The Sporting Chance Cancer Foundation
Social and Economic Contribution to the Australia Community

Measuring the Social Return on Investment
of the

SPORTING CHANCE CANCER FOUNDATION

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Executive Summary

The Sporting Chance Cancer Foundation (SCCF), established in 1996 by Australian sporting icons including Mark Taylor, Reg Gasnier, Raelene Boyle, and Bob Skilton, serves as a vital lifeline for children battling cancer across Australia. The Foundation's core mission is to financially support mobile home care units and outreach programs, specifically targeting the "tyranny of distance" that regional and rural families face following a paediatric cancer diagnosis. By funding Clinical Nurse Consultants (CNCs) at major children's hospitals nationwide, SCCF ensures that children can receive expert oncology care in the comfort of their own homes, minimising the profound disruption to family life.

This report quantifies the significant value SCCF provides to the Australian community through a rigorous Social Return on Investment (SROI) framework. The findings reveal that SCCF's activities are not merely charitable acts but high-impact economic and social interventions.

Over the past five years, SCCF has provided $4,297,433 in funding for outreach programs across New South Wales, Queensland, Victoria, and South Australia/Northern Territory. This investment has generated $25,919,295 in social and economic benefits. That is for every 1 invested by SCCF, the Australian community receives 6.03 in social value.

Key Pillars of SCCF's Impact include:

1. Economic Benefits: Poverty Prevention and System Efficiency

SCCF acts as a critical mechanism for preserving family income and employment. By delivering care locally, the Foundation prevents parents from having to quit jobs or relocate to metropolitan centres for months or years.

- Healthcare Savings: The programs significantly reduce expensive tertiary hospital admissions and emergency department visits by upskilling families to manage care at home.
- Hospital Optimisation: Localised testing and shared-care models free up critical bed space in major hospitals for the most acute cases.

2. Social Benefits: Family Cohesion and Child Wellbeing

The Foundation's impact on the family unit is profound, protecting the mental health and developmental progression of both patients and their siblings.

- Keeping Families Together: SCCF prevents prolonged family separation, reducing the risk of relational strain and psychological distress.
- Childhood Normalcy: Children can spend more time in their own beds and attend local schools, which is vital for their long-term developmental trajectory.
- Dignity in Palliative Care: The programs enable terminally ill children the dignity of passing away peacefully at home, surrounded by loved ones.

3. Community Wide Benefits: Regional Capacity and Equity

SCCF addresses health disparities by upskilling the regional healthcare workforce.

- Workforce Mentoring: Outreach nurses educate local GPs and regional nurses, building a sustainable network capable of managing complex oncology protocols.
- Cultural Safety: Programs like the Greg Blewett Outreach Program (SA/NT) serve as Aboriginal Cultural Learning Champions, ensuring First Nations families receive medically excellent and culturally respectful care.

The 2025 nationwide results underscore the scale of SCCF's reach:

- 74 Outreach Clinics delivered nationwide
- 2,249 Outpatient Attendees
- 1,473 Program Patients managed across five major state initiatives
- 674 Education Session Attendees upskilled to provide local care.

The Sporting Chance Cancer Foundation delivers an impressive return on investment. By stabilising the family unit and altering a child's long-term life trajectory, SCCF provides a foundational contribution to the Australian community. Without the continued support of SCCF, these essential outreach programs would cease to exist, leaving thousands of regional families to face the trauma of cancer in isolation.

Summary Results - 2025

	James Tedesco Outreach Program	Mark Taylor Outreach Program	Raelene Boyle Outreach Program	PICS Regional Outreach Shared Care Program	Greg Blewett Outreach Program	SCCF Expenditure & Other Programs*	Nationwide
Outreach clinics	52	-	-	22	-		74
Outpatient Attendees	536	1,146	189	265	113		2,249
Program Patients	314	167	241	722	29		1,473
Clinicians Supported	21	7	-	-	-		28
Education Session Attendees	-	-	154	520	-		674
Tele support	-	-	92	-	91		183
Patients supported to return to school	-	-	149	-	-		149
SCCF 5 Year Funding Received	$ 108,948	$ 1,694,690	$ 324,863	$ 472,394	$ 443,247	$ 1,253,291	$ 4,297,433
SROI	$ 980,532	$ 15,252,210	$ 1,887,867	$ 3,165,949	$ 2,836,286	$ 1,796,451	$ 25,919,295
SROI Ratio	9.0	9.0	5.8	6.7	6.4	**1.4**	6.03

**includes SCCF programs (incl Bloomhill Cancer, Hazelton Family and Other Giving) and administration expenditure offset by SCCF economic benefits.*

Contents

1.0 The Sporting Chance Cancer Foundation

The Sporting Chance Cancer Foundation (SCCF) was formed in 1996 by former Australian Cricket Captain Mark Taylor, Rugby League legend Reg Gasnier, Olympian Raelene Boyle and Triple Brownlow Medallist Bob Skilton. SCCF is a non-for-profit organisation committed to financially supporting mobile home care units that help make life easier for children with cancer and outreach programs for kids with cancer from regional areas. Other patrons include Wallaby great, Stirling Mortlock , QLD state of origin & Dragons (NRL) legend Mark Coyne, Australian cricketer Ellyse Perry, Blue Origin & Roosters (NRL) star James Tedesco and Australian cricket fast bowling legend, Merv Hughes.

The SCCF currently has provided over $3 Million across Australia in the past 5 years so that Australia's major children's hospitals can employ a Clinical Nurse Consultant (CNC) to operate outreach programs for kids with cancer allowing them to stay for as long as possible in the comfort of their own homes and to keep disruption to the family everyday life to a minimum. Whilst the patients are predominantly from regional areas the service also provides home treatment for kids in metropolitan areas. Sporting Chance funds a nurse in Queensland, 4 nurses in NSW (3 Westmead, 1 Randwick), and a nurse in both Victoria and South Australia (who also covers NT). Each nurse requires up to $165,000 p.a. funding to cover wages and on-costs such as travel expenses. Each program would cease without the support of SCCF.

2.0 Importance of the Sporting Chance Cancer Foundation

In Australia, more than 1,000 children and adolescents are diagnosed with cancer annually. Tragically, cancer claims more young lives than any other illness in the country, resulting in approximately three deaths per week among children and adolescents. Each child lost to cancer forfeits an average of 70 potential years of life, while survivors often endure severe long-term health challenges. Despite these hardships, advancements in medical research have significantly raised survival rates to over 80% (Childhood Cancer Association Aus, 2024).

Through SCCF's programs—James Tedesco and Mark Taylor (NSW), Raelene Boyle (QLD), Bob Skilton/ROSCP (VIC), Greg Blewett (SA/NT), —the Foundation delivers significant economic and social returns on investment. By funding dedicated outreach nursing roles and decentralised care models, the SCCF shifts paediatric oncology and palliative care from isolated metropolitan hospitals back into local communities. Key economic and social benefits provided by these five programs are discussed below.

3.0 Economic Benefits

The economic benefits of the SCCF can be broadly grouped into two categories including:

Financial Support for Families

- Preservation of Income and Employment: A childhood cancer diagnosis typically forces parents to take extended leave or quit their jobs to relocate to major cities (like Sydney, Brisbane, or Adelaide) for months or even years. By delivering care locally, the outreach programs allow parents to maintain their employment, keep family businesses running, and protect their long-term financial stability.
- Reduction of Out-of-Pocket Costs: Families are spared the immense, compounding costs of constant travel, fuel, long-term metropolitan accommodation, and daily living expenses away from home.

Healthcare System Efficiencies and Savings

- Reduced Tertiary Admissions: By upskilling families to manage care at home (such as central line management, nasogastric tube care, and home IV hydration), the programs significantly reduce the frequency and duration of expensive inpatient admissions and outpatient visits at major children's hospitals.
- Preventing Emergency Interventions: Initiatives like proactive parent education (e.g., managing severe nappy rash) and the provision of emergency "picnic boxes" for febrile illness ensure early intervention. This keeps children out of acute emergency departments and prevents complications from escalating.

- Optimised Hospital Workflows: Localised blood testing (like the early BMT bloods process) and shared-care arrangements free up critical bed space and clinical resources at primary tertiary centres for the most acute cases.

4.0 Social Benefits

The social benefits of the SCCF can be broadly grouped into two categories including:

Family Cohesion and Stability

- Keeping Families Together: The "tyranny of distance" traditionally forces families to split up, with one parent staying behind to work or care for other children. SCCF programs prevent this prolonged separation, significantly reducing relational strain, family breakdown, and psychological distress.
- Sibling Wellbeing: By keeping the family unit intact and in their hometown, healthy siblings are spared the trauma of dislocation, allowing them to stay in their own schools and maintain their daily routines.

Child Wellbeing and Normalcy

- Maintaining Childhood: Children undergoing treatment are able to spend more time in their own beds, attend their local schools, and participate in community activities. This connection to their normal life is vital for their mental health and developmental progression.
- Compassionate End-of-Life Care: Through enhanced collaboration with local palliative care teams, terminally ill children are afforded the dignity of passing away peacefully in the comfort of their own homes, surrounded by their loved ones, rather than in a clinical, distant hospital ward.

5.0 Community Wide Benefits

The community wide benefits of the SCCF can be broadly grouped into two categories including:

Regional Capacity Building

- Upskilling the Local Workforce: The programs do not just treat patients; they actively educate and mentor regional nurses, general practitioners, and local paediatricians. This builds a highly capable regional healthcare workforce that can confidently manage complex oncology protocols, chemotherapy administration, and emergency care.
- Creating Sustainable Networks: By establishing statewide networks (such as the 'link nurse' model) and virtual clinical handovers, the programs break down silos between metropolitan specialists and rural clinicians.

Equity and Cultural Safety

- Bridging the Geographic Divide: The programs actively dismantle the severe health disparities that exist between metropolitan and regional/rural patients, ensuring that a child's postcode does not dictate their quality of care or their family's quality of life.
- Culturally Safe Care: Programs spanning remote areas (like the Greg Blewett program covering the NT and SA) incorporate dedicated focuses on Aboriginal cultural learning. This ensures that First Nations families receive care that is not only medically excellent but deeply respectful and culturally safe.

In summary, t he SCCF's activities go far beyond standard medical intervention. From an economic perspective, SCCF acts as a poverty-prevention mechanism for vulnerable families and an efficiency driver for the state healthcare system. From a social perspective, it serves as a lifeline that preserves family unity, childhood normalcy, and community resilience during the most difficult chapter of a family's life.

6.0 Scope of the Report

AEAS was commissioned by SCCF to develop a national social impact report to better recognise and understand the benefit of the work it does for the community. SCCF funds outreach nurses in New South Wales, Queensland, Victoria and South Australia who treat and care for kids with cancer across regional Australia. At the moment SCCF impact reports are generated by each outreach nurse or hospital. The aim of this report seeks to bring all of this information together and capture and quantify (economic, social and community wide) all of the valuable work being done by SCCF.

AEAS has examined the broad economic, social and community wide benefits that SCCF generates through its comprehensive range of healthcare services. Report metrics cover:

- number of patients/families supported;
- the regional and metropolitan hospitals benefiting from the expertise of our outreach nurses;
- the level of investment that has been made by SCCF over the past 5 years; and
- the social and economic return on that investment over the past 5 years.

Through the collation of these vital statistics AEAS measures the social impact of this support for families and their surrounding community. Report metrics are built up from each patient, nurse and hospital and then reported on Nationwide basis. The report includes Social Return on Investment (SROI) analysis in order to provide importance metrics to meet the focus of SCCF partners and potential sponsors on social impact frameworks and reporting.

In summary, the report reveals the considerable value and return on investment that SCCF's services provide to its patients, the government and regional, rural, remote and metropolitan communities across Australia each year. The key output of the AEAS analysis is the evidence base represented through a digestible range of metrics to promote business, resident and community understanding of the importance and role that SCCF makes to their patient's everyday lives.

7.0 What is Social Return on Investment

The social return on investment (SROI) of SCCF can be assessed by evaluating the positive economic, social and community wide impacts and benefits it brings to society compared to the investment and operational costs involved. SROI is a framework used to measure the broader value and impact of projects to understand the effectiveness and value they generate in relation to the resources invested.

The calculation of SROI involves quantifying benefits and comparing them to the costs involved, including the investment in providing oncology support and outpatient services to Australian families. The SROI process involves several steps:

- Identifying stakeholders: Identifying all the stakeholders who are affected by the initiative, including direct and indirect beneficiaries;
- Mapping outcomes: Identifying and mapping the changes or outcomes brought about by the service and classifying them as economic, social and community wide;
- Valuing outcomes: Assigning monetary values to the outcomes; and
- Calculating SROI: Dividing the total value of the social impact by the cost of the initiative to get the SROI ratio. The formula is:

SROI Ratio = (Social Value Created / Investment Cost)

A positive SROI ratio greater than 1 indicates that the social value generated is greater than the resources invested, making it a worthwhile initiative. The greater the value the more commendable the initiative.

8.0 Literature Review

A number of robust studies and verified SROI evaluations have been conducted on childhood cancer outreach, supportive care, and tele-support models. These studies consistently demonstrate that investing in community-based, non-clinical support and remote care yields significant financial and social returns. Here is a list of key SROI ratios and relevant economic studies:

Camp Quality – Primary School Cancer Education Program (Australia) *SROI Ratio: 1:5*
A formal SROI evaluation conducted by KPMG assessed the impact of Camp Quality's educational outreach program, which travels to schools to support children returning to school after a cancer diagnosis, as well as their siblings and offspring of adult cancer patients. For every $1 spent on the program, $5 of social and economic value was created. The largest driver of this financial return was avoided mental health expenditure. The survey found that required visits to healthcare workers for mental health issues dropped by 60% for children with cancer and 38% for their siblings after the outreach intervention, saving the healthcare system an estimated $4.6 million over two years.

Kids Cancer Care Foundation of Alberta – SunMaker Outreach Program (Canada) *SROI Ratio: 1:4*
An independent SROI study evaluated the "SunMaker" program, a specialised camp and outreach initiative for children affected by childhood cancer. The study found that for every dollar donated to the outreach program, four dollars of social benefit were created. The returns were largely attributed to improved psychosocial well-being, reduced isolation, and the facilitation of peer support networks which buffer against long-term trauma.

Supportive Oncology Care Evaluation (Australia) SROI *Ratio: 1:9 (Year 1) to 1:11 (Year 5)*
While focused on lung cancer, this rigorous Australian SROI study (published in 2022) is highly relevant as it modelled the economic value of providing dedicated, coordinated supportive care to oncology patients to keep them out of acute settings. The forecast evaluation showed that every $1 invested in supportive care yielded a $9 return in the first year, growing to $11 over five years. The savings were achieved by preventing avoidable healthcare utilisation (e.g., emergency department presentations) and mitigating the financial burden on patients and their informal carers.

Starlight Children's Foundation – Healthier Futures Initiative (Australia) *SROI Ratio: 1:4 to 5.5*
An outreach program where "Captain Starlights" travel with clinical teams to remote Aboriginal and Torres Strait Islander communities to boost participation in preventative healthcare clinics. Independent SROI evaluations (often conducted by groups like Social Ventures Australia) consistently find ratios ~ 1:4 to 5:1. The presence of outreach support reduces childhood anxiety around medical procedures. This leads to higher clinic attendance, higher vaccination rates, and early detection of conditions (like rheumatic heart disease or ear infections). The social value is monetised through reduced future hospitalisations and improved long-

Community Health Worker (CHW) Asthma Home-Visiting Programs *SROI ratio of 1:4 to 5.1*
Outreach nurses or CHWs visit the homes of children with severe asthma to provide education, assess environmental triggers, and optimise medication adherence. Multiple studies across the US and UK show SROI and Return on Investment (ROI) ratios ranging from 1:3 to 1:5.5. Drivers of value include drastic reductions in paediatric Emergency Department (ED) visits and costly ICU admissions and significantly fewer missed school days for the child (improving educational attainment) and fewer missed work days for the parents (preserving family income and productivity).

Ronald McDonald House Charities (RMHC) Global SROI Studies *SROI ratio of 1:3.6*
While functioning as accommodation, RMHC serves as a vital outreach infrastructure, allowing regional families to stay near tertiary paediatric hospitals. A comprehensive SROI study of RMHC in Australia by Social Ventures Australia found an SROI ratio of 1:3.6. The study monetised the value of "Family-Centred Care." By keeping the family together and close to the hospital, children experienced improved sleep, better clinical adherence, and faster discharge times. Parents reported significantly lower rates of clinical depression and anxiety, translating to avoided mental health care costs.

At-Home Paediatric Palliative Support Networks *SROI ratio > 1:6*
Specialist outreach nurses providing end-of-life care for children in their own homes rather than in hospital wards. The economic and social evaluations of these programs yield some of the highest health-economic returns, often exceeding 1:6. Drivers of value include avoiding prolonged stays in Paediatric Intensive Care Units (PICU), which cost thousands of dollars per day and providing parents and siblings with a peaceful, private environment to grieve. SROI models quantify this by measuring the reduction in long-term complicated grief and post-traumatic stress disorder (PTSD) among surviving family members, leading to faster reintegration into the workforce.

Prostate Cancer Specialist Nursing & Telenursing Program (2025) *SROI ratio of 1:2.34*
Recent research published in Psycho-Oncology and MDPI (2025) specifically evaluated the SROI of a Prostate Cancer Specialist Nursing program, which included a remote telenursing (outreach) component. The telenursing/outreach program demonstrated an SROI ratio of 1:2.34. For every $1 invested in the remote nursing outreach program, a return of $2.34 was obtained in social and economic value. This is an excellent conservative benchmark to use if your outreach is primarily telehealth or phone-based.

Rare Cancers Australia: "Counting the Cost" Report (2025) *SROI of 1:3.06*
In early 2025, Rare Cancers Australia released a comprehensive forecast SROI analysis looking at the societal impact of funding treatments, technologies, and support services that extend the prognosis and quality of life for people with non-curative cancer (specifically focusing on patients with dependent children). The report found an SROI of 1:3.06.

The SROI literature review highlights three unique multipliers in paediatric care:

1. The "Parental Proxy" Effect: When a child is sick, the parent's economic productivity stops. Outreach programs keep parents in the workforce.
2. The Sibling Buffer: Outreach care keeps the family unit at home, protecting healthy siblings from developmental and educational disruptions.
3. Lifelong Impact: Preventing medical trauma and hospital-acquired anxiety in a child changes their healthcare engagement for the next 70+ years.

9.0 Methodology

The report was developed in close consultation with SCCF. AEAS utilised methodology developed by NSW Department of Communities and Justice Family and Community Services Insights Analysis and Research (FACSIAR) and its guiding principles for measuring SROI. AEAS has analysed both quantitatively and qualitatively the total value of benefits provided to the Australian community as a result of SCCF operations and health outcomes including:

- The level of investment made by SCCF by State (QLD, NSW, VIC and SA) and Nationally;
- Number of patients/families supported by State (QLD, NSW, VIC and SA) and Nationally;
- The regional and metropolitan hospitals benefiting from the expertise of outreach nurses,
- Social return on investment ($) attached to improved patient outcomes and SCCF activities by State (QLD, NSW, VIC and SA) and Nationally

Health economists and researchers typically use a Social Return on Investment (SROI) ratio rather than a flat, universal dollar amount per patient. Accordingly, AEAS conducted a rigorous literature review (see section 8.0) examining previous studies relating to SROI for oncology patient outreach and tele-support services . When evaluating Social Return on Investment (SROI) specifically for paediatric patient outreach programs, the data consistently shows exceptional returns. Peer-reviewed SROI benchmarks for childhood cancer outreach and supportive care typically range between $3 to $11 of social value created for every $1 invested.

To this end AEAS has calculated the monetised value for each SCCF specific program, and the cost of delivering the outreach service per patient, and then multiplied it by an evidence-based SROI multiplier consistent with the activity involved.

10.0 NSW - James Tedesco Outreach Program

The James Tedesco Outreach Program is a new SCCF program commencing in 2024-25 and is an oncology outreach initiative operated by the Kids Cancer Centre at Sydney Children's Hospital, Randwick. The program is specifically designed to support children and their families who are impacted by cancer, with a primary focus on those residing in rural and regional areas of New South Wales (NSW).

For families living in rural and regional NSW, the "tyranny of distance" serves as a major barrier to equitable healthcare access. When a child is diagnosed with cancer, families historically face repeated and extended stays in Sydney, leading to severe dislocation, financial strain, and emotional hardship. This often results in separated parents, siblings living apart, disrupted family routines, and children missing school. The core objectives of the outreach program are threefold:

To enhance access to specialised oncology care for regional patients.

To strengthen the capacity and capability of local healthcare networks.

To reduce the significant burden of travel and family separation.

The James Tedesco Outreach Program directly mitigates these issues by facilitating local access to supportive care and clinical reviews, thereby drastically reducing the frequency and duration of travel required.

To achieve these goals, the program works in close collaboration with local paediatric teams to build their confidence and capability in delivering supportive oncology care. Through a combination of regular outreach clinics, continuous education, and virtual collaboration, the program ensures that patients receive continuity of care across multiple regions.

James Tedesco Outreach Program 2025	
Outreach clinics	52
Outpatient Attendees	536
SCH - Patients	314
SCH - Clinicians Supported	21
SCCF 5 Year Funding Received	$ 108,948
SROI	$ 980,532
SROI Ratio	9.0

The James Tedesco Outreach Program delivers specialised care across five Local Health Districts, which notably includes the Australian Capital Territory (ACT). In 2025, the program is scheduled to deliver a total of 52 outreach clinics. Each clinic typically attends to between 8 and 14 patients. These patients represent various stages of the cancer journey, encompassing those undergoing active treatment, patients in post-treatment surveillance, and long-term survivors of childhood cancer.

A major priority for the program is strengthening partnerships with local paediatric services to enhance the safety and quality of shared-care settings. Recent key achievements in clinical communication and education include:

- The delivery of three targeted education programs designed to enhance regional nurses' knowledge and skills in paediatric oncology care.
- Hosting clinical updates at local hospitals to ensure regional paediatricians are informed on current treatment approaches and management strategies.
- Implementing regular virtual clinical handovers to promote seamless collaboration and continuity of care.
- Providing regional nursing staff (such as those from Wagga Wagga) with immersive learning opportunities at Sydney Children's Hospital, Randwick, to further develop their clinical expertise.

11.0 Sporting Chance Mark Taylor Outreach Program

The Mark Taylor Outreach Program is a dedicated paediatric oncology and palliative care service operating out of The Children's Hospital at Westmead (CHW). In 2025, the program proudly celebrates its 20-year anniversary, having been established in 2005 to address the limited access to specialised oncology nursing support outside of Sydney. The program is driven by a Clinical Nurse Consultant (CNC) and a Clinical Nurse Specialist (CNS2) who work collaboratively to deliver expert nursing care, education, and support.

The program primarily serves children and families across regional and rural NSW, while also extending its reach to interstate patients. Before the program's inception, families from these areas faced prolonged periods away from home, relocating to Sydney for months at a time. This created severe emotional and financial strain during an already challenging period. Over the past two decades, the program has significantly reduced this disparity in care by bringing expert nursing support directly to local communities. Furthermore, the program has also expanded its scope to support metropolitan families by enabling home-based care and treatment.

The outreach program functions as a vital link between the tertiary expertise at CHW and local healthcare delivery. The CNC and CNS2 work in partnership with regional hospitals, health networks, and community health services to ensure safe and consistent care. Core elements of delivery include:

- Care Coordination: Establishing a cohesive statewide network to streamline communication and shared care planning.
- Clinical Education: Delivering mentoring, education, and clinical support to upskill regional medical and nursing teams.
- Emergency Management: Implementing an emergency pack (affectionately known as the "picnic box") for patients in areas with limited medical services, ensuring the rapid administration of IM antibiotics within one hour of a febrile illness.
- Telehealth Integration: Adapting service delivery through virtual consultations to ensure continuity of care.
- Holistic Support: Addressing the psychosocial wellbeing of the entire family, including tailored education and connection to local resources for parents and siblings.

Mark Taylor Outreach Program 2025	
Outpatient Attendees	1,146
SCH - Patients	167
SCH - Clinicians Supported	7
SCCF 5 Year Funding Received	$ 1,694,690
SROI	$ 15,252,210
SROI Ratio	9.0

As the program reaches its 20-year milestone, recent achievements and strategic priorities include:

- Increased statewide coordination for bone marrow transplant (BMT) patients, allowing children to take short trips home prior to their official 100-day post-transplant discharge, helping families build confidence in managing ongoing care.
- Upskilling local teams to allow palliative patients to be cared for and pass away peacefully at home.
- Providing national collaboration for intra-arterial chemotherapy for retinoblastoma, with CHW being one of only two Australian centres to offer this.
- Inspired by a successful UK model, the program is collaborating with Western NSW Health at Orange Base Hospital to designate and upskill regional paediatric nurses as local oncology "link" contacts.
- Strengthening partnerships between the Westmead and Randwick cancer centres across the Sydney Children's Hospitals Network (SCHN) to develop integrated community care pathways.

12.0 Raelene Boyle Outreach Program

The Raelene Boyle Outreach Program was the first SCCF program commencing in 2021 and is a vital initiative delivered through a partnership between the Children's Hospital Foundation (CHF) and the Queensland Children's Hospital (QCH). The program has funded a Clinical Nurse at QCH, South Brisbane, for many years. It is specifically designed to support children with cancer and their families across Queensland and Northern New South Wales.

The CHQ Queensland Paediatric Palliative Care Haematology Oncology Network oversees a massive jurisdiction covering over 3000 kilometres of coastline, stretching from Grafton in Northern New South Wales up to the Torres Strait.

- Most newly diagnosed children receive their initial treatment at QCH in Brisbane, where many remain for the entirety of their care.
- However, depending on their proximity to suitable health services, patients with conditions such as leukaemia, low-risk brain tumours, or those under surveillance can return home for their maintenance phase, which typically lasts two years.
- For regional and remote families, the journey to Brisbane for ongoing treatments and consultations imposes significant emotional and financial burdens.
- Relocating or constantly travelling for medical appointments causes prolonged separation from loved ones.
- It also strains relationships, adversely affects finances, and creates immense challenges for parents trying to balance employment or manage family businesses.

The outreach program allows young patients to continue treatment at their local hospital and health service while maintaining a high quality of care. The dedicated Outreach Clinical Nurse provides direct support through:

Raelene Boyle Outreach Program 2025	
Outpatient Attendees	189
QCH - Patients	241
Education Session Attendees	154
Patients supported to return to school	149
Tele support	92
SCCF 5 Year Funding Received	$ 324,863
SROI	$ 1,887,867
SROI Ratio	5.8

- Guiding families and communities to ensure children can comfortably receive treatment at home for as long as possible.
- Providing crucial education on administering medication, as well as line and dressing management.
- Delivering discharge education so families feel safe leaving the hospital and know exactly who to contact if issues arise.
- Teaching skills to parents and carers aimed at avoiding emergency and outpatient hospital admissions.
- Collaborating directly with regional hospitals to ensure they possess the necessary supplies and expertise to support patients locally.
- Visiting schools and childcare centres to teach children simple ways to care for and look out for their sick peers.
- Conducting home visits for children in palliative care to ensure their comfort is maintained

The Raelene Boyle Outreach Program plays a critical role in easing the enormous burden placed on Queensland families, working diligently to keep kids at home while they undergo treatment. By shifting various aspects of care to the home or local clinics, the program ensures children receive high-quality, family-centred cancer treatment even after they leave the primary hospital. Ultimately, families benefit from the profound peace of mind that comes from knowing their dedicated Outreach Clinical Nurse is just a phone call away, providing expert support wherever they reside.

13.0 Victorian PICS Regional Outreach Shared Care Program (ROSCP) Program Overview

The Victorian PICS Regional Outreach Shared Care Program (ROSCP) is an initiative that advocates and facilitates care close to home for regional children with cancer and their families. The program is led by the Bob Skilton Outreach Nurse and is delivered in partnership with the Royal Children's Hospital (RCH) Foundation and the Victorian Paediatric Integrated Cancer Service (PICS). This service has been made possible by the foundational and ongoing financial support of the Sporting Chance Cancer Foundation (SCCF), which has committed to helping children from regional Victoria for over 15 years.

Many children receiving cancer treatment in Victoria reside outside of Melbourne, which introduces significant additional challenges in accessing necessary care. The ROSCP addresses these barriers by facilitating shared care between the primary treating hospitals in Melbourne and nine regional partner centres across Victoria. The participating regional partners include Albury, Wangaratta, Shepparton, Bendigo, Ballarat, Traralgon, Warrnambool, Geelong, and Frankston. By offering care at these regional locations, the program ensures that children can receive safe and appropriate treatment as close to their hometowns as possible.

The program helps coordinate care comprehensively, supporting patients from the point of diagnosis all the way through to their transition to adult services. The Bob Skilton Outreach Nurse plays a central role in delivering this care by bringing the cancer team directly to regional communities.
Key aspects of program delivery and local services include:

- Outreach Clinics: Providing onsite children's cancer clinics throughout regional Victoria alongside face-to-face training for regional partners.
- Localised Clinical Services: Regional staff are trained to deliver various procedures to save families from travelling. These services include blood product support, central line care, nasogastric tube care, pathology collection, and managing fever neutropenia.
- Supportive Care: Administration of IV antibiotics, acute pain and nausea management, vaccinations, and mucositis management.
- Chemotherapy: Delivery of low-complexity chemotherapy at select regional sites.

PICS Regional Outreach Shared Care Program 2025	
Outreach Clinics	22
Outpatient Attendees	265
QCH - Patients	722
Education Session Attendees	5204
SCCF 5 Year Funding Received	$ 472,394
SROI	$ 3,165,949
SROI Ratio	6.7

The program has experienced considerable growth, scaling from 318 patients in 2014–15 to supporting over 700 patients today. During the 2024–2025 period, the program achieved several major clinical and educational milestones:

- Supported 722 ROSCP patients, including 75 newly diagnosed patients, 550 patients receiving cancer and supportive care, and 172 patients in the Long Term Follow-Up Program for survivorship support.
- Conducted 544 children's cancer centre medical appointments in regional Victoria. This included seeing 165 families in 22 dedicated outreach clinics, with 73% of consultations conducted via telehealth and 27% in-person. Furthermore, 41 chemotherapy encounters were successfully facilitated across four regional sites.
- The Bob Skilton nurse delivered comprehensive training to 520 participants across 37 education sessions. This education covered chemotherapy delivery, paediatric cancer emergencies, managing lines, and procedural distress support.

14.0 Greg Blewett Outreach Program

The Greg Blewett Outreach Program is a dedicated paediatric oncology service operating out of the Michael Rice Centre for Haematology/Oncology (MRCHO) at the Women's and Children's Hospital (WCH) in Adelaide. Established on July 13, 2009, the program supports a 0.8 FTE Nurse Consultant role. The program is designed to support children with cancer and their families from regional and remote areas who are receiving treatment or undergoing surveillance at WCH.

The outreach program caters to paediatric oncology patients who live more than 50 kilometres from the WCH in Adelaide. Its jurisdiction is uniquely expansive, covering not only regional and remote South Australia but also extending into the Northern Territory.

Delivering care across this vast area requires highly coordinated partnerships with major regional and interstate centres, prominently including the Royal Darwin Hospital (RDH) and Alice Springs Hospital.

The Greg Blewett Outreach Program operates as a critical liaison and coordination hub between the primary tertiary centre in Adelaide and a wide network of regional hospitals, primary and community health agencies, general practitioners (GPs), and remote health care centres. The Nurse Consultant delivers this service through several core functions:

- Building and fostering shared-care networks with regional medical professionals, including GPs, paediatricians, and local nursing staff, to ensure seamless continuity of care.
- Providing vital education and training to rural and remote nurses so they can safely manage complex treatments locally. This includes training on Central Venous Access Devices (CVAD), accessing ports, PICC line care, and administering chemotherapy.
- Actively coordinating telehealth and videoconference clinics to substitute for in-person visits, thereby saving families from undertaking extensive and exhausting travel.
- Facilitating safe discharges and supporting the patient's return to their home, school, and local community.
- Providing compassionate, community-based palliative care support, allowing children to remain in the comfort of their own homes surrounded by their families when appropriate.

Greg Blewett Outreach Program 2025		
Outpatient Attendees		113
MRCHO		29
Aboriginal Patients		17
Tele Support		91
SCCF 5 Year Funding Received	$	443,247
SROI	$	2,836,286
SROI Ratio		6.4

Finally, the Program Outreach Nurse serves as the Aboriginal Cultural Learning Champion at MRCHO. This vital role facilitates a community of practice among multi-disciplinary clinicians to strengthen links with the Aboriginal health division. It focuses heavily on understanding the lived experience of Aboriginal consumers, driving quality improvement initiatives, and working closely with WCH Aboriginal Liaison Officers (ALOs) to ensure culturally safe and supportive care for Aboriginal patients.

15.0 Australia Wide Results - 2025

The 2025 nationwide results illustrate the extensive operational reach of SCCF, which successfully conducted 74 outreach clinics and supported 2,249 outpatient attendees across its regional programs. These initiatives collectively managed 1,473 patients. The foundation also prioritised other initiatives including 674 attendees participating in education sessions. Further specialised assistance was provided through tele-support to 183 patients and the successful transition of 149 patients back to school.

The financial data highlights an significant level of efficiency, with a total five-year investment of $4,297,433 yielding $25,919,295 in total social and economic value. This represents a national Social Return on Investment (SROI) ratio of 6.03, indicating that every dollar contributed generates more than six dollars of benefit for the community. These figures underscore the foundation's critical role in delivering high-value, cost-effective care that stabilises families and improves long-term outcomes for children with cancer.

	James Tedesco Outreach Program	Mark Taylor Outreach Program	Raelene Boyle Outreach Program	PICS Regional Outreach Shared Care Program	Greg Blewett Outreach Program	Other SCCF Programs and Expenditure*	Nationwide
Outreach clinics	52	-	-	22	-		74
Outpatient Attendees	536	1,146	189	265	113		2,249
Program Patients	314	167	241	722	29		1,473
Clinicians Supported	21	7	-	-	-		28
Education Session Attendees	-	-	154	520	-		674
Tele support	-	-	92	-	91		183
Patients supported to return to school	-	-	149	-	-		149
SCCF 5 Year Funding Received	$ 108,948	$ 1,694,690	$ 324,863	$ 472,394	$ 443,247	$ 1,253,291	$ 4,297,433
SROI	$ 980,532	$ 15,252,210	$ 1,887,867	$ 3,165,949	$ 2,836,286	$ 1,796,451	$ 25,919,295
SROI Ratio	9.0	9.0	5.8	6.7	6.4	**1.4**	6.03

** includes SCCF programs (incl Bloomhill Cancer, Hazelton Family and Other Giving) and administration expenditure offset by SCCF economic benefits.*

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