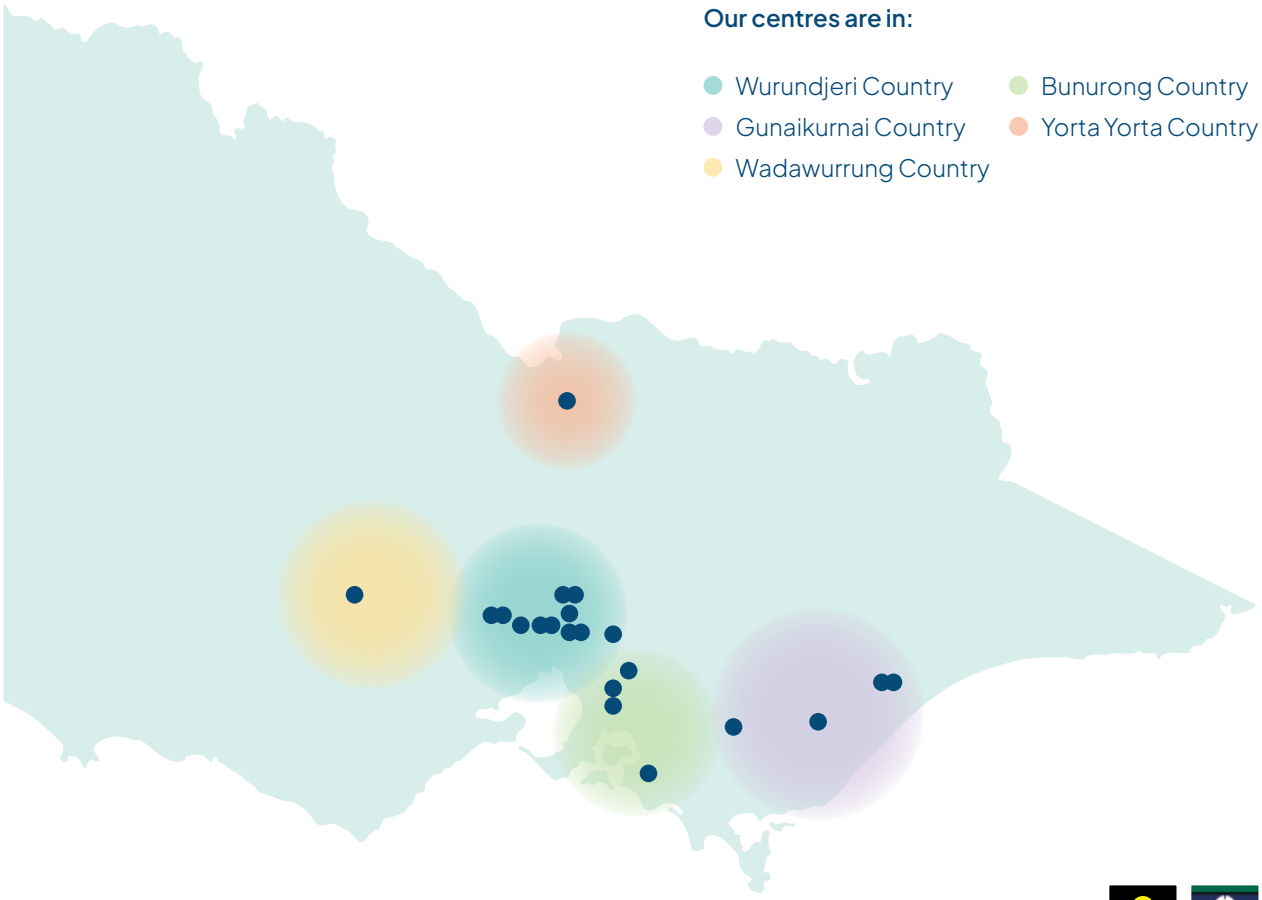
Relationships™
AUSTRALIA · VIC

Social Impact Report 2026



We pay respect to First Nations Peoples of Victoria as the Traditional Owners and Custodians of the lands and waterways. We acknowledge the pain caused by colonisation including disconnection from land, loss of life and freedom, and the forced removal of children.

We provide services from locations on the Lands of the Wurundjeri, Bunurong, Gunaikurnai, Yorta Yorta and Wadawarrung Peoples. The areas shown are indicative only and do not represent boundaries of Countries.



We are committed to 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

VICTORIA State Government

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

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.

First Nations peoples should be aware that this report may contain images of people who have since passed away.

A note about stories in this report

The stories featured in this report are based on the experiences of our clients, and shared with permission. Names and identifying details have been changed to protect their privacy.

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Welcome to our Social Impact Report 2026



Last year's Social Impact Report explored how relationships shape mental health and wellbeing and why strengthening connection matters for prevention. This year's report continues that work by examining prevention pathways across different communities, services and settings.

Relationships Australia Victoria (RAV) is a specialised provider of family and relationship services, working with individuals, couples, families and communities across Victoria.

Our work spans prevention, early intervention and response and recovery. It includes counselling, family and relationship support, family dispute resolution and mediation, parenting education, mental health, family violence and trauma support, workplace services and professional development and training. We deliver these services through our centres and in schools, community settings and online.

While these established services remain central to our prevention work, we are also piloting new place-based approaches in several Victorian communities. Together, this work is strengthening relationships and making support easier to reach, promoting family and community wellbeing, and helping address challenges before they become more serious.

Local services, state-wide impact



We have over 75 years' experience providing family and relationship support services from more than 21 locations across Melbourne and Victoria.

Read our **Annual Report 2025–26** for more information.



Prevention in place: changing trajectories

Prevention is often defined by its timing: action taken before harm occurs. Timing alone, however, does not explain how action at one point prevents a later outcome. Understanding prevention requires tracing the pathway towards potential harm and identifying where services and systems can alter its course. Prevention rarely depends on a single intervention or moment. Its effects are often visible in a changed direction: a child remains connected to school, a family reaches support before pressure becomes a crisis, or an emerging pattern of conflict is interrupted.

Our 2024 evidence review with the Centre for Community Child Health (Alexander et al., 2024) found that supportive relationships are a core condition for wellbeing and primary prevention. Relationships help people withstand pressure, recognise when something is wrong and find their way to support. When those relationships are absent and services are disconnected, support becomes harder to reach and difficulties have more room to intensify. The preventive effect of a service therefore depends on the relationships surrounding it.

Place shapes the relationships around people and the pathways through which they reach support. Distance can turn a referral into a dead end, while a trusted community relationship can make an unfamiliar service usable. In schools, a child's distress can be recognised before it appears in a formal assessment. The same program will therefore work differently depending on how it fits the community and connects with the people and services already there.



The effects of prevention are often visible in a changed direction

A child remains connected to school

A family reaches support before pressure becomes crisis

An emerging pattern of conflict is interrupted

The examples in this report make these differences visible. In Gippsland, counselling delivered through schools and early childhood settings brings support into children's everyday lives across a large regional area. In Greater Dandenong, trusted community relationships help make culturally adapted parenting support accessible to Afghan women. In Whittlesea, prevention is strengthened by greater consistency between the adults and settings surrounding children. In Kew and Sunshine, 4 program spotlights show how RAV's centres can combine direct services, adapted programs and partnerships to respond to the needs of their clients and communities.

Across these different settings, the same pattern emerges. Prevention becomes stronger when support fits local circumstances and connects the people, services and settings around a child or family. Its effects depend on whether people can reach it, trust it and remain connected to support as their circumstances change.

These stories also point to a challenge for evaluation. Attendance, completed sessions and immediate outcomes can show what changed within a program. They tell us less about the relationships and local conditions that made participation possible or helped change endure. Those conditions are harder to measure, but they are fundamental to the end result.

The examples that follow keep those conditions in view. They trace how evidence-informed support is shaped by the relationships and places through which people encounter it.

Visit our **Social Impact Hub** for more information.



Putting relationships at the centre

We deliver services through 21 centres and sites across metropolitan and regional Victoria. Each brings together a different mix of programs and partnerships. Viewed through a socio-ecological lens, centres create points of connection across the relationships, settings, communities and systems that shape people's lives.

Where prevention happens

Relationships

Practitioners work with partners, parents, children and other family members, recognising that change in one relationship can affect the wider family.

Settings and services

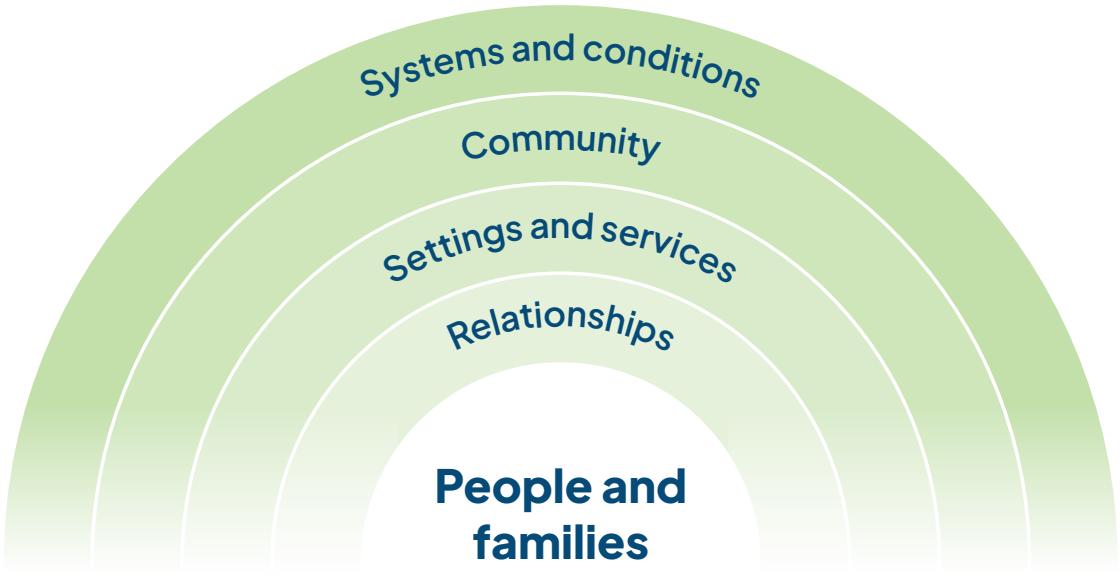
Centres provide entry points to a range of services and programs, with opportunities to coordinate support across service boundaries.

Community

Centres work with other services and community organisations to create routes into RAV and connections to further help.

Systems and conditions

Laws, service systems and wider social and economic conditions shape the pressures people face and the support available to them. Centres connect people with these broader systems while helping them navigate their effects.



How support redirects pathways

People come to RAV with different needs, through different routes and at different stages in their lives. The pathways below show how support can strengthen protective conditions and reduce the risk of further harm across 3 areas of our work: parenting pressure and children's wellbeing, separation and family conflict, and family violence and safety.

Parenting pressure and children's wellbeing

When a child is distressed or family life becomes difficult, support can begin with the child, a parent or carer, or their relationship. Family counselling, parenting programs and information, school-based programs, and specialised child and youth mental health services provide different ways to understand what is happening, strengthen communication and help adults respond to emotions and behaviour.

The prevention pathway

Starting condition

A child is distressed or family life becomes difficult.

With support

Support helps families understand what is happening, strengthen communication and respond to emotions and behaviour.

Protective direction

Earlier recognition, stronger responses and improved connection.

Without support

Distress can go unrecognised or be misunderstood, and families may have fewer ways to respond to emotions and behaviour.

Risk direction

Distress intensifies, conflict grows and family relationships become more strained.



Separation and family conflict

Separation can create uncertainty and conflict around parenting, finances, property and ongoing family relationships. Family dispute resolution, including lawyer-inclusive, legally assisted and court-ordered services, helps people identify issues, communicate and negotiate agreements, with a focus on safety and children's best interests. Counselling and post-separation programs support adults and children through the emotional effects of separation and family change.

The prevention pathway

Starting condition

Separation creates conflict or uncertainty around parenting, finances or property.

With support

Family dispute resolution supports communication and negotiation about parenting, finances or property. Counselling helps adults and children navigate the emotional effects of separation.

Protective direction

Conflict is addressed, decisions become clearer and families navigate change with children's needs in view.

Without support

Families and children have fewer ways to communicate, work through disagreements or manage the emotional effects of separation.

Risk direction

Conflict escalates, decisions remain unresolved and ongoing family relationships come under greater strain.



Family violence and safety

Family violence affects the safety and wellbeing of partners, children and other family members. Our service response includes counselling and specialist support for women, children and young people; family safety contact; men's behaviour change programs; men's case management and post-program support; and court-linked mental health support. Together, these services keep safety visible across the family, support responsibility, and sustain change.

The prevention pathway

Starting condition

Violent, harmful or controlling behaviour affects a partner, child or other family member.

With support

Safety is considered across the family. Affected family members receive support, while the person using violence is held accountable and supported to change.

Protective direction

Violence is interrupted before harm escalates, family members are safer and non-violent behaviour is sustained.

Without support

Risks are not assessed or addressed across the family. Affected family members have fewer opportunities to seek help, while the person using violence does not encounter accountability or support to change.

Risk direction

Violence continues or escalates, increasing harm to partners, children and other family members.



Centres in practice

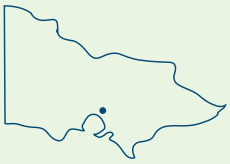
Our Kew and Sunshine centres are examples of how RAV's centres bring together services, programs and partnerships in response to client and community needs. The 4 program spotlights that follow show some of the different forms this can take, from direct therapeutic support and culturally adapted delivery to collaboration across family violence, mental health and legal systems.

Kew: connecting mental health and family law support

At a glance

3,241

clients supported in 2025/26



Location: Kew centre

Primary service area: inner eastern metropolitan Melbourne

At our Kew centre, RAV delivers and manages a broad range of services for individuals and families. The 2 programs spotlighted here illustrate the different roles a centre can play. Our Child Mental Health Service provides direct therapeutic support through the centre and connects with services across RAV and the local community. Our Family Advocacy and Support Services are managed in Kew and delivered through family law courts across Victoria. The first program shows the centre as a place where families receive support; the second shows how specialist expertise managed through a centre can reach people across wider service systems.

Spotlight

Child Mental Health Service

Our Child Mental Health Service supports children aged 4 to 13 as they navigate their parents' separation or divorce. Through clinical intake, assessment and counselling and parent feedback sessions, the service responds to concerns including adjustment to separation, grief, changes in contact with a parent and the effects of ongoing parental conflict.

Referrals from family dispute resolution, counselling and other RAV services connect therapeutic support with broader work around parenting arrangements, family violence and child wellbeing. Relationships with headspace Hawthorn, the Austin Child and Youth Mental Health Service, and Boroondara Maternal and Child Health also strengthen connections between the program and local services.

Spotlight

Family Advocacy and Support Services

Managed by our Kew Centre, this service works alongside Victoria Legal Aid's duty lawyers and family violence support services for people navigating family law matters in the Federal Circuit and Family Court of Australia. Practitioners provide onsite and remote wellbeing support and risk assessments, suicide prevention and crisis support, safety planning, triage and referrals to ongoing assistance.

Locating mental health support within the broader Family Advocacy and Support Services response enables distress and safety concerns to be identified when people seek legal help. Its multidisciplinary approach connects clients with coordinated legal, mental health and practical support during a period of significant pressure.

Sunshine: making support more accessible

At a glance

3,643

clients supported in 2025/26



Locations: Sunshine centre and Sunshine Family Relationship Centre

Primary service area: western metropolitan Melbourne

In Sunshine, we provide a broad range of services to support individuals and families. The 2 programs spotlighted below illustrate different ways established service models can be adapted to address barriers to participation. Our Vietnamese men's behaviour change program uses Vietnamese-language facilitation and responds to cultural and migration experiences. Legally assisted family dispute resolution combines family dispute resolution and legal expertise for separating parents whose circumstances may make standard family dispute resolution unsuitable. Both programs show how specialist services can be made accessible while retaining a clear focus on safety.

Spotlight

Vietnamese men's behaviour change program

RAV's Vietnamese men's behaviour change program supports Vietnamese men who have used violent, harmful or controlling behaviour towards partners, children or other family members. Delivered in Vietnamese by experienced Vietnamese facilitators, the program helps participants take responsibility for their behaviour, understand its effects and develop safer, more respectful family relationships. Family safety practitioners also offer support to affected family members.

The program was developed in Sunshine through collaboration between family violence services, Vietnamese community organisations and other partners. The original model combined behaviour change work with attention to migration experiences, cultural context and participants' understanding of Australian laws and systems. Evaluations of the early program found that language-specific delivery supported engagement, while coordinated partner contact connected women and children with information, support and further services. The model shows how a centre can bring specialist practice, cultural knowledge and community partnerships together to make support more accessible.

Spotlight

Legally-assisted family dispute resolution

Family violence, unequal bargaining power and other vulnerabilities can make standard family dispute resolution unsuitable for some separating parents. Through our Sunshine Family Relationship Centre, we work with community legal centres to provide an adapted process in which each parent is supported by a lawyer.

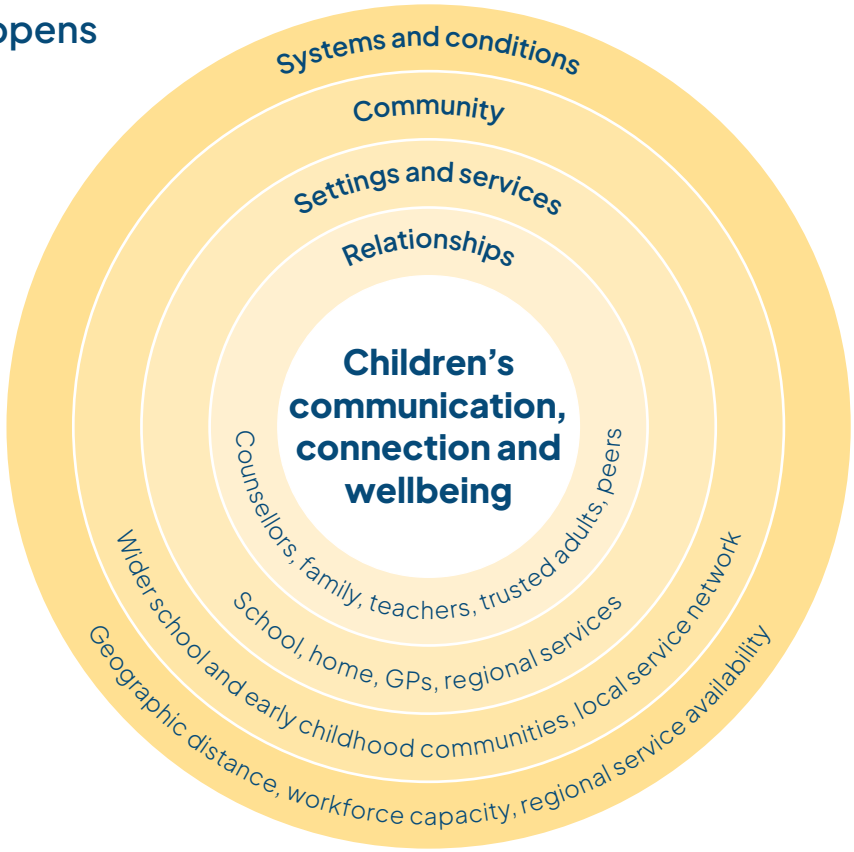
Lawyers help clients understand their legal position and respond to proposals, while family dispute resolution practitioners guide the process towards agreement. This combination of legal and relational expertise creates a safer and more supported route through separation for families who might otherwise need to resolve disputes through the courts.

Evaluation (Heard et al., 2026) found that 80% of clients reached full or partial agreement. Among clients who had experienced abuse from a former partner, 95% felt safe during the process. Practitioners identified strong collaboration between lawyers and family dispute resolution practitioners as central to the service's success.

Gippsland: early support starts with listening

Where prevention happens





The prevention pathway

Starting condition

Distress is emerging and a child's behaviour signals that something has changed.

With support

A skilled, consistent adult is placed within the child's everyday environment, creating a relationship in which the child feels safe enough to communicate.

Protective direction

Earlier support and continued connection to school and relationships.

Without support

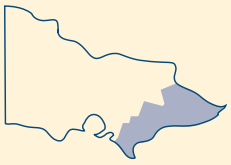
The child's distress may be misunderstood or go unaddressed.

Risk direction

Escalating distress, isolation and disengagement from school and relationships.

At a glance

Connect Me



Service area
Baw Baw, Bass Coast, East Gippsland, Latrobe, South Gippsland and Wellington

215 clients received support in 2025/26

For children aged 4 to 11

Delivered through primary schools and early education settings

Operating since 2022

Connect Me provides free therapeutic support for children aged 4 to 11 across Gippsland. By helping children communicate what sits beneath visible behaviour, supporting the adults around them to respond consistently and connecting families with further help when needed, the program intervenes before distress escalates and difficulties become entrenched.

In Australia, an estimated one in 7 children aged 4 to 11 experience a mental health disorder in any given year (Lawrence et al., 2015). The 2024 Australian Early Development Census found that the proportion of children developmentally on track had declined since 2021 (Department of Education, 2025).

Children's mental health is shaped by the relationships and environments around them. Family stress, parental distress, exposure to violence or disruption, economic pressure and social isolation are the conditions within which children's difficulties develop, and the research consistently shows that they operate not in isolation but in combination, accumulating and compounding over time (Christensen et al., 2017). The risk is not evenly distributed: children in Gippsland face the same drivers of distress as their metropolitan counterparts, but encounter them in a regional context where specialist support is less available. Across Gippsland, child mental health need is estimated to be higher than the national average, while specialist workforce availability is generally lower (Goodyear et al., 2025). In 2023, the rate of full-time equivalent psychology professionals per 100,000 people was 58% lower in Gippsland than across Victoria (Gippsland PHN, 2026).

What children need when they are struggling is to be able to communicate what they are experiencing, and they need someone who can hear them. Language and communicative competence in childhood predict emotion regulation capacity into adolescence (Griffiths et al., 2021). Supportive relationships with trusted adults function as protective factors against poor mental health outcomes, with a cumulative effect: the more sources of reliable adult support a child can access, the lower their risk (Butler et al., 2022).

But many children do not have the language, confidence or opportunity to say clearly what is wrong. This is particularly true for children aged 5 to 11, whose capacity to identify, name and articulate emotional experiences is still developing. What they have instead is behaviour. A child who withdraws from peers, refuses school, lashes out in class, cannot sit still or cries without apparent cause may be communicating that something has changed or something is wrong in the only language available to them.

The question is whether those communications are received: whether someone is positioned to notice and understand what the behaviour is expressing and respond to what sits beneath it. In well-resourced environments, that person might be a school counsellor, psychologist or wellbeing coordinator. In much of regional Australia, that person may not exist unless a program puts them there.

Where Connect Me intervenes

Connect Me sits on the prevention pathway where distress has become visible but the associated difficulties have not yet become entrenched. It is a school-based counselling and case management program delivered across Gippsland. The program provides free, short-term therapeutic support to primary school-aged children experiencing mild to moderate mental health difficulties. Sessions are delivered on-site in schools, removing barriers of cost, transport and travel that prevent many regional families from accessing support.

Referrals come through schools, GPs and families, typically in response to concerns about behaviours or emotions that teachers or parents have observed but do not have the capacity to address. Practitioners report significant unmet demand. Schools are generally booked 2 terms in advance, and the program is not broadly advertised because available staffing and funding could not meet the additional demand.

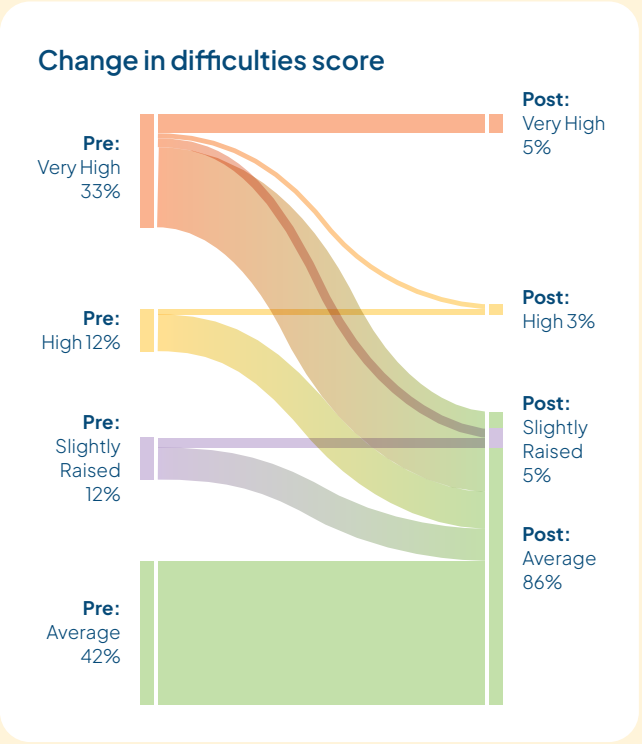
What the data shows

The Strengths and Difficulties Questionnaire (SDQ) is a behavioural screening instrument designed to identify the presence and severity of emotional and behavioural difficulties in children (Goodman, 1997). It produces scores across 5 subscales – emotional symptoms, conduct problems, hyperactivity, peer problems and prosocial behaviour – as well as a total difficulties score. Scores fall into 4 bands: average, slightly raised, high and very high.

The SDQ captures one dimension of change: whether a child's difficulty profile, as reported by a parent or teacher, has shifted. It does not capture the relational, communicative and environmental changes that may underpin or accompany that shift, including whether:

- a child has developed the capacity to express distress rather than act it out
- a parent has learned to hear what their child is communicating
- the systems around the child have become more coherent.

For this analysis, we present the SDQ data as band movement, then use practitioner accounts, obtained in interviews, to examine dimensions of change the measure cannot reach.



In 2025, 73 children completed both a pre- and post-program SDQ. The proportion in the high or very high bands fell from 45% at intake to 8% at follow-up, while the proportion in the average range rose from 42% to 86%. Overall, 48% of children moved to a lower band and none moved to a higher band. The strongest movement occurred among children who began in the high or very high bands: 71% of children in the very high band and 89% in the high band were in the average range at follow-up. Together, these results show a substantial reduction in parent- or teacher-reported emotional and behavioural difficulties.

Communication as prevention

To understand aspects of the program not captured by the SDQ, we interviewed 3 Connect Me counsellors. Across these interviews, practitioners described changes in children's willingness and confidence to communicate. Some children would not speak during their early sessions, while others held back because they feared that raising concerns would get them into trouble. One child who initially avoided meaningful conversation gradually began sharing a specific worry, identifying people they could approach for support and expressing a wider range of emotions. The school subsequently reported improvements in the child's mood and engagement with peers.

In another case, it took several sessions before a child explained that they felt repeatedly overlooked at home. The child did not feel able to raise this directly with their parent and asked the practitioner to speak on their behalf. The parent established regular one-to-one time with the child, after which the practitioner was told of a marked improvement in the child's behaviour at home and school. Another practitioner described children making similar requests: 'I don't have the words to tell mum and dad, but could you?'

These accounts show a broader change in children's capacity to seek help. They became more able to identify a concern, share it with a trusted adult and participate in deciding how other adults in their lives should be involved. This matters beyond the immediate counselling relationship.

A systematic review found that difficulty verbalising the need for help, uncertainty about whom to approach and distrust of professionals can inhibit children's help-seeking, while positive experiences of support and feeling heard, respected and not judged can facilitate it (Radez et al., 2021). A child who can recognise and communicate that something is wrong, knows whom to approach and has experienced disclosure being met with a safe and useful response has more routes into support. Distress can be recognised and addressed before difficulties escalate, relationships deteriorate or disengagement from school becomes entrenched.

Support beyond the counselling room

The work extended beyond the relationship between the child and practitioner. According to practitioners, parents and teachers sometimes gave very different accounts of the same child, either because the child presented differently at home and school or because each adult saw only part of what was happening. With the child's consent, practitioners brought these perspectives together, clarified the child's needs and helped the adults around them respond more consistently. Practitioners also described acting as mediators between families and schools, allowing supports to be put in place before difficulties escalated to conflict or discipline. This created another point of prevention: concerns could be recognised earlier, support coordinated sooner and behaviour understood before responses hardened into conflict.

Connect Me also helped children develop practical ways of responding to what they were experiencing. Sessions included identifying and regulating emotions, practising social and communication skills, responding to bullying, understanding healthy relationships, setting goals and developing safety plans.

One practitioner described a child experiencing significant anxiety about attending school. Sessions focused on strategies for feeling calm and maintaining a sense of connection with family while away from home. The practitioner reported that the child progressed to attending school every day, with fewer mornings marked by emotional overwhelm. Research has linked anxiety with school refusal and other forms of poor attendance (Finning et al., 2019). This case shows how support at the point of anxiety can help a child remain connected to school before absence becomes an established pattern.

School-based delivery makes this work accessible. Practitioners described small regional schools where teachers and principals performed multiple roles and there was little or no dedicated mental health support. Families faced long travel distances and costs they could not afford. One carer told a practitioner that their child would not have accessed support if it had not been available during school hours. These accounts reflect Australian evidence identifying limited resources, system complexity, distance and navigation as barriers to mental health care in regional, rural and remote communities, and ease of access and collaborative care as facilitators of mental health and wellbeing (Kavanagh et al., 2023).

Where a child's needs exceeded the scope of Connect Me, practitioners developed safety plans, contacted other services and supported families through referrals, providing continuity while more specialised support was arranged. Practitioners also described children returning to Connect Me when they recognised that things were no longer going well, and becoming willing to speak with specialist services after first building trust through the program. These accounts give practical form to the help-seeking evidence described earlier: children recognised that they needed support, participated in seeking it and returned to a service they knew.

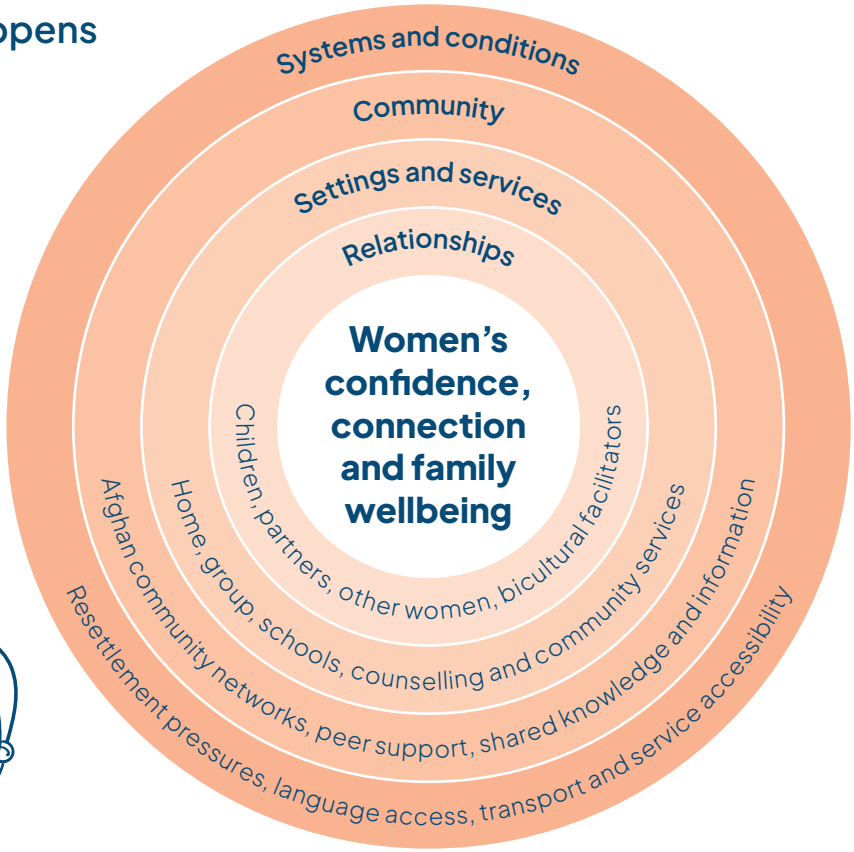
How the trajectory changes

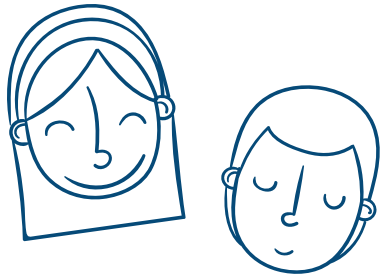
When a child has a trusted adult in their everyday environment, distress becomes easier to express and behaviour easier to understand. Families and schools gain a clearer picture of what is happening, so support can arrive earlier and families can navigate specialist care when needed. Children also develop practical strategies and a positive experience of asking for help, strengthening their connection to the people and places that can support them.

This service is funded by the Gippsland Primary Health Network, which is leading the primary mental health and suicide prevention stepped care response of Gippsland.

Greater Dandenong: connection as prevention

Where prevention happens





The prevention pathway

Starting condition

Isolation and uncertainty during resettlement.

With support

Culturally safe relationships, shared learning, emotion coaching and trusted connections to services.

Protective direction

Greater confidence, help-seeking and stronger family relationships.

Without support

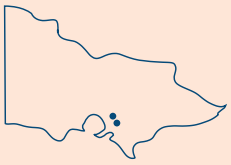
Women have few trusted opportunities to speak openly, share experiences and find relevant information.

Risk direction

Isolation persists, distress remains unspoken and family strain deepens.

At a glance

Tuning in to Kids® for Afghan Women



Service area
Greater Dandenong and Cranbourne

68 clients received support in 2025/26

For mothers of young children from the local Afghan community

Delivered through community centres, schools and local hubs

Operating since 2022

Our culturally adapted Tuning in to Kids® for Afghan Women program brings Afghan mothers together with bicultural facilitators from their community. Through emotion coaching, shared learning and trusted connections to support, the program can redirect a pathway from isolation and uncertainty towards confidence, help-seeking and stronger family relationships.

The isolation of resettlement

Resettlement can place families under sustained pressure long after arrival. Families must rebuild daily life while learning unfamiliar systems, languages and expectations, often without the relatives and community networks that previously provided practical and emotional support. Australian longitudinal research following 2,399 humanitarian migrants found that loneliness and difficulty adjusting to life in Australia remained prominent post-migration stressors associated with mental ill-health across the early years of resettlement (Wu et al., 2021).

Afghan women can face particular forms of isolation during resettlement. Research with Afghan and Kurdish refugees living in Australia and New Zealand found that psychological distress remained high 8 to 20 years after resettlement, with women reporting significantly greater distress than men (Sulaiman-Hill & Thompson, 2012a). A related qualitative study identified social isolation, disempowerment and changes in family and social roles as important sources of stress for women. Many women spent much of their time at home with children, had limited English and relied on relatives overseas for emotional support (Sulaiman-Hill & Thompson, 2012b).

Research with Afghan women in southeast Melbourne identified similar pressures, including separation from extended family, a perceived lack of community and changes in spousal roles (Rintoul, 2010). Social isolation can remove not only companionship but also the practical relationships that help women find and access support.

Australian research with 423 refugees and people seeking asylum found that participants who were more satisfied with their social networks also reported greater satisfaction with the support they received. That support was associated with a stronger sense of belonging and greater happiness with life in Australia. Interviews conducted as part of the study showed that friends and neighbours provided emotional support, safety and practical help (Ziersch et al., 2023).

The Tuning in to Kids® group creates regular opportunities for these relationships to develop. Women meet around a shared purpose, allowing parenting support to be delivered within a social setting that can also reduce isolation and increase access to informal support.

When help is hard to reach

Experiencing distress does not necessarily lead to professional support. A South Australian study of 150 resettled Afghan refugees found that 44% reported symptoms consistent with probable post traumatic stress disorder. Around half of these sought some form of help, but only 10% had used specialist trauma and torture mental health services. Recognising a problem as a mental health concern was one of only 2 factors that independently predicted help-seeking (Slewa-Younan et al., 2017).

Research with Afghan and Kurdish refugees found a similar gap. Only 3 of the 26 participants who attributed their symptoms to a mental health cause had consulted a health professional, while women commonly understood their symptoms as physical problems (Sulaiman-Hill & Thompson, 2012b).

Professional support can remain out of reach even when services are available. A service is only practically accessible if women can recognise a concern, understand what it offers, trust that seeking help is safe and feel able to ask.

Cultural understanding also shapes whether support feels accessible. Research with Afghan, Burmese and Congolese refugee parents found that providers who understood families' cultural backgrounds and spoke their languages helped build trust and engagement (Rao et al., 2026).

Our model builds access through trusted relationships. Bicultural facilitators who share participants' language and community context can explain what services do, address misinformation and support women to approach them. This gives participants a familiar route into services that might otherwise remain difficult to understand or use.

Parenting under pressure

The pressures of resettlement also affect relationships between parents and children. Children often learn a new language and navigate schools and services faster than their parents. Research with Afghan, Karen and Sudanese refugee youth found that young people frequently took on interpretation, service navigation and emotional or financial support, sometimes creating role reversals within families (Hynie et al., 2013). Differences in how parents and children adapt can contribute to conflict, although the effect depends on the family and social context rather than occurring automatically (Telzer, 2011).

Parents are also raising children without familiar support networks while learning new expectations themselves. A study of refugee parents living in Norwegian reception centres found that instability, isolation and limited access to resources increased stress and constrained parents' capacity to provide the secure family environment they wanted. The authors argue that refugee parenting should be understood in relation to systemic pressure and parental resilience rather than through a deficit model (Drummond Johansen et al., 2025).

Parenting support during resettlement therefore needs to strengthen confidence and agency as well as knowledge and skills. Emotion coaching offers a practical way to support relationships within families. Australian research on Tuning in to Kids® found improvements in parents' emotion awareness and regulation, increased emotion coaching, greater child emotional knowledge and reduced child behaviour problems (Havighurst et al., 2010). A meta-analysis of 43 studies also found that attachment- and emotion-focused parenting interventions reduced children's internalising and externalising difficulties (Jugovac et al., 2022).

Our adaptation delivers this content through shared language, culturally relevant examples and relationships with bicultural facilitators. The model is designed to address parenting pressure while strengthening the connections through which women can find and use further support.

Together, these elements create several points at which the pathway can change. Women can build supportive relationships, strengthen their parenting practice and gain a trusted route to further help within the same program.



Participant perspectives

To explore how the program affected women's feelings of safety, belonging and connection, as well as their confidence, help-seeking and family relationships, we conducted 7 semi-structured interviews with current and former participants, with facilitator interpretation, and collected written responses from one program facilitator. Participant quotations have been lightly edited for clarity and to convey meaning rather than verbatim speech.

Safety makes change possible

Before women could build confidence or seek support, they needed to feel safe enough to speak. Several participants described fear of being judged, laughed at or told off as a reason for staying quiet or avoiding unfamiliar groups. The program helped create safety through explicit group rules, shared language, culturally relevant examples and facilitators who treated participants with kindness and respect.

> Our group rules were: please don't tell people off or laugh at people if they do something wrong. Now I know that if I say something and it's wrong, nobody will laugh at me.'
>
> – Participant

The facilitator observed that women who were initially hesitant to participate or share their experiences became more comfortable contributing as trust developed. Participants also described learning that other women faced similar challenges, reducing the sense that they were facing those challenges alone.



Confidence changes what women can do

Participants described confidence in practical terms. They spoke about leaving home more easily, going to shops alone, taking part in community activities, joining conversations and seeking information.

> At the beginning, I was scared to ask questions. Now I can go to people and talk without fear.'
>
> – Participant

Greater confidence was closely tied to greater knowledge. Participants learned about their rights, the roles of different services and where to seek support for parenting, mental health and family concerns. The facilitator observed women becoming more willing to contact schools, health professionals and service providers, ask questions and advocate for themselves and their children.

One participant had avoided counselling after being told that seeking mental health support would create a record that could later be used against her. The program corrected the misinformation, and in-language counselling gave her a safe experience of professional support. She learned where counselling was available and came to understand that asking for professional help was legitimate and could be useful.

Women also became more assured in their parenting. Participants described ways in which their current parenting methods were validated and encouraged, while one woman said she had stopped judging herself against other parents. Across the interviews, confidence meant being better able to speak, decide, seek support and act for themselves and their families.

Change reaches families and communities

Participants described using what they had learned in daily family life. Women described using breathing and pausing when emotions escalated, helping children name their feelings, establishing routines and boundaries and responding more calmly. One participant taught the same strategies to her husband; another used what she had learned to agree with her husband on more consistent responses to their children. Parents reported calmer interactions and greater confidence in understanding what their children needed.

Participants also carried their knowledge into the wider community. Several women described sharing parenting strategies with other mothers, recommending the program and helping other families find information and support.

> Some families say they don't know people, don't know the language or how to make a friend, so I tell them to come and join the group and meet other families.'
>
> – Participant

The interviews suggest a multiplier effect: women who gain confidence and knowledge can become trusted sources of support for relatives, friends and newer community members. Parenting knowledge and service information can then travel through relationships to families the program has not directly reached.

Connection needs to be sustained

Connections formed during the program were not always easy to sustain. Some participants remained in contact through schools, playgroups or friendships, while one woman said her relationships with other participants had remained inside the group. Caring responsibilities, work, study, transport, language barriers, health and changing contact details could all make continued contact more difficult.

So, facilitators created practical ways for relationships to continue. A WhatsApp group established for each intake remained active after the sessions ended, allowing women to share information, maintain friendships and access program resources in Dari. Facilitators also used the groups to share community events, workshops and service information, and arranged follow-on activities that gave women further opportunities to meet.

Participants described the facilitators themselves as an important source of continuity and trusted guidance.

> [The facilitators] are like a big sister for us.'
>
> – Participant

The facilitator also observed former participants supporting newer group members, sharing their experiences, encouraging help-seeking and connecting women with services and opportunities.

Continued relationships keep information and support within reach after the formal sessions end. They give women trusted people to approach, allow friendships to develop and preserve the pathways through which participants can support others.

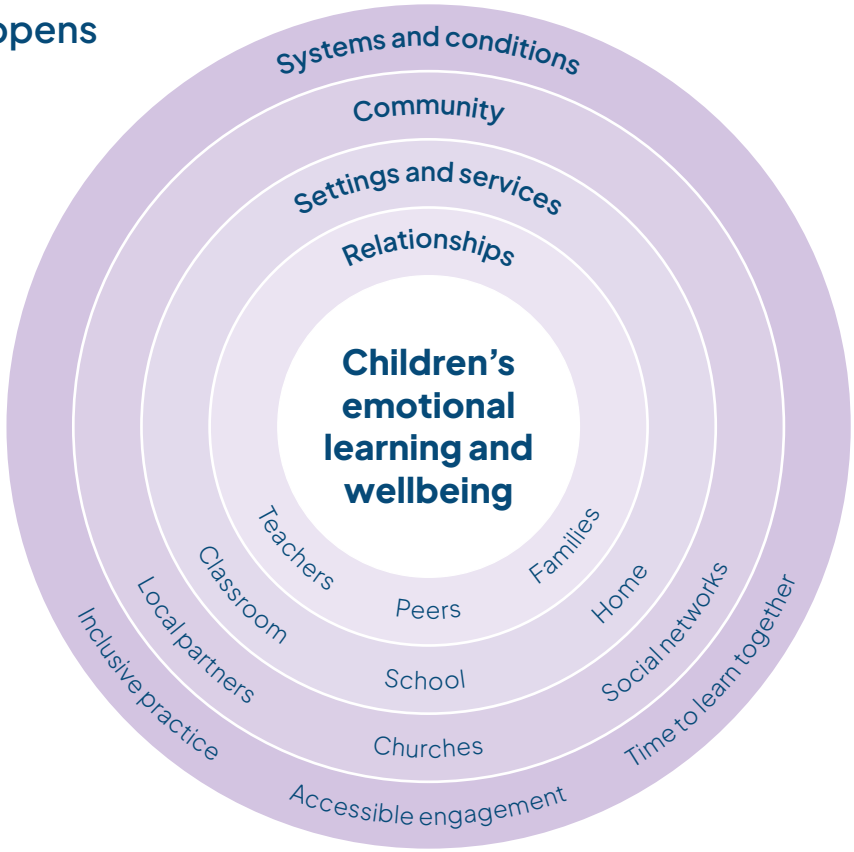
Tuning in to Kids® is provided by Relationships Australia Victoria as part of Mission Australia's Communities for Children initiative, with funding from the Australian Government Department of Social Services.

How the trajectory changes

When women feel safe enough to speak, shared learning builds confidence and information becomes easier to trust and use. Bicultural facilitators and continuing relationships support help-seeking, strengthen family relationships and allow knowledge to travel to others. This creates an earlier, more supported route through resettlement, before isolation, unmet need and family strain become entrenched.

Whittlesea: a shared approach to supporting children

Where prevention happens





The prevention pathway

Starting condition

Strong emotions are difficult to recognise or communicate.

With support

Shared emotional language helps children communicate and adults respond.

Feelings are recognised earlier and responses become more consistent.

Protective direction

Regulation, connection and help-seeking strengthen.

Without support

Responses may be delayed or inconsistent.

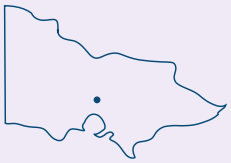
Conflict or withdrawal can grow.

Risk direction

Escalation, disengagement or difficulties becoming entrenched.

At a glance

Whittlesea Whole-School Wellbeing Project



Service area
Whittlesea

For primary school students, staff and parents/carers	Delivered through primary schools	Operating since 2025
271 students engaged in 2025/26	99 school staff engaged in 2025/26	80 parents engaged in 2025/26

Our Whole-School Wellbeing Project in Whittlesea works with primary school students and the staff, parents and carers around them. Students learn practical ways to recognise and respond to strong emotions, while adults learn compatible ways to support them across home and school before distress escalates.

Using emotional skills when they are needed

Children do not learn to manage strong emotions through classroom instruction alone. They learn by practising ways to recognise and regulate feelings, and through the responses they receive from adults when they are upset, frustrated or overwhelmed. School-based social and emotional learning can improve children's skills, behaviour, attitudes and academic outcomes, with benefits continuing beyond the program itself (Durlak et al., 2011; Taylor et al., 2017; Cipriano et al., 2023).

Putting that learning into practice is harder. Teachers at one Whittlesea partner school described students who could work through scenarios during regular wellbeing lessons but did not always draw on the same strategies during the rest of the week. Teachers were also responding to different levels of maturity, emotional awareness and need within the same classroom.

When strong feelings arose, adults could feel pressure to correct behaviour, calm the situation or solve the problem immediately. A response focused on behaviour can miss what the child is trying to communicate, so the child may have fewer opportunities to understand the feeling, identify what would help or learn that speaking to an adult will lead to a useful response.

Emotional regulation difficulties in childhood are associated with later mental health and behavioural difficulties (Moehler et al., 2022). The everyday interaction between a distressed child and an adult is therefore a key prevention point before patterns become established.

Building a shared response around children

Children carry emotional experiences between home and school, meaning a strategy introduced in a classroom is easier to use when adults in both settings recognise it and respond in compatible ways. Research on whole-school social and emotional learning has found stronger results when programs extend into the wider school community and coordinate learning across children's settings (Goldberg et al., 2019; Mahoney et al., 2021; Mahoney et al., 2024).

Emotion coaching provides a practical basis for that consistency. It involves noticing and naming a child's emotion, acknowledging the feeling and supporting regulation before addressing the behaviour or problem. In schools, emotion coaching has been associated with improved self-regulation, fewer behavioural difficulties and stronger relationships between staff and students (Rose et al., 2015; Gus et al., 2017).



Since 2025, we have been testing this connected model through the Whole-School Wellbeing Project in Whittlesea, developed with Mindful – Centre for Training & Research in Developmental Health, the Department of Education, and School Focused Youth Services at Berry Street.

The 3 programs used in the Whittlesea Project

Program	What it does	Where it came from
Feelings in Focus	An interactive classroom program that helps Grades 5 and 6 students recognise emotions, regulate strong feelings, support friends and seek help.	Developed by RAV for the Whittlesea Whole-School Wellbeing Project, with input from Mindful - Centre for Training & Research in Developmental Health.
Tuning in to Students™	Professional learning that helps school staff use emotion coaching and respond constructively to students' emotions.	Developed by Mindful - Centre for Training & Research in Developmental Health.
Tuning in to Teens®	Helps parents and carers understand adolescents' development and emotions and respond using emotion coaching.	Developed by Mindful - Centre for Training & Research in Developmental Health.

Common concepts connect the 3 components. When a child describes 'flipping their lid', a teacher, parent or carer who understands the same model can recognise what the child is communicating and help them decide what to do next.

Measuring early change

Post-program surveys were completed by 234 students who participated in Feelings in Focus. Staff workshop surveys generated 118 responses.

Across all 5 student measures, a majority reported positive change: 67% said they had more ideas about what to do when they felt upset, angry or worried; 61% reported being better able to notice and name their emotions; while 58% knew more about how the brain and body respond to strong feelings.

174 students identified something they wanted to remember or try again. Common responses included the S.P.A.C.E. strategy, breathing and calming techniques, language for identifying emotions, ways to help friends and the 'flipped lid' explanation of how strong emotions affect the brain.

The staff survey asked whether the professional learning could be applied beyond the workshop. Of the staff survey responses, 92% agreed that there were clear opportunities to use emotion coaching approaches with students, while 89% indicated confidence in discussing or supporting emotion coaching with colleagues.

Student responses (n=234)

73% felt more able to help friends experiencing big feelings

73% knew more about how and whom to ask for help when experiencing big feelings

Staff responses (n=118)

92% agreed that the strategies were practical and feasible for everyday practice

89% agreed that the session increased their confidence supporting students with their emotions

Give yourself S.P.A.C.E. to understand and calm your feelings

S	P	A	C	E
Spot the emotion	**Pause**	**Accept**	**Calm**	**Express**
Notice and name what you're feeling.	Take a moment before reacting. You can close your eyes or take a deep breath.	Remind yourself it's okay to feel this way. All feelings are normal.	Do something that helps your body and brain settle.	Use words or actions to show how you feel or what you need in a kind, respectful way.

When your feelings get big, give yourself S.P.A.C.E. to calm and choose your next step.

Recognising emotion before it escalates

A focus group of year 5 students were asked what they remembered from Feelings in Focus and whether anything had changed since taking part. Several described becoming aware of their emotions earlier. One student said they had previously become angry without thinking about what was happening, but could now stop and reflect. Another said that before the program they had not known what to do when they felt out of control.

Students linked these changes to the S.P.A.C.E. steps and the hand model used to explain 'flipping your lid'. One described how greater awareness was changing their response.

> When I'm upset, I don't lose that much control anymore. I stop myself.'
>
> – Student

Feedback forms completed by staff who observed Feelings in Focus supported the students' accounts. Staff reported hearing students use the program's vocabulary and refer to S.P.A.C.E., 'flipping the lid' and strategies they could use to settle themselves. They also observed students developing a clearer understanding of what emotions feel like and what they could do in response.

Focus group participants also described changes in how they responded to other people. One student said that when a friend was upset, they had previously told someone else and left them to respond. After practising different situations through role-play, they felt better able to ask what was wrong and try to help. Another said they had more control over their actions and would pause and reflect when struggling with emotions.

Earlier recognition gives students a chance to pause, choose a strategy or ask for help while they can still communicate what is happening. Whether that opportunity leads to support depends on how adults respond.

When adult responses reinforce student learning

In interviews at one partner school, 2 classroom teachers and the assistant principal described how Tuning in to Students™ helped staff reinforce the concepts taught through Feelings in Focus. The teachers saw the 2 programs as complementary: students practised recognising emotions and choosing responses, while staff learned how to support those responses during the school day.

Teachers identified the biggest change as what they did first when a student became upset or frustrated. They were more likely to acknowledge the emotion before reassuring the student, correcting their behaviour or trying to solve the problem.

> I understand why you might be feeling a bit frustrated.'
>
> – Teacher

Teachers also described stepping back to consider what a student might be feeling and how to respond without frightening them or shutting down the conversation. The assistant principal observed a similar change across the school, with staff naming emotions and inviting students to talk before moving to problem-solving.

Because staff and students had learned common concepts, teachers could refer to S.P.A.C.E., 'flipping the lid' or sensations in the body and know that students understood the reference. The assistant principal felt that students were becoming more willing to seek help because they expected teachers to acknowledge their feelings and hear them out.

During the professional learning, teachers worked through real-life classroom scenarios with colleagues from their year-level team, comparing how they might respond. They said this helped them get on the same page, and that they continued discussing actual classroom situations after the workshops.

> We go back into the office sometimes and talk about it. "I did it this way, what do you guys think? What would you have said in this moment?"'
>
> – Teacher



Carrying the learning between school and home

Teachers interviewed at one partner school said students could demonstrate strategies for managing emotions during wellbeing lessons without always using them elsewhere. Repeated language across the school day helped students connect immediate experiences with what they had learned. Teachers believed that recognition at home could give children further opportunities to name emotions, try strategies and ask for support.

Students in the focus group also wanted their families to understand the program's ideas.

> They could learn about S.P.A.C.E. so they'll be able to help us.'
>
> – Student

Students imagined S.P.A.C.E. helping siblings to manage arguments and adults to pause before reacting after a difficult day. One wanted adults 'to not flip out when we do something wrong, and wait and think before yelling'. Their responses described emotion regulation as part of family interactions as well as something children could learn to do themselves.

The Whittlesea initiative extends emotion coaching ideas to parents and carers through Tuning in to Teens® programs, information sessions and resources. The assistant principal suggested that an interactive learning showcase could build on the way families in the school community already come together to celebrate children's learning. Students could share and demonstrate the strategies, allowing parents, carers and extended family members to explore them alongside their children.

How the trajectory changes

When children recognise that feelings are escalating, they have an opportunity to pause, use a strategy or ask for help. Adults who recognise the same language can respond earlier, keeping communication open across school and home. Repeated experiences of being understood and supported can reduce the chance that distress develops into conflict, withdrawal or a familiar pattern of escalation.

Relational systems: what we've learned about prevention

The examples in this report show prevention working through different programs, settings and relationships. They also expose the limits of looking at any one intervention on its own.

A child who learns to understand their emotions still depends on how the adults around them respond. A parent who develops new skills still needs support to sustain them beyond the program. A referral only changes a pathway if the service can be reached and the person feels able to use it. Immediate outcomes matter, but whether they last depends on what happens around them.

This is the space between individual change and long-term wellbeing. It includes relationships within families connections between families, and the ways schools, community organisations and services work together. These relationships influence whether people are supported early or left to navigate fragmented systems as pressures grow.

From programs to relational systems

Evidence-based programs remain central to our prevention work, but the examples in this report show that program content is only one part of their preventive effect. How support is delivered, where it is located and how it connects with the rest of a person's life also shape what follows.

In Gippsland, placing counselling in schools and early childhood settings made support available within children's everyday environments. In Greater Dandenong, the Tuning in to Kids® for Afghan Women program became more accessible as trust developed and the facilitator responded to needs that extended beyond the parenting program. Whittlesea shows what changes when children, educators and families begin using a more consistent approach. Our centres in Kew and Sunshine demonstrate the range of services available through a centre and how they create multiple opportunities to recognise needs and connect people with further support.

The models are different because the places are different. Their shared feature is an effort to strengthen the relationships and conditions around people, rather than expecting a single program to carry the full weight of prevention.

This is what we mean by a relational systems approach. It widens the focus from what changes for an individual participant to what changes in the relationships surrounding them and in the local system through which support is provided. It also means focusing on how these layers interact. Stronger relationships can make help-seeking easier, improve the flow of information and support people through periods of pressure. Connections between services can make earlier help possible and reduce the chance that people will fall between programs or eligibility criteria.

Relational infrastructure is therefore part of prevention infrastructure. It is built through trust, shared knowledge, consistent practice and workable pathways between people and services. Like other forms of infrastructure, it requires deliberate investment and maintenance.

Learning through place

Place-based work offers a practical way to strengthen this infrastructure. Communities have different histories, strengths, relationships and service environments, and these differences affect what people need and how support can reach them. Effective place-based work therefore builds through local relationships, connects services, embeds support in familiar settings and adapts as needs change.

Our organisation is testing these approaches in several forms. In Ballarat, The Family Link is piloting a dedicated Social Connector role that helps families build informal connections and find their way to local supports. The role also identifies where connections are missing and where services could work together more effectively.

Our work with Yarra Communities that Care® took a different approach. Rather than creating a new service, RAV coordinated the capacity already held across local schools, council services and community organisations. The facilitator network enabled more parenting programs to be delivered, but its effect extended beyond those programs. Practitioners developed shared knowledge, stronger referral relationships and a greater sense of collective responsibility for supporting local families.

The work in Greater Dandenong developed differently again. A community-connection role emerged through the relationship between the bicultural facilitator and the women participating in the Tuning in to Kids® for Afghan Women program. Listening changed the model. The program became a pathway into information, informal support, community participation and further services.

These examples show why place-based work cannot be reduced to delivering an established program in a particular location. The model develops through attention to local experience and through relationships strong enough to reveal what is working, what is missing and what should change.

Making relational change visible

This work also asks more of evaluation. Program evaluation usually begins with who took part, what they experienced and whether their knowledge, confidence, skills or wellbeing changed. These measures tell us whether people benefited in very specific, time-bound ways. They cannot, by themselves, explain whether the environment around participants became more capable of sustaining that benefit or preventing future harm.

Evaluating relational systems requires us to follow change across 3 levels: for participants, in the relationships around them and within the local system.

People

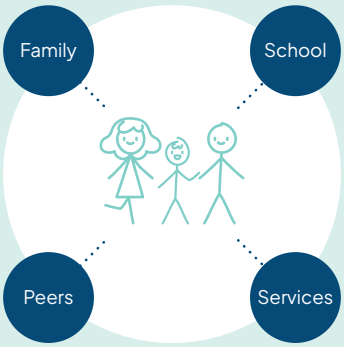
Individuals and families



Programs and services for people and families

Relationships

Connections that matter



Stronger relationships between people and services

Relational Systems

A connected local environment



Local systems where connection can flourish



At the relationship level, this could include stronger connections within families, increased informal support between families, greater consistency between home and school, or more effective links between families and services. At the systems level, it could include stronger collaboration, clearer referral pathways, improved navigation and earlier engagement with support.

These are often leading indicators of longer-term change. They show whether local conditions are becoming more supportive and connected before changes in community wellbeing can reasonably be expected. They also require a different account of causality. No single organisation can attribute systems change to its own work. Evaluation must instead examine RAV's contribution within a wider network and learn how change develops over time. This approach reflects the cumulative nature of prevention and helps identify which relationships and conditions are carrying change forward.

Investing in the conditions for prevention

Making this work visible is vital because what remains unseen is easily undervalued. Connector roles, community development, coordination and partnership work do not always fit neatly within funding organised around defined programs and participant numbers. Yet these activities often create the conditions that allow programs to reach people and produce lasting effects.

Funding a program without resourcing the relationships around it can leave the central mechanism of prevention unsupported. Locally responsive work needs time to build trust, develop shared ways of working, and adapt as communities and circumstances change. Short funding cycles and tightly prescribed delivery models make that work harder to establish and sustain.

RAV will continue to test and refine place-based and relational approaches through our pilots, partnerships and services. Our evaluation work will examine change between people and across local systems, alongside outcomes for individual participants. We will use that evidence to improve our own practice and to advocate for funding and service models that recognise how prevention works.

Prevention is best understood as a pathway rather than a set of completed activities. Its direction is shaped by whether people can reach support, trust it and remain connected as circumstances change. The relationships and systems that make this possible are part of prevention itself.

Glossary

The definitions below explain how key terms are used in this report and in the context of RAV's work. They draw on RAV's service and practice frameworks and relevant research and sector guidance, including definitions used by the World Health Organization, Australian and Victorian governments, the Australian Institute of Family Studies, and the Collaborative for Academic, Social, and Emotional Learning.

Bicultural facilitator: Someone who guides group discussions and activities, drawing on the language and cultural background they share with participants to build trust, make content relevant and connect people with support.

Case management: Individualised support that identifies a person's needs and goals, develops a plan and coordinates the services and practical assistance needed to address them.

Emotion coaching: A way for adults to respond to children's emotions by noticing, naming and acknowledging what the child is feeling, then helping them regulate before addressing behaviour or solving the problem.

Evaluation: The systematic collection and analysis of information to understand how a program or service is working, what difference it makes and how it can be improved.

Evidence-based: Describes a program or practice supported by research evidence showing that it can achieve its intended outcomes.

Evidence-informed: Describes decisions or practice shaped by research evidence alongside practitioner expertise, lived experience and local context.

Family dispute resolution: A process that helps couples who are separating reach agreements about parenting, property or finances. A qualified and impartial practitioner guides the discussion and negotiation.

Family safety contact: A service for the current or former partners and other family members of someone participating in a men's behaviour change program. A specialist practitioner provides information, assesses risk, supports safety planning and connects family members with other services.

Family violence: Abusive, threatening, coercive or controlling behaviour by a family member towards another family member. It can include physical, sexual, emotional, psychological and economic abuse. Children can experience family violence directly or by seeing, hearing or otherwise being exposed to it.

Men's behaviour change program: A group program for men who have used violent, harmful or controlling behaviour towards partners, children or other family members. It supports men to become accountable for their behaviour, understand its effects on others, and develop safe and respectful ways of relating.

Mental health and wellbeing: A state in which people feel capable, connected and able to manage life's challenges. It includes emotion 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 systems approach: Work that deliberately strengthens relationships and connections between people, families, services and community settings. It focuses on how change develops across individual, relationship and system levels, building shared learning, coordination and responses shaped by local conditions.

Social and emotional learning: The process of developing and using the knowledge, skills and attitudes needed to understand and manage emotions, build healthy identities and relationships, show empathy, pursue goals and make responsible decisions.

Social impact: The effects of an organisation's work on people's lives, communities and wider society. Social impact can include changes in wellbeing, relationships, access to support, or broader social outcomes.

Therapeutic support: Support provided by a trained practitioner to help a person understand and work through emotional, behavioural or relationship difficulties and improve their wellbeing.

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