rely on nannies, governesses, au pairs, grandparents and friends, care that is neither recognised, tracked nor understood in policy. Families advertise their care needs on social media (three Facebook groups alone carry 60,000+ members), exposing themselves and their children to risk. Tightening conditions on approved care pushes more families into these unregulated arrangements.

**Who it hits:** Families with no alternative; children whose safety depends on unvetted arrangements.

> *"I feel very vulnerable on Facebook, but I have no option but to advertise openly on social media."* (Parent, online session)

## 3. Baseline data: what the numbers show

Council baseline returns turn the testimony into evidence. Even where councils could only estimate, the picture is unambiguous: across much of the region there is no CCS-eligible service at all, and where one exists it runs at or near capacity. These figures should accompany the policy asks as supplementary proof of need.

### 3.1 Service and demand snapshot (selected LGAs)

| Indicator | Barcaldine Regional Council | Barcoo Shire Council | Boulia Shire Council |
|---|---|---|---|
| CCS-eligible services | One (Lady Gowrie, Barcaldine) | None | None |
| Utilisation | At or near full capacity | Not applicable, no service | Not applicable, no service |
| Towns without any childcare | Aramac (67km), Jericho (87km), Alpha (140km), Muttaburra (150km) | Jundah, Stonehenge, Windorah, all reliant on informal care | Entire shire; nearest “learning program” is the State School Kindy |
| Children aged 0–5 | Across multiple towns (see council return) | School-age: Jundah 15, Stonehenge 11, Windorah 10 | Estimated 10–20 (informal estimate) |
| Workforce barrier | ~50% of local workforce identifies childcare as a barrier to employment | Housing availability a key recruitment constraint | Staffing and housing identified as the core barriers |
| Informal care in use | Grandparents, friends, parents taking turns | Nannies, governesses, au pairs on stations | Nannies, family/friends; council allows children in the workplace |
| Council appetite | Willing; constrained by funding | Will facilitate access if funding can be arranged | Understands the need; explored repurposing Library / Shire Hall |

The data tells the same story as the testimony. In Barcaldine, a single service serves a region where towns sit up to 150km away and roughly half the workforce names childcare as a barrier to working. In Barcoo and Boulia there is **no formal service at all**, only informal arrangements, and a clear council willingness to act if funding and staffing can be solved. This is the definition of market failure.

A consistent secondary finding is the data gap itself: councils repeatedly marked figures “not known.” That gap is not a footnote, it is part of the problem, as the next section explains.

## 4. How the data makes these regions invisible

The barriers in Section 2 are compounded by something harder to see: the way childcare need is counted. The forum’s consistent message was that the regions are not only under-served, they are rendered invisible in the very data government uses to decide where funding goes. A community that does not appear in the numbers cannot be funded against them. Six mechanisms surfaced repeatedly.

### 4.1 Six ways the regions disappear from the data

#### 1. The modelling is built on metropolitan assumptions

The data modelling that drives current funding distribution fails to reflect geographic isolation and low population density. We have seen this play out in both the Community Child Care

Fund (CCCF) and the Building Early Education Fund (BEEF). Both name regional and remote communities in their targeting language. But neither treats geographic isolation as a standalone priority in its own right. Selection turns on "areas of need" and undersupply, measured by datasets that undercount remote demand, and the eligible delivery models are centre-based, which excludes the In-Home Care that serves the most isolated families. That is the important distinction: being recognised as "regional" does not translate into eligibility or competitive standing for the communities furthest from a viable centre.

### 2. Government tracks supply, not demand

Perhaps the sharpest point raised: the system measures the care that exists, not the care that is needed. Participants noted that only around half of children aged 0–5 are in CCS-eligible, provider-based care, prompting the question of where the rest are, with no clear answer from government. In a community with no provider, there is nothing to generate a data point, so on paper there is no demand at all.

### 3. The “no waitlist” paradox

The baseline returns show this plainly. Barcoo recorded no waitlist, because there are no services to wait for. Boulia could supply only informal estimates, noting it had not been able to gather comprehensive data. Across the returns, councils repeatedly marked answers “NK / not known.” The absence of a service erases the very figure that would prove the need.

### 4. The families who never arrive

The largest cost is invisible by definition: the nurses, teachers and young families who never move to the region because there is no care. As one Alliance lead put it, *“it’s the people that don’t come … we can’t build our region because people don’t come.”* No dataset captures a family that decided not to relocate, so the lost workforce and lost productivity never register.

### 5. Informal and unregulated care goes uncounted

Nannies, governesses, au pairs, grandparents and the social-media arrangements (three Facebook groups alone carry 60,000+ members) are not recognised, tracked or understood in the data. A large share of how care actually happens in these communities simply does not appear. The in-home care figures echo this: of more than 3,200 assigned places, fewer than 800 families are recorded as using the model, a model that looks available on paper but is not reaching families.

### 6. Even developer market tools render small towns invisible

Private demand mapping tools carry the same flaw. “GapMaps” reads licensed capacity, not operational capacity. We have seen a Family Day Care service licensed for 25 places running with only two educators delivering care. The map shows 25; the community has two. Repeated across a region, that gap produces a false picture, with the models showing as many as 92 more places than actually operate. It counts care that exists on paper but not in practice.

With Family Day Care declining so sharply over the past two years, this is not a measurement quirk. It is a direct driver of the compounding access crisis, and it masks the unmet demand in exactly the communities that need care most.

## 4.2 The countermeasure: the Regional Childcare Evidence Framework

The Alliance's answer is to stop arguing against missing data and start generating its own. The Future Care Project has built a **Regional Childcare Evidence Framework** to do exactly that, across all seven RAPAD LGAs (Barcaldine, Barcoo, Blackall-Tambo, Boulia, Diamantina, Longreach and Winton) and as a repeatable model for any region. Its premise is a deliberate reframe: childcare absence in regional, rural and remote Australia is economic and population infrastructure, sitting alongside roads, health and housing. When it is missing, workforce participation falls, employers cannot fill vacancies, families cut hours or leave, and the regional economy loses productive capacity that never appears in government childcare datasets. In the framework's words: ***you cannot fix what you cannot see.***

### 4.2.1 Three coordinated surveys

A complete picture of a region needs three linked surveys, each question tagged to a dashboard data point so the link between what is asked and what is shown is explicit.

- **Families and carers** (of children aged 0 to 12, including expectant parents and families who have recently left the region): household and location context, the true mix of care actually used including informal arrangements, the headline unmet-demand metric (days of care needed versus days accessed), workforce participation and income foregone, affordability, future intent, and an open-text question for the story bank.
- **Employers and industry** (a short 10-minute survey via Chambers of Commerce and industry associations): roles unfilled because of childcare, staff who have cut hours or not returned from parental leave, the estimated annual business cost, growth foregone, and appetite to co-invest in a local solution.
- **Providers, educators and services** (every active service, plus individual educators): licensed versus operational capacity, active versus licensed Family Day Care educators, real waitlists, workforce-driven room closures, and the families they have had to turn away.

### 4.2.2 What the data will show: the dashboard

The surveys feed a dashboard built so the numbers tell a coherent story, with six views: a regional snapshot (children and places by LGA); the unmet-demand gap (community-verified demand set against current modelled tools); the economic-impact tab (hours and income lost, broken down industry by industry, with an estimated regional GRP impact); hidden supply and the data discrepancy; workforce and service viability; and an equity and cultural lens so the most affected families are not averaged away. Every figure is filterable by LGA, carries a source citation, and is downloadable as a LGA brief a council can hand straight to officials.

### 4.2.3 The hidden-data audit: what the national datasets miss

The framework targets seven categories of evidence that exist in communities but appear in no government dataset:

- **Active versus licensed.** One such example being Family Day Care educators in a rural and remote contect could be the single most important data point. A scheme can

appear in modelling as 25 places when only two educators are active (8 vs 92 places), so the region looks adequately serviced on paper and is excluded from funding.

- Real waitlist numbers, collected directly from every service rather than modelled;
- Invisible unmet demand, the families who have stopped trying or were never added to a list;
- Workforce-driven capacity losses, the rooms and groupings closed because of staffing;
- Cross-border and out-of-region demand, invisible in state-based datasets;
- Scheduling gaps, the shift-work, seasonal and overnight needs standard hours never capture; and
- Informal-care reliance and how often it falls through, the fragile safety net propping up regional workforce participation.

#### 4.2.5 Government data requests

Alongside the community work, the framework formally requests the data government already holds, both to strengthen the evidence base and to expose what government does not hold. Where a department cannot or will not provide data, that absence is itself recorded as evidence.

| Source | What to request, and what the gap reveals |
|---|---|
| Federal: Department of Education | CCS quarterly utilisation at SA2 or LGA level (LDC, FDC, OSHC); In-Home Care data (routinely excluded); FDC educators active versus registered by LGA; FDC Capability Trial regional findings; the independent In-Home Care review; and, critically, the data and methodology behind Building Early Education Fund eligibility, which will determine whether regional communities are funded in future rounds and that the cost is per place. |
| Federal: Jobs and Skills Australia | Regional breakdowns in ECEC workforce data and projections. |
| Queensland: Education | Kindergarten enrolments and waitlists by LGA; Queensland Kindergarten Funding Scheme utilisation; and patterns of staff-waiver use in regional services, a strong signal of workforce shortage. |
| Queensland: Treasury and QGSO | Labour-force participation by LGA, gender and age; participation against metropolitan benchmarks; and regional economic activity. |

| Source | What to request, and what the gap reveals |
|---|---|
| Queensland: Employment, Small Business and Training | Apprenticeship, traineeship and VET data for Certificate III (CHC30121) and Diploma (CHC50121) in the region, with completion rates, to map the workforce pipeline. |
| Local government | Council population forecasts; economic development strategies that name workforce as a priority; and any council-commissioned childcare needs assessments already sitting unread. |

**Progress to date and sequencing**

The framework runs in a deliberate order: map every service first (the fastest route to a defensible data-discrepancy figure), run the family survey in parallel, then the employer survey through Chambers and industry bodies, then focus groups for the quotes, and finally the formal government data requests to triangulate.

- **Designed and distributed:** the survey instruments and baseline questionnaire finalised and issued to member councils.
- **Completion target:** returns are being compiled into the regional snapshot summarised in Section 3, and the Alliance plans to have the full seven-LGA data process complete by the next forum at Blackall.

**The next phase: live demand-side data**

Beyond the surveys, the framework builds a **live data tool with a national heat map**, each pin showing where a family needs care, how long they have waited, their occupation, the median income for that role, and the productivity lost to the economy while they cannot work, with personal details kept out. The intent is to replace historical, supply-side statistics with live, demand-side evidence the Alliance can point to directly: *“we can see there are hundreds of families waiting for care … who are currently invisible … this is live data.”*

This is the bridge between the problem and the asks: it converts the invisibility documented above into a visible, quantified, Treasury-defensible case that the modelling, the Building Early Education Fund eligibility process and any future Early Childhood Commission cannot reasonably set aside.

# 5. Solutions: what the forum proposed

The forum deliberately moved beyond problems. Many of the solutions below can be piloted at low risk inside existing policy settings. They are grouped by the barrier they address.

## 5.1 Barrier-to-solution map

| Barrier | Proposed solution(s) |
|---|---|
| Cert III bottleneck | Subsidise the Cert III for those who already hold one (the Cert III Guarantee covers only a first qualification); review module load and content; restore “working towards” for FDC; allow practicums to be completed within an FDC service; create RTO-moderated online communities of practice (e.g. via Family Day Care Queensland’s platform) so isolated learners are supported. |
| Worker Retention Payment exclusion | Extend the payment and any future related funding to FDC and IHC; resolve the contractor/ABN delivery mechanism rather than treating it as a blocker. |
| CCS rate cap | Modify the in-home care hourly rate cap and extend it to include the Additional Child Care Subsidy; reinstate the adjustment mechanism last used roughly eight years ago; index against the Children’s Services Award. |
| Lost operational funding / provider role | Restore FDC operational funding; properly fund the provider coordination role; offer start-up grants for new FDC educators (including extending women’s return-to-work / self-employment grants, e.g. $5,000, to self-employed educators). |
| Workforce shortage | Recruit adjacent-qualification students (nursing, teaching, OT) into IHC with provider coordination support; map who already holds qualifications locally; build clear pathways back into the sector; leverage CUC University centres. |
| In-venue care bottleneck | Delegate in-venue approval to trusted approved providers (as already trusted for FDC); apply the remote education waiver with 20% provider input; recognise that approval only occurs where need is unmet. |
| Housing & infrastructure | Hub models that repurpose disused community buildings and co-locate visiting health/allied services plus accommodation; housing investment using under-used assets such as former nursing quarters. |
| Inclusion & disability access | Activate inclusion support in low-frequency-visit communities; invest in disability-trained staff; build local diagnosis and allied-health outreach. |
| One-size-fits-all policy | Recognise geographic and social isolation as a formal vulnerability; fund community-designed, place-based models; reframe childcare as economic development and cite the term ‘total market failure’ in future correspondence to trigger government responsibility. |

## 5.2 The strategic reframe

Two framing moves recurred and should anchor all advocacy. First, **language**: describe this as economic development and, where accurate, total market failure or critical market value, terms that bring state and federal responsibility and funding levers into play, and that fall squarely within councils’ economic-development remit. Second, **low-risk piloting**: pilots in

small, quantifiable communities through peak bodies generate the evidence to scale, without asking government to commit to a large untested rollout.

### 5.3 What good looks like: models already working

The forum was not starting from theory. Several models already demonstrate that quality care can be delivered differently in these communities, useful proof points to put in front of government.

- **Lady Gowrie Queensland, the QPP program:** a government-originated program that the provider redesigned for its own context, with case studies returned to the department. It shows how diploma and degree pathways can be built into delivery to improve ratios, retention and career progression.
- **UnitingCare, remote family care service:** educators travelling into remote properties for up to three weeks at a time, accompanied by a travelling family-support worker offering referrals and parenting programs, a genuinely outreach-first model reaching families that no fixed service could.

## 6. Priorities

Eight priorities emerged across the four cohort groups and were tested again on day two. They are presented here as the Alliance's emerging platform. The forum was explicit that these are not yet ranked or locked; they are the consistent themes, offered for endorsement and refinement at Blackall. The first three drew the clearest unanimous support. Each priority below is set out in the same way: what attendees told us, the problem beneath it, how to fix it, and what the fix will achieve.

**Our first recommended post forum:**

Of the eight priorities, one is achievable now. **In-venue care** (Family Day Care delivered in a community building) uses existing policy, needs minimal funding, and can stand up a service in a community that currently has none. The ask is simply to delegate or fast-track approval to providers already trusted to run Family Day Care. The Alliance proposes a costed three-month pilot in a no-service shire as the flagship near-term win and the proof point for the bigger asks. A ready-to-go proposal is at Appendix D.

Its national companion is Priority 2: **restoring "working towards" for rural and remote locations** who deliver Family Daycare so educators can start work while they qualify. Together, one local win and one national reform reopen both the service and the workforce.

## Priority 1. Fix the CCS rate cap inequality

**Consensus at the forum:** *Unanimous; named the clearest priority on both days.*

### What attendees told us

Families and in-home care operators described gap fees up to four times metropolitan levels, with the in-home care cap unchanged for roughly eight years and sitting below even a junior, level-one classification, while around 75% of educators are diploma-qualified. As one operator put it, “families are being punished for living in remote areas.” With the Children’s Services Award rising 5% in March 2026 and a further 5% plus CPI in July, attendees warned the gap is widening fast, and that the Additional Child Care Subsidy does not extend to remote or very remote families needing to access in-home care in order to utilise their available child care subsidy.

### The problem

The hourly rate cap is built on metropolitan cost assumptions and has no working mechanism to keep pace with the real cost of delivering care in low-density communities. The result is a gap fee that makes care unaffordable even where a place exists, and a subsidy that does not reach the qualification level of the educators actually delivering the care.

### How to fix it

- Modify the in-home care and Family Day Care hourly rate cap so it reflects the true cost of remote delivery. OR
- Extend the Additional Child Care Subsidy to include families where in-home care is their only available care option. AND
- Reinstate the cap-adjustment mechanism last used roughly eight years ago, and index the cap to the Children’s Services Award so it moves with wages.
- Lead decision-maker: the federal Minister for Early Childhood Education and Youth.

### What it will achieve

Makes the one model that can physically reach remote families affordable again, stops it collapsing as award wages rise, and removes the gap-fee penalty that families currently pay simply for where they live.

*Further to this, an extensive review has been undertaken and a more viable model of the In Home Care program designed and presented to the relevant federal minister via the in-home care peak body.*

*Please reach out to AHCA President Nicole for more information via www.australianhomechildcare.com.au*

## Priority 2. Reform the Certificate III pathway

**Consensus at the forum:** *Strong agreement; attendees accepted the minimum-qualification principle is unlikely to change as it has only recently come into effect, which is why the realistic ask is that only rural and remote "working towards" restoration be made available.*

### What attendees told us

This was the single most consistently named barrier. Attendees reported that the difficulty of obtaining a Certificate III is undermining service delivery in long day care centres and is a major driver of the decline in Family Day Care educator numbers, particularly since the shift from "working towards" the qualification to "must hold."

They pointed to a completion rate of just one in four, and a course of roughly 17 modules against the 11 to 12 in comparable Certificate IIIs. The consensus was that over half the current requirements need to be reviewed to make the qualification accessible.

Attendees also described the hidden costs of the practicum component: travel, accommodation, lost wages, and forced service closure for sole operators. The result, they said, is that good people are shut out. As one put it: "some of them are the best staff we could ever have, but they struggle to complete the minimum required."

### The problem

A single national qualification rule, written without regard to distance, removes people from the workforce faster than the regions can train replacements, and the loss of "working towards" closed the main on-ramp into Family Day Care. It also blocks experienced teachers, mature-aged community members and younger carers from supporting an already diminishing workforce.

### How to fix it

- Ask: restore "working towards" status for rural and remote locations, so educators can begin working under provider supervision while they complete the Certificate III.
- Subsidise the Certificate III for those who already hold a qualification (the Cert III Guarantee covers only a first qualification).
- Allow practicum placements to be completed within the educator's own Family Day Care service.
- Create RTO-moderated online communities of practice (for example, via Family Day Care Queensland's platform) so isolated learners are supported.
- Lead decision-maker: the Department of Education and ACECQA.

### What it will achieve

Reopens the on-ramp to the workforce in the communities with the worst shortages, lets services maintain ratios, and keeps experienced local people working in care while they qualify, all without lowering the end qualification standard.

## Priority 3. Repair in-home care, it is structurally broken

**Consensus at the forum:** *Unanimous; described as the most pressing model to fix.*

### What attendees told us

Attendees reported that of more than 3,200 assigned in-home care places, fewer than 800 families are using the model. Operators described the cap as far too low to recruit qualified educators and affordability as deteriorating quickly. A recurring point was that the agencies are not the problem: the policy settings are. For families in extreme isolation, in-home care is often the only model that can physically reach them.

### The problem

Affordability (the cap), recruitment (no incentive and no Worker Retention Payment) and regulation (administrative burden) compound one another, so the model designed for the most isolated families barely functions, and the gap between assigned places and families served lays the failure bare.

### How to fix it

- Treat in-home care as a system in failure and address the cap, the Worker Retention Payment, recruitment and provider funding together rather than one at a time.
- Recruit adjacent-qualification students (nursing, teaching, occupational therapy) into in-home care with provider coordination support without having to enrol in a Cert III in ECEC.
- Lead decision-maker: the federal Minister for Early Childhood Education and Youth, with departmental delivery.

### What it will achieve

Converts a model used by fewer than 800 of more than 3,200 assigned places into one that actually reaches families, and gives the most isolated families a regulated, supported option instead of an unvetted, often unaffordable one.

## Priority 4. Sustain Family Day Care

**Consensus at the forum:** *Strong support, especially from providers and peak bodies.*

### What attendees told us

Attendees traced the loss of local-government and small providers to the removal of Family Day Care operational funding around a year ago. They pointed to a net decline of 91 CCS-approved services (22%) and 2,030 educators (23%) since May 2022, and stressed that the provider coordination role, the qualified units that support educators on the ground, is poorly understood and under-funded even though it is what makes remote delivery safe and viable.

### The problem

The funding settings no longer match how Family Day Care is actually delivered in dispersed communities. Without operational funding and a properly resourced provider role, small and local-government services become unviable and close, removing the model best suited to low-density areas.

### How to fix it

- Restore Family Day Care operational funding.
- Properly fund the provider coordination role so educators on the ground are supported.
- Offer start-up grants for new Family Day Care educators, including extending women's return-to-work and self-employment grants (for example, $5,000) to self-employed educators.
- Approve flexible delivery models, including in-venue care (see the first-win pilot at Appendix D).
- Lead decision-makers: federal and Queensland education ministers.

### What it will achieve

Stops the steady loss of services and educators, rebuilds the delivery backbone for low-density communities, and gives new educators a viable way to start.

## Priority 5. Extend the Worker Retention Payment to Family Day Care and in-home care

**Consensus at the forum:** *Strong support across providers and educators.*

### What attendees told us

Attendees reported that the Worker Retention Payment applies to approved long day care but not to Family Day Care or in-home care, and that this is driving a mass exit of educators into mainstream long day care where wage rises are guaranteed. The administrative challenge of paying contractor and ABN-based educators was raised as government's stated reason for inaction.

### The problem

Excluding the two models most suited to low-density communities from a wage payment actively drives educators out of exactly the services rural families depend on, accelerating the workforce decline.

### How to fix it

- Extend the Worker Retention Payment to Family Day Care and in-home care educators.
- Solve the contractor and ABN delivery mechanism, work already underway with departmental officials, rather than treating it as a reason for inaction.
- Lead decision-maker: the federal Minister for Early Childhood Education and Youth, with departmental delivery.

### What it will achieve

Stops the workforce drain from Family Day Care and in-home care and levels the playing field so educators can stay in the models that actually reach the regions.

## Priority 6. Make inclusion and disability support reachable

**Consensus at the forum:** *Consistent across cohorts; raised most strongly by disability and family-support providers.*

### What attendees told us

Attendees described inclusion support that exists on paper but cannot be activated where allied health professionals visit once a term, if at all. They cited the absence of early diagnosis pathways and limited access to speech therapy, occupational therapy, psychology and paediatricians, and flagged the NDIS shift to a new platform, Thriving Kids, as adding uncertainty. As one put it, “diagnostic is always the hardest one; we need to provide a holistic approach.”

### The problem

Inclusion funding and allied health are built around metropolitan service density. In low-density communities they cannot be activated, so children with additional needs and the educators caring for them are left unsupported.

### How to fix it

- Activate inclusion support in low-frequency-visit communities rather than assuming regular specialist access.
- Invest in disability-trained staff and build local diagnosis and allied-health outreach.
- Provide clarity for rural and remote families on the transition to Thriving Kids.
- Lead decision-makers: federal and state agencies responsible for inclusion and the NDIS.

### What it will achieve

Children with additional needs can access care, educators are equipped to include them, and families are not forced to travel long distances or go without support.

## Priority 7. Invest in housing, infrastructure and hub models

**Consensus at the forum:** *Raised by councils and providers alike.*

### What attendees told us

Councils named housing as a key constraint on employment: you cannot attract an educator without somewhere for them to live. Attendees pointed to under-used assets, such as former rural hospital nursing quarters, disused libraries and shire halls, and suggested co-locating visiting health and allied services with care.

### The problem

Even when funding and qualifications are solved, there is often nowhere for an educator to live and no suitable building to deliver from, so a service cannot stand up at all.

### How to fix it

- Fund educator housing, including by repurposing under-used public assets.
- Repurpose disused community buildings into multi-service hubs that co-locate care, visiting health and accommodation.
- Target capital support at communities with no service.
- Lead decision-makers: state and federal governments, with councils as delivery partners.

### What it will achieve

Removes the physical barrier to recruitment and service establishment and turns idle public assets into working care infrastructure.

## Priority 8. Recognise geographic isolation as a vulnerability and design from the ground up

**Consensus at the forum:** *The unifying theme beneath all the others.*

### What attendees told us

Across every cohort, attendees described a one-size-fits-all framework that treats geographic isolation as an inconvenience rather than a recognised vulnerability, and regulation designed for metropolitan settings. They called for bottom-up, community-informed service design, a diversity of care models suited to local need, and a reframing of childcare as economic development and market failure.

### The problem

Until isolation is formally recognised as a vulnerability and the data captures these communities, every specific fix will keep being designed for somewhere else, and the regions will keep being modelled out of funding decisions.

### How to fix it

- Have government formally recognise geographic and social isolation as a vulnerability.
- Fund place-based, community-designed models rather than a single template.
- Adopt the Alliance's demand-side data (Section 4) so the regions become visible in planning.
- Reframe childcare as economic development and total market failure to trigger government responsibility and funding levers.
- Lead decision-makers: federal and state governments, and the proposed Early Childhood Commission.

### What it will achieve

Shifts the entire policy frame so funding and design start from regional reality, makes the regions visible and fundable, and underwrites all seven other priorities.

# 7. A clear, actionable plan

Structural reform takes time, but momentum can start now with the connections already made. The plan below sequences the work into immediate, near-term and medium-term actions, each with a suggested owner and a clear output. It is built around the existing milestone, the Blackall forum in August 2026.

## 7.1 Action plan

| When | Action | Owner / lead | Output |
|---|---|---|---|
| 0–4 weeks | Finalise and circulate a unified 1–2 page policy document of the eight priorities, with partner logos and endorsements | RAPAD + The Future Care Project | Endorsed one-pager + supplementary evidence pack |
| 0–6 weeks | Secure agreed talking points so any mayor, CEO or spokesperson can speak consistently to media and ministers | Alliance comms + The Future Care Project | Shared talking-points sheet |
| 1–3 months | Request meetings with named federal and state ministers and departmental officials (Section 8); deliver the one-pager and evidence pack | RAPAD Chair & Longreach Region Mayor + The Future Care Project | Ministerial and departmental briefings |
| 1–3 months | Engage the live policy processes, the Early Childhood Commission design and the Deloitte modelling consultation, and respond to the Senate Inquiry's findings, building on the submissions already lodged | Alliance + peak-body co-signatories + The Future Care Project | Lodged submission(s) |
| 1–3 months | Scope one or two low-risk pilots (e.g. in-venue care or a hub model) in a community with no service, via a peak body | Family Day Care Queensland / UnitingCare / Lady Gowrie | Costed pilot proposal(s) |
| 2–3 weeks | Complete the Regional Childcare Evidence Framework data work across all seven RAPAD LGAs; consolidate into a regional snapshot | RAPAD ECEC Alliance working group | Seven-LGA service & demand dataset |
| ~August 2026 | Blackall forum: review progress against priorities, confirm rankings, report pilot and data outcomes, set next actions | RAPAD ECEC Alliance | Updated platform + progress report |
| Ongoing | Maintain the network out of silos; keep ABC Western Queensland and regional media engaged; continue gathering testimony | All partners | Sustained advocacy & media |

### 7.2 The single most important enabler

Above any one action sits the discipline of **one consistent voice**. The forum was clear: when a Canberra office makes those obligatory consultation calls, the regions win by being aligned, the same priorities, the same language, the same evidence, from multiple sources. A single endorsed document, widely distributed, does the government's homework for it and makes the case impossible to file away.

## 8. Who we need to engage with

Advocacy succeeds when it reaches the people who hold the levers. This map identifies decision-makers, the bodies shaping the system, the allies who should co-sign, and the local base, with the specific ask for each. It combines the ministers and departments named at the forum with the wider ecosystem.

### 8.1 Primary decision-makers (the levers)

| Who | Role / why they matter | The ask |
|---|---|---|
| **Senator the Hon Dr Jess Walsh** | Federal Minister for Early Childhood Education and Youth, owns CCS, Worker Retention Payment, IHC settings and the universal childcare agenda | Modify the IHC/FDC rate cap; extend the Worker Retention Payment; recognise isolation as a vulnerability in the universal model |
| **The Hon Jason Clare** | Federal Minister for Education, oversees the $1bn Building Early Education Fund (BEEF) | Ensure BEEF reaches genuinely remote communities, not only school-co-located sites in larger centres |
| **The Hon John-Paul Langbroek** | Queensland Minister for Education and the Arts, Free Kindy, the $20m early-years workforce investment, and the in-venue care regulator (Dept of Education) | Delegate in-venue approval to trusted providers; direct workforce funds to remote pathways; extend start-up support |
| **Departmental officials (ECEC funding)** | Departmental officials already engaged on Worker Retention Payment / Deloitte costing work | Resolve delivery mechanism for FDC/IHC to creating better access to established funding steams |

### 8.2 System-shapers (influence the framework, not just a decision)

| Body | Why engage / the ask |
|---|---|
| Deloitte (universal childcare modelling) | The modelling will shape how funding is distributed. Press for population-density and isolation factors so the regions are not modelled out. |
| Proposed Early Childhood Commission | A new governance body still being designed. Seek a regional/remote voice in its design and remit before it is set. |

| Body | Why engage / the ask |
|---|---|
| Senate Inquiry into Childcare Quality and Safety | Established Aug 2025, submissions closed Oct 2025, reported early 2026. The Future Care Project and RAPAD already lodged submissions. Press for its findings to be read through a regional-access lens, that lack of access is itself a safety harm, and feed that into the Commission and Deloitte processes. |
| Department of Education (as regulator) | Controls in-venue care approvals and the qualification framework. Seek delegation, faster approvals, and a Cert III review. |

### 8.3 Allies and co-signatories

These organisations were in the room and strengthen any approach. Their logos and endorsements on the unified document are what turn one voice into a movement.

- **Peak bodies:** Family Day Care Queensland, FDC/IHC reform, pilots, communities of practice.
- **Providers:** UnitingCare (remote family care service), Lady Gowrie Queensland (QPP qualification model), Australian Leading In-Home Care Agency, delivery expertise and case studies.
- **Place-based & family support:** Outback Futures (Pair of Peers), Childcare Leadership Alliance, community programs and shared advocacy.

### 8.4 The local base (legitimacy and reach)

- **RAPAD ECEC Alliance of Councils** , the seven member LGAs (Barcaldine, Barcoo, Blackall-Tambo, Boulia, Diamantina, Longreach, Winton), led by the Longreach Region Mayor as RAPAD Chair.
- **Mayors and CEOs** as spokespeople, a “different level of conversation” that ministers hear differently.
- **Media,** ABC Western Queensland (Jay Carson attended) and regional outlets, to keep public pressure consistent.

## 9. Conclusion and call to action

The forum demonstrated overwhelming consensus that rural and remote communities are being systematically disadvantaged by metropolitan-focused policies, funding models and regulatory frameworks. The barriers are not local quirks; they are the same structural settings, failing the same way, in every community.

The Alliance is not asking for lower standards. It is asking for policy that is fit for purpose, and for the recognition that these communities are *not edge cases, not statistical outliers, and not problems to be managed at the margins of a system built for somewhere else*. It comes with lived experience, baseline data, the peak bodies, and a willingness to pilot solutions already identified.

**The path is clear: one endorsed document, one consistent voice, the named decision-makers, and a checkpoint at Blackall. The work starts now.**

> *"Together we are stronger."* (Closing words of the forum)

## Endorsed by:

*[ Partner logos and organisational endorsements to be inserted here, RAPAD, The Future Care Project, member councils, peak bodies and provider partners. ]*

# Appendix A. Glossary of key terms

| Term | Meaning |
|---|---|
| CCS | Child Care Subsidy, the federal payment that reduces the cost of approved childcare; capped at an hourly rate that disadvantages rural families. |
| FDC | Family Day Care, care provided by an educator, usually in their own home, for a small number of children. |
| IHC | In-Home Care, care delivered in the family's home; one of the few viable models in extreme geographic isolation. |
| In-venue care | Family Day Care delivered in a community building rather than a home; requires Department of Education approval. |
| Worker Retention Payment | A federal wage payment currently available to approved long day care but not to FDC or IHC. |
| Inclusion Support Program | Funding to support the inclusion of children with additional needs; difficult to activate in low-density areas. |
| BEEF | Building Early Education Fund, a $1 billion federal capital fund to build or expand early-learning services in areas of need. |
| Cert III Guarantee | A subsidy that covers a person's first Certificate III; it does not cover a second qualification. |
| Three-Day Guarantee | From 5 January 2026, replaced the CCS activity test; guarantees CCS-eligible families at least 72 hours (3 days) of subsidised care per fortnight regardless of activity. A demand-side entitlement reform that creates no new services. |
| RAPAD | Remote Area Planning and Development Board, the body representing seven Central West Queensland councils. |

# Appendix B. Community Statement

*Opening of the 19 May 2026 government and ministerial session.*

As of yesterday, more than 65 people from across regional, rural, and remote Australia registered to share their insights into what is emerging as one of the most significant social and economic crises of our generation: the near-total market failure of accessible childcare for rural families.

We gathered in person and online, across seven RAPAD local government areas and beyond, to put on the record what access to childcare looks like, and what it costs, in our communities. We heard from families, educators, providers, peak bodies, local councils, and allied service organisations. We heard from mothers on stations who pay ringers and elderly family members to mind their children because no other care exists. We heard from educators who have left the sector because the system has worn them down and we heard from providers who have run viable services in our regions for decades, watching those services close one by one, because the funding settings no longer match the reality of how care is delivered out here.

What emerged was not a list of separate, local problems. It was the same set of structural barriers, surfacing again and again, in every cohort and every community.

The Certificate III requirement is blocking experienced teachers, mature-aged community members, and younger carers new to the sector from supporting an already diminishing workforce. In-Home Care and Family Day Care, the two models most suited to low-density communities, have been excluded from the Worker Retention Payment, actively driving educators out of the very services designed to reach families like ours. The CCS hourly rate cap leaves rural families paying gap fees up to four times higher than their metropolitan counterparts. The Inclusion Support Program exists on paper but cannot be activated in communities where allied health professionals visit once a term. Housing, where it exists at all, is rarely available to the educators we are trying to attract and underneath all of it sits a one-size-fits-all policy framework that treats geographic isolation as an inconvenience rather than as a recognised vulnerability.

We have invited many of you here today so that we can begin the work of dismantling the barriers raised at yesterday’s forum by the parents, community members, councillors and providers who are again in the room with us today. All we are seeking is equitable access. We are not arguing for the lowering of safety or quality standards. We are asking for policy that is fit for purpose. We are asking for the recognition that our communities are not edge cases, not statistical outliers, and not problems to be managed at the margins of a system built for somewhere else.

We come to this table with the lived experience, the data, the peak bodies and the willingness to pilot solutions this conversation has already identified. Today, rural and remote communities stand united to build a better future, together.

# Appendix C. Policy briefing (submission-ready)

*A one-page summary of the verified national-policy facts behind this report, for use in submissions and ministerial briefings. Sources are footnoted.*

### The Three-Day Guarantee is a subsidy reform, not a supply reform

From 5 January 2026, the Australian Government replaced the Child Care Subsidy activity test with the Three-Day Guarantee: all CCS-eligible families are entitled to at least 72 hours (three days) of subsidised care per fortnight regardless of activity, with up to 100 hours where participation requirements or an exemption apply, and 100 hours for families caring for a First Nations child. It does not change subsidy percentages or income thresholds, and families still pay a gap fee.[1] Because it expands entitlement without creating any new services, it delivers nothing to communities with no approved provider, and adds demand pressure where a single service is already full.

### The data counts the cared-for, not the missing

In the September quarter 2025, 1,451,860 children from 1,020,930 families used CCS-approved care, and only 49.7% of children aged 0 to 5 used approved care.[2] Just under half of all children under five are therefore in subsidised care, and the quarterly report counts only those who are; unmet demand generates no record. In-Home Care is excluded from the published usage analysis for privacy reasons, so the model most relied upon in remote Australia does not appear in the national picture at all.[3]

### Affordability is going backwards

The in-home care hourly rate cap has not moved in roughly eight years, while the Children's Services Award rose 5% in March 2026 and is set to rise a further 5% plus CPI from 1 July 2026. Since May 2022 the Family Day Care sector has declined by 91 CCS-approved services (22%) and 2,030 educators (23%).[4]

### The live processes that will decide the regions' future

The Senate inquiry into the quality and safety of Australia's early childhood education and care system was referred on 25 August 2025, closed submissions on 3 October 2025 and reported in early 2026; The Future Care Project and RAPAD both lodged submissions.[5] The Deloitte modelling on universal childcare and the proposed Early Childhood Commission remain live, and both risk entrenching the same metropolitan, CCS-only data that renders these communities invisible. The single most important fix is to count demand, not just supply.

**Headline asks:** modify and index the in-home care and Family Day Care rate cap and extend the Additional Child Care Subsidy to in-home care; restore "working towards" for rural and

[1] Services Australia, "We're replacing the Child Care Subsidy (CCS) activity test" / "3 Day Guarantee", and Department of Education, "3 Day Guarantee". servicesaustralia.gov.au and education.gov.au, accessed May 2026.

[2] Department of Education, "Child Care Subsidy data report, September quarter 2025", education.gov.au, published December 2025.

[3] Department of Education, September quarter 2025 CCS data report; In Home Care is excluded from the published usage analysis for privacy reasons.

[4] Children's Services Award wage increases: 5% from March 2026 and a further 5% plus CPI from 1 July 2026. Family Day Care sector decline since May 2022 per sector data cited by the Alliance.

[5] Senate Education and Employment References Committee, inquiry into the quality and safety of Australia's early childhood education and care system; referred 25 August 2025, submissions closed 3 October 2025, reported early 2026. aph.gov.au.

remote educators; extend the Worker Retention Payment to Family Day Care and in-home care; and adopt demand-side data so the regions are visible.

# Appendix D. In-venue care pilot proposal (the three-month win)

*A ready-to-go proposal for the Alliance's recommended first win: a low-risk, low-cost in-venue care pilot in a community with no existing service. It is designed to be deliverable within three months and to generate the evidence for the larger reforms.*

| Element | Detail |
|---|---|
| What it is | In-venue care: Family Day Care delivered in a community building (for example a hall, library or repurposed public asset) rather than a private home, run by an approved provider. |
| Where | A RAPAD shire with no CCS-approved service (for example Barcoo or Boulia), selected on the baseline data and clear council willingness to host. |
| Who delivers | An approved provider already trusted to run Family Day Care (for example Family Day Care Queensland, UnitingCare or Lady Gowrie), with the host council providing the venue. |
| The ask of government | Delegate or fast-track in-venue approval to the trusted provider, applying the remote education waiver with 20% provider input. No new recurrent funding is required; the model uses existing policy levers. |
| Why it is low-risk | In-venue care is only approved where need is unmet, so it cannot undercut an existing service. A 2:8 educator-to-child ratio can be applied where appropriate to suit the community. |
| Cost | Modest and one-off: venue preparation, an educator/s (supported by the provider while qualifying under a restored "working towards" pathway), and start-up materials. To be costed with the provider. |
| Timeline | Weeks 1 to 4: confirm community, provider and venue. Weeks 4 to 8: lodge the delegated approval and prepare the venue. Weeks 8 to 12: open and begin operating, with data capture from day one. |
| What we measure | Families served, children enrolled, workforce participation unlocked, waitlist/expressions of interest, and lessons for scaling, feeding directly into the Section 4 data programme. |
| Reported at | The Blackall forum, August 2026, as the Alliance's proof point that quality care can be stood up in a no-service community inside existing rules. |

**Why this can we our communities first 'win':** it costs government almost nothing to say yes, it opens a service where there is currently none, and one success becomes the evidence.

## POST ACTION FORUM FEEDBACK:
## ANNEXURE A

# Childcare Leadership Alliance (CLA)

## Technical Advice and Peer Feedback on the Eight Report Priorities

This paper is provided by the CLA as a collaborative addition to the draft RAPAD ECEC Action Forum: May 2026 Report. It outlines the CLA's position, support, and technical sector guidance for each of the eight identified priorities to support the ongoing advocacy strategy.

**Positions: Full Support | Partial Support | Reservations Held**

### Priority 1: Fix the CCS Hourly Rate Cap Inequality

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| **The Report's Proposal** | Modify the Child Care Subsidy (CCS) hourly rate cap for In-Home Care (IHC) and Family Day Care (FDC) to address stagnant indexation and widening gap fees. |
| **CLA Position** | **FULL SUPPORT** |
| **CLA Advice** | This is a critical equity and funding issue. Campaigning for the Federal Government to index the IHC subsidy rate cap directly to the Children's Services Award does not lower safety or quality standards. It simply seeks fair funding so remote families can afford qualified educators. |

### Priority 2: Reform the Certificate III Pathway

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| **The Report's Proposal** | Restore “working towards” status for rural and remote FDC settings so educators can begin operating as sole practitioners before completing their Certificate III. |
| **CLA Position** | **RESERVATIONS HELD** |
| **CLA Advice** | While the practicum travel barriers are real, a “working towards” educator in a centre is actively supervised by qualified peers. In FDC, the educator is a sole practitioner operating in physical isolation. Advocating for unsupervised, under-qualified sole operators creates a perceived safety double standard for regional children. Rather than adjusting the qualification requirement itself, the CLA suggests modernising how the training is delivered to uphold quality safety baselines without compromising standards. |

### Priority 3: Repair In-Home Care (IHC)

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| **The Report's Proposal** | Solve immediate workforce shortages by recruiting university students from adjacent fields (such as nursing, teaching, and occupational therapy) into IHC roles without requiring them to enrol in an ECEC Certificate III. |
| **CLA Position** | **RESERVATIONS HELD** |
| **CLA Advice** | While these students possess high-level professional skills, they lack specific training in early childhood pedagogy, developmental milestones, and the legal requirements of the National Quality Framework (NQF). Shifting toward non-ECEC qualifications risks undermining the professionalisation of the sector and may jeopardise a service's alignment with federal subsidy standards. Instead of removing the ECEC qualification requirement entirely, the CLA suggests a model where these adjacent professionals are supported through a rapid, tailored RPL bridging stream or connected to a virtual remote |

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| | supervision network. This safely leverages their existing skills without diluting baseline early childhood standards. |

## Priority 4: Sustain Family Day Care (FDC)

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| **The Report's Proposal** | Restore FDC operational funding, establish $5,000 start-up grants for self-employed remote educators, and approve flexible delivery models, including a modified 2:8 pooled educator-to-child ratio in community venues. |
| **CLA Position** | **PARTIAL SUPPORT (Support the Model, Recommend Strategic State Engagement)** |
| **CLA Advice** | The CLA strongly supports investigating In-Venue Care as a highly sustainable alternative for small communities that lack the population to sustain a standard centre-based model, alongside restoring operational funding and start-up grants. However, to avoid conflicts of interest and ensure widespread credibility, the physical approval of these venues must remain the responsibility of an independent regulator rather than being delegated to providers. We recommend focused advocacy to help the state government see the safety and value of these models in remote settings so the department is encouraged to prioritise and fast-track the approval of these venues. |

## Priority 5: Extend the Worker Retention Payment to FDC and IHC

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| **The Report's Proposal** | Demand that the newly legislated federal Worker Retention Payment wage increases be extended to FDC and IHC educators, urging departments to resolve the mechanism for ABN-based contractors. |
| **CLA Position** | **FULL SUPPORT** |
| **CLA Advice** | Remote educators using compliant FDC and IHC models should not be financially penalised or driven out of the sector due to their contractor employment status. Advocacy to resolve this administrative payment mechanism supports workforce retention without compromising care standards. |

## Priority 6: Make Inclusion and Disability Support Reachable

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| **The Report's Proposal** | Modify the Inclusion Support Program (ISP) so funding can be activated in low-frequency-visit communities where allied health professionals visit only once a term. |
| **CLA Position** | **FULL SUPPORT** |
| **CLA Advice** | Current funding rules requiring frequent specialist visits are mathematically impossible in remote areas. Advocating for flexible ISP funding triggers allows remote educators to receive the resources they need to support children with additional needs safely. |

## Priority 7: Invest in Housing, Infrastructure, and Hub Models

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| **The Report's Proposal** | Fund educator accommodation by repurposing under-utilised public assets (such as old nursing quarters) and establish multi-service hubs in disused community buildings. |
| **CLA Position** | **FULL SUPPORT** |
| **CLA Advice** | This addresses a fundamental supply-side economic barrier. Providing capital support for infrastructure and housing removes overhead bottlenecks for |

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| | regional local governments and operators without requesting any dilution of safety compliance or educational standards. |

### Priority 8: Recognise Geographic Isolation as a Vulnerability

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| **The Report's Proposal** | Formally recognise geographic isolation as a structural vulnerability, adopt the live demand-side data tool built by The Future Care Project, and push back on standard documentation and risk assessments. |
| **CLA Position** | **PARTIAL SUPPORT (Data Only)** |
| **CLA Advice** | The CLA enthusiastically endorses the Regional Childcare Evidence Framework and the use of demand-side data tools to fix regional data invisibility. However, we advise against framing standard compliance and risk assessments as disposable “red tape”. In remote settings with extended emergency response times, robust, documented risk management is highly critical to child safety. |

## ANNEXURE B

# Family Day Care Queensland (FDCQ)

## Feedback on the RAPAD ECEC Action Forum: May 2026 Report

FDCQ commends the report as comprehensive and notes it demonstrates not only the need but the urgency behind seeking solutions for these families and communities. The points below are offered for consideration before finalising, with corresponding page and graph references from the draft report.

### Points for consideration

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| **Page 9, point 2 Graphs p.17, p.23** | The recently announced Worker Retention Payment is expected to include FDC. The mechanism for how it will work with the current contractor model is not yet confirmed. |
| **Page 9, point 3 Graph p.17** | The CCS hourly cap rate for FDC has always been lower than for centre-based care. FDCA and FDCQ have fought, and will continue to fight, for equity, as this is a gross disadvantage to families. |
| **Page 11, point 7 p.22** | FDC operational funding was removed in July 1997 (Parliament of Australia, *Impact of Changes to Child Care Funding on Child Care Services*, Chapter 4). |
| **Page 11, point 8** | Additional information on the eligibility and approval process for In-Venue Care under the Education and Care Services National Regulations (ACECQA, *2.2 Application for service approval*):<br>• **In-Venue:** a place (other than a residence) approved by a regulatory authority under section 50A or 54(8A) as an FDC venue for an approved FDC service.<br>• **Exceptional services:** an approved provider may operate an FDC service at a venue only in exceptional circumstances and if approved by the regulatory authority. Examples a regulatory authority may consider include:<br>– where the proposed venue is located in a rural or remote area, and the location or characteristics of residences are not suited to FDC<br>– other locations where potential residences may be unsuitable |

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| | – for a temporary period (generally up to 12 months) where a residence is unavailable due to essential major repairs or the effects of natural disaster<br>– where care is provided for a small group of vulnerable or disadvantaged children and a suitable residence is not available |
| **Page 20**<br>**“How to fix”** | Allow FDC educators working towards qualification where the educator is registered with an approved provider who can demonstrate additional learning support to that educator. |