



Social Impact Report 2025

*Relationships*TM
AUSTRALIA • VIC



Acknowledgements



We acknowledge First Nations peoples as the Traditional Owners and Custodians of the lands and waterways of Australia. We support their right to self-determination and culturally safe services. We are committed to encouraging a culturally safe and supportive environment for all First Nations peoples who access our services or engage with our organisation.

We recognise the lifelong impacts of childhood trauma. We recognise those who had children taken away from them.



We are committed to inclusivity and providing safe, inclusive and accessible services for all people. We welcome members of lesbian, gay, bisexual, transgender, intersex, queer, asexual and other sexually or gender diverse (LGBTIQA+) communities to our organisation.



Australian Government



We acknowledge the funding we receive from the Australian and Victorian governments.

We acknowledge our practitioners for their ongoing commitment to improving outcomes for individuals, families and communities.

We thank our program staff, community partners and program participants who generously shared their insights and experiences to inform this work.

A note about photos in this report

We use some stock photos in this report and advise that they are for illustrative purposes only. No association between the person/s pictured and the subject matter of the report is intended.

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Welcome to our Social Impact Report 2025





Strong, healthy relationships are at the heart of thriving communities. They shape our wellbeing, our sense of belonging and our ability to meet life's challenges together. Through our work at Relationships Australia Victoria (RAV), we see every day how connection changes lives, and why investing in it matters.

This third edition of our Social Impact Report reflects our ongoing commitment to understanding, demonstrating and increasing our impact. In 2024, this commitment was recognised when we received the Excellence in Social Impact Measurement Award at the SIMNA (Social Impact Measurement Network Australia) Awards, acknowledging our leadership in measuring social change at a national level. The award was given for demonstrating the value of our family dispute resolution services through our Social Impact Report and a cost-benefit analysis, which found that every dollar invested returns over \$20 in economic and social benefits. Judges described RAV's approach as 'highly strategic, rigorous, and evidence-based', noting it 'demonstrates excellence across all criteria'.

In 2024, we also partnered with the Centre for Community Child Health to publish 3 reports identifying priority actions to support children and families in Ballarat. These included raising awareness of the importance of relationships, recommending the creation of a role to strengthen social connection and integrating services in accessible community spaces.

Building on these recommendations, 2025 has seen our introduction of a new community-facing role in Ballarat, focused on strengthening family and community wellbeing. New place-based projects in Yarra and Whittlesea see us also working with schools to build social and emotional skills that support stronger relationships and better mental health. Through these initiatives, we are continuing to test and refine place-based prevention approaches that prioritise relationships and social connection for lasting, locally driven change (see page 23 for more information).

This report shares impact stories that amplify the voices of parents, program participants, practitioners and young people. These stories show how we strengthen connections within families, between families and among groups – and highlight the importance of the relationships people form with the services that support them. Together, these connections lay the groundwork for lasting change.

Dr Andrew Bickerdike
Chief Executive Officer

Sandra Opoku
Senior Manager Evaluation and Social Impact

Relationships shape mental health and wellbeing

Relationships are central to our mental health and wellbeing. The connections we build with family, friends and our community shape how we cope with challenges and grow over time.

Our new animation, 'How Relationships Shape Mental Health', shows the ways everyday interactions can support resilience and strengthen wellbeing across life stages.

It invites us to reflect on the role of connection in our lives, and why investing in relationships matters for healthier, more supportive communities.

In childhood, connection teaches us trust, and forms the building blocks of our resilience, emotional understanding and capacity to connect.

In adolescence, it helps shape our identity: we mirror, adapt and define ourselves in response to the people around us.

In adulthood, it supports us through challenges and gives life meaning: the connections we've built help carry us through when things get tough.

Watch

Watch our animation that explains how relationships shape mental health and wellbeing.



Visit socialimpact.rav.org.au
or scan the QR code.

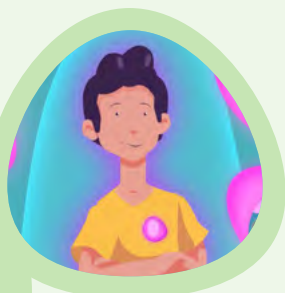


Mental health isn't just about what's in your head, it's about who's in your life.

From building trust in childhood to sustaining us in adulthood, connection is the thread that runs through every stage of life.

Did you know?

People with strong social ties report better wellbeing and fewer mental health problems (Kawachi & Berkman, 2001).



Did you know?

Positive relationships in childhood and adolescence are linked to better mental health and wellbeing in adulthood (Umberson & Montez, 2010).

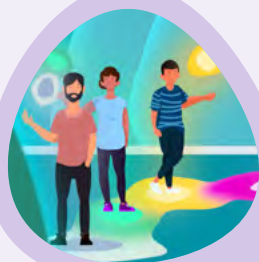


Invest in your relationships:

they're investing in you

Did you know?

Supportive relationships can buffer us from the harmful effects of stress, protecting mental health even during difficult times (Brown & Circiurkaite, 2017).



Did you know?

Even brief, casual social interactions contribute to a greater sense of belonging and wellbeing (Sandstrom & Dunn, 2014).



Supportive relationships are mental health armour. They lower stress, build resilience and act like a protective force when things get tough.

We build connection through everyday acts. Small, consistent moments of care – a smile, a wave, a check-in text, sharing coffee – strengthen bonds over time.

Impact story 1

Parenting with confidence and connection



Highlights 2024–25

969

community education
participants



66

Circle of Security
Parenting™ participants



199

individual family
support clients



42

Tuning in to Kids®
participants



‘early matters’ is our prevention and early intervention service for families with children aged 12 and under. It brings together parenting programs, community education and one-on-one family support to help people build stronger relationships with their children and feel more confident in their parenting role.

The program is focused on the early years and major transition points, as these are periods of development when families are often most open to support. Strengthening relationships and parenting capability during this time helps prevent later difficulties and protect children’s social and emotional wellbeing as they grow (Moore et al., 2017).

The service includes evidence-based programs like Circle of Security Parenting™ and Tuning in to Kids®, as well as antenatal and postnatal education sessions and tailored support for individual families. Together,

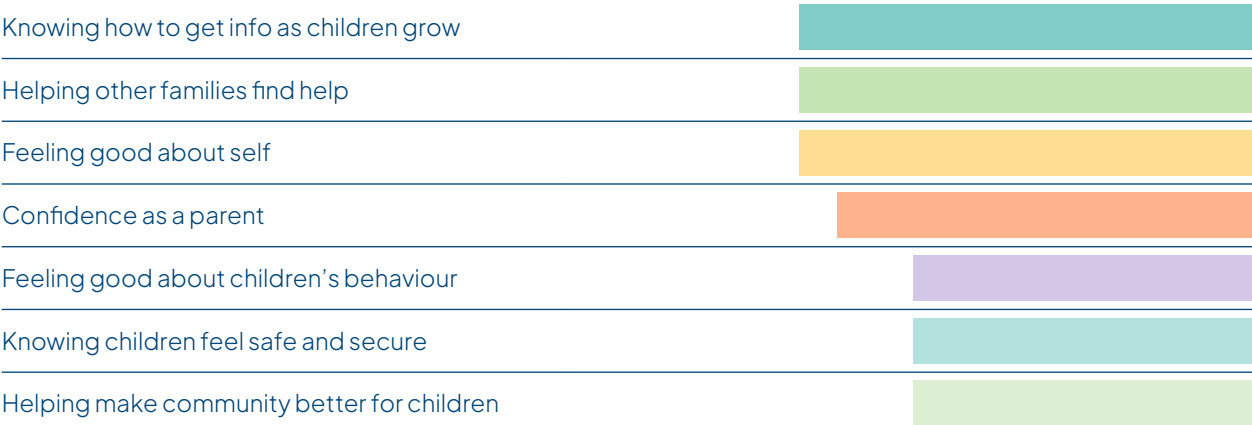
these interventions support protective factors such as secure attachment, emotional understanding and responsive parenting.

Rather than offering families a single program, early matters takes a flexible approach. Families can be supported in different ways, depending on their needs and circumstances. This kind of flexible support matches what research shows works best: programs that adapt to families’ needs, and are delivered by people who understand the realities of parenting (Australian Institute of Family Studies, [AIFS], 2025).

Measuring impact

The Parent Empowerment and Efficacy Measure (PEEM) is a brief, strengths-based tool that assesses parents’ confidence, capability and connection by asking them to rate 20 statements about their parenting, wellbeing and ability to seek help or support others. Developed through research on protective factors in vulnerable families, PEEM captures the internal and relational strengths that support parenting effectiveness over time (Freiberg et al., 2014).

Figure 1: Most common areas of improvement (PEEM survey)



We began using PEEM in mid-2024 to evaluate outcomes for families in the early matters program. Its focus on capability rather than deficit aligns with the program's protective, whole-of-family approach to child wellbeing.

The tool includes the following 2 domains:

- 1. Efficacy to parent – emotional regulation, parenting confidence and knowledge of child development
- 2. Efficacy to connect – social support, community belonging and confidence in helping others.

Paired pre- and post-program PEEM data showed meaningful improvements across a range of parenting and connection-related measures. Figure 1 lists the items where the most participants showed any positive change, offering a snapshot of where the program had the broadest effect.

The most commonly improved items were concentrated in the 'Efficacy to connect' domain, with parents reporting greater confidence in supporting others, finding help and contributing to their community. These shifts are important indicators of protective relational capacity. Strengthening parents' sense of capability and connection can have lasting effects on family wellbeing and child development, with higher parental self-efficacy linked to improved parenting and more favourable outcomes for children (Albanese et al., 2019).

Several 'Efficacy to parent' items also showed strong upward movement, especially those related to emotional regulation and self-appraisal. Many parents reported greater confidence in managing stress, making sound decisions and supporting their children's development. Notably, 'I feel that I'm doing a good job as a parent' was among the most improved items, underscoring the program's impact on self-efficacy and positive identity.

Figure 2: Average positive change by theme (PEEM)

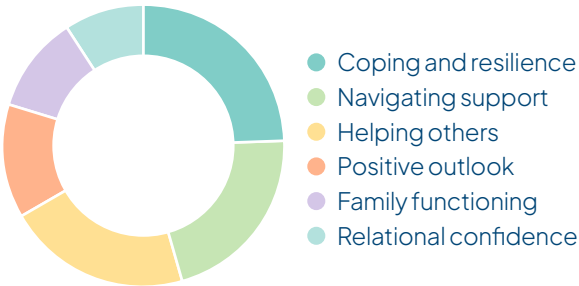


Figure 2 presents a different view of change. While figure 1 shows where the largest number of participants improved, this figure groups PEEM items into themes and reports the average positive change across the group. It highlights the areas where gains were most pronounced, offering insight into the depth of impact.

The strongest improvements were in 'Coping and resilience', followed by 'Navigating support' and 'Helping others'. These themes reflect greater emotional regulation, parenting confidence, service navigation skills and the ability to support others. In contrast, 'Relational confidence' and 'Family functioning' showed smaller shifts, likely due to higher average starting scores (4.1 and 4.0), suggesting many parents already felt secure in those areas.

Together, figures 1 and 2 provide a fuller picture. The first reflects breadth, showing where improvement was common. The second shows depth, highlighting where average change was strongest. Both are important in prevention and early intervention, where lasting impact depends on broad engagement and meaningful personal growth (Moore et al., 2017).

Parent confidence and validation

We interviewed participants from the early matters program to explore its impact on parenting, connection and confidence. These conversations add valuable context to the PEEM results, offering a more detailed view of how parents experienced change and how they made meaning of this change in their daily lives.

A consistent theme across all interviews was an increase in parenting confidence. For some, this came through learning new strategies or gaining clearer insight into their children's emotional needs. For others, the impact was more about reassurance that they could trust their instincts and were already doing better than they thought. Several described feeling less pressure to be a 'perfect parent' and more secure in their decision-making. Simply recognising that other parents also experienced self-doubt brought a genuine sense of relief. This kind of informal normalisation can be powerful; even in low-contact group settings, seeing one's experience reflected in others can reduce internalised pressure and build a sense of capability (Thoits, 2011).

The role of relationship

Parents also emphasised the importance of how the program was delivered. Whether one-on-one or in a group, the quality of the facilitator relationship was central to their experience. Feeling listened to, respected and supported was often just as important as the content itself. Several parents highlighted the responsiveness and adaptability of facilitators as a key strength, especially when navigating complex or high-stress family dynamics.

While some valued the group setting for the sense of shared experience, others preferred individualised support aligned with their specific needs or stage of life. One step-parent noted that although the group content was helpful, the most meaningful support came from personalised guidance addressing the particular challenges of a blended family.

Emotional insight and attunement

Growth in confidence, validation and connection often paired with greater emotional insight, especially in the parent-child relationship. Parents described becoming more attuned to their children's emotional states, learning to pause and respond rather than react, and feeling better equipped to support their children through stress or dysregulation. One parent described the shift as moving from 'fighting' a child's behaviour to seeing that the behaviour was their child's way of asking for support. Another spoke about recognising their own role in creating the conditions for calm.

Confidence as a ripple

Another theme was the ripple effect of confidence. Parents who felt more capable also felt more willing and able to support others. Several described offering advice or encouragement to other parents in their communities, drawing on what they had learned. For some, this meant sharing emotional regulation strategies; for others, it meant validating the experiences of peers who were still struggling. This reflects the PEEM finding that many reported increased confidence in helping others and contributing to their community. Peer-support approaches have been shown to build parental empowerment, wellbeing and resilience through informal networks of mutual care and shared learning (Lancaster et al., 2024).

Building long-term capacity

The interviews highlight the lasting, preventive value of programs like early matters. The changes parents described were not limited to short-term gains but reflected a deeper sense of readiness for future challenges. Through improved emotional insight, stronger confidence and better connection to support, parents built resources they could continue to draw on, long after the program itself had ended.

early matters is funded by the Australian Government Department of Social Services.

Impact story 2

Shaping positive identities together



Highlights 2024–25

838

MBCP participants



Men's behaviour change programs (MBCPs) are a key part of the family violence response system, designed to support men who use violence and control in their relationships to take responsibility for their behaviour and begin the process of change (Chung et al., 2020).

These programs recognise that violence is not caused by individual distress alone, but is shaped by broader attitudes, beliefs and power dynamics that reinforce gender inequality and entitlement (Our Watch et al., 2015).

MBCPs offer a structured, group-based environment where men are encouraged to examine their values, understand the impact of their behaviour, and practise safer and more respectful ways of relating. The group format is not just a delivery model, it is part of the

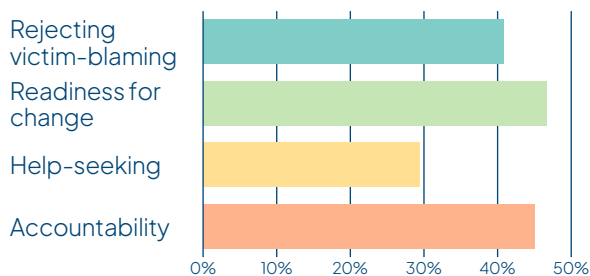
intervention itself, offering opportunities for men to be challenged, supported, and held accountable by their peers and by facilitators (Vlais & Campbell, 2019).

At their best, these programs do more than interrupt individual patterns of harm. By fostering reflection, accountability and constructive ways of relating, they can reduce the likelihood of future violence and strengthen the conditions that support safety and respect in families and communities.

Tools for measuring change

For MBCPs to strengthen safety and reduce harm, it's essential to understand how they work and how they can improve. Evaluating this impact is notoriously difficult, as behaviour change is complex and shaped by external factors, and long-term shifts are hard to capture through traditional measures (Day et al., 2020). Many evaluations rely on general satisfaction data, self-report tools with limited scope or recidivism rates that are difficult to track and interpret (Chung et al., 2020).

Figure 3: Positive change by domain (MBCP survey)



In 2024, we developed a new pre- and post-program survey which provided a structured way of capturing how participants' thinking shifts during the program. It measures the following 4 domains:

1. Victim-blaming
2. Readiness for change
3. Willingness to seek help
4. Accountability.

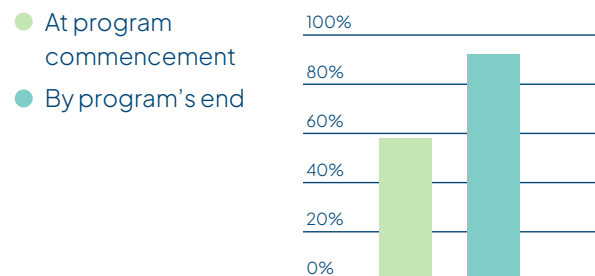
Rather than focusing on compliance or completion, it assesses whether participants understand their behaviour, accept responsibility and are developing a stronger orientation towards change.

This tool offers a more consistent way to track internal shifts that may support safer and more respectful relationships in the long term.

Across the 4 domains measured – help-seeking, rejecting victim-blaming, accountability and readiness for change – participants generally showed movement towards attitudes and intentions that support non-violence (see figure 3).

1. **Rejecting victim-blaming:** By the end of the program, 88.6% of participants disagreed with statements that justified violence. Around 34% had shifted to this position during the program, while 55% held it from the outset (see figure 4).
2. **Readiness for change:** Responses indicated greater recognition of harm, active efforts to change and awareness of relapse risk. The most movement occurred on items related to self-monitoring, such as recognising the possibility of reverting to violence.

Figure 4: Participants with non-victim-blaming attitudes (MBCP survey)



3. **Help-seeking:** Most participants expressed willingness to seek support at the start of the program. Change was modest overall, but a small group moved from neutral to agreement, suggesting increased openness among those who were initially unsure.
4. **Accountability:** Many participants moved away from blaming partners or external circumstances for their actions. The largest shifts were on items about blaming a partner's behaviour or claiming self-defence, both showing substantial drops in agreement.

Taken together, the results suggest the program was most effective in shifting beliefs that justify violence, strengthening personal accountability and increasing insight into harmful behaviour. Changes were most pronounced among participants who began the program with neutral or mildly endorsing views, while those already strongly aligned with non-violence tended to maintain their position.

34%

of MBCP participants shifted towards non-victim blaming attitudes



*When men align their self-conception with values such as respect, care and responsibility, they are **less likely to view violence as acceptable or necessary**, reducing the likelihood of harmful behaviour in the first place.*

Participant reflections

As part of the new evaluation tool, participants were invited to respond to the following 3 open-ended questions.

1. What aspect of the program has had the most positive impact on you?
2. What goals have you been able to set for yourself?
3. What personal values have you drawn on or developed?

Their responses reflected a range of experiences, but some consistent patterns became clear.

Participants described developing specific skills, particularly in emotional regulation and communication. They spoke about learning to pause before reacting, identify their emotions and adopt more respectful ways of expressing themselves. These skills were not ends in themselves, but tools to support broader shifts in how they related to others, helping them form relationships grounded in safety and respect, forming a foundation that can reduce the likelihood of future violence. In describing these shifts, some men began to articulate aspirations of being more respectful partners, more consistent parents and better people. This connection between skill development and identity was supported through structured reflection and group dialogue, and is an important aspect of supporting meaningful change. Transformative and enduring change is not just about shifts in behaviour, but about becoming the kind of person one wants to be (Augusta-Scott, 2003). When men align their self-conception with values such as respect, care and responsibility, they are less likely to view violence as acceptable or necessary, reducing the likelihood of harmful behaviour in the first place.

Much of this learning took place through the shared experience of the group, with many men identifying the group environment as a key factor in their development. Engaging with others in a setting where they could speak openly and without judgement helped create the conditions for reflection and change. Participants described the importance of hearing different perspectives and sharing their own experiences in a space where they felt heard and respected. Several men noted the importance of relating to others in the group and reflecting on their own behaviour in that context. For many, these conversations prompted reflection and greater awareness. Peer influence, through challenge as well as support, was a mechanism of change, not just a by-product of program delivery. Social connection and interaction play an important role in shaping identity, reinforcing goals and guiding behavioural choices (Thoits, 2011), which underscores that the group context is not simply a setting for change, but a fundamental part of how change happens.

Values such as respect, empathy, honesty and patience featured prominently in participants' reflections. Some men described becoming more aware of how these principles could shape their relationships and guide their behaviour. In many cases, the program helped them reconnect with values they identified with but hadn't consistently lived by. This aligns with a key goal of men's behaviour change work: helping men recognise where their behaviour has fallen short of their own standards and strengthen identities rooted in care and non-violence (No To Violence & Red Tree Consulting, 2020). When these values are reinforced within a group and applied in daily life, they contribute not only to safer intimate relationships, but also to wider community norms that reject violence and promote respect, strengthening the relational norms that sustain safety and respect over time.

Impact story 3

PRIDE in community^{!!}



Highlights 2022–24

2



creative workshops

4



major public events

8+



partner organisations

130+

books added to the
queer library

220+

community attendees
across events

100%

of participants felt
more confident

AMPLIFY began in 2019, when a group of LGBTIQ+ young people from South Gippsland and Bass Coast asked headspace Wonthaggi for help setting up a social support group. They wanted a space where they could connect with others who shared their experiences, talk about identity and mental health, and feel safe being themselves.

Over time, the group has expanded into a platform for creative and community-focused work. With support from headspace staff, members have designed and run public events that centre queer voices and invite others to listen, reflect and participate. These events have helped build confidence and connection within the group, while also strengthening relationships across the wider community.

This kind of work reflects the core of place-based prevention: local, sustained and shaped by the people it's meant to support. Ground-up, reciprocal models of care like this can respond to unmet needs while also strengthening the community's ability to influence and improve the systems around them (Spade, 2020). The following discussion is based on reports written by AMPLIFY members as well as conversations with members and staff involved in the group's work.



Image of queer library at headspace

Origins and ethos

When young people first approached headspace Wonthaggi, the intention was to build something they could shape themselves. From the outset, the group was not directed by headspace, but supported with space, structure and supervision as they decided what the group would be.

In the early stages, AMPLIFY ran as 3 rotating groups based on age: 12–15, 16–17 and 18+. This helped ensure conversations and content were safe and relevant for everyone involved. At its busiest, more than 50 young people were participating across the different age groups.

The focus shifted in 2022, when the group successfully applied for a grant to run community events. A second grant followed in 2023, and over 2 years the group delivered workshops, panels, drag performances, film screenings and an art show. These events were planned and hosted by young people, with support from staff where needed. When the second grant came in under budget, it was a group member who suggested using the remaining funds to create a queer library. That idea quickly became the group's new focus.

Throughout, AMPLIFY has remained grounded in peer connection, care and self-direction. Staff have supported the group's safety and sustainability, but the identity and purpose of the work have always come from the young people involved.

Projects in action

AMPLIFY's events have brought queer stories into public spaces through film, performance, panels and art. These projects gave young people a chance to share their voices while creating spaces where others could feel seen, safe and connected.

At one event, AMPLIFY hosted a screening of *The Adventures of Priscilla, Queen of the Desert*, alongside a talk by Daniel Witthaus, whose work focuses on queer life in rural and regional Australia. Another event combined a panel discussion with a family-friendly drag show, designed to be inclusive of children and accessible to attendees of all ages. Feedback from participants described the events as moving, affirming and inclusive. Some audience members approached organisers during breaks to ask further questions; others reached out afterwards to request similar events in their own communities.

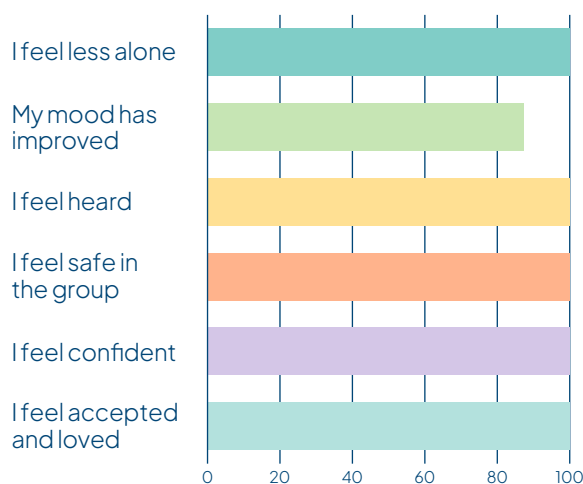
Alongside these public events, the group created a queer library: a curated collection of books exploring LGBTIQ+ stories and themes, now permanently housed at headspace Wonthaggi. The idea came from a group member, proposed as a way to use remaining grant funds to create something lasting. Members selected the books, tracked the budget, designed signage and posters, and helped furnish and decorate the space. The library is open to headspace clients and the wider public.

These projects have increased visibility for queer voices in the local area, while also giving group members the chance to work as a team, build skills and see the impact of their contributions in real time.

Impact

For group members, AMPLIFY has provided a space to be themselves, connect with others, and develop confidence in ways that are often difficult to access elsewhere. Anonymous surveys conducted by the group show that all respondents felt accepted, safe and more confident since joining (figure 5). Many reported improved mood, a stronger sense of connection and feeling less alone.

Figure 5: Participant responses (AMPLIFY survey)



The impact of the group has extended beyond its members. Public events have attracted local families, allies and community members, some attending this kind of event for the first time. Audience feedback was consistently positive, with several attendees describing the events as welcoming, inclusive and unlike anything else available in the region. One parent shared that, after attending, her 11-year-old daughter felt more comfortable exploring her identity and talking about pronouns.

The visibility of the group's work may have contributed to a broader shift in access and engagement. Since AMPLIFY began hosting public events, the proportion of LGBTIQ+ young people accessing headspace Wonthaggi rose from 28.2% in 2020 to over 36% in 2023. While multiple factors may influence this, the ongoing presence and leadership of AMPLIFY has likely played a role in making the service feel safer and more relevant to young people in the community.

Members and staff also described the indirect benefits of this work: more inclusive conversations with peers, stronger partnerships with local services and greater willingness among other organisations to engage with LGBTIQ+ topics. The group's presence has helped shift perceptions of what young people can do and what kinds of spaces and conversations are possible in regional areas.

Learning and looking forward

Through multiple years and projects, AMPLIFY members have developed a wide range of skills, from public speaking and budgeting to poster design, event planning and collaborative decision-making. Many have described feeling proud of their contributions, especially when seeing their work reflected in the finished product: a packed event, a well-designed poster or a library space shaped by their choices. For some, this was the first time they had seen their ideas taken seriously and brought to life.

There were challenges along the way. Managing grant budgets, liaising with venues, responding to online backlash and working through unexpected changes required adaptability and persistence. Group members described moments of frustration and steep learning curves. But they also reflected on the support they received from each other and from staff, and how those experiences helped build their confidence and capacity for future work.

*‘There is such value in the work that we’re doing to make people who might have been scared to be themselves, to share parts of their identity. To be able to do so in a place they know that they’re surrounded by people who will not only accept them for who they are, but celebrate who they are. **It’s a true privilege to be able to work with these young people.**’*

– RAV headspace Practitioner

*‘It’s always been youth driven. **It’s always been youth led;** we provided the walls and the supervision to do so.’*

– RAV headspace Practitioner

Looking ahead, members shared a clear desire for the group to continue, not just as a support space, but as a space for action, learning and community connection. Some hoped to see former members stay involved after they age out, or to find ways to include others beyond the 12–25 age bracket. Others spoke about continuing events, expanding the library or supporting younger members to step into leadership roles. Underlying all these ideas was a shared commitment to the values that shaped AMPLIFY from the beginning: care, visibility, peer leadership and the belief that change is something young people can make together.

headspace Wonthaggi is operated by RAV. All headspace services are funded by the Australian Government Department of Health, Disability and Aging. Administration of funding is carried out by the headspace centre's local Primary Health Network (PHN), in this case, Gippsland PHN.



community, education, inclusivity

Impact story 4

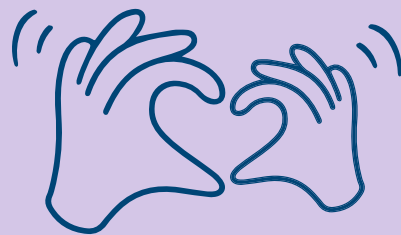
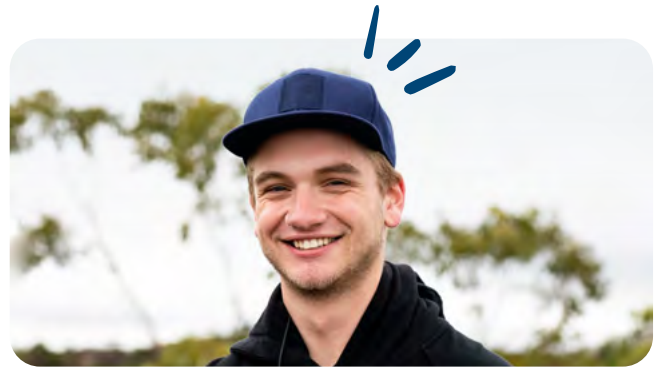
Relationships in practice



Highlights 2024–25

3,914

counselling clients



Mental health challenges don't occur in a vacuum. Structural disadvantage, financial strain, discrimination, isolation and insecure housing can all contribute to distress, as well as limiting access to support (Silva et al., 2016; WHO, 2012; Kirkbride et al., 2024).

These pressures may not always be visible, but they show up in the concerns people bring to counselling: relationship difficulties, trauma, health and disability, legal stress and major life transitions. Each person's story carries its own context, including the cumulative weight of navigating systems that are difficult, unsafe or simply not designed to help.

Counselling offers more than just strategies or a sounding board. It provides a steady, respectful relationship and a space where people can feel safe, make sense of their experiences, and begin to see themselves and their challenges differently. For some, it becomes a setting for repair; for others, it introduces

a kind of support they've never known: consistent, caring and free of judgement. This kind of relational work can help rebuild trust, shift long-held patterns and strengthen the capacity to face future challenges, not just resolve present ones.

Client voice

We collect client feedback through a short survey designed to capture changes over time in key areas of wellbeing and connection. For this report, analysis draws on responses from clients who completed the survey before and after counselling, between April 2024 and April 2025. A total of 67 matched pre and post pairs were identified. The survey asked clients to reflect on their primary concern; their level of distress; and their sense of connection, satisfaction and overall wellbeing.

Survey results

Among clients who attended more than one counselling session and kept the same primary concern throughout, average distress ratings fell by 10.8%. The largest group identified their main concern as relationship difficulties, while others cited separation/divorce, mental health, or abuse and trauma.

Figure 6: Life satisfaction (client survey)

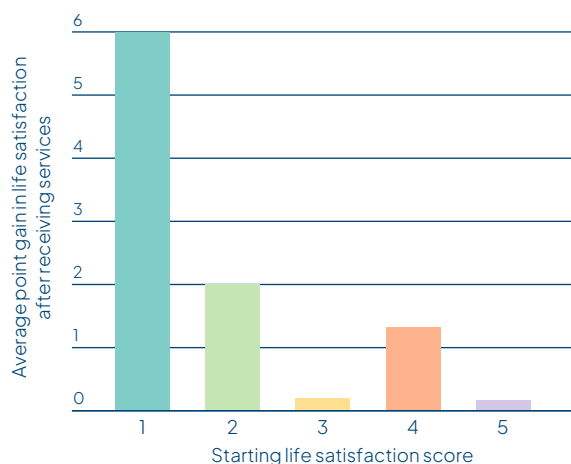
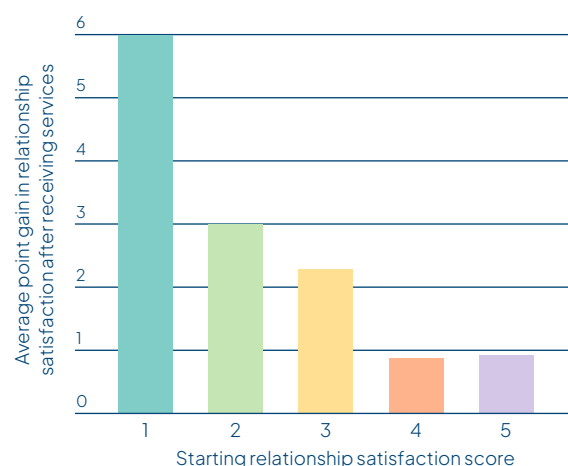


Figure 7: Relationship satisfaction (client survey)



Across these domains, distress reductions ranged from 10% to 17%. While some categories are small, this consistent downward shift suggests counselling helped clients better understand, manage or adapt to the issues they brought to the service.

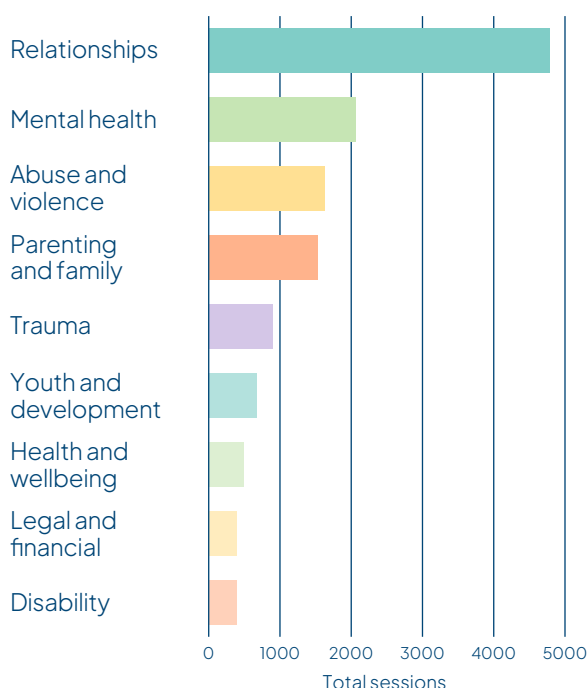
While average changes in connection and satisfaction were modest across the full sample, clearer gains appeared among clients who began with lower scores. Those starting with very low satisfaction or connection often recorded the largest improvements, sometimes gaining several points on a 10-point scale or moving from 'Disagree' to 'Neutral' or 'Agree' in their connection ratings. Figures 6 and 7 show that the steepest average increases were among clients with the lowest initial satisfaction scores.

Clients who started with higher satisfaction or connection tended to remain stable, which may reflect a ceiling effect as well as counselling's role in sustaining wellbeing by supporting reflection and perspective. Overall, the greatest visible gains were among clients who entered counselling with the highest distress or dissatisfaction.

Clients' concerns

Practitioners record the primary issues addressed at each counselling session. To make this data easier to interpret, individual categories were grouped into broader themes such as Mental health, Relationships and Parenting and family (figure 8). This analysis shows that relationship concerns accounted for more than a quarter of all sessions, with mental health, family violence and abuse, parenting challenges and trauma also common.

Figure 8: Distribution of sessions by main concern (client data)



These patterns point to the complex realities clients bring to counselling, where emotional, relational and situational challenges often intersect. The prominence of relationship issues highlights the central role of safe, supportive connections in wellbeing, while the high proportion of mental health and trauma-related sessions reflects the need for integrated support across personal and family domains.

‘We are not really targeting one issue ... there are social, mental health and relational dynamics that all combine together in my room.’

– RAV Counselling Practitioner



Practitioner perspectives

Clinical research consistently highlights the importance of practitioner insight, not only in how counselling is delivered but in how it is experienced and made meaningful (Stubbe, 2018). Counsellors’ reflections provide vital context for understanding how and why change occurs, offering a perspective that complements outcome data and formal evaluation (AIFS, 2022). Their observations on relational dynamics, client engagement and therapeutic judgement offer a deeper view into what makes counselling effective.

The following sections draw on interviews conducted in 2025 with counsellors from several of RAV’s centres, capturing their perspectives on the work and its context.

The issues and complexity clients bring

What a client names at the start of counselling is often only part of the picture. Counsellors spoke about hearing concerns that, once explored, revealed layers underneath, including histories of trauma, patterns in relationships, pressures from housing or work, and experiences clients had never voiced before. Creating a sense of safety in the counselling room often allowed these hidden or mislabelled experiences to emerge, shifting the focus over time. A conversation about a child’s anxiety or a household disagreement might uncover patterns linked to family violence, trauma or unrecognised neurodivergence, particularly for women and children.

Counsellors also noticed changes in the challenges clients face and the systems shaping their options. More people were arriving with family violence and legal issues, including intervention orders, child protection processes and police contact. Others lived with the strain of poverty and insecure housing, alongside service gaps that made safety and recovery harder to sustain. For clients from culturally and linguistically diverse backgrounds, these pressures could be intensified by community stigma, migration stress and mistrust of mainstream services.

The picture varied across age and life stage. Older clients sought support for longstanding grief, fractured family ties or late-life identity changes such as coming out. Parents and carers, including grandparents, navigated kinship care or co-parenting in complex circumstances. For clients dealing with family violence, sessions on parenting or relationships often led to deeper work on early trauma or disrupted attachment.

Some clients came during or after a crisis. Others arrived while waiting for more intensive services. Counsellors expressed concern about gaps for people with complex needs, such as neurodivergent adults, trauma survivors and families juggling multiple stressors, given tighter eligibility rules, high costs and the decline of long-term therapy options.

*‘Clients often come in with a contained idea of what they need to work on, and over the process, as they **trust the relationship** more, they discover the issues most important to them are not what they thought.’*

– RAV Counselling Practitioner



Relational practice

Understanding what brings someone to counselling is only part of the picture. Meaningful change rests on the relationship between client and counsellor, shaped by listening, steady presence and collaboration. Counsellors described trust, safety and attunement as the foundations that allow deeper work to take place.

They spoke about creating a sense of welcome from the first contact – a warm intake call, a smile at reception, visible signs of inclusion such as flags and posters, or the offer of tea or coffee. For clients with histories of trauma, family violence or discrimination, these gestures challenged earlier experiences of services as cold or unsafe. Intake and needs assessment also helped to establish the alliance, giving clients a chance to feel heard before the session began.

In the counselling room, the alliance was seen as something deliberately built and sustained. Non-judgemental listening and careful pacing were key, along with attuned presence that paid close attention to body language, emotional cues and the client’s reactions in the moment.

Counsellors often resisted the urge to take the ‘expert’ role too quickly. Instead, they offered gentle guidance, reflective questions and space for clients to reach insight in their own time. When trauma was suspected but not disclosed, they waited until clients were ready, knowing that opening too soon could be re-traumatising.

Even in short-term or single-session work, counsellors aimed to offer something meaningful, whether it was a sense of being heard, a new perspective or a safe conversation. Moments of rupture were also part of the process, with misunderstandings recognised and repaired to restore trust and model respectful connection. For clients who had never felt fully accepted, including neurodivergent clients, trans and non-binary clients, and those carrying shame or exclusion, building trust required emotional attunement and sensitivity to culture, identity, language and lived experience. For some, counselling was a chance to test whether a safe relationship was possible and to experience what it felt like when someone kept showing up.



‘Not feeling judged, being listened to, validated, understood – that’s really important in the therapeutic alliance.’

– RAV Counselling Practitioner

Workplace culture and collegial support

Practitioners stressed that their ability to offer safe, attuned support depends on feeling the same safety within their workplace. Team relationships, organisational culture and a sense of belonging were described as the foundation for effective, sustainable practice. When practitioners feel supported and trusted, they can offer that same presence to clients.

They spoke about the value of working in a culture grounded in connection and shared responsibility. A strong sense of belonging extended beyond individual teams to the wider organisation, reinforced through intentional gestures such as all-staff webinars and milestone celebrations. Informal acts of peer care, from checking in after a difficult session to chatting in shared spaces, were seen as just as important as formal supervision.

Staff wellbeing and retention were linked to flat hierarchies, mutual respect across roles and leaders who encouraged open communication. Flexibility mattered too, such as adjusting caseloads for high-risk clients or reallocating when personal circumstances required it. For some, the contrast with private practice was stark. Without day-to-day peer connection, the emotional demands of counselling could quickly become overwhelming.

Practitioners saw workplace culture not as a backdrop but as a form of safety in its own right, the kind that makes relational work possible.



‘I feel part of a very cohesive and supportive team ... that is centrally important to doing what I do.’

– RAV Counselling Practitioner

Building skills for the future

While counselling often begins in response to an immediate concern, practitioners spoke about its role in preparing clients for what comes next. Sessions can build insight, strengthen communication, support help-seeking and foster a sense of agency, providing skills that help people navigate future challenges as well as current ones.

Even in short-term or issue-focused work, counsellors aimed to leave clients with tools they could use long after sessions ended. They described moments where a client began applying strategies between appointments, shifting how they thought, communicated or related to others. These changes often extended beyond the individual, influencing families, relationships and communities.

For many clients, counselling also provided a positive experience of reaching out for help, making it more likely they would seek support again if needed. In this way, the work not only addresses the present, but builds confidence, capacity and connection that clients can carry forward, creating strengths that continue to shape their lives long after the sessions end.

Strengthening relationships

A preventive approach to wellbeing



The work we do today goes beyond responding to immediate needs – it lays the foundation for long-term wellbeing.

When people build stronger relationships and develop healthier ways of connecting, those changes ripple outward, helping to prevent future harm and strengthen communities. A parent who feels more confident today is better equipped to support their family tomorrow. Someone who learns to recognise and change harmful patterns protects not only themselves but also those around them.

Research consistently shows that strong relationships and social and emotional skills are key protective factors for long-term wellbeing (WHO, 2025; Department of Health, 2025). We see this every day in practice: our work strengthens relationships; builds confidence; and reduces risks such as isolation, stress and cycles of harm.

Prevention is not a separate program – it's embedded in everything we do. It happens through the trust we build, the relationships we support, and the environments

we help create. By investing more in prevention and strengthening community, we not only improve lives but also reduce long-term social and economic burdens (Bowles et al., 2025). This leads to healthier families, stronger communities and more sustainable change.

Relationships and social connection are central to this preventive approach, and they are at the heart of our work.

Prevention in context

Each of the 4 impact stories in this report offers a different lens on prevention, shaped by its purpose, its people and the conditions in which it takes place.

In early matters, prevention is grounded in confidence and connection. As parents gain reassurance and clarity in their role, they become better equipped to handle stress, guide their children and make sound decisions. This confidence often extends beyond their own family, as many feel empowered to support other parents. Sharing strategies, listening without judgement and validating the real challenges of parenting helps build informal, community-level resilience.

In our MBCPs, prevention begins with accountability. Through structured group dialogue, participants examine the impacts of their behaviour and reflect on the relationships they want to build in the future. The group setting allows men to hear different perspectives, recognise patterns in their own behaviour and try new ways of relating. As they take responsibility for past actions, many reconnect with personal values they had lost sight of, shaping a clearer sense of the men they want to become.

In AMPLIFY, prevention takes the form of peer-led, place-based work built on inclusion and care. Young people are not passive recipients of support; they create the environments needed. Through events, advocacy and creative expression, they build platforms for connection and mental health support on their own terms. This strengthens protective factors by making space for identity and belonging, showing that prevention can grow within communities rather than be delivered to them.

In counselling, prevention happens through relational repair and the slow work of rebuilding trust. Many clients arrive feeling disconnected from others, from support, or from their own sense of self. The therapeutic relationship offers a space to reconnect. Through validation and reflection, clients develop a clearer sense of who they are and how they want to relate to others, shaping the conditions for healthier relationships and more hopeful futures.

Innovating for change: Place-based prevention

In 2024, we partnered with the Centre for Community Child Health to develop strategies that were locally relevant and capable of strengthening protective factors for children and families in Ballarat. Their evidence review affirmed that relationships are central to wellbeing across the lifespan, particularly in the early years. Secure and responsive relationships support emotional regulation, resilience and social development, while also acting as a buffer against adversity.

Through co-designed workshops with RAV staff, parents and professionals from relevant sectors, the Centre for Community Child Health process identified the following interconnected strategies:

1. A public campaign to increase awareness of the role relationships play in wellbeing
2. A neighbourhood-based hub model for child and family services
3. A dedicated social connector role to link families with support and strengthen local networks of care.

These strategies are now in practice. In Ballarat, the first public step was a community screening of *SEEN*, a feature-length documentary on the intergenerational impacts of trauma and the role of relationships in healing. A Social Connector is now in place, focusing on strengthening relationships, linking families with support and building informal networks of care.



RAV and Centre for Community Child Health workshop participants

Our earlier work in the City of Yarra through the Communities that Care® initiative also showed how place-based collaboration can build the conditions for change. Practitioners involved in the partnership developed stronger social capital, shared knowledge and ideas, and deepened their sense of professional community. These gains improved their confidence, buy-in and consistency in practice. The experience in Yarra reinforced that change is most sustainable when collaboration is intentional, locally led, and supported by structures that centre trust and shared purpose.

Taken together, these initiatives show how place-based approaches provide a practical way to respond to local contexts, build on existing strengths and work towards shared goals. They take time, but they are essential for creating protective factors that last.

Extending the approach

The same principles are guiding new work in Whittlesea and Yarra. The projects will work with parents, teachers and students to strengthen social and emotional learning, ensuring that consistent messages about relationships and emotional skills are reinforced across different parts of the community. In practice, this might mean parents and teachers sharing a common language to help children manage emotions, or young people learning that asking for help is both acceptable and supported.

By embedding this work in schools and community settings, the aim is to strengthen protective factors, make everyday environments more supportive, and create more opportunities for positive connection. These are not quick fixes but part of a longer-term approach to prevention that relies on trusted relationships and community engagement.

Looking ahead

Each of these projects is different, suited to local contexts, but the principles remain the same. It is a way of working that adapts to local conditions, builds on what is already there, and evolves through collaboration. The early work in Ballarat, Whittlesea and Yarra provide valuable insights into how prevention can be scaled without losing its local character.

As we continue to learn from these experiences, the challenge will be to hold onto the elements that make prevention effective: trust, sustained relationships, and a willingness to work with the histories and dynamics that shape each place. Throughout this report we have seen these elements at work in families, in groups and in communities.

Strong relationships remain one of the most effective and sustainable ways to improve individual and community wellbeing. They are not just part of prevention; they are its foundation.



For more information on each of these projects visit our **Social Impact Hub** at socialimpact.rav.org.au or scan the QR code.



Acronyms and initialisms

FDR

Family dispute resolution

LGBTIQA+

Lesbian, gay, bisexual, trans and gender diverse, intersex, queer, asexual and other identities

MBCP

Men's behaviour change program

PEEM

Parent Empowerment and Efficacy Measure

RAV

Relationships Australia Victoria

SIMNA

Social Impact Measurement Network Australia

Glossary of terms

Client voice

The views, experiences and priorities shared by people with direct experience of a service or issue. These contributions, whether individual or collective, help shape how services are delivered, how impact is understood and how decisions are made.

Co-design

An approach that involves people with lived experience working alongside service providers, policymakers or researchers to design programs, services or systems. It values shared power, collaboration and mutual learning throughout the process.

Early intervention

Support provided in the early stages of a challenge, before issues escalate or become more complex. Early intervention aims to reduce harm, strengthen protective factors and improve outcomes by responding as soon as risks or needs become visible.

LGBTIQA+

An inclusive term for people of diverse genders, sexualities and bodies, including lesbian, gay, bisexual, trans and gender diverse, intersex, queer, asexual and other identities. This initialism reflects current usage in Australia and recognises the changing nature of language, identity and community.



Lived experience

First-hand knowledge and insight gained through personal experience of a service, issue or system. Lived experience may be individual or shared, and is a valuable source of understanding, especially when informing service design, evaluation or advocacy.

Mental health and wellbeing

A state in which people feel capable, connected and able to manage life's challenges. It includes emotional regulation, supportive relationships, a sense of purpose and opportunities for participation. It is shaped by social, economic and environmental conditions that enable or limit wellbeing across communities.

Place-based approach

A way of working that responds to the specific strengths, needs and circumstances of a local community. Place-based approaches recognise that relationships, histories and service systems vary between communities, and aim to support change that is locally meaningful and sustainable. They often involve local collaboration, coordination and shared decision-making.

Prevention

Actions that reduce the likelihood of harm, hardship or disadvantage before they occur. Prevention can take many forms, including strengthening relationships and social connections, promoting social and emotional skills, supporting families early, and addressing the social conditions that contribute to poor outcomes.

Relational practice

An approach that places relationships at the centre of support, recognising that connection, trust and attunement are essential to wellbeing and change. Relational practice focuses on how people relate to one another, and how services build and sustain meaningful human connection.

Social connection

A sense of closeness, belonging and mutual support between people. Social connection supports mental health and wellbeing, and can be built through relationships with family, friends, peers, communities or services.

Social impact

The effect of programs, services or systems on people's lives and communities. Social impact can include changes in wellbeing, relationships, access to support or broader social outcomes.

Systemic barriers / structural disadvantage

The conditions and systems that limit people's opportunities, resources or outcomes based on factors like income, identity, geography or discrimination. These barriers are often embedded in policies, institutions and social norms, and can affect both individuals and communities over time.

Youth-led

Programs, projects or decisions shaped and driven by young people. Youth-led work centres young people's ideas, priorities and leadership, recognising their capacity to influence change and take action in their communities.

References

- Albanese, A. M., Russo, G. R., & Geller, P. A. (2019). The role of parental self-efficacy in parent and child well-being: A systematic review of associated outcomes. *Child: Care, Health and Development*, 45(3), 333–363. <https://doi.org/10.1111/cch.12661>
- Augusta-Scott, T. (2003). Dichotomies between the individual and the social: Implications for theory and practice with men who use violence against women. *The International Journal of Narrative Therapy and Community Work*, 2003(2), 33–41.
- Australian Institute of Family Studies (AIFS). (2022). *Counselling effectiveness and the therapeutic alliance*. AIFS. <https://aifs.gov.au/resources/short-articles/counselling-effectiveness-and-therapeutic-alliance>
- AIFS. (2025). *Effective parenting programs: What does the evidence say?* AIFS. <https://aifs.gov.au/resources/policy-and-practice-papers/effective-parenting-programs-what-does-evidence-say>
- Bowles, D., Smith, W., Gaukroger, C., & Sollis, K. (2025). *Avoidable costs: Better outcomes and better value for public money*. Centre for Policy Development.
- Brown, R. L., & Ciciurkaite, G. (2017). Understanding the connection between social support and mental health. In C. S. Aneshensel, J. C. Phelan, & A. Bierman (Eds.), *A handbook for the study of mental health: Social contexts, theories, and systems* (3rd ed., pp. 207–223). Cambridge University Press.
- Chung, D., Upton-Davis, K., Cordier, R., Campbell, E., Wong, T., Salter, M., ... & Bissett, T. (2020). Improved accountability: The role of perpetrator intervention systems (Research report, 20/2020). Australia's National Research Organisation for Women's Safety. <https://www.anrows.org.au/project/improved-accountability-the-role-of-perpetrator-intervention-systems/>
- Day, A., Ward, T., Vlasis, R., & Gilfedder, J. (2020). *Men's behaviour change programs: Measuring outcomes and improving program quality*. Swinburne University, Department of Justice and Community Safety, and Family Safety Victoria.
- Department of Health. (2025). *The pathway to wellbeing: A change framework to support implementation of wellbeing in Victoria: A strategy to promote good mental health 2025–2035*. Victorian Government.
- Department of Health and Kawachi references
- Freiberg, K., Homel, R., & Branch, S. (2014). The Parent Empowerment and Efficacy Measure (PEEM): A tool for strengthening the accountability and effectiveness of family support services. *Australian Social Work*, 67(3), 405–418. <https://doi.org/10.1080/0312407X.2014.902980>
- Kawachi, I., & Berkman, L. F. (2001). Social ties and mental health. *Journal of Urban Health*, 78(3), 458–467. <https://doi.org/10.1093/jurban/78.3.458>
- Kirkbride, J. B., Anglin, D. M., Colman, I., Dykxhoorn, J., Jones, P. B., Patalay, P., ... & Griffiths, S. L. (2024). The social determinants of mental health and disorder: Evidence, prevention and recommendations. *World Psychiatry*, 23(1), 58–90.
- Lancaster, K., Kern, M. L., Harding, K., Bayasgalan, M., Janson, A., & Bhopti, A. (2024). Exploring long-term outcomes of a peer support programme for parents of children with disability in Australia. *Child: Care, Health and Development*, 50(2). <https://doi.org/10.1111/cch.13236>
- Moore, T. G., Arefadib, N., Deery, A., Keyes, M., & West, S. (2017). *The evidence: What we know about place-based approaches to support children's wellbeing*. Murdoch Children's Research Institute.

No to Violence & Red Tree Consulting. (2020). *Towards safe families: A practice guide for men's domestic violence behaviour change programs*. NSW Department of Attorney General and Justice. <https://ntv.org.au/wp-content/uploads/2020/06/mbcn-nsw-towards-safe-families.pdf>

Our Watch, Victorian Health Promotion Foundation, & Australia's National Research Organisation for Women's Safety. (2015). *Change the story: A shared framework for the primary prevention of violence against women and their children in Australia*. Our Watch. <https://media-cdn.ourwatch.org.au/wp-content/uploads/sites/2/2022/06/21225555/Change-the-story-framework-prevent-violence-women-children-AA.pdf>

Sandstrom, G. M., & Dunn, E. W. (2014). Social interactions and well-being: The surprising power of weak ties. *Personality and Social Psychology Bulletin*, 40(7), 910–922. <https://doi.org/10.1177/0146167214529799>

Silva, M., Loureiro, A., & Cardoso, G. (2016). Social determinants of mental health: A review of the evidence. *The European Journal of Psychiatry*, 30(4), 259–292.

Spade, D. (2020). Solidarity not charity: Mutual aid for mobilization and survival. *Social Text*, 38(1), 131–151. <https://doi.org/10.1215/01642472-7971139>

Stubbe, D. E. (2018). The therapeutic alliance: The fundamental element of psychotherapy. *Focus*, 16(4), 402–403. <https://doi.org/10.1176/appi.focus.20180022>

Thoits, P. A. (2011). Mechanisms linking social ties and support to physical and mental health. *Journal of Health and Social Behavior*, 52(2), 145–161.

Umberson, D., & Montez, J. K. (2010). Social relationships and health: A flashpoint for health policy. *Journal of Health and Social Behavior*, 51(1_suppl), S54–S66. <https://doi.org/10.1177/0022146510383501>

Vlais, R., & Campbell, E. (2019). *Bringing pathways towards accountability together: Perpetrator journeys and system roles and responsibilities*. Centre for Innovative Justice, RMIT University.

World Health Organization (WHO). (2012). *Risks to mental health: An overview of vulnerabilities and risk factors*. WHO. <https://www.who.int/publications/i/item/risks-to-mental-health>

WHO. (2025). *From loneliness to social connection: Charting a path to healthier societies. Report of the WHO Commission on Social Connection*. WHO. <https://www.who.int/groups/commission-on-social-connection/report/>



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