



Families at the centre: Mapping lived experience in Uniting Family Services.

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March 2026

Uniting

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Acknowledgements

Acknowledgement of Country

We recognise Aboriginal and Torres Strait Islander peoples as Australia's First Peoples*. We acknowledge them as the Traditional Owners and original custodians of the lands and waters on which we all live and work and recognise their sacred connection to these lands and waters of Australia, which has existed for more than 60 millennia.

We recognise the continuing sovereignty of Aboriginal and Torres Strait Islander peoples over their lands and waters and the inalienable right of Aboriginal and Torres Strait Islander peoples to self-determination. We offer our respect to all Elders past and present and to all descendants who have and will continue to care for the land through their lore, customs, and spirituality.

Our commitment to reconciliation

First and Second Peoples walking together towards truth, justice, cultural vitality and celebration of Aboriginal and Torres Strait Islander peoples, communities, and cultures. This vision for reconciliation is a response to Uniting's foundational belief that people are important, and change is possible. It is aligned with our vision for an inclusive, connected and just future.

No matter where we are on our reconciliation journey, this vision points us to the horizon and reminds us to persist in hope and unity.

Uniting's Reconciliation Action Plan commits to substantive action to promote the cultural changes necessary for reconciliation within Uniting the communities we work in.

** The term Aboriginal and Torres Strait Islander peoples is used in this publication refer to Australia's First Peoples. The term recognises the great number of Aboriginal nations, and the great diversity of cultures, histories, languages and values of these many nations. It also acknowledges that Torres Strait Islander peoples are a separate people and that Aboriginal and Torres Strait Islander peoples living in urban, regional or remote areas of Australia may have distinct cultural identities.*

About Uniting

Uniting Vic.Tas (Uniting) is the principal community services organisation of the Uniting Church in Victoria and Tasmania. We are more than 3,500 employees and 1,700 volunteers delivering programs and services across the full spectrum of community services, intervening early to help people avoid crisis, as well as supporting those who live life at the margins.

Uniting also undertakes research into community needs and advocates for discourse and actions that aim to lessen disadvantage, poverty, and exclusion in the community.

We celebrate diversity and value the lived experience of people of every faith, ethnicity, age, disability, culture, language, gender identity, sex, and sexual orientation. We work alongside individuals and families to help them present with strength and compassion in meeting their individual and social needs.

About Uniting Family Services

Uniting offers a comprehensive range of family and youth services across Victoria and Tasmania, supporting children, young people, and families to create safe and secure homes. In Victoria, Uniting delivers family services, funded by the Department of Families, Fairness and Housing (DFFH), as part of Victoria's broader child and family support system. The program aims to improve outcomes for children, young people, and their families by providing early intervention and targeted support to promote child safety, development, and family wellbeing.

Warning

This document explores consumer experiences of family violence, which may be distressing or triggering for some readers. If you or someone you know is affected by family violence, we encourage you to seek support from a trusted friend, family member, or professional. **If someone is in immediate danger, call triple zero (000) and ask for police.**

Executive summary

Commissioned by the Uniting Family Services Governance Group, this report explores consumer experiences of Uniting's family services in Victoria. These services provide in-home support to families experiencing complex challenges such as family violence, homelessness, substance misuse, trauma and mental health issues. This research was conducted in the context of the 2025–26 Victorian Government reforms under the Strong Families, Safe Children agenda, which will introduce a more flexible and evidence-based family services platform.

To inform continuous improvement, and prepare for the upcoming family services reform, this research sought to understand the experiences of consumers throughout their engagement with family services.

Eight in-person interviews were conducted with consumers of Uniting Family Services: four accessing parenting support and four accessing supports for family violence-related needs.

Thematic analysis was conducted to identify and analyse the six stages that shaped consumers' journeys through the service: accessing services, initial assessment, planning, action, monitoring and review, and closure.

Key findings include:

Differences in engagement

Consumers accessing family violence related support typically required longer periods of engagement than those accessing parenting supports, who generally considered the six-month timeframe sufficient.

Challenges accessing external services

Consumers with family violence related needs commonly experienced difficulties with accessing specialised external supports, particularly with early years trauma-based services, including rejected referrals and long waiting times.

Practitioner impact

High-quality communication and a non-judgemental approach by practitioners consistently helped families feel understood and supported.

Based on these findings, the report recommends that the Family Services Governance Group:

- **Implement a flexible service model** (aligned with the family services reform) that enables the intensity and duration of support for families experiencing family violence to increase or decrease over time, ensuring access to earlier, longer-term, or more intensive wrap-around and therapeutic supports as needs change.
- **Explore and advocate for innovative service and funding solutions** to address the identified service gap for children aged 0–5 impacted by family violence, ensuring timely access to developmentally appropriate early intervention supports that mitigate the impacts of trauma.
- **Prioritise practitioner communication** by continuing to emphasise excellent listening and communication skills in recruitment, while ensuring program expectations and limitations are clearly explained from the outset to support transparency, trust, and positive consumer experiences.

Overall, this research enhances Uniting's understanding of consumers' experiences and provides insights to guide preparation for the upcoming modifications to the family services platform, ensuring support remains flexible, responsive, and tailored to families' needs.

1. Introduction

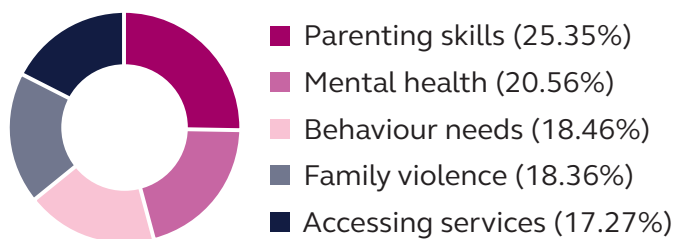
Uniting delivers a range of family and youth services across Victoria and Tasmania, supporting children, young people and families to establish a safe and secure home. This includes delivering DFFH-funded family services within Victoria’s child and family support system.

The family services programs offered by Uniting include Finding Solutions, School Attendance Support Program (SASP), Parenting Children with Complex Disability (PCCD), Counselling and Integrated Family Services. For families facing complex needs, it is common for more than one family services program to provide support.

The Victorian Government’s 2025–26 investment in *Strong Families, Safe Children* includes \$167.4 million to continue and modernise family services, shifting to a more sustainable, evidence-based platform by July 2026. Key changes include three simplified and flexible service streams: Connecting, Strengthening and Restoring Families.

An aspect of the continuing enhancements to family services delivery in Victoria includes integrating specialist supports and coordination roles with the aim to facilitate more holistic and targeted support.

Our client management system (Family Journey) referral data indicates that families are most commonly presenting to our family services programs to seek support with:



Anecdotal feedback from case workers and consumers identified through Uniting’s recent evaluation on understanding family violence in family services has highlighted areas for improvement including accessing services and lengthy waiting times. To gain an in-depth understanding of the issues faced, as well as what is working well for families from the consumers’ perspective, this research aims to explore the typical experience of a consumer accessing Uniting Family Services in Victoria.

This research followed a qualitative approach, which included 8 previous consumer interviews being conducted and analysed. The goal of this research is to understand and identify opportunities to enhance the experience of consumers using Uniting Family Services to assist in improving outcomes for consumers.

1.1 Upcoming enhancements to family services across Victoria

The Victorian family services platform is designed to provide flexible, person-centred services that are underpinned by evidence. DFFH is committed to modernising the family services platform to a more sustainable, evidence-based and targeted system of support. Enhancements to the platform will commence by 1 July 2026 and include:

- Moving to three simplified and flexible service streams: Connecting, Strengthening and Restoring Families
- Expanding capacity in the Restoring Families stream to provide wrap-around and therapeutic supports to families with significant and enduring needs earlier.

The reform proposes integrating specialist supports and coordination roles, where this expansion will facilitate more holistic and targeted support. This will better position the service to meet the needs of a diverse range of families and enhance the likelihood of strong outcomes.

In-line with DFFH’s reformed strategic framework, where the voice of families and those with lived experience have been embedded in system improvements, this research focuses on Uniting Family Services consumer’s experiences to identify how we can ensure familial safety and ensure families are obtaining the appropriate supports at the right time.

2. Purpose

The purpose of this research was:

1. To understand enablers, barriers and overall experiences in family services, including strengths and areas for improvement.
2. To synthesise these insights into a consumer journey map that visually represents key stages and experiences.

This report maps the journey of families who access family services, demonstrating some of the key elements which contribute to a successful experience. Whilst the research was initially designed to produce one 'consumer journey map', during the recruitment and interviewing stages it became apparent that there were 2 distinct experiences to be mapped.

The first consumer journey map articulates the experience of families who were referred to family services for needs primarily expected of the program; including parenting skill development and support, mental health supports, children's behavioural management and National Disability Insurance Scheme (NDIS) navigation.

The second consumer journey map articulates the experience of families who were referred to family services due to experiences of recent or current family violence.

The research aimed to recruit 10 family services consumers to be interviewed, and during the recruitment and interviewing stages the first 4 consumers interviewed all reported experiences of family violence.

This high representation of family services consumers who have experienced family violence also was consistent with findings in a recent study of family services in June 2025, 'Understanding Family Violence in Family Services', which highlights that family violence is increasing in complexity and severity across this support service.

This report found that a significant portion (65%) of cases in family service involve family violence, with many presenting with high-risk at intake.

The second consumer journey map articulates the experience of families who were referred to family services due to experiences of recent or current family violence. These commonly include support navigating the legal system, processing trauma from both the child and victim's perspective, and accessing family violence specific services.

These interviews highlighted key differences in service delivery for families experiencing family violence compared to those accessing supports in line with parental skill development and system navigation.

3. Methodology

This project employed a qualitative approach to explore consumer experiences within Uniting Family Services. The methodology comprised two complementary phases: data collection through consumer interviews, and synthesis through the development of two consumer journey maps.

Ethics approval for this project was facilitated by the Swinburne University Centre for Social Impact Team and the ethics application outlined the process of interviewing, interview transcript and participant recruitment processes.

3.1 Consumer interviews

The project involved the recruitment and in-depth interviews of eight Uniting family services consumers who had recently concluded their engagement or were approaching closure. The participants were recruited through a combination of practitioner/team leader recommendation, or through the participants advising they were willing to be contacted by the Evaluation Team through completion of the Family Services Consumer Outcomes Survey.

Family Services Consumer Outcomes Survey is provided at closure to all consumers who have accessed family services to capture

both quantitative and qualitative data on the experience of the consumer. Recruitment of suitable participants was an ongoing process, beginning once ethics approval was received, until data saturation was obtained.

Data from Family Journey was used by the Family Services Evaluation Project Officer to identify the length of time the participants had closed from the program and to identify their primary need of involvement. All participants were approaching closure, or had closed, with Uniting Family Services within the past 12 months (see Table A).

Table A: The length of time between closure and interview for each participant

Participant	Closure date from family services	Interview date	Time period	Interview completed before/after closure
Participant 1	17/04/2025	19/06/2025	9 weeks	After
Participant 2	21/05/2025	12/06/2025	3 weeks	After
Participant 3	25/06/2025	11/06/2025	2 weeks	Before
Participant 4	14/01/2025	19/06/2025	22 weeks	After
Participant 5	17/06/2025	30/06/2025	2 weeks	After
Participant 6	01/09/2025	25/09/2025	3.5 weeks	After
Participant 7	01/07/2025	23/10/2025	16 weeks	After
Participant 8	10/09/2025	29/10/2025	7 weeks	After

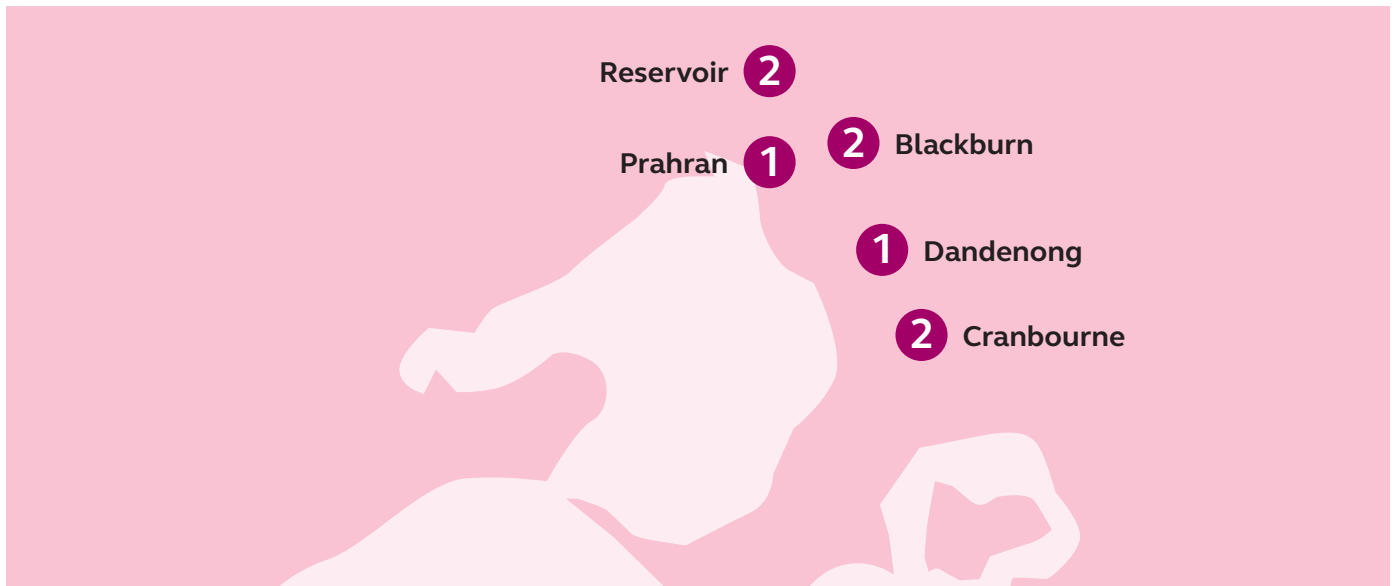
Eight consumer interviews were conducted between June to October 2025. It was initially proposed that 10 interviews be conducted, however there was difficulty with recruitment and at the same time after 8 interviews data saturation was obtained.

The interviews were conducted in either the consumer's home or their local Uniting office (based on their preference) and lasted between

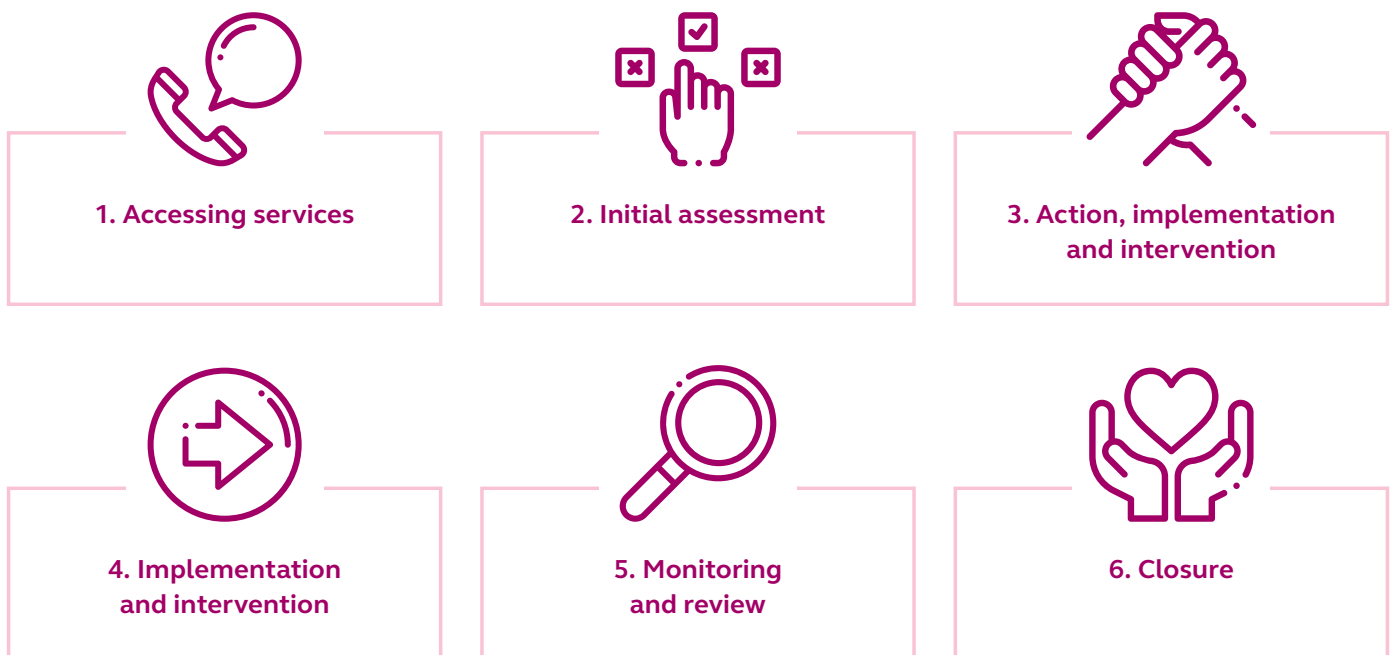
30-60 minutes. Participants were reimbursed for their time in line with the Uniting Consumer Partnerships Reimbursement Guidelines.

The interview included 7 questions about the consumer's experience throughout family services, with focus on when they decided to access services, the intake process, initial home visit, implementation of supports and closure.

The participants of this research are all based in metro Victoria, where participants accessed family supports at the following sites:



The interviews were recorded using a Uniting device, transcribed and analysed using thematic analysis to identify key trends and themes consistent across all consumer journeys to identify the 6 stages of service delivery:



The data was stored in password-protected devices and all quotes and participant details have been anonymised.

4. Analysis and persona development

Transcription and analysis were conducted throughout June to October, with report writing being completed in mid to late October.

To illustrate the data gathered from the interviews, 2 separate family personas were created which incorporated common characteristics, demographics and needs of previous consumers who had accessed Uniting family services.

‘Nicole’s journey’ focuses on the experience of a family accessing Uniting Family Services for parenting supports whilst the second, ‘Megan’s journey’ demonstrates the journey of a family presenting with family violence experiences.

The demographic information and family composition designed for the personas reflects common features for those accessing family services.

For family violence-related needs, families tended to be composed of single mother families with at least one child in early years or primary school presenting with behaviours

associated with trauma. In contrast, those accessing family services for parenting needs tended to be composed of parents in a long-term relationship, often with children at various ages, usually with at least one child presenting with a neurodevelopmental need.

These demographics coincide with the data collected from family journey indicating that the most common family composition is single parent family (45%), with the second most common being a couple with children (33%). The consumer journey maps were designed using a combination of Miro and Microsoft PowerPoint.

5. Limitations

Participants

Only consumers supported by family services programs in Victoria were recruited. This was because participant recruitment focused on consumers who, when completing our Family Services Consumer Outcomes Survey (currently implemented only in Victoria), indicated they were willing to be contacted by the Evaluation Team.

Recruitment also drew on practitioner and team leader recommendations of suitable former consumers, all of whom were based in Victoria. As only metropolitan consumers participated, the findings do not capture the experiences or needs of families in rural or regional areas. For a more comprehensive representation of Uniting’s family services, future interviews should include consumers from Tasmanian family services as well as rural and regional communities across Victoria.

Sample size

Although the sample size of 8 consumers was relatively small, the focus of the research was to conduct in-depth interviews with previous consumers to gain a deep understanding of their experiences. Whilst data saturation was reached, the variability in individual family needs means not all experiences can be completely reflected.

6. Consumer journeys

This section presents two consumer journeys to illustrate how families experience engagement with Uniting's family services. Each journey is first explained through a detailed narrative of the persona, followed by a visual consumer journey map, concluding with a table which synthesises the key stages and experiences, supported by consumer quotes.

6.1 Detailed narrative: Nicole's journey

This narrative illustrates the typical experience of a family services consumer. Consumers accessing family services present with needs relating to parenting support, NDIS navigation and behavioural management in the home.

Nicole has 3 children, Niall (13), Lola (5) and Marie (8 months). Kian is Nicole's partner and is Niall's stepfather and father to Lola and Marie.

Before meeting Nicole, Kian had a history of substance misuse and had previously used illicit substances with his adult sister, brother and mother. Kian has completed his recovery and has no intention of engaging in alcohol and other drug (AOD) use, but having a stable home environment is beneficial for him.

Niall has recently been diagnosed with Autism Spectrum Disorder (ASD) and he has begun to display increasingly challenging behaviours (e.g. disruptive behaviour in class, difficulty managing emotions, challenges with transitioning to different classrooms) associated with transitioning to secondary school, such as displaying disruptive behaviours in class, wandering between classes, becoming socially withdrawn and struggling with understanding the new school routine.

Niall would also demonstrate aggressive and challenging behaviours in the home associated with poor emotional regulation where he would be awake during the night often frightening Lola. Nicole found it difficult to manage Niall's behaviours along with having a new baby, and Kian was working a lot interstate.

Nicole found her parents didn't fully understand ASD and would say Niall was 'badly behaved' and Kian didn't want to engage too much with his family due to the previous AOD history.

Lola's teacher noticed changes in her behaviour, where she was presenting as very tired throughout the day and having a lack of

motivation to engage with her peers which she previously enjoyed to do. Due to these concerns, Lola's school had a discussion with Nicole and advised for her to contact The Orange Door (TOD) for extra support.

After contacting TOD the family was allocated to Uniting Family Services with their practitioner, Eve. When Eve and her team leader visited and explained the service, Nicole and Kian felt relieved to learn she would receive additional supports as she was feeling overwhelmed.

Kian was also open about his previous AOD use, and although he knew he didn't want to engage in those behaviours again, it was helpful that Eve offered support and guidance to keep him on the right track.

Nicole and Eve also identified some goals focused on the children including:

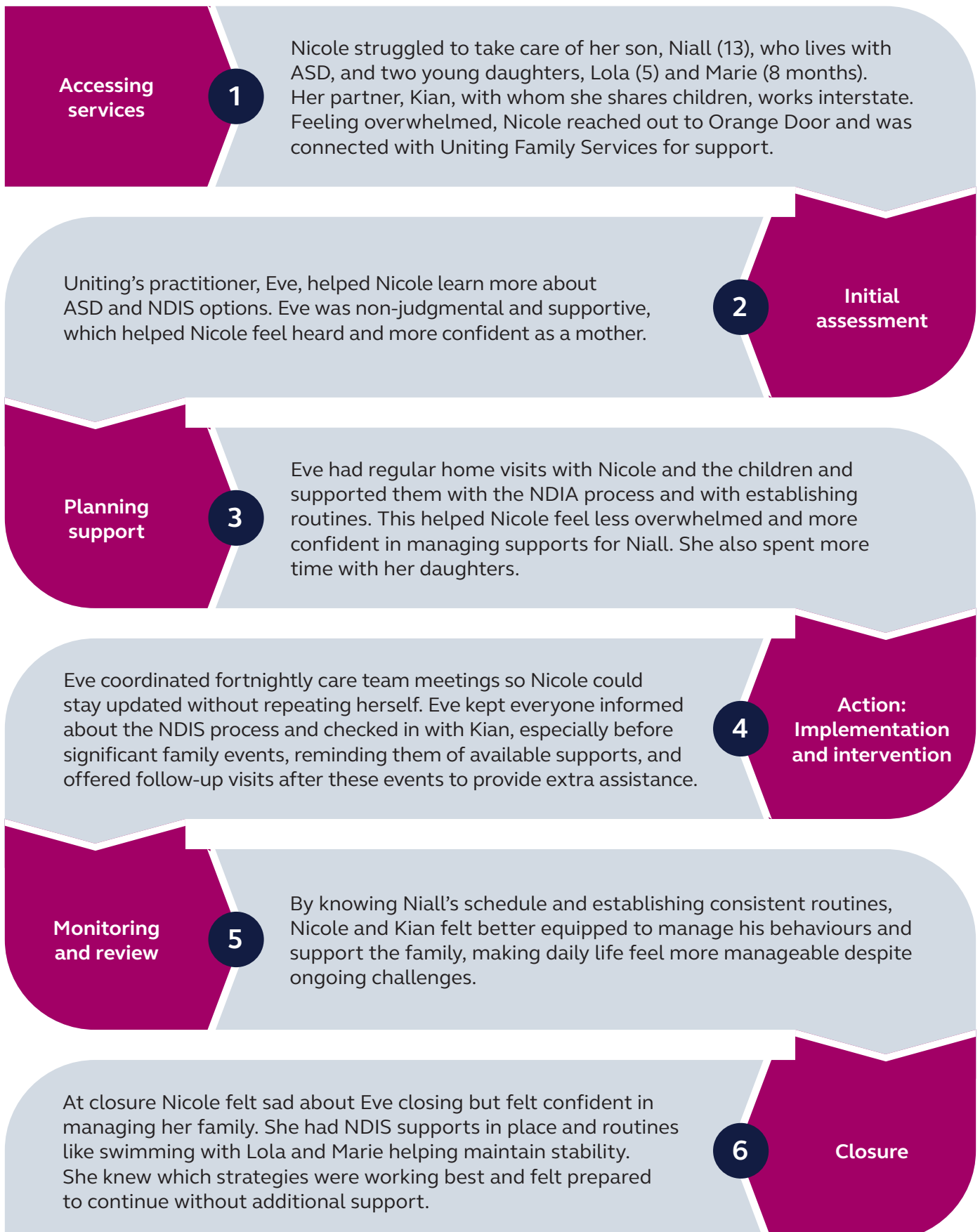
- Understanding the ASD diagnosis and what this means for Niall
- Getting NDIS supports for Niall
- Emotional regulation strategies for Nicole and Kian to implement in the home.



6.2 Nicole's consumer journey map: Parenting support

This map depicts the typical experience of a consumer engaged with Family Services, based on a persona constructed from interview data. The persona represents a consumer who accessed family services to obtain NDIS support and assistance with children's behavioural management.

Nicole's journey



6.3 Key stages of Nicole's experience

Throughout the six-month delivery of Family Services, key stages were identified, along with associated consumer experiences. Below outlines the family services consumer journey, aligned with illustrative interview quotes relevant to each stage.

Stage 1. Accessing services (Weeks 1-3)

This stage is centred around when the consumer first identifies they need help or if they have been referred to family services for supports.

At this time, consumers may speak to friends and family who recommend calling TOD, 1800 RESPECT, or the school / members of the children's care team may make a referral to The Orange Door (TOD) who will then refer the family to family services based on the specific needs identified.

Consumer experience

- Nicole was feeling overwhelmed with Niall's behaviour and lack of support from Kian in the home when he was working interstate and needing to provide for her other 2 children.
- She didn't know what the next steps would be to support her family. When the school gave her the contact details for the Orange Door, she knew she needed help, but she didn't know what help would look like or how anyone could help. When she spoke to the Orange Door about what was happening for her family, they recommended Uniting Family Services.
- Nicole had heard of Uniting before, but she wasn't sure what specific helps they could provide but she was happy and relieved to find out that someone was there to help.

Consumer voice

"It was mainly to see what supports were available as the diagnosis was fairly new to us, to [child], for us as his parents ... we wanted to see what else there was, as we didn't know how long NDIS would be."

"It was [child's] first year of high school which was quite challenging. He all of a sudden had a whole different environment to get used to, different people, ASD diagnosis only new, elevated behaviour in a negative way. He would get into fights, break things in school, get in trouble for really weird stuff, he got suspended twice so we were really desperate to try get help to understand him and how he sees the world and how we can support him with that."

Stage 2. Initial assessment (Weeks 2-6)

After the referral from TOD each consumer is allocated a family services practitioner.

The initial assessment stage in family services is a foundational step where practitioners and families begin to build understanding, trust, and clarity about needs, risks, and goals.

The practitioner gathers information about the family through the referral from TOD, phone calls to the consumer and the initial home visit is also completed at this point.

Consumer experience

- When Nicole and her family were allocated their practitioner Eve, it was a massive help to hear about the different supports they could receive, especially around NDIS and Niall's diagnosis.
- When Nicole shared everything that was going on, she felt like a 'bad parent', but Eve listened and wasn't judgemental which was really helpful and Nicole felt relieved to have someone who understood.

Consumer voice

"In some weeks I was getting called every second day with a problem at school and it became anxiety inducing. When the phone rang it would have physiological impact on me – spike anxiety."

"Having met [Practitioner] the first time, we had a lot more hope. It was like let's go for it what can this person offer."

"[Practitioner] explained the service very well. She gave me an info pack and explained what was in it and advised for me to look through it and if there are questions, she said you can message me and we can talk about them when we meet up in a few weeks. It wasn't like she left, and I felt I had more questions. She addressed everything we needed to know."

Stage 3. Planning (Weeks 6-8)

The planning stage is where the information gathered during the initial assessment stage is translated into an action plan which focuses on the families' strengths, their priorities and areas to address needs.

Consumer experience

- After Nicole explained what was going on in her family and met with Eve, Eve set up regular times to visit the home and prioritised some.
- Eve also explained the NDIS process and helped build a routine to ensure Nicole was spending quality time with her daughters.

Consumer voice

"[Practitioner] set up regularity with us. She would set up our next appointment halfway through our discussion."

"She would always ask how [child] is, how we are and how the other kids are. If we talked about something like an event we were going to, she would have notes or memory of it ... It was professional familiarity."



Stage 4. Implementation and intervention (Months 2-5)

At this stage of the intervention the practitioner has a strong idea of the needs of the family and has made a plan with key goals to achieve.

This is where the action plan is put into practice. This can look like safety planning, building skills, providing support, and connecting to services to improve overall well-being.

Consumer experience

- Eve co-ordinated a fortnightly care team meeting which was helpful as Nicole could get updated regularly and she felt that she didn't have to repeat herself to several professionals. Eve also kept the care team updated on the NDIS process and the expected waiting times.
- Eve would also check in with Kian, particularly before significant family events where she would remind Nicole and Kian that there are supports available, or that she could visit following a significant event to offer additional supports

Consumer voice

"[Practitioner] was amazing ... You can talk about the serious stuff and then you can talk about the stuff that's been happening in your week and it's like talking to a friend not like your talking to someone employed to be there or is there because there's a reason, she's there because she wants to be."

"We got swimming lessons, lots of creative tools to make toys at home and lots of hands on help every week."

"Helping with NDIS (stood out for us) and giving it some push along and giving us assurance that she'll look into it. She found someone who would escalate it and then would follow up. That was the crux of it because if we don't have NDIS what do we do? What's available to us giving at the time we were cash poor and to support [child] right now when things seemed to be in a state of flux with him. I think it was just that and reassurance and understanding."

"They all had care team meetings so that was good, and they were really intertwined with what was going on in our AOD counselling. Uniting worked really well with DHS."

Stage 5. Monitoring and review (Months 5-6)

At this point in the intervention, the practitioner and family work together to track progress, reflect on outcomes and adjust plans to ensure the intervention is meeting the family's needs.

Activities at this stage could look like having regular check-in's part of the family's routine, multi-agency collaboration, adjusting goals based on what is being achieved or on what has been learned, and planning for the next stage for the family to continue without the practitioner.

Consumer experience

- Having a better understanding of what classes Niall had for the day helped Nicole prepare for his mood at home. When he had Physical Education (PE) she was prepared for him to have extra energy when he got home, which allowed her to expect certain behaviours from him. Having this routine in place was really helpful especially when Kian was working interstate. Kian also felt supported by having specific resources and contact details of services that could help him when he felt he needed it.
- Nicole felt she had a good routine with the children which helped everyone regulate and everything was feeling much smoother and easier to manage. Although there continued to be challenging behaviours with Niall, Nicole felt she had a better understanding of why they were happening and what was causing him to feel like this.

Consumer voice

"It's more the intensity in the morning and the evening and that's what we identified, those times are crucial and how do we make it easier. Just those slowly changing different things, being more aware of them, stopping when [child] needs to stop."

Stage 6. Closure (Final weeks)

When family services are approaching closure at around month 6, this could look like the practitioner providing supports to maintain their strengths and transition from the service.

Consumer experience

- At closure, Nicole was feeling sad that Eve was leaving but she also knew that she no longer needed her supports. As Eve had organised the NDIS supports, Niall was going to meet his support co-ordinator in 2 weeks and Nicole felt she was able to manage the family as she was aware of what strategies were working best. Having the routine of taking Lola and Marie swimming was also really helpful and Nicole continued to have this as part of their routine after family services ended.

Consumer voice

"Thanks to [practitioner] and the service, having [child] diagnosed with ADHD as well and being put in touch with the family systems hub."

"I think we've reached a point where we feel like we've gotten what we needed from the service and just that we were provided with the support we needed since we were waiting for NDIS and we have a meeting coming up with NDIS soon to set up a plan with services. [practitioner] was a great support to get us to this stage."



6.4 Detailed narrative: Megan's journey

This narrative illustrates the typical experience of a family services consumer who has accessed supports regarding family violence related needs. Consumers presenting with family violence-based needs in family services often are faced with complex legal issues, difficulty accessing support for early years children and require extended time to meet needs.

Megan is a single mother of 4-year-old Marla and 10-year-old Miley, who has recently escaped family violence perpetrated by her ex-husband.

Megan got in touch with 1800 RESPECT who shared contact details for The Orange Door (TOD). Megan made the call to TOD as she felt she needed extra help as Marla was having issues sleeping, and Miley was demonstrating problematic behaviours in school and falling behind academically.

Because of everything that had been happening, Megan was working reduced hours and wanted support from TOD to get back on track. Around 2 or 3 weeks after the phone call to TOD, Megan was contacted by Helen, a Uniting Family Services practitioner.

When Megan spoke with Helen for the first time on the phone, she felt a bit hesitant about sharing some information because she had been in touch with services in the past who weren't much help. She also found it a bit frustrating and re-traumatising having to go over everything again since she'd already done this with TOD.

Helen arranged a time to visit Megan at her home, where they spoke a little about what was going on for Megan, and what areas she would like support with. From the initial home visit, Megan and Helen decided the main needs of support were:

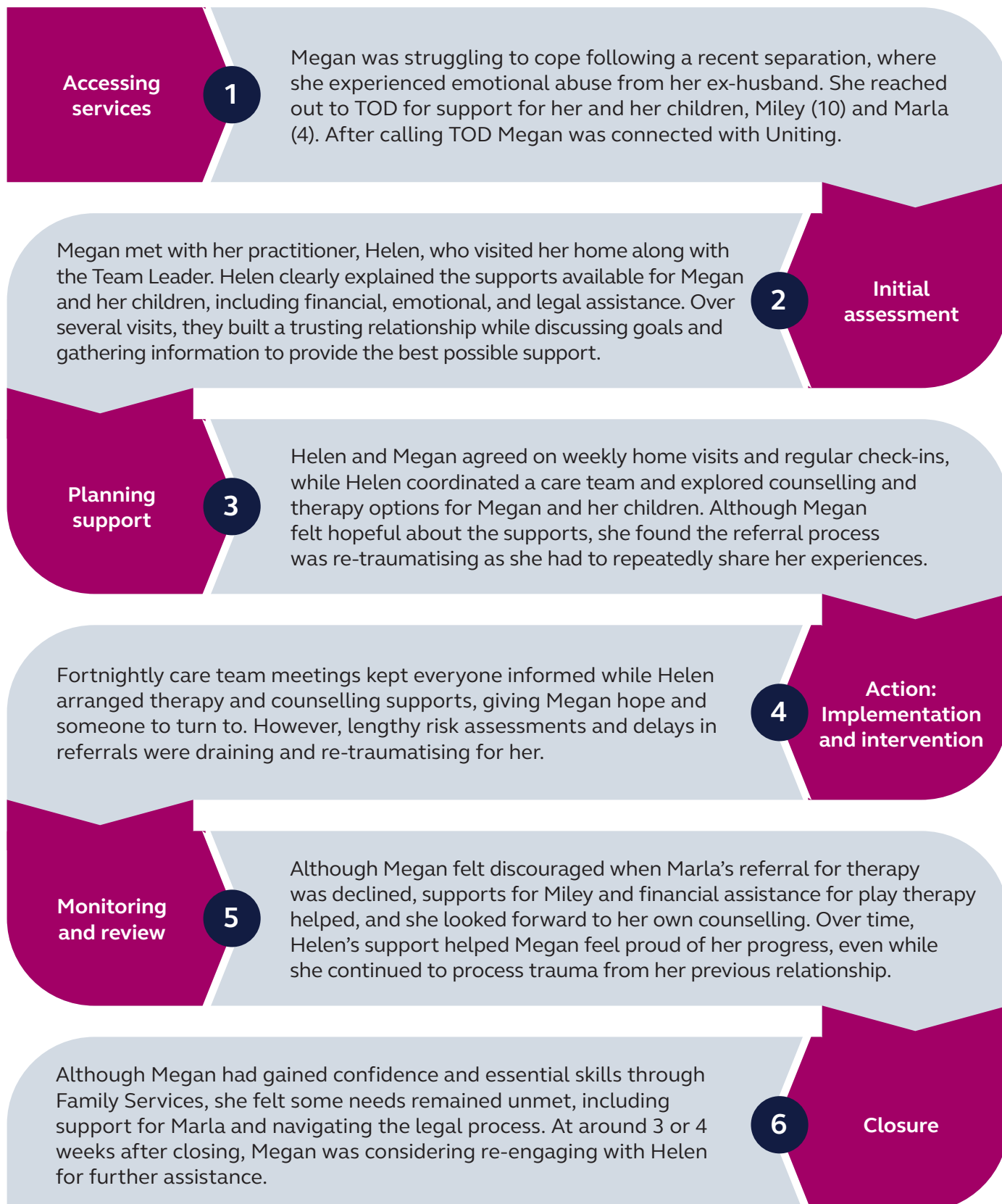
- Post-separation family violence supports such as emotionally processing family violence, guidance on legal and court processes, managing children's contact with their father
- Financial supports (for child therapy, animal therapy, extracurricular activities)
- Children's developmental supports, including finding and accessing the appropriate professionals.



6.5 Megan's consumer journey map: Family violence support

This map depicts the typical experience of a consumer engaged with Family Services, based on a persona constructed from interview data. The persona represents a consumer who accessed family services to obtain family violence support and guidance, including navigating legal assistance, accessing early years trauma supports, and emotional supports.

Megan's journey



6.6 Key stages of Megan's experience

Throughout the six-month delivery of family services, key stages were identified, along with associated consumer experiences. The table below outlines Megan's consumer journey, aligned with illustrative interview quotes relevant to each stage.

Stage 1. Accessing services (Weeks 1-3)

This stage is centred around when the consumer first identifies they need help or if they have been referred to family services for supports.

At this time, consumers may speak to friends and family who recommend calling The Orange Door (TOD), 1800 RESPECT, or the school/ members of the children's care team may make a referral to The Orange Door who will then refer the family to family services based on the specific needs identified.

*In some sites, particularly in rural areas, family services can be accessed through schools or outreach locations.

Consumer experience

Megan was finding it difficult to cope after she separated from her ex-husband. She turned to family and friends to talk about what was happening for her and how her ex-husband was emotionally abusing her.

It came to a point where Megan felt the help from her family and friends wasn't enough, so she contacted The Orange Door and had an in-depth conversation about her experience of family violence. After a few weeks, she was allocated to Uniting Family Services.

Consumer voice

"I wasn't sure what to expect to begin with. I guess with other services there is a specific purpose whereas uniting is much broader, so I wasn't sure what to expect to begin with."

"The Orange Door allowed me to see that I was being emotionally abused rather than being physically abused which to me didn't make sense because you can't see the damage that's behind emotional abuse."

"Friends and family are great but they're not professionals either so the judgment side was really kicking in ... it was like I don't know what to do next."

Stage 2. Initial assessment (Weeks 2-6)

After the referral from TOD each consumer is allocated a family services practitioner.

The initial assessment stage in family services is a foundational step where practitioners and families begin to build understanding, trust, and clarity about needs, risks, and goals.

The practitioner gathers information about the family through the referral from TOD, phone calls to the consumer and the initial home visit is also completed at this point.

Consumer experience

Megan's new practitioner, Helen, arranged a time to meet at Megan's home.

At the first home visit, Helen and her team leader were clear about what family services could offer, including referrals to services for Megan and her children and financial supports to cover play therapy for Marla, emotional supports for Megan and information on navigating legal processes around the family violence intervention order.

It was frustrating for Megan to retell her story, but Helen assured her it's important for all details to be gathered early on so the best supports could be put in place.

Over the next few visits, Megan discussed with Helen what goals she would like to achieve whilst Helen gathered more information about the family through visits, and they began to build a trusting relationship. Megan felt it was helpful to understand what the program is about and what they could do for her.

Consumer voice

"[Child] had a lot of trauma behaviours, contact breaches with his father ... so a lot of nightmares and night terrors from that. So the main goal was to try get support for him."

"I was really struggling financially as well because there was a lot of financial abuse that went on, so I was trying to find my feet with everything, and they were really good with exploring packages."

Planning (Weeks 6-8)

The planning stage is where the information gathered during the initial assessment stage is translated into an action plan which focuses on the families' strengths, their priorities and areas to address needs.

Consumer experience

Helen and Megan agreed on the best way to keep in touch (via SMS and phone calls) and they agreed to meet once a week in Megan's home. Helen visited Marla and Miley at school when they weren't home.

Helen formed a care team which included the children's paediatrician, Marla and Miley's teachers, as well as Miley's school counsellor. Helen discussed counselling options for Megan where Helen referred her to Uniting's counselling service. Helen also explored some child therapy options for Marla and Miley which Megan was feeling hopeful about.

Although Megan could see how these supports could be beneficial for her and her kids, she felt the process re-traumatising, and she felt like she was continuously completing forms and repeating her experiences for the referrals.

Consumer voice

"[Practitioner] was great, she was really flexible, she was happy to work around my work so we would alternate phone appointments with in-person appointments because when I first started, I was working 5 days [a week]."

"I had to go through another risk assessment like TRAM, and that was particularly hard because it brought it all up ... It was really hard because I had to talk about really hard stuff all over again ..."

"I feel like if anything major has happened then you need to provide those details but if everything's still the same you shouldn't have to repeat it all again."

Implementation and intervention (Months 2-5)

At this stage of the intervention the practitioner has a strong idea of the family's needs and has made a plan with key goals to achieve.

This is where the action plan is put into practice. This can look like safety planning, building skills, providing support, and connecting to services to improve overall well-being.

Consumer experience

The care team meetings took place fortnightly which helped everyone be informed about the children's progress in school and at home.

Helen made a referral for a play therapist for Marla, for behavioural supports for Miley and Uniting counselling for Megan. Megan felt hopeful and supported having Helen to talk to. Sometimes Megan would call Helen when she was having a bad day or if she needed help with navigating legal processes.

Megan was required to complete more in-depth risk assessment which was draining and retraumatising because some referrals were falling through or waiting lists were too long.

Consumer voice

"It was really good to have someone to vent to because she knew the whole story, and with court stuff happening and just having someone during that ... it was really nice to have someone to talk to."

"There's a plethora of information – and you can get bogged down in it so easily – so it's trying not to go into that hamster wheel and stay on it – what's my next step? And that was really helpful with [practitioner]."

"I'm just putting one foot in front of the other with [practitioner's] guidance."

Monitoring and review (Months 5-6)

At this point in the intervention, the practitioner and family work together to track progress, reflect on outcomes and adjust plans to ensure the intervention is meeting the family's needs.

Activities at this stage could look like having regular check-ins as part of the family's routine, multi-agency collaboration, adjusting goals based on what is being achieved, or on what has been learned, and planning for the next stage for the family to continue without the practitioner.

Consumer experience

Megan was feeling less hopeful when the referral for Marla was declined due to her age. Megan felt she was back where she started at times like this. However, it was beneficial that there were some supports in place for Miley's school, and Uniting had provided financial supports for private play therapy sessions which helped with Miley's emotional regulation.

Megan was also looking forward to getting her own counselling because it was a struggle trying to manage contact with the children's father, understand the legal process, and keep everything on track in the home simultaneously.

Helen's supports began to sink in for Megan where sometimes she would feel really proud of how far she had come and what she had done to keep her children safe, but she still felt a lot of trauma from her previous relationship.

Consumer voice

"I still don't have any help with [child], and he's been having behaviours for over a year, so that's still a massive challenge. We're not on a waitlist anymore because the places have failed."

"I was able to get a free holiday program and before and after school program which helped get my feet back on the ground."

"[Practitioner] really coached me into 'you can't change the past' and 'nothing that you have done is wrong' which was very much in my head – about what's right, what's wrong."

"I felt really sick and concerned ... I was worried for my safety because [children's father] was so angry and he's one of those people who's quiet and you don't know what he's going to do. So I expressed my concern there and they instructed they'd let him know I'd be the one to look after the kids."

Closure (final weeks)

When family services are approaching closure at around month 6, this could look like the practitioner providing supports to maintain their strengths and transition from the service.

Consumer experience

Although Megan was due to start counselling with Uniting a week after Helen had closed, Megan felt that not everything was achieved. Marla still needed a play therapist to process her experiences of witnessing family violence, and Megan still felt like the legal process was very challenging.

Although Megan felt she had built essential skills from engaging in family services, particularly building confidence in communicating her and her children's needs to their father, she wanted to re-engage with family services and retain Helen as her practitioner for further supports.

Consumer voice

"I would like another referral [be]cause it's not a lot. Since I'm going, and [my issues are] by no means resolved, so again having that friendly ear."

"I was bummed to see her go, it was nice to have someone to talk to."

"I still don't know how I did it, I still don't know how I do some things, but it's important and I need to put energy into it."

"I definitely wouldn't have been as confident in my conversations with [ex-partner] ever if I didn't have the supports from Uniting. And I wouldn't be able to sit in the headspace and be like 'right, what do I need to do now?'"

"[Practitioner] took things off my mental load and allowed me to focus on the kids."

7. Key themes

Throughout this research, there were key themes which arose for consumers who accessed family services for parenting support and family violence.

For consumers experiencing family violence, the key themes centred around insufficient time to meet consumer needs, difficulty of accessing services for early years children, and the emotional difficulty of completing multiple assessments.

In contrast, for consumers who accessed family services for general support (not experiencing family violence), the key themes centred around the six-month time frame being sufficient to meet needs and referral to services, such as NDIS, being relatively accessible with no significant emotional difficulty related to assessments identified.

Whilst there were differences in some areas for how the program is delivered based on need, a clear component that was essential for all consumers accessing family services was the practitioner's skillset and their ability to work collaboratively internally and externally to meet consumers' needs.

7.1 Practitioner skills

Throughout interviewing and analysis, it was clear that the most important factor in service delivery for all previous consumers was the practitioners' skills in listening, being open-minded and communicating in a style that was suitable for the whole family.

Some consumers discussed the importance of having an understanding and non-judgemental practitioner which enabled them to fully engage with the program:

“There was that really great level of, call it customer service, but it was about meeting expectations. Then there was her personality, she is lovely and showed genuine interest in us and what we were experiencing as well as just spending time with [child] ... Very conscientious type of approach to different people which is really important in this role.”

“There is an intrinsic wisdom in [practitioner] about how people work, and she has done an amazing job.”

Whether consumers accessed family services for parenting supports or for family violence-based needs, it was found that consumers benefitted from having someone to turn to and talk through presenting needs. Due to practitioners' listening skills, some consumers shared how having someone to turn to was the most beneficial factor to their positive journey through family services:

“The greatest thing we got was talking to someone who understands. I have friends but their kids are younger or much older. Some have neurodivergent child, but all of ours are neurodivergent which means this house gets a bit manic. Someone to bounce stuff off and talk about experiences or situations with [child] which cause frustration or anger and having someone to bounce that off was really good. You don't realise your lost. Parenting can be isolating now.”

“It was really good to have someone to vent to because she knew the whole story and with court stuff happening and just having someone during that. It was really nice to have someone to talk to during that.”

“[Practitioner] kept in close contact with me whenever I had an issue ... there was an issue with my ex, there was very threatening behaviour and things like that so I was able to message [practitioner] and say, ‘hey this has just happened’ and she would always support me through that.”

“[Practitioner] was really transparent with me about what to expect and having one foot in front of the other, and just breath.”

A consumer presenting with family violence needs who accessed family services on two separate occasions reflected on the importance of the practitioner's skill set along with setting clear expectations of program deliverables from the onset.

This consumer shared how ongoing communication was beneficial for transparency regarding supports being in place for her children to meet their expectations:

“I think there was a lot more follow through from the [second practitioner]. Whatever she said, she did, and she really went above and beyond for me, and I was probably with the service longer than I should have been, but that’s because she wanted to really complete the goals. The first time it wasn’t really done, it was just a lot of talk about what was going to be done and there wasn’t a lot of follow through and I didn’t find it that helpful to be honest.”

“There wasn’t a lot of contact the first time. There wasn’t a lot of phone calls and meetings were kind of far and few between. It just fell off the bandwagon, but this time she kept in close contact with me ... I’d probably hear from her once a week, sometimes twice but at least every fortnight.”

7.2 Length of support

For those who accessed services and were experiencing family violence, a common theme was that the six-month length of the program was insufficient to meet their needs.

One consumer shared how navigating the legal system is particularly difficult within the six-month time frame of family services, and at the end of support she continued to feel unclear and uncertain of the process. Feeling a lack of clarity and stress with this process enhanced the need for therapeutic and emotional supports.

At the end of interviewing with this consumer, she advised she felt it would be best for her and her family to re-refer through The Orange Door and seek further supports with family services:

“I don’t understand the legal side even now, and I have spoken with lawyers but it’s not black and white.”

One participant shared how she had accessed Uniting Family Services on two separate occasions and reflected on how the second experience enabled her to have a stronger understanding of the expectations of the program and what could be achieved:

“I suppose you still have that idea where this is the one stop shop that’ll fix everything, they’re going to take care of everything ... sort all of my finances and that sort of stuff and I think a lot of clients probably think that a bit like a magic wand to fix everything, but it’s not quite like that. They just give you some tools.”

“I had a bit more of an idea of what I wanted the second time and I knew that I specifically wanted supports for my children, like I could see there were behavioural issues coming up with them so I knew that I needed to get them into some counselling. I was very specific but then I kind of branched off and there w[ere] all sorts of other things going on and they happened to be engaged with me at the most perfect time ... but it was a rollercoaster with my ex coming in and out and that was before I had the intervention order.”

This differs for consumers who have accessed family services for parenting supports where it was found that the consumers were provided with sufficient tools, resources and referral pathways by closure.

A previous consumer who accessed family services for NDIS supports advised they felt they exited the program with a clear route to accessing NDIS along with effective behavioural management strategies to manage their child’s behaviour in the home and an enhanced understanding of neurodiversity:

“I think we’ve reached a point where we feel like we’ve gotten what we needed from the service and just that we were provided with the support we needed since we were waiting for NDIS and we have a meeting coming up with NDIS soon to set up a plan with services. [Practitioner] was a great support to get us to this stage.”

7.3 Accessing services for children in the early years who have experienced family violence

Whilst it is well known that there is national pressure on services providing family violence-based supports this research highlights the specific difficulty of accessing services for children in their early years (0-5) who have experienced trauma through family violence.

For children who have experienced and/or witnessed family violence in the formative years, it is common for sleep disturbances, behavioural issues, delayed development and attachment issues. As trauma in the early years can have detrimental impacts across the lifespan, it is vital for early intervention to ensure healthy development.

One consumer reflected on the impacts of family violence impacting her son's development, where she was feeling hopeful for family services supports to arrange referrals specific for her son's needs. However, whilst this consumer had a positive relationship and experience with her practitioner and accessing her own counselling supports; she felt the systemic challenges and lack of service provision for children under 5 was challenging to navigate:

"[My child] had a lot of trauma behaviours, contact breaches with his father ... so a lot of nightmares and night terrors from that. So the main goal was to try get support for him ... it caused a lot of stress when services were falling through."

"One service turned us down because of his age. Another service done intake and at the last possible second, they decided because there were a lot of FV going on they felt the risk to my safety was too great and I was furious. I still don't have any help with [early years child], and he's been having behaviours for over a year so that's still a massive challenge. We're not on a waitlist anymore because the places have failed ... it actually caused more harm than good."

When reflecting on the process of sourcing and being referred to potentially suitable services for her son, this consumer shared how 'draining' and 'frustrating' her experience had been due to lack of external service provision:

"I know [practitioner's] hands were tied a bit and I feel the program should go longer for 6 months. When things weren't going right for [my child], everywhere she went to, everything basically shut her down and she wanted to help but she just couldn't [get it]."

Whilst it was found that accessing services was significantly challenging for children in their early years, other previous consumers shared positive experiences of how their children in primary and high school were able to access appropriate support services.

One consumer shared how their children, who were at high school, accessed animal therapy which proved to be highly beneficial for their emotional and behavioural needs. Another consumer shared the benefits of having her primary school-aged child attend play therapy which was initially funded by family services.

This consumer shared how she gained a deeper understanding and visualisation of the attachment issues her child was presenting with from unpacking sessions with the play therapist and acknowledged the importance of early intervention for trauma to prevent later issues:

"I knew that I needed to get them into some counselling, or well now they're in animal therapy which they love ... I can't speak more highly of [practitioner]. She really improved my life and my children's lives."

"I think that getting the diagnosis and therapy for [child] will help him now rather than him having to source for help himself in the future is the most important."

7.4 Emotional difficulty in completing multiple assessments

Throughout this research, it has been identified that those who seek supports for family violence tend to experience some level of emotional difficulty or re-traumatisation from completing multiple assessments, particularly risk assessments throughout their support period.

This common finding was further emphasised during interviews with consumers who accessed family services for family violence supports where multiple assessments are required particularly when referring to external services.

One consumer shared the emotional challenges she experiences due to the systemic tedious nature of conducting multiple assessments as part of being referred for other supports:

“I had to go through another risk assessment and that was particularly hard because it brought it all up. I think we had to do it for the funding for the animal therapy and we already had done it, but they needed a new one in line with their policies, and I’d already done a recent one a few weeks before and they needed another one. It was really hard because I had to talk about really hard stuff all over again.”

This differs significantly for those who accessed family services for parenting supports where re-traumatisation or associated emotional fatigue in relation to referrals was not a common pain point identified by any of those consumers:

“I didn’t experience that (re-traumatisation or fatigue from retelling information for referrals). We had a really smooth process with [practitioner] and the service. I feel fairly consistent, and everything is travelling up at this stage.”

7.5 Internal and external collaboration

A key theme which arose for both those who accessed family services for parenting supports and family violence-based needs was the arrangement of care team meetings. The consumers reflected on the benefits of having all professionals communicating effectively and being aware of the needs of a family as a whole reduced pressure for the consumer as it elevated the need to repeat events to multiple professionals:

“Going through that ADHD stuff, even for an adult it’s a lot let alone a child. There was just so many different arms, but [the practitioner] was very much like ‘I’ll make the phone call’ or ‘I’ve been in touch with this professional and this has happened, he got [my child] a laptop and so many things he done just smoothed it.”

“It was just knowing I didn’t have to do it by myself and if I needed a referral to another service, you know she was there to do that. She basically did everything.”

In addition, one consumer reflected on the importance of having family violence specific case management along with family services supports which allowed for her to reach optimal outcomes:

“[Uniting family violence practitioner] was amazing because it was all about my safety and security and you know getting cameras installed, I had the ring doorbell, screen doors put on, locks, everything. So that would have been thousands of dollars, and they funded all of that and I definitely needed it because he was rocking up to my house, breaking in, stealing things ... [family services practitioner] was always safety planning with me. Any time there was an incident we’d go through the safety plan, and she reiterated to call the police. And that was really a constant theme.”

8. Recommendations

8.1 Support pathways for consumers experiencing family violence

Uniting Family Services play a pivotal role in supporting families facing a diverse range of needs. Through conducting and analysing the interviews, it became apparent that the six-month time frame seemed optimal for families who were seeking general parenting support.

In contrast, it was evident that those with family violence needs tended to seek further supports and wished to be re-referred for ongoing supports. It was found that the six-month time frame was insufficient to address the complex factors pertaining to family violence, with ongoing legal issues and accessing early years services being most difficult.

It is essential to consider the upcoming family services reform, and how the simplified, more flexible service streams can better support families with complex needs. This research demonstrates that families experiencing family violence often require longer-term or more intensive support.

Service planning for these families may be strengthened through the proposed expansion of the Restoring Families stream to provide earlier access to wrap-around and therapeutic supports for families with significant and enduring needs. In addition, enabling the Strengthening Families stream to offer 'stepped-up', more intensive supports for eligible families would further enable Uniting to plan for and deliver the right supports at the right time, in response to families' changing needs.

Recommendation 1

Uniting should implement a flexible service model (aligned with the Family Services reform) that enables the intensity and duration of support for families experiencing family violence to increase or decrease over time, ensuring access to earlier, longer-term, or more intensive wrap-around and therapeutic supports as needs change.

8.2 Support needs for children aged 0–5 who have experienced family violence

This research identified a service gap for children in the early years (0–5) who have experienced trauma related to family violence, with barriers including long waiting lists and limited access to specialist early years trauma services. Within family services, practitioners often need to prioritise establishing safety and stability with the primary carer initially, which can delay early intervention supports for young children during the early stages of service delivery.

Given the systemic gaps in early years support services, it is also recommended for the Uniting Family Services Governance Group explore partnerships with service providers specialising in early years trauma programs to ensure early years children get the most appropriate supports at the right time to minimise adverse impacts on development.

In response to this identified gap, it is recommended that the Uniting Family Services Governance Group explore innovative service and funding solutions, including partnerships with providers specialising in early years trauma interventions, to improve timely access to developmentally appropriate supports and reduce the risk of adverse developmental outcomes.

Recommendation 2

Uniting should explore and advocate for innovative service and funding solutions to address the identified service gap for children aged 0–5 impacted by family violence, ensuring timely access to developmentally appropriate early intervention supports that mitigate the impacts of trauma.

8.3 Practitioner communication and non-judgemental approach

Assigning skilled practitioners to families and maintaining effective communication throughout the program is essential. Consumers consistently highlighted that having a non-judgemental, proactive practitioner who listens was a key factor in their positive experience. Given that this was something that all consumers interviewed highlighted, it is crucial for Uniting to continue recruit practitioners with strong listening and communication skills.

Clear explanation of the service, including program expectations and limitations from the outset, was also identified as being important to consumers, whether they were referred for family violence or other needs.

Explaining the process during the initial weeks helps families understand the direction of supports and the outcomes they can expect by closure. This clarity is especially important for families experiencing family violence, where systemic and time constraints can affect how supports are delivered.

Recommendation 3

Uniting should continue to prioritise excellent listening and communication skills among practitioners, making these core criteria in recruitment, while ensuring program expectations and limitations are clearly explained from the outset to support transparency, trust, and positive consumer experiences.

9. Conclusion

This research maps the journey of consumers accessing Uniting Family Services, highlighting key elements which significantly shaped their experience. Given the high proportion of families interviewed that presented with family violence-related needs, it is essential to consider how both practice and program design must adapt for these families, whose needs differ from those seeking parenting support – the primary focus of the current program.

The findings will be presented to the Family Services Governance Group, who will consider the recommendations for continuous improvement. This report can also serve as an important resource as the Family Services Governance Group prepares to align services with the upcoming the family services reform.

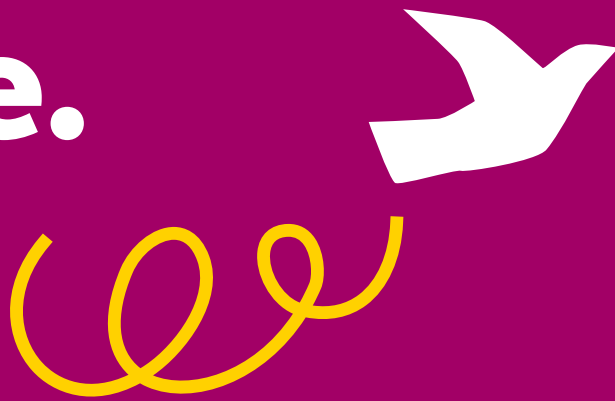
The insights provided here demonstrate the potential value of the flexible service model when supporting families with complex needs associated with family violence, whilst also highlighting the core elements of practice which should be maintained. The importance of skilled practitioners who demonstrate excellent listening and communication during service delivery has

also been highlighted as a key element for families who have accessed Uniting's family services.

Overall, this research provides Uniting with a clearer internal understanding of the consumer experience when accessing family services and supports informed preparation for the upcoming reform.

Building on the strengths already evident in practice, these findings offer Uniting an opportunity to further enhance service delivery, reinforce safety, and continue ensuring that every family receives the tailored support they need to thrive.

Uniting for an inclusive, connected and just future.



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We work in solidarity with Aboriginal and Torres Strait Islander people as Australia's First Peoples and as the traditional owners and custodians of this land.

We celebrate diversity and value the lived experience of people of every faith, ethnicity, age, disability, neurodivergence, culture, language, gender identity, sex, and sexual orientation.

We welcome lesbian, gay, bisexual, transgender, gender diverse and non-binary, intersex, and queer (LGBTIQA+) people at our services. We pledge to provide inclusive and non-discriminatory services.

The work we do is all about giving people the support they need to live happy and meaningful lives. We are committed to being people-focused and rights-based.

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