

# Why government policy keeps failing — and it's not the policy

By Mark Jeffrey

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***Policy does not operate in a vacuum. It operates in environments shaped by pressure. Until we account for how that pressure changes behaviour, we will continue to see the same pattern, writes [Mark Jeffrey](#).***

AUSTRALIA DOES NOT suffer from a lack of policy. In health, aged care and disability, we have no shortage of frameworks, reforms, reviews and recommendations. Each new initiative is typically well-intentioned, widely consulted and carefully designed. On paper, much of it is sound.

And yet, the pattern is familiar. Implementation begins. Initial momentum builds. Then, slowly, performance begins to drift. Targets are missed. Outcomes vary. Experience at the frontline diverges from what was intended. Reviews are commissioned. The diagnosis

follows a predictable path: the policy needs refining.

So we redesign it. And the cycle begins again. The problem is not that policy design never fails. It does. But the more consistent issue across public systems is that we keep looking in the wrong place. Policy failure is often treated as a design problem.

More often, it is an implementation problem. And more specifically, it is a behavioural problem.

## What changes under pressure?

Public systems are operating under sustained pressure.

In aged care, the [Royal Commission into Aged Care Quality and Safety](#) highlighted systemic workforce strain, funding complexity and the challenge of delivering consistent quality care at scale. In disability services, the [NDIS Review \(2023\)](#) pointed to increasing system complexity, cost pressures and uneven participant experience. Across health, data from the Australian Institute of Health and Welfare ([AIHW](#)) continues to show rising demand alongside workforce and capacity constraints.

None of this is new. What is less frequently acknowledged is how these conditions reshape behaviour inside the system. Under sustained pressure, people do not simply

“work harder.” They work differently.

Decision-making narrows. Leaders prioritise speed and certainty over deliberation. Communication becomes more directive. Consultation shortens. Dissent – particularly when it slows progress – becomes less welcome.

At the same time, risk tolerance shifts. Not necessarily towards recklessness, but towards what feels manageable in the moment. Long-term considerations are quietly traded for immediate stability. These changes are rarely explicit. No policy instructs them. No framework endorses them.

But they occur consistently. And they compound.

## The gap between policy and practice

Policy is implemented through people. That sounds obvious. But it is often overlooked in how we assess whether policy is working. Most evaluation frameworks focus on outputs and outcomes — service delivery metrics, financial performance, compliance indicators. These are important. But they are lagging. They tell us what has already happened. They do not tell us how the system is behaving while those results are being produced.

When pressure alters behaviour, it alters the conditions under which policy is enacted. Guidelines that rely on careful judgment become compressed into rules of thumb. Collaborative processes become transactional. Nuance is lost in the interest of speed. At the frontline, this is experienced as tension.

Staff are asked to deliver person-centred care while managing [unrealistic workloads](#). Providers are expected to innovate while operating within tight funding constraints. Leaders are required to maintain compliance while navigating constant change.

Over time, people adapt. They move faster. They simplify. They prioritise what will get through the day. None of this is malicious. It is functional.

But it means the system that delivers the policy is no longer the one the policy was designed for.



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## Why do we keep misdiagnosing the problem?

When outcomes fall short, the instinct is to revisit the policy. Adjust the settings. Introduce new guidelines. Clarify expectations. These actions are visible. They are within the control of policymakers. And they signal responsiveness. But they often leave the underlying conditions untouched.

If the environment remains the same – high pressure, constrained capacity, competing priorities – then the behavioural patterns that shaped the initial failure will simply re-emerge. The policy changes. The system does not. This is why reforms can feel like they never quite land.

Not because the ideas are wrong, but because the conditions required to implement them effectively have not been addressed.

## A different lens on implementation

If we accept that behaviour under pressure is a key driver of policy outcomes, then our

approach to reform needs to expand. This is not about abandoning policy design. It is about complementing it with a more realistic understanding of how systems operate in practice. Three shifts are particularly important.

First, we need to pay closer attention to the conditions under which the policy is implemented. This includes workload, workforce capability, leadership bandwidth and organisational culture. These are not peripheral issues. They are central to whether policy translates into practice.

Second, we need to create mechanisms that surface how pressure is being experienced across the system. This goes beyond formal reporting. It requires listening to frontline staff, providers and participants in a way that captures not just what is happening, but how it feels to deliver and receive services under current conditions.

Third, we need to recognise that behaviour is not fixed. Leadership approaches, decision-making patterns and communication styles all shift in response to pressure. These shifts are predictable. But they are rarely discussed in policy contexts. Bringing them into view allows for more informed intervention.

## **Accountability beyond design**

None of this removes accountability from policymakers or system leaders. If anything, it expands it. Designing effective policy is necessary. But it is not sufficient.

There is also a responsibility to understand how that policy will be enacted in real conditions — and how those conditions will shape behaviour over time. Without that, we risk perpetuating a cycle in which each new reform is built on an incomplete diagnosis of the last.

## **Breaking the cycle**

Australia's public systems are not failing because of a lack of effort, intent or expertise.

They are struggling because we continue to treat implementation as a technical exercise, rather than a human one.

Policy does not operate in a vacuum. It operates in environments shaped by pressure. Until we account for how that pressure changes behaviour, we will continue to see the same pattern:

- Well-designed policy.
- Committed implementation.
- Gradual drift.
- Another review.

And another attempt to fix what was never fully understood in the first place.

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