Delivering quality care more efficiently inquiry

Questionnaire response 21

Name: Gotcha4Life Foundation

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Participant background

1. For the purposes of this consultation, which of the following best describes you:

   I am an organisation that provides or coordinates care services

2. Which of the following care sectors will your feedback relate to? Please select all that apply.

   Early childhood education and care; Health

3. What kind of care supports, services and programs do you have experience with, and in what jurisdictions?

   The participant did not respond to this question.

1. Reform of quality and safety regulation to support a more cohesive care economy

1. To what extent do differences in quality and safety regulation make it costly or complex to provide or access care services?

   The participant did not respond to this question.

2. What are the reasons for your answer?

   The participant did not respond to this question.

3. To what extent should quality and safety regulations be more aligned across the different care service sectors and jurisdictions?

   The participant did not respond to this question.

4. What are the reasons for your answer?

   The participant did not respond to this question.

2. Embed collaborative commissioning to increase the integration of care services

1. What is your experience with collaborative commissioning

   The participant did not respond to this question.

2. What are the benefits of pursuing greater collaborative commissioning?

   The participant did not respond to this question.

3. What are the barriers to collaborative commissioning, and do you have any suggestions for solutions that would lead to better collaboration in the commissioning of care services?

   The participant did not respond to this question.

3. A national framework to support government investment in prevention

1. What are the main barriers to governments investing in evidence-based prevention programs across the care economy?

There are a number of barriers that restrict meaningful government investment in prevention in the care economy. One of the most significant is that these programs often sit outside political cycles. Preventative initiatives typically require long-term commitment, while political timeframes preference short-term, visible results within election terms. This can affect the continuity and effective scaling of evidence-based programs that show potential for positive long-term social and economic impact.

Outside of election cycles, preventative investments have been effective across a range of interventions. Prevention efforts in areas like cardiovascular health and road safety have shown measurable and material impacts For example, widespread public health campaigns targeting heart disease - combined with improved dietary guidelines, smoking cessation efforts, and early screening - led to a significant decline in cardiovascular fatalities within a decade (Australian Institute of Health and Welfare, 2021). Similarly, the introduction and enforcement of seatbelt laws in Australia saw an immediate and sustained reduction in road deaths (Bureau of Infrastructure and Transport Research Economics, Road Safety in Australia: A Publication Commemorating World Health Day 2004). These examples highlight the effectiveness of coordinated, well-funded prevention strategies. However, prevention in an area such as mental health is inherently more complex. Outcomes can be less visible, benefits may take longer to emerge, and success is often defined by the absence of crisis rather than the presence of a discrete event. This complexity can make it harder to build political and funding momentum for preventative mental health initiatives, despite strong evidence that early investment improves long-term outcomes and reduces overall healthcare and economic system costs.

Prevention efforts in health frequently straddle multiple portfolios across state and federal governments such as health, education, youth, and social services. As a result, responsibility and funding accountability become diffused across departments and levels of government, creating ambiguity around who leads, who funds, and who benefits. This fragmented ownership can lead to underinvestment, despite the proven ability of prevention programs in reducing downstream costs and improving community outcomes. The Clontarf Foundation is a powerful example of prevention straddling health, education, and justice. Through school-based academies for Aboriginal and Torres Strait Islander boys, The Clontarf Foundation uses sport and mentoring to promote school attendance, physical and mental wellbeing, and pathways to employment. The program has significantly improved Year 12 completion rates, reduced justice system involvement, and enhanced health outcomes for participants (Clontarf Foundation Annual Report 2022; Department of the Prime Minister and Cabinet, Evaluation of the Clontarf Foundation).

Another major barrier is the urgent and escalating demand for crisis response. When there is a visible crisis - be it in emergency mental health presentations, child protection cases, hospital wait times or domestic and family violence - governments are under intense pressure to act swiftly. As a result, funds are continually funnelled to the crisis end of the system, leaving little room for sustained, strategic investment in prevention. This perpetuates a reactive model of care that treats symptoms rather than addressing

systemic causes of poor health and social outcomes. This short-term approach not only reinforces the cycle of crisis, but also diverts attention and resources away from the very interventions that could reduce future demand - preventative programs that tackle root causes before they escalate.

Despite growing evidence of its long-term benefits, investment in preventative health in Australia remains minimal. According to the Australian Institute of Health and Welfare (AIHW, Health Expenditure Australia 2023), public health expenditure - which includes prevention, health promotion, and disease protection - accounts for just a small fraction of total health spending. In 2022–23, Australia spent approximately $252.5 billion on health, yet preventive health measures continued to receive less than 2% of this total investment. This imbalance is concerning given that modifiable risk factors like obesity, now the leading contributor to disease burden in Australia (Australian Institute of Health and Welfare, 2023, Australian Burden of Disease Study), are largely preventable. Without a strategic shift toward prevention, the health system will remain overburdened, reactive, and financially unsustainable.

Due to high costs and scarce resources in the care sector, evaluations and Social Return On Investment (SROI) modelling may also often lack the rigour government requires to rely on the evidence. Governments face difficulty justifying the cost of prevention when evaluation frameworks and budget models prioritise short-term outputs or siloed cost savings. Without a consistent method for valuing cross-sector and intergenerational impact, the full return on prevention remains significantly undervalued in public policy and budgeting.

Government investment in evidence-based prevention across the care economy is limited by political cycles, fragmented funding responsibilities, crisis-driven spending priorities, and a lack of consistent frameworks to measure long-term, cross-sector impact.

2. What are some examples of successful prevention programs (this could include discontinued programs)?

There are a number of successful prevention programs, both past and present, that highlight the long-term value of upstream investment. These include the Student Wellbeing Boost, the Stephanie Alexander Kitchen Garden Program, Gotcha4Life's Mentally Fit Primary Schools program, and the Slip! Slop! Slap! Sunscreen campaign.

The Student Wellbeing Boost was a one-off initiative funded by the Australian Government Department of Education in 2023, which gave schools the autonomy to invest in wellbeing initiatives tailored to their unique needs. However, the initiative was not extended beyond its initial allocation, and without an evaluation or follow-up mechanism, its long-term potential remains untapped - a missed opportunity to build national wellbeing investment in education. Anecdotal outcomes - such as increased engagement, teacher confidence, and improved wellbeing culture - have been reported informally by schools and education bodies in media releases and local school newsletters, but these are not yet collated in a central, peer-reviewed evaluation. This example underscores the systemic challenge of funding preventative mental health in schools - an area that sits at the intersection of health and education, yet often lacks clear ownership in government (Australian Government Department of Education 2023, Student Wellbeing Boost).

The Stephanie Alexander Kitchen Garden Program has been a long-running, curriculum-aligned food literacy and health promotion initiative. Originally supported by Commonwealth funding and now operating through state support and school subscriptions, the program teaches children how to grow, harvest, prepare, and share fresh food. Evaluations have demonstrated its effectiveness in improving children's attitudes toward food, increasing vegetable consumption, and building healthy eating habits for life. Despite its strong public health alignment, it no longer receives consistent national funding and is vulnerable to inequitable access based on school resources (Hersch, D., Peralta, L. R., & Currie, J. 2016, The impact of a school-based food literacy program on adolescents' food literacy and dietary intake).

Gotcha4Life's Mentally Fit Primary Schools program is a three-year whole-of-school mental fitness initiative that supports students, teachers, and parents to strengthen emotional adaptability, social connection, and help-seeking behaviours. Delivered by trained Mental Fitness Educators and aligned with the Australian Curriculum, the program empowers school communities to embed preventative mental health strategies across learning and culture—not as an add-on, but as a foundation. Independent evaluation shows strong outcomes, including improved school culture, increased teacher confidence, and greater emotional literacy and engagement among students. The program has been particularly effective in under-resourced and high-risk communities, where it provides structured, scalable support and strengthens the protective factors known to reduce the risk of future mental ill-health (Seedwell Consulting 2024, Mentally Fit Primary Schools Pilot Evaluation Report).

Australia's Slip! Slop! Slap! campaign is one of the most successful public health prevention initiatives in the country's history. Launched by Cancer Council Victoria in 1981, the campaign encouraged Australians to "Slip on a shirt, Slop on sunscreen and Slap on a hat" to reduce exposure to harmful ultraviolet rays. Over time, the program evolved into the broader SunSmart initiative, supported by state governments and integrated into school curricula and workplace safety guidelines. Independent evaluations found that SunSmart contributed to improved sun protection behaviours, a reduction in sunburn rates, and - critically - a reversal in the trend of increasing skin cancer rates among younger Australians. By 2010, research suggested that the campaign had prevented more than 100,000 cases of skin cancer and saved over 1,000 lives, delivering a significant return on investment for public health spending. The program is widely cited as a benchmark for how long-term, multi-sectoral prevention campaigns can shift community norms and reduce disease burden at scale (Shih et al. 2009, Economic evaluation of skin cancer prevention in Australia, Preventive Medicine).

These examples demonstrate that successful prevention programs share several defining characteristics that can inform a national prevention investment framework. First, they are embedded within everyday settings - like schools, transport, and community hubs - ensuring broad access and the normalisation of healthy behaviours. Second, they use simple, memorable messaging (as seen in Slip! Slop! Slap!) to drive population-wide behaviour change, especially when reinforced over time. Third, they blend in-person delivery with scalable tools or digital components, enabling reach without sacrificing relational connection. Fourth, they are backed by partnerships between government and community organisations - leveraging trust, cultural relevance, and on-the-ground capability to deliver place-based solutions. Finally, the most effective

initiatives are those funded over multiple years, with strong evaluation frameworks that build the evidence base and allow for long-term impact measurement.

These principles should sit at the heart of any prevention-focused grant program or policy strategy. Programs like The Kitchen Garden, Mentally Fit Primary Schools and SunSmart demonstrate that prevention delivers the greatest return when it is embedded from the outset as a core part of systems and services - not treated as an optional add-on.

3. How can governments better support investment in prevention activities that have broad and long-term benefits for the Australian community?

To meaningfully invest in prevention, governments must reimagine it as a foundational pillar of national prosperity - critical to economic resilience, system sustainability, and the wellbeing of future generations. This means embedding cross disciplinary prevention into the core architecture of public policy, budgeting, and service delivery - not as a discretionary line item, but as an essential strategy for reducing pressure on crisis systems and building healthier, stronger individuals and communities in Australia. Mental health must be a key pillar of any national prevention strategy. Embedding mental fitness into schools, workplaces, and communities – supported by multi-year funding and robust evaluation – will ease long-term pressure on clinical systems, reduce suicide rates, and improve population wellbeing. An example of where this approach works is in Finland. Its Health in All Policies framework mandates that all sectors - including transport, housing, education, and agriculture - assess the health impacts of their decisions. This has led to coordinated efforts across ministries to tackle chronic disease, alcohol harm, and socioeconomic determinants of health. Finland also set long-term national targets for health equity and system sustainability, underpinned by consistent data and evaluation (World Health Organization 2013, Health in All Policies: Framework for Country Action).

Prevention must also be insulated from political cycles. Programs that deliver long-term outcomes require funding models and accountability mechanisms that outlast election terms. Multi-year, outcomes-based investment - rather than short-term pilots or one-off grants - would allow providers to plan with certainty, build capability, and invest in robust evaluation. A national prevention investment framework, backed by pooled or jointly governed funds and with bipartisan support, would drive cross-portfolio collaboration and unlock integrated responses to complex issues like mental ill-health, chronic disease, educational disengagement, and intergenerational disadvantage.

There are clear examples of this approach working. Australia's sustained tobacco control efforts - spanning multiple decades and governments - have resulted in one of the world's lowest smoking rates. This includes plain packaging laws, public awareness campaigns, and taxation policies supported across political lines (Scollo, M., & Winstanley, M. 2019, Tobacco in Australia: Facts and Issues. Melbourne: Cancer Council Victoria). Similarly, the National Bowel Cancer Screening Program has remained a bipartisan initiative since its introduction in 2006, reducing cancer deaths through early detection (AIHW 2023, National Bowel Cancer Screening Program monitoring report). Even state-based programs, such as Queensland Health's award-winning 'Good Start' nutrition and wellbeing initiative for Māori and Pacific Islander communities (Queensland Health 2014, The Good Start Program: A Healthy Lifestyle Program for Pacific Islander and Māori Children and Families), demonstrate how culturally responsive, multi-sectoral prevention can yield powerful results when given long-term support. These examples

show that when governments commit to prevention beyond political cycles, they unlock lasting, equitable improvements in health.

The government must also broaden how it defines and measures value. Many prevention programs generate returns across multiple systems and intergenerationally, such as The Nurse-Family Partnership, an evidence-based early intervention program that pairs specially trained nurses with first-time mothers from disadvantaged backgrounds, starting in pregnancy and continuing through the child's second birthday. The program has demonstrated long-term benefits across health, education, and justice systems. Children in the program show improved cognitive development and school readiness, while mothers experience fewer subsequent pregnancies, better employment outcomes, and reduced reliance on welfare. Importantly, the program has also been linked to lower rates of child abuse, youth crime, and long-term health system usage - highlighting its intergenerational return on investment (Olds et al. 2010, Enduring Effects of Prenatal and Infancy Home Visiting by Nurses on Children: Follow-up of a Randomized Trial among Children at Age 12 Years. Archives of Pediatrics & Adolescent Medicine).

Current funding structures often silo these benefits, making it difficult to justify investment when savings accrue elsewhere. Shifting to a whole-of-government return-on-investment model - underpinned by shared metrics and integrated data - would create efficiencies across departmental portfolios, enabling multiple, mutually reinforcing benefits for all areas of government as well as for communities. For example, since 2019, New Zealand has embedded prevention and wellbeing into its national budgeting process via the Wellbeing Budget. This approach requires Treasury to assess policy proposals not just on economic value, but on their contribution to intergenerational wellbeing. It has led to increased investment in early intervention programs, mental health supports, and community-based initiatives that strengthen long-term health and social outcomes. It also aligns ministries around shared outcomes like child wellbeing, mental health, and reduction in family violence.

Governments can also strengthen prevention efforts by commissioning not-for-profits and community-led organisations that are best placed to deliver trusted, culturally responsive, and locally relevant support. These organisations often have strong relationships within the communities they serve, making them more effective at engaging people early, building trust, and delivering place-based solutions that work. Evidence from the Productivity Commission and policy think tanks like the Centre for Policy Development shows that investing in these community providers improves access, outcomes, and long-term value - while reducing downstream demand on health and social services (Productivity Commission 2020, Mental Health, Report no. 95. Canberra).

Finally, equity must be front and centre in any national prevention strategy. Access to preventative programs should not be contingent on postcode, socioeconomic status or ability to pay. Yet across Australia, access to proven programs varies significantly based on geography, leadership, or local fundraising capacity. To ensure all Australians can benefit from early and effective support, we must embed evidence-informed prevention into the universal infrastructure people already engage with - such as schools, early childhood centres, and community health hubs. Doing so would help establish a more consistent and fair baseline of support, especially in communities that are rural, remote, or otherwise under-served. This approach not only improves outcomes but reduces

inequities over time. As highlighted by the Australian Institute of Health and Welfare, population-wide prevention strategies embedded in local infrastructure can achieve sustained improvements in health equity and cost-effectiveness when supported by stable, long-term investment (AIHW 2022, Australia's health).

With health and social care costs projected to rise sharply in the coming decades (Australian Government Treasury 2021, Intergenerational Report), prevention is no longer optional, it’s the most responsible investment we can make. By shifting now, we can break free from the systems that keep us locked in a reactive cycle, and create a healthier world where people have access to preventative programs and tools long before things reach crisis point.