STRATEGIC PLAN

2025–2027

ABOUT

Founded in 1978, the Family Relationships Institute Inc. trading as RelateWell is a not-for-profit community organisation governed by a Board of Management. The organisation has no affiliations with any religious or political organisations and is funded by the Australian Government Department of Social Services (DSS); and is a Commonwealth service provider of mental health contracted services.

Our funded Family and Relationships Services (FaRS) encompassing counselling and psychoeducation (relationship, marriage and parenting) are primarily at the prevention and early intervention end of service provision; and target the significant family transition points of relationship formation, moving in together, getting married, having a baby and maturing in the couple relationship.

Essentially, providing people with the skills to deal with life challenges and changes before they become big problems and issues; as healthy relationships are a crucial component of health and mental well-being.

Our specialist mental health services aim to help people whom present with mild to moderate mental illness; supporting them through targeted psychological intervention.

All service provision is informed by evidence-based practice.

Accessible Services

RelateWell aims to provide family and relationship counselling and psychoeducation support at a price which keeps them within financial reach of the majority of people in the community. And as a provider of Commonwealth contracted specialist mental health services, our objective is to increase mental health services for people living on low incomes and from priority cohorts. Easing the strain of gap payments through our significant partnerships within primary health care.

Priding itself in being a boutique-like provider of services, where people are welcomed, supported and treated like individuals. Where the most vulnerable people in society are treated with respect, leaving our services with improved family and community functioning; and a satisfaction with the service they have received.

Throughout our history, strengthening accessibility to our services particularly to vulnerable and disadvantaged cohorts is a strategic key underpinning our service delivery. We are committed to providing accessible, safe and inclusive services to all members of the community via key partnerships with the gatekeepers of services.

Acknowledgement

The Family Relationships Institute Inc. trading as RelateWell acknowledges the traditional owners of the land, the Wurundjeri people of the Kulin Nations, Elders past and present.

Mission Statement

To assist individuals, partners and families, in all their diversity, to achieve and maintain quality and meaningful lives through quality and meaningful relationships.

Statement of Purpose

- To foster an Australian culture which encourages the pursuit of quality and meaningful lives through quality and meaningful relationships.
- To build stronger families and communities.
- To develop innovative models of relationship, marriage and family education which are psychological, experiential and promote skills.
- To provide at significant life stage transitions opportunities for individuals, couples and families to achieve enhanced relationship skills.
- To enhance Australia's cultural diversity through the provision of culturally sensitive workshops.
- To promote relating well and the nurturing of relationships within families and society as a continuing learning process for adults.
- To develop effective and cooperative partnerships with similar organisations within Australia and overseas.
- To provide psychologically based counselling at affordable prices.
- To influence government policy and directions so that proactive prevention to enhance relationships is taken as seriously as intervention, whether early or crisis, when couples and families experience problems.

Inclusiveness

RelateWell actively ensures inclusiveness for all members of the community, removing all barriers to accessibility. **No door is the wrong door**; and we will actively support all members of the community with appropriate support and/or referral to increase your accessibility to targeted support.

Accessibility

Accessibility is fostered by a multi-modal service delivery approach in adapting face-to-face and telehealth services around a consumer's needs, demonstrating our competence in improving efficiencies and accessibility to meet consumer preferences, particularly vulnerable and disadvantaged cohorts whom experience geographic isolation; mobility impairment; culturally-based difficulties comprising stigma and discrimination related to mental illness; lack of confidence or competence in face-to-face communication; and lack of safety, inclusivity or responsivity to the needs of diverse populations.

What we do well is go into collaborative spaces which increases our visibility and subsequently accessibility to our services.

Code of Ethics

Principles of Practice

1. Commitment to Social Justice

RelateWell is committed to the following principles:

Equity: a fairer distribution of economic resources and power.

Accessibility: ensuring fair and equal access for all people to those services that are important for their quality of life.

Participation: maximising the opportunities for all people to participate in our services which would make a positive contribution to their lives and their personal development.

Rights: developing fairer, more comprehensive rights that are equally enforceable by all people regardless of their income and social background. We are talking here not just civil and political rights but the broader definition, including industrial, social and economic rights as well.

2. Confidentiality and Privacy

All consumers of our services will be treated in accordance with National laws on confidentiality and privacy, including the *Privacy Act 1988* (Cth) & Health Records Act 2001 (Vic).

Disclosure of information will remain private confidential and will not be shared, except when: the consumer has given written consent to share your information with another person or agency for health care reasons; or the law requires or allows your information to be shared; or a reasonable belief that sharing the information is needed to lessen or stop a serious threat to someone's life, health or safety in the near future; or a serious threat to public health or public safety.

All consumers will be informed fully about the limits of confidentiality in any given situation, the purposes for which information is obtained and how it may be used prior to engagement, with informed consent required.

3. Professional Conduct

To guarantee that everyone who seeks support is helped by qualified professionals, RelateWell upholds professional service standards. Employing highly dedicated, skilled, and qualified professionals with a range of backgrounds, experiences, and skill sets to support your needs.

4. Client Self-Empowerment

All consumers of our services will be provided with accurate information regarding the extent and nature of the services available to them so that they can make an informed choice in moving forward with their support.

6. Services

All consumers of our services will be treated with respect and with practices that prevent inhumane or discriminatory against any person or group of persons.

Quality governance

RelateWell's quality governance framework is underpinned by leadership, integrated systems, processes and culture that are at the core of safe, connected, effective and efficient community services fostered by continuous improvement.

RelateWell believes that everyone has the right to access the best care in improving their mental health, relationships and well-being; and will continue to operate within a clinical governance framework that safeguards that people receiving our services obtain safe high-quality care within a safety and high quality culture.

Operating within this framework ensures that the rights of consumers are upheld and protected; clients are given the opportunity to offer feedback on their experience of care; and our team have the appropriate skills, abilities and experience to provide targeted psychological support to those referred and seeking out our services.

Delivering safe, connected, effective and efficient community services is the objective of RelateWell.

Our Partnerships

RelateWell's ethos is entrenched in cohesive and a coordinated approach across diverse community disciplines that strengthen partnerships between those working in the prevention of relationship dissolution, mental health, family violence and child protection. A consolidation of shared expertise, evidence-base, efforts and resources is our point of difference.

Our Challenge

Our sector has been through substantial change by way of Government expectations for not-for-profits. What we are challenged with are increased demands for our services without "adequate" increases to our government funding. Yes, we will always be grateful for the additional Commonwealth funding received to go towards increased indexation and supplementation payments. Unfortunately, cost control is predicted to be our biggest challenge, particularly as higher regulatory compliance costs and rising wages continue to erode our profit margins which in turn benefit operations.

Priority

Strengthening prevention and early intervention services for families into the future is our priority; as many of Australia's health and social problems are preventable. As common, changeable risk factors in families and child development are at the root cause of many of these issues. A reduction in childhood exposure to relationship distress translates into a number of benefits across the life span for children. Effective parenting through the early childhood period produces securely attached, well-adjusted children who grow to become productive community members. In addition to suffering from a reduced number of transgenerational mental health conditions, children raised in emotionally stable relationships are less likely to be involved in socially inappropriate activities and more likely to be engaged in academic and community pursuits.

The benefits of strengthening prevention and early intervention support at significant transition points in the lifecycle are deceptively simple, well-educated and supported couples raise resilient, healthy children which strengthen the community they live in.

STRATEGIC DIRECTIONS 2025 – 2027

Key Performance Areas ***Our main focus***	**Strategies** ***How we plan to do it***	**Indicators** ***Evidence we are doing it***	**Measures** ***The expected result***
Family and Relationship Services (FaRS) • To provide opportunities for individuals, couples and families to participate in family and relationship services at the significant family transition points of relationship formation, extension and separation through broad-based counselling and psychoeducation. Family and relationship services are primarily at the prevention and early intervention stage of service provision supporting consumers through evidence-based interventions in forming relationships, moving in together, getting married, becoming parents – postpartum, and maturing in the couple relationship. • A particular focus targeting required activity delivery areas as per DSS contractual agreement: 1. Victoria, Statistical Area Level 2, Moreland City Council 2. Victoria, Statistical Area Level 3, Moreland City Council 3. Victoria, Statistical Area Level	**Adult Counselling & Support** **Parenting & Family Counselling & Support** • Outcomes achieved through significant partnerships with Moreland Maternal and Child Health Service (MMCHS) and Springvale Service for Children (SSC). Maternal and Child Health Nurses (MCHN), early learning educators and paediatricians, directly refer consumers at-risk of relationship and parenting distress and/or vulnerability to (perinatal/postnatal) mental illness directly to onsite counselling services. • By providing outreach counselling outlets from within Moreland Maternal and Child Health Centres (MMCHC) and SSC, we break down barriers to accessibility by being convenient and visible; and within everyone's financial reach. Outreach model of service provision achieves results by using the resources and infrastructure which are already in place, which minimises duplication of services and reduces the	• The organisation adopts an outcomes-based approach, which is broken into four categories: immediate outcomes (at the time of service); intermediate outcomes (3-6 months after service); service delivery quality; and service outputs. • Validated tools are used early in the intervention including Edinburgh Test, K10, DASS21 or Mood Scales. Additionally, client goals are set early in the intervention and throughout engagement with service; monitored towards set goals. • In the immediate term, individual will demonstrate improved knowledge and skills in presenting need; satisfaction with the service received; improved access and engagement with services resulting from being able to find and go to services when required; and clients presenting with improved functioning after receiving our service. • In the intermediate term, individual will demonstrate improved	<u>Pre-session client survey:</u> As part of the registration process, all clients are given a pre-session client survey to be completed prior to service delivery to ascertain expectations from receiving the service. <u>Immediate Performance Indicators</u> Following initial intervention, success measured by the following performance indicators: 95% of clients with improved knowledge and skills 95% of clients satisfied with the service they received 95% of clients with improved access and engagement with services 95% of clients with improved family, community and economic engagement <u>Intermediate Performance Indicators</u> Intermediate client surveys to be forwarded to a sample size of clients 3-6 months after service with performance indicators measuring an outcome of: 95% of clients with improved relationship and family functioning including child wellbeing

4. Victoria, Statistical Area Level 4, City of Greater Dandenong	expenditure associated with start-up. • On a weekly basis, counselling sessions available Monday to Friday from our various outlets. **Relationship & Marriage Counselling & Support** • Counselling sessions will involve a couple attending multiple sessions with one counsellor, generally together, but individual sessions for one or both partners may also be included. When this occurs, a different counsellor will see the individual client. • If couples decide that counselling is the way forward, they will embark on a succession of short-term counselling sessions - anything between 6 and 12 sessions being standard, but dependent on the issues experienced in the couple relationship. • Relationship/marriage counselling approaches will encompass: behavioural couple therapy (BCT) and Behavioural marital therapy (BMT); comprising couple cognitive behavioural therapy [CBT]). **Psychoeducation: New Parent Groups (NPG)** • To be delivered in conjunction with the MMCHS six week NPG. The session is a psychoeducation session on mental wellbeing post birth. Competencies gained: awareness of effects of depression, leisure changes for men and women post birth; research pertaining to women's well-being post birth and the importance of self-time; identified obstacles to achieving	individual / family functioning and well-being; along with knowledge of where to find services when required. • In the long-term, outcomes achieved at the immediate and intermediate stages will directly contribute to a reduction in the rate of family and relationship breakdown and its subsequent impact on children; and individual's at-risk or experiencing mental illness. • Greater than 90% satisfaction by nominated timelines	95% of clients better able to manage relationship and family issues of concern to them 95% of clients with improved well-being 95% of children with improved development (achieving milestones) and well-being <u>Service Delivery Quality</u>: Data collected from immediate client surveys will inform the organisation on how well the service is being delivered so as to achieve immediate outcomes, for instance, client satisfaction of service provided. <u>Service Outputs</u>: Will assist the organisation in identifying gaps in services that require development and improvement; and ensuring that it is reasonable to expect our desired outcomes (to be achieved) based on our current activities. This will include an assessment of the demographic characteristics of clients accessing our service including total clients assisted and number of clients still engaged in follow-up services. Once gaps are identified, measures will be implemented and tracked over time. A merging of the data from DEX and from our impact and outcome evaluations will provide the vehicle to appropriately communicate our impact and value in the family and relationship services space. <u>Expected client projection</u>: An increase of 20% in unique client numbers.

	self-time with an infant; self-critical cognitions the "should/should nots"; cognitive restructuring and understanding of its value in wellbeing; and recognised options for support postpartum. NPG empirically supported by evidenced-based foundation held at 12 MCHC around Moreland, with NPGs held monthly. **Psychoeducation: Circle of Security (COS) Parenting program, Moreland** • To be delivered in partnership with Moreland Maternal and Child Health Unit. • Two programs per financial year; 8 week duration per program. **Psychoeducation: Circle of Security (COS) Parenting program, Springvale Service for Children (SSC)** • To be delivered in partnership with SSC. • Two sessions delivered bi-monthly. **Psychoeducation: Relationship and Marriage Education and Skills Training** • Relationship education and skills training is divided into three categories based on the principles of the prevention discipline: universal prevention programs; selected prevention programs; and indicated programs. <u>Universal prevention programs</u>: Inclusive of premarital relationship programs. <u>Selected Intervention programs</u>:		

	Inclusive of couples who are married and/or in a committed relationship who are at risk of distress, separation or divorce. Indicated Programs: inclusive of couples at the early stages of distress. Given the target group, the program will have a therapeutic approach combining education with therapy. Evidence-based interventions include cognitive-behavioural couple's therapy with skills training at the core of service provision.		
Specialist mental health services • Specialist mental health services match structured evidence-based interventions to consumer needs and complexities in the clinical delivery of targeted psychological support services to adults, youth and children. • Specialist services operate within clinical governance and a quality assurance framework across the services with staff providing front-line consumer care. • The business and professional qualifications of the organisations clinical staff are approved by governing bodies and underpinned by good business practice. Service agreements with: 1. Melbourne Primary Care Network Limited trading as North Western Melbourne PHN, CAREinMIND Targeted Psychological Services (TPS)	**CAREinMIND TPS referrals:** • Provide TPS free mental health services to identified underserviced vulnerable populations in the North Western Melbourne catchment. • TPS services will be structured, short-term, low or medium intensity focussed psychological interventions from 12 years to adults. Clients presenting are not clinically suited to less intense levels of psychological intervention. • A completed referral form must at minimum include client consent and client contact details to participate in treatment. • In receiving a CAREinMIND referral, organisation has 3 business days to respond in the referral via CAREinMIND portal system indicating acceptance or decline of referral. • If unable to contact consumer after 3 attempts on 3 different days, we will notify CAREinMIND intake and GP	• Individuals are supported to explore and address their social, emotional and mental wellbeing needs. • Individuals experience increased hope and optimism about their recovery. • Coordinate and collaborate with a range of relevant services to support individual to address their mental health, wellbeing and recovery goals and aspirations. • Outcomes can be evaluated in terms of their statistical significance, and they can be evaluated in terms of the clinical significance or clinical relevance. • Individuals are supported by clinicians to access information about community resources available to support them to maximise their own well-being • Support plans clearly document - 1) relevant goals relating to improving individual's mental	Outcome: Health and Wellbeing • Relevant cultural understanding shapes the provision of targeted psychological supports and services to help priority cohorts (Aboriginal, CALD, LGBTIQ etc.) mental health, wellbeing and recovery. • Clinicians support individuals to create agreed plans (progressive directions) to ensure desired treatment and interventions during times of crisis are adhered to. • Recovery principles and practices including but not limited to: 1) understanding that independence / increased individual control is fundamental to recovery; 2) understanding the importance of optimism in building resilience; 3) respecting and incorporating the values and perspectives of individuals who identify with cultures and groups within stipulated priority cohorts in the manner they work; 4) developing mutual trust, respect and rapport with

and Suicide Prevention Services (SPS) 2. Medicare-subsidised mental health-specific services, encompassing general practitioner, psychiatrist, paediatrician referrals Memorandum of Understanding 1. Moreland Maternal and Child Health Service: Enhanced Maternal Child Health (EMCH) Universal Maternal Child Health 2. Moreland Youth Services 3. Child Protection Health Program Victoria Self-Managed NDIS 1. Therapeutic support	that we are unable to unable to reach the consumer. • Referrals valid for 12 months. • TPS service also to assist consumers with additional severe mental illness as a measure of overall support, to be delivered in collaboration with additional intense clinical support and mental health services. • TPS to be delivered with the following service types consistent with consumer presentation: risk assessment; structured psychological intervention (CBT, psychoeducation, skills training and interpersonal therapy, relaxation strategies, acceptance and commitment therapy, mindfulness, dialectical behaviour therapy); and further psychological interventions e.g. narrative therapy, etc. • Validated tools are used early in the therapist-client relationship including Edinburgh Test, K10, DASS21 or Mood Scales. • Sessions available Monday to Friday. **CAREinMIND SPS referrals** • A person referred to CAREinMIND SPS receive up to 8 sessions of psychological interventions, this is inclusive of sessions used to perform comprehensive assessments and reviews), per 8 weeks. • The SPS service can be accessed over consecutive years, however following the completion of an episode of care, clients must be referred back to their GP for ongoing management. • An SPS referral is valid for 12	health, well-being and recovery; 2) strategies co-designed to support the individual to achieve goals around mental health, wellbeing and recovery; 3) individuals progress with goals around their mental health, wellbeing and recovery; and 4) regular review and renewal of goals and support strategies to improve individuals' mental health, wellbeing and recovery. • Individuals experiencing unresolved trauma are supported through evidence-based interventions to prevent re-triggering of trauma. • Structured personality measures or symptom rating scales – commonly collected pre- and post-treatment. • Client self-report measures providing information and perspective regarding change resulting from therapy that can be useful in assessing effectiveness in providing treatment.	each individual to achieve improved mental health, wellbeing and recovery; and 5) collaborating with each individual to make decisions to progress their goals and aspirations for mental health, wellbeing and recovery • Individuals gain an understanding of the interplay between physical health, mental health, disability and other co-existing conditions and the significance of managing services to focus on these needs concurrently • Knowledge and understanding of unresolved trauma preventing re-triggering of trauma.

	months. • If a person fails to attend 2 consecutive booked sessions, the referral can be closed by the provider and they must notify the referrer and/or GP. **Medicare-subsidised mental health-specific services** • Delivered via a number of settings and platforms: onsite, video-call or telephone, in accordance with Medicare Benefits Schedule (MBS). Services limited to MBS-subsidised services only. • Presenting clients claim under specific mental health care MBS item numbers with 10 sessions available per calendar year; and an additional 10 sessions as a Better Access Pandemic Support measure until December 2022). • Validated tools are used early in the therapist-client relationship including Edinburgh Test, K10, DASS21 or Mood Scales. • Sessions available Monday to Friday; with Saturdays available as directed by clinician. • Consumers whom are unemployed or referred via established partnership with Moreland MCHS will be bulk-billed. This is inclusive of individuals referred via the universal and enhanced pathway as well as youth referred via Moreland Youth Services. **Child Protection Health Program Victoria** • Under Memorandum of Understanding (MoU) Service		

	Agreement, RelateWell will accept referrals and provide counselling to the child protection practitioner. • Child Protection Practitioners have access to six sessions per calendar year. **Self-Managed NDIS: Therapeutic Support** • People with self-managed NDIS plans whom nominate our organisation as their preferred provider will be provided therapeutic support as per their funding allocation.		
Evidence Base All services empirically supported evidenced based foundation by a combination of skills acquired through academic research and training with ongoing professional development. The evidence-based practice integrates the best available research evidence with clinical expertise and client values.	• All clinicians and facilitators utilise well-established modalities (Australian Psychological Society (APS), 2018): Evidence-based Psychological Interventions in the Treatment of Mental Disorders: A review of the literature (4th Edn.) • In addition, clinicians engage annually in reputable APS and Australian Counselling Association (ACA) run and approved evidence-based professional development courses (internal and external) which adhere to recent updates in the field of counselling and psychology.	• Evidence-base to be incorporated in service delivery through the translation of evidence into practice (knowledge translation); and making sure that stakeholders (clients, allied health, family, carers) are responsive of, and apply research evidence to inform their decision-making. • Implementing clinical expertise and knowledge, and introducing new therapies and interventions, is a significant way to care for the well-being of clients and to minimise cognitive and behavioural (functional) decline in people. • It is usual practice of therapists to make a detailed assessment and identify client goals early in the therapeutic process. These are then used to guide therapy and monitor progress. Validated tools are used early in the therapist-client relationship including Edinburgh Test, K10, DASS21 or Mood Scales; highly regarded for reliability and suited to the client population.	• Evidence-base informs practice in supporting the effectiveness of counselling over others; the differential usefulness of some facets of counselling over others; and efficacy of matching particular client problems with specific counselling models (Sexton et. al, 1997). Essentially, these developments will inform counselling practice and preparation and shape the basis of an evidence-based model of counselling. • Evidence-base will foster the broad areas of: (1) the supportive value of a collaborative counselling relationship (Sexton & Whiston 1994); 2) the worth of learning via emotional experiencing, remedial responsive experiences, and skills attainment; and (3) action via behaviour alteration, successful experiences, behavioural management and mastery.

People To develop a culture of continuous learning to enable staff to better provide services targeted to evolving community needs by recognising that our achievements are due to the professionalism, commitment and enthusiasm of our staff.	• Provide internal professional development training • External supervision provided monthly • Provide external training and development opportunities to staff in particularly those working with priority cohorts • Provide an environment which encourages staff participation • Fortnightly staff meetings • Provide group peer review to counselling and educator team, on a bi-monthly basis	• Counselling staff participation in monthly external supervision session with organisations external supervisor. • Counselling staff participation in monthly peer review. • Counselling staff participation in quarterly group supervision session provided by external supervisor – registered psychologists, counsellors and provisional psychologists in attendance. • Educator staff participation in quarterly peer review session. • Staff attendance at monthly administration meeting. • Staff retainment – key indicator in organisational performance • Attendance at FRSA conferences and professional development	• Attendance at Professional Development programs and ongoing specialist training. • Increase of staff attendances at peer meetings and group supervision sessions. • Retainment of staff- indicator of job satisfaction
Community Education To promote within the community the importance of achieving a cultural mindset that obtaining assistance early in the intervention cycle will be a significant strategy to offset future problems, particularly in navigating life's significant transition points and events.	• Liaising and collaborating with key stakeholders • Website • Facebook, LinkedIn • Through guest speaking and advocacy.	• 20% increase in uptake of services at the early intervention stage of service provision rather at the tertiary end.	• Investment in primary prevention and early intervention will reduce risk factors as well as enhance consumer's protective factors at the critical points of the lifecycle. • Less people being dependent on social safety nets with its associated income inequality and poverty. • The expected result will be achieved through our partnerships and through various technological instruments / platforms in informing the community.

Diversity To serve Australia's evolving cultural diversity through the provision of culturally sensitive services to priority cohorts.	• Develop a register of organisations that work with specific priority cohorts – CALD community, ATSIC community, etc. • Identify gatekeepers of cultural groups • Promote awareness of organisation within targeted communities	• Attendance at network meetings targeting priority cohorts.	• Establishment of new services and programs targeting priority cohorts. • 20% increase in priority cohorts attending our services.
Greater Collaboration	• Establish key partnerships with municipalities in North Western, Eastern and South Eastern Melbourne. • Establish and maintain relationships with gatekeepers of services: GP's, maternal and child health nurses and other allied health professionals. • Maintain relationships with family service organisations in key activity areas. • Attend FRSA conferences, meetings • Attend network meetings to foster collaborative relationships • Continually source out new partnerships to support consumers seeking out services.	• Increase in stakeholder participation in "peer meetings" • Satisfaction expressed in feedback/ratings • Ongoing referrals to our services which further validates collaborative partnership	• Increased demand for services. • New partnerships and service agreements formed as a result of partnerships.