Are you an individual or making a submission on behalf of an organisation?

Organisation

Organisation name

Lifeline Australia

Is your organisation....?

 A provider currently funded under one or more of the 5 programs in scope for this consultation

What type of service or support do you mostly provide?

- A national program and/or information service
- Prevention or early intervention services

What state or territory does your organisation deliver services and supports in?

- New South Wales
- Victoria
- Queensland
- Western Australia
- South Australia
- Tasmania
- Northern Territory
- Australian Capital Territory
- Western Australia

1. Does the new vision reflect what we all want for children and families?

The stated vision, that all children will be supported by strong families who have the skills and confidence to nurture them, is appropriate, if it allows for a broad understanding of how this can be achieved. A narrow interpretation of this vision could perhaps confine funding to parental education programs and direct services for children in need. These resources are important, but a wider interpretation of the vision could encompass all of this and more.

For example, while the range of services that fall under the Lifeline banner, including MensLine and Changing for Good, are not focussed on delivering services directly to children and families, we know children and families are impacted by these services.

Mental wellbeing is both a benefit derived from healthy relationships and a factor that supports the development of healthy relationships. By supporting men through targeted services that foster their wellbeing and mental health, such as MensLine Australia, we can help them to have stronger foundations for current and future relationships. Further, we know that a father's mental health and the quality of their co-parenting relationships can have a significant impact on child development1.

Further, evidence shows that experience of Adverse Childhood Experiences (henceforth ACEs) is a significant causal factor in mental ill health and suicide later in life2.

Experience of domestic and family violence (DFV), perpetrated against them or a loved one, can have a significant impact on a child's future wellbeing and potential suicidality. In fact, in some state and territory child protection frameworks, exposure to DFV counts as a form of child abuse. This is also true under the Australian Government's National Framework for Protecting Australia's Children 2009-2020 (COAG, 2009b), and the federal Family Law Act 1975 (Cth)3.

We also know that losing a parent/carer to suicide or having a suicidal parent/carer has a significant impact on children, with the Centre for Disease Control and Prevention (CDC) recognising this as an ACE4.

In a DFV situation, the person using violence is most likely to be male. Also, with 75% of deaths by suicide being male, a male parent/carer is more likely to die by suicide, on average, than a female parent/carer.

It is clear, therefore, that supporting those men who are in crisis and those seeking advice about relationships, and providing interventions to divert those who might use violence, are essential elements in delivering against the two identified outcomes under the vision.

Ensuring that the information provided around these outcomes measures supports a broad understanding of how they can be achieved, including through targeted services for men, will be essential.

2. Are the two main outcomes what we should be working towards for children and families? Why/Why not? - Outcome 1: Parents and caregivers are empowered to raise healthy, resilient children - Outcome 2: Children are supported to grow into healthy, resilient adults.

As above

3. Will a single national program provide more flexibility for your organisation?

In considering MensLine and Changing for Good in relation to the three activity streams, it is clear that programs may fit under more than one stream. For example, MensLine is a national program which provides information, advice and resources that help to support families across Australia. It therefore fits squarely under the national programs stream.

However, perhaps more directly, MensLine is also a prevention and early intervention program, supporting men through crisis and distress and providing opportunities for interventions to prevent both suicide and domestic violence.

MensLine is both highly accessible and often the first point of contact for individuals and families experiencing distress. Further, MensLine counsellors are highly trained in suicide risk assessment and in identifying early and often subtle indicators of risk across a range of contexts including child abuse, family violence and elder abuse.

This enables MensLine counsellors to identify emerging risks early, often before a situation escalates to the point of requiring formal intervention, such as involvement from child protection or other statutory services.

When imminent risk is identified, MensLine counsellors respond swiftly and appropriately through safety planning, escalation or reporting as required.

Meanwhile, Changing for Good fits well within the prevention and early intervention stream, given its focus on helping men who are at risk of using violence to recognise that risk and better regulate their emotions and actions. However, given the nature of the intervention, which provides intensive, multi-session counselling support, it also fits well within the intensive family supports stream.

It is likely, therefore, that many services will fit within multiple streams.

To mitigate confusion and ensure that all programs are given due consideration, it

would make sense to allow programs to sit under multiple streams and to make it clear to providers that they will be considered under all streams that apply to them.

4. Does the service or activity you deliver fit within one of the three funding streams? Do these streams reflect what children and families in your community need now – and what they might need in the future?

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5. Are there other changes we could make to the program to help your organisation or community overcome current challenges?

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6. Do you agree that the four priorities listed on Page 4 are right areas for investment to improve outcomes for children and families?

The four priority areas identified in the consultation are appropriate as they focus on creating a smooth journey for those who use these services. Early investment is essential to ensure that the services, programs and resources that people need are available how and when they need them. Prioritising connected and integrated services and responding to community need also ensure that the way that people access services, including how they might need to move between services to access different types or intensities of support, is central to how those services are delivered. Finally, the focus on support for Aboriginal and Torres Strait Islander children is essential in helping to Close the Gap, including in reducing suicide among this cohort.

From a Lifeline perspective, the first three priorities underpin our service delivery ethos across all supports. For example, MensLine and Changing for Good provide interventions that can prevent family relationships breaking down by providing easily accessible ways for men to connect with support in a way that they prefer. The mitigation of future violence is supported through the close connection between MensLine and Changing for Good as specially trained MensLine counsellors are able to detect nuanced cues that may indicate underlying risk, even when these are not explicitly stated. These counsellors are skilled in engaging clients sensitively, exploring concerns in depth and conducting thorough risk assessments when needed. They can gently challenge clients where appropriate and introduce them to the Changing for Good program to help them to find ways to reduce risk and regulate their emotions and actions.

Lifeline's services also have a strong focus on supporting Aboriginal and Torres Strait Islander people, particularly through programs such as 13YARN, the 24/7 crisis support line delivered by and for Aboriginal and Torres Strait people, and our First Nations stream of DV-alert, which provides training for frontline workers to help them to recognise, respond to and refer people experiencing domestic violence. These services demonstrate that when services are designed, delivered and managed by Aboriginal and Torres Strait Islander peoples it has more chance of success.

In terms of connected and integrated services, Lifeline has been developing a shared platform approach to our service delivery to facilitate integration of services and smooth transfers between Lifeline services. MensLine is one of the services being tested for a warm referral from crisis support. By the end of FY26, we hope to have tested a service where crisis supporters can, after supporting help seekers

through their initial crisis and where follow on support is needed, identify a relevant Lifeline service (such as MensLine) and facilitate a smooth transfer to that service.

All of Lifeline's broad range of services are developed through an evidence-based approach to ensure that people in need are able to access the support they require. This includes drawing on lived experience input and ensuring ongoing evaluation and assessment.

We would strongly recommend that these three enablers – evidence-based research, lived experience input and ongoing evaluation – underpin the work that the Department of Social Services undertakes in the development and implementation of the revised funding streams and the allocation of funding under them.

7. Are there any other priorities or issues you think the department should be focusing on?

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8. Do the proposed focus areas – like supporting families at risk of child protection involvement and young parents match the needs or priorities of your service?

Given the impact on families of suicide, mental ill-health and emotional distress among men, and the impact of domestic and family violence on children's current and future wellbeing, it would make sense for there to be some focus on improving men's wellbeing, relationship skills and emotional literacy.

Supporting young men, who may become fathers in the future, is an important preventative measure to enhance family wellbeing. Even where men are not

currently in relationships or do not currently have children, by providing them with the resources they need to support their wellbeing and to develop the skills and emotional literacy they need to be good partners and fathers in the future, we can ensure there are more positive male role models to support communities and demonstrate positive behaviours.

Evidence indicates that good mental health and overall wellbeing before becoming a father can help support a smoother transition to fatherhood (O'Connor et al, 2025) and enhance child outcomes (including socio/emotional, cognitive and language outcomes) across infancy to later childhood (Le Bas et al, 2025).

A focus on men who are partners and fathers is also important, particularly during times of transition, which can be especially difficult. This would help them to have the skills to better manage situations such as break ups, custody negotiations and co-parenting arrangements in a way that provides their children with the support and stability they need.

Supporting men to have healthy relationships is beneficial as stronger social networks among men are associated with environmental mastery, purpose in life and psychological wellbeing regardless of relationship status and whether men were fathers.5

Efforts to improve family wellbeing should consider the complexities of family systems in Australia today. With regards to the Lifeline services funded by the DSS – MensLine and Changing for Good – it is important to note that men play a wide range of roles in families and their communities. Some are fathers, some are partners, grandparents, brothers, friends, guardians and caregivers. Supporting men to have healthy and safe relationships provides positive impacts for the whole community in addition to the wellbeing of families.

As detailed above, any efforts to improve family wellbeing should consider the impact on families of men's mental health and wellbeing. The adverse impacts of having a suicidal parent or carer or of losing a parent or carer to suicide can be significant.

Given the high rates of suicide among men, with seven of the nine daily deaths by suicide in Australia being men, supporting families must include supporting the mental wellbeing of men.

We also know that the experience of DFV in childhood can have devastating

impacts on a child's wellbeing and is shown to be a significant causal factor in mental ill health and suicide later in life. Given the fact that, in a DFV situation, the person using violence is most likely to be male, mitigating both this violence and its long-term impact must be a priority.

Evidence has shown that primary prevention and early and targeted intervention is an important part of achieving this6.

However, as BetterHealth7 explains, "While some men who are violent may think about getting help, the majority of them don't." Acceptance of violence, notions of masculinity and fear or shame are listed as reasons that men do not seek out help.

We also know that perpetrators of domestic violence often don't self-identify as such and may minimise or deny their use of domestic and family violence. This is evident in the presenting issue data from MensLine, which shows men's reasons for contacting support services are more often related to either mental health or relationship issues.

In line with increased focus on a broader prevention-based approach - including for example within the National Suicide Prevention Strategy - MensLine and Changing for Good are designed as early support/prevention approaches. The logic is that prevention and early intervention not only improve family wellbeing in the moment, but also help break cycles of violence and disadvantage into the future.

It is clear, therefore, that supporting men who are in crisis and providing interventions to divert those who might use violence are essential elements in delivering against the two identified outcomes under the vision.

N.B. Given the relevance of MensLine and Changing for Good under the funding streams discussed, and the high levels of suicide and mental ill-health among men, plus the impact of gendered violence on families, our response above concentrates on support for men. However, we also recognise that wider support for women's mental health and wellbeing will also have a positive effect on families.

9. Are there other groups in your community, or different approaches, that you think the department should consider to better support family wellbeing?

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10. What are other effective ways, beyond co-location, that you've seen work well to connect and coordinate services for families?

Through our 24/7 digital and face-to-face suicide prevention, crisis support and counselling services, Lifeline is one of the most trusted organisations in Australia. Our telephone, text and online services receive around 1.4 million contacts per year and our training programs build community skills and educate thousands of people to be suicide safe. Lifeline's ability to connect and coordinate services for help seekers begins with that trust.

As 60% of our contacts result in a referral to another support service for follow on support, Australians typically see us as an accessible front door to Australia's mental health support system.

To build on that trust and demand, Lifeline Australia and On the Line Australia (OTLA) amalgamated voluntarily in October 2023 with the aim of building connections between the OTLA services (including MensLine Australia, Changing for Good, the Suicide Call Back Service and All Hours Suicide Support) and existing Lifeline services. The broadening of Lifeline's service footprint was the first step towards our vision of fully integrated services, allowing help seekers to step seamlessly between in-the-moment crisis support, professional counselling, information resources and self-guided care, getting the help they need easily, when and how they want it.

The work to achieve these reaches into every function at Lifeline Australia, including technological and clinical tools; knowledge, skills and training of crisis supporters and counsellors; and help seeker focussed design principles.

Looking to the future, we are currently conducting a trial to better understand the barriers and challenges for help seekers navigating from Lifeline's services to those sitting outside our service provision environment. Through this research, we aim to better support help seekers to access the best and most appropriate options for them; reduce help seekers' effort in finding the service/s they need; and improve crisis support interactions with help seekers.

With 17 members operating 43 Lifeline local centres across the nation, Lifeline combines the strength of a national organisation with grass roots contact with local communities. Local centres are well placed to understand the needs of their local communities and create networks between local services and the national

Lifeline services. This allows Lifeline to meet people where they are and connect them with the services that can help them the most.

11. What would you highlight in a grant application to demonstrate a service is connected to the community it serves? What should applicants be assessed on?

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local communities and create networks between local services and the national Lifeline services. This allows Lifeline to meet people where they are and connect them with the services that can help them the most.

12. Beyond locational disadvantage, what other factors should the department consider to make sure funding reflects the needs of communities?

With around 1.4 million contacts per year across our Lifeline telephone, text and chat crisis support services, Lifeline uses a number of techniques and strategies to ensure we understand and are meeting the needs of Australians. An often overlooked and information rich source of data is the way help seekers use the digital mental health tools that are available to them.

Web analysis of data on search behaviour provides an understanding of what help seekers are actively looking for, when they're searching and the language they use to describe their challenges. In response, Lifeline uses these insights to develop our self-help resources, campaigns and promotional materials.

A continuous feedback loop on whether and how these resources, campaigns and materials are meeting people's needs is provided through website engagement metrics, including top pages, resource downloads and referrals from other websites. Digital ad campaign performance data showing click-through rates and conversion rates adds to this feedback.

Within our counselling services, such as MensLine and Changing for Good, Lifeline's counsellors are expertly trained in suicide risk assessment as well as early identification of subtle risks across a range of contexts, including child abuse, family violence (between former partners, parent, children, siblings, extended kin and other culturally recognised family relationships) as well as elder abuse.

Due to the low barriers to entry, our services are often the first point of contact for individuals and families experiencing distress. Our counselling framework has been designed to respond to these presenting issues and allows our counsellors to use the best tools from a range of different theoretical approaches – including client-centred theory, trauma informed practice, stage model of behaviour change, motivational interviewing, strength-based practice, solution focused brief therapy and problem-solving therapy, adapting their approach to the help seeker's needs.

This financial year, Lifeline was proud to launch our Lived Experience Framework, which reflects our strong commitment to incorporating the voices of those with lived and living experience of suicide in all aspects of the work we do. The

framework incorporates the expertise of our Lived Experience Advisory Group, input from users of our service through our Voices program and storytelling from our Ambassadors, ensuring we embed lived experience broadly and in a consistent way.

In addition to community wide data used by the Department to identify need, recognising these kinds of efforts by service delivery partners to understand and incorporate consumer needs into their practices is important.

Lifeline would be happy to share the learnings from the development of our Lived Experience Framework and other processes with the Department, as we already have with Departments of Health at both Federal and State levels.

13. What's the best way for organisations to show in grant applications, that their service is genuinely meeting the needs of the community?

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14. How could the grant process be designed to support and increase the number of ACCOs delivering services to children and families?

As mentioned above, 13YARN is a 24/7 crisis support service for Aboriginal and Torres Strait Islander people. It was co-designed with Aboriginal and Torres Strait Islander people and is managed by, delivered by and for Aboriginal and Torres Strait Islander people. The success of 13YARN demonstrates the importance of a self-determination based approach for Aboriginal and Torres Strait Islander focussed services.

As mentioned earlier, ACCOs generally work closely with their communities and understand the local issues and problems and possible solutions. Given the right resources they can have a larger impact on issues than if they were government-designed programs delivered by non-Aboriginal service delivery organisations.

We would therefore suggest that principles of genuine co-design be embedded into the requirements for funding of programs to support Aboriginal and Torres Strait Islander people. This should be combined with strong input from Aboriginal and Torres Strait Islande people with lived and living experience relevant to the

focus of the service.

For mainstream organisations seeking to deliver culturally safe services, Lifeline Australia's model for the development and delivery of 13YARN provides a good template for self-determination. Decisions about 13YARN are made by Aboriginal leadership and it provides one hundred percent Aboriginal and Torres Strait employment. Lifeline Australia provides support and technology to underpin the service. There is no cobranding of the service, it is a standalone service within the Lifeline Australia family.

It is also important that, where possible, there are connections between general or broad services and those with a focus on Aboriginal and Torres Strait Islander communities. This can help to ensure that broader services can learn from targeted services. Ensuring cultural competence and safety across broader services is also important. At Lifeline, our counsellors undertake mandatory cultural awareness training, including regular refreshers, to ensure they are better able to support Indigenous help seekers.

MensLine and Changing for Good have also previously partnered with Aboriginal and Torres Strait Islander services to assist in constructing a violence risk reduction program that is culturally relevant for Aboriginal and Torres Strait Islander people communities. Changing for Good, which is a referral service, receives referrals from Aboriginal and Torres Strait Islander focussed services.

15. What else should be built into the program design to help improve outcomes for Aboriginal and Torres Strait Islander children and families?

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Strait Islander people. This should be combined with strong input from Aboriginal and Torres Strait Islande people with lived and living experience relevant to the focus of the service.

For mainstream organisations seeking to deliver culturally safe services, Lifeline Australia's model for the development and delivery of 13YARN provides a good template for self-determination. Decisions about 13YARN are made by Aboriginal leadership and it provides one hundred percent Aboriginal and Torres Strait employment. Lifeline Australia provides support and technology to underpin the service. There is no cobranding of the service, it is a standalone service within the Lifeline Australia family.

It is also important that, where possible, there are connections between general or broad services and those with a focus on Aboriginal and Torres Strait Islander communities. This can help to ensure that broader services can learn from targeted services. Ensuring cultural competence and safety across broader services is also important. At Lifeline, our counsellors undertake mandatory cultural awareness training, including regular refreshers, to ensure they are better able to support Indigenous help seekers.

MensLine and Changing for Good have also previously partnered with Aboriginal and Torres Strait Islander services to assist in constructing a violence risk reduction program that is culturally relevant for Aboriginal and Torres Strait Islander people communities. Changing for Good, which is a referral service, receives referrals from Aboriginal and Torres Strait Islander focussed services.

16. What types of data would help your organisation better understand its impact and continuously improve its services?

For services such as MensLine (and much of the wider Lifeline counselling and crisis support service landscape) the anonymous nature of the service delivery imposes significant barriers to measuring impact on help seekers' families.

However, surveys of help seekers before and, more likely, after their conversation with a crisis supporter or a counsellor affords the opportunity to harvest outcomes data, such as reduced distress and increased coping confidence, which can provide a good guide to impact.

For MensLine, impact is measured using SUDS (subjective units of distress scale) within the call, with the counsellor asking a question at the beginning and the end of the conversation.

Similarly, the effectiveness of the Changing for Good program is verified using the internationally recognised outcomes measurement system IOMI (Intermediate Outcomes Measurement Instrument), which measures risk of recidivism in relation to domestic violence.

The IOMI provides valuable data across seven life domains indicating risk of offending. Across all seven domains, Changing for Good participants improve their scores from intake to program completion, indicating a reduction in risk of using violence.

Direct feedback from participants about how their behaviour has changed also indicates a positive impact for children and families.

Indirect feedback from other family members about the positive impact of the Changing for Good program on participants is another indicator of the valuable outcomes created from participating in the program.

These approaches, which draw on feedback from help seekers about how they feel post-intervention, align with the outcomes framework standards approach being developed in conjunction with key partners in the suicide prevention sector (including Lifeline) and the Department of Health, Disability and Aging.

In terms of setting requirements for outcomes measurement and data collection related to funding, it is important that the nature of anonymous services is taken into account. We recommend consideration be given to the wider, evidence-based methods of data collection and outcomes measurement that are relevant for such services. Abandoning services, or removing the anonymity of services, because measurements cannot be done in a certain way risks negating the numerous benefits for families derived from such services.

17. What kinds of data or information would be most valuable for you to share, to show how your service is positively impacting children and families?

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19. What kinds of templates or guidance would help you prepare strong case studies that show the impact of your service?

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20. What does a relational contracting approach mean to you in practice? What criteria would you like to see included in a relational contract?

The current fixed and inflexible criteria in a transactional contract poses challenges to Lifeline due to the changing ways consumers choose to interact with our services.

Consumers are increasingly wary of sharing personal information. In addition, men find the anonymity of a service like MensLine is key to accessibility and report that it reduces the barriers to entry for men, as cited above (section 2.8). As we prioritise service delivery, the current criteria in the transactional contract means that meeting threshold targets for completed SLKs (Statistical Linkage Key - unique client code) and demographic data can be challenging.

In addition, many men prefer to contact us on a one-off basis, rather than engaging in multiple sessions of support. When this occurs, it prevents us from reporting on outcomes as the DEX (Data Exchange) doesn't recognise outcomes that have been developed to measure impact over a single interaction.

Flexibility in setting and evolving the tolerances for complete personal, demographic and outcomes measures through a relational contract would allow Lifeline to meet both help seeker needs and contract requirements.

21. What's the best way for the department to decide which organisations should be offered a relational contract?

The current fixed and inflexible criteria in a transactional contract poses challenges to Lifeline due to the changing ways consumers choose to interact with our services.

Consumers are increasingly wary of sharing personal information. In addition, men find the anonymity of a service like MensLine is key to accessibility and report that it reduces the barriers to entry for men, as cited above (section 2.8). As we prioritise service delivery, the current criteria in the transactional contract means that meeting threshold targets for completed SLKs (Statistical Linkage Key - unique client code) and demographic data can be challenging.

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22. Is your organisation interested in a relational contracting approach? Why/why not?

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Flexibility in setting and evolving the tolerances for complete personal, demographic and outcomes measures through a relational contract would allow Lifeline to meet both help seeker needs and contract requirements.