



Keeping families together: Evidence and outcomes from the Family Preservation and Reunification Program.

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Uniting

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 consumer partnerships and lived experience evaluation

Consumer partnership at Uniting is founded on the principle that people with lived experience of our services – whether as users or carers – bring unique voice, power and action to how we design, deliver and evaluate our supports. Consumer Partners are people who have engaged with Uniting services in the past or currently engage with a service, and now share their expertise and lived experience to advocate for change.

These partners engage in a wide range of activities including leading working groups, co-developing programs, participating on interview panels, shaping and co-facilitating training, contributing to policy and communications, and providing leadership in governance, steering or advisory groups that guide the organisation.

Individuals share their experience and knowledge to contribute to social change and better outcomes. Partners build skills through training and participation, report a growing sense of purpose, confidence and social connection, and receive reimbursement for their preparation, time, and lived expertise.

By embedding lived experience in evaluation and service development, we aim to share power, moving from doing ‘to’ people, to doing ‘with’ people, strengthening the relevance, accessibility and responsiveness of our services.

We extend our sincere thanks to the four consumer partners who generously contributed their time, insights and lived-experience perspectives to this evaluation. Your commitment to sharing your voice and partnering in this way has enriched this work and has supported change for current and future service users.

About the Family Preservation and Reunification Response Program

The Family Preservation and Reunification (FPR) program forms part of the Victorian Government’s ‘Roadmap for Reform: Strong Families, Safe Children’ initiative. It is an evidence-based, intensive in-home support service designed to keep families safely together and promote the wellbeing of children.

Uniting delivers the FPR Program from 10 sites across Victoria, the program works with families facing complex challenges such as family violence, homelessness, substance misuse, trauma and mental health. The FPR Program is grounded in evidence-based principles that focus on building positive relationships between consumers and practitioners, using a strengths-based approach and harnessing intrinsic motivation.

We are grateful to the FPR practitioners and team leader whose professional insights shaped the analysis and strengthened the quality of the findings. Your time, knowledge and commitment to genuine partnership and the development of shared learning and understanding within the project has meant that recommendations and improvement actions are usable, accessible and realistic.

We also thank the families who completed the survey and shared their experiences to inform this evaluation. Their openness and reflections have been central to understanding the program’s impact.



Foreword

Consumer partner perspective

This evaluation was completed in partnership with Consumer Partners, who have a lived experience of accessing Family Services at Uniting. The centering of lived experience voices and perspective was a fundamental tenet of this evaluation and largely shaped the findings and recommendations that arose from the analysis.

Three of the four consumer partners who participated in the evaluation project have shared their reflections on this experience below.

“The opportunity to partner with staff and other consumer partners for this project was quite profound. I feel I have accessed many services and spoken to many a caseworker yet have never been truly heard, understood or been provided with the right support to assist mine and my children’s unique needs.

“This research project used a participatory approach which had consumers, such as myself, sitting amongst others who also have similar lived experience the safe space that created, meant trust and connection were quickly established. When the data was presented to us, we felt comfortable to talk openly about how it made us feel, how we were interpreting it, and our reasonings behind our thoughts.

“Reading the data and the written notes pulled on my heart strings. I felt the consumers responses deeply – and I sat there thankful for the opportunity which has enabled me to turn a traumatic experience into a meaningful one that can assist others. It has led me to this opportunity to be the voice of change – to speak to the responses – I was in a safe space, amongst other lived experience experts, giving authentic insight into the data. Our views were being heard and incorporated into service delivery and change.

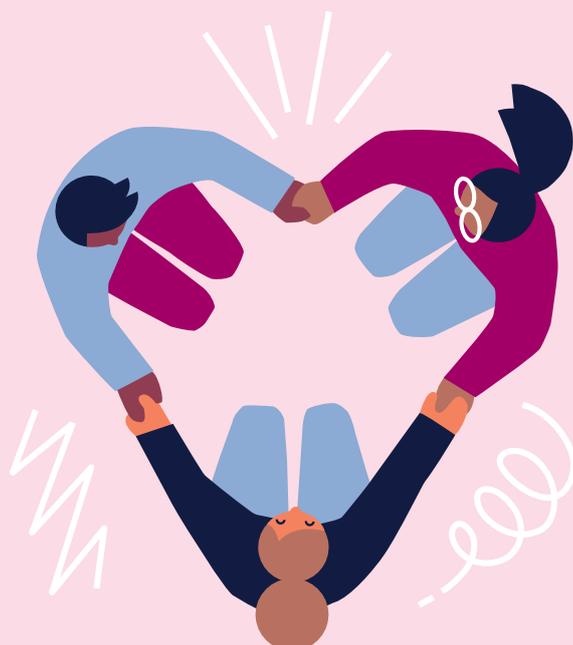
“The things that have stayed with me most from this project are:

- The need to be heard and listened to with non-judgemental ears
- The need to be accepted and supported in a way that suits each individual
- Having a case worker that has a bank of knowledge far beyond the organisation they are working for that can build rapport with their client, their family and cater the support and care plan to the families’ unique needs.

“I feel Uniting is taking a step in the right direction by genuinely listening to and working with consumers to improve their services. I feel a next step would be investing in educating their practitioners on what is on offer for eligible individuals across different organisations and support services. This would relieve pressure for limited funding, limited time and provide families with an incredible bank of support to fully set themselves up at the most critical time for them.

“I thank Uniting for this opportunity- throughout the project I always felt validated, listened to, empowered and supported. It was an honour to use my lived experience in a positive and productive way to help improve the services I once received. It has dignified my lived experience in a way that removes the shame. Thank you.”

**- Claire Gaynor,
Consumer Partner**



“This felt like one of the greatest opportunities for me. I really felt valued and knowledgeable through my lived experience, which enabled me to be a part of this work. After doing this project, I believe this is really important for consumers and practitioners to be a part of, as the FPR Program is such a great program and can really benefit and support one’s family if the right practitioner and service is in place.

“One of the things that stood out to me and resonated with me was the importance of a good relationship and fit between the practitioner and the parent. I think it’s important that consumers have access to ways to raise any concerns they have about their worker if they feel uncomfortable. This could look like giving the team leader’s phone number to every consumer so there is always another point of contact.

“Throughout this project, I felt safe, comfortable and welcomed each meeting, and to see the results at the end of all our knowledge and advice that we put into this is great. There was no judgement and so much passion in that room. I found the project and the data analysis so interesting and intriguing, my experience was seeing the data and feeling like “ok, where, why, how can we fix this?”

“I would love to do more data workshops as I have built passion for this.”

– **Jessica Pirrone,**
Consumer Partner

“My engagement in this project was and has been very insightful and really opened my eyes to trusting and believing that Uniting really cares about its consumers and how powerful and meaningful it is to have lived experience / previous service using consumers involved in evaluation.

“For the first time we as consumer partners could see our voices were a vital part of the process. This time we weren’t just giving feedback, we were partners in the evaluation.

“Being involved required significant personal commitment. For example revisiting experiences to inform the research, which carries an emotional weight. However, seeing those individual narratives collectively validated and translated into clear findings provided a sense of relief and empowerment.

“I now find myself committing to completing surveys I am sent from places like my daughter’s school, whereas before this workshop, I had no idea how much data/surveys/data-evaluation meant to services such as the FPR Program.

“Also, sometimes people assume consumers are fragile or can’t handle difficult stories, but actually, we can sit with tough material, it’s part of our reality. What mattered was being trusted to do it and having the staff treat it with respect.

“Ultimately, this experience has completely changed my own perspective. I now have a much deeper understanding of how services can be improved from the inside, and I am so proud to have been a part of a project that values consumer voices as a key resource.

“The resilience, drive and passion from everyone involved was a big highlight to witness. It’s an incredible feeling to know that our feedback doesn’t just sit on a shelf.”

– **Lahrissa Sanderson,**
Consumer Partner



Executive summary

Purpose and context

Uniting's Family Preservation and Reunification (FPR) Program provides intensive, evidence-informed support for families to:

- Prevent the removal of children from their families and/or
- Facilitate their safe return home after being placed in out of home care.

This evaluation sought to understand the impact and enabling mechanisms of the FPR Program on families' outcomes, as well as persistent barriers to outcome achievement.

Uniting's Family Services Governance Group commissioned and approved this evaluation, and their Evaluation team facilitated the evaluation in partnership with frontline FPR staff and consumer partners with lived experience of accessing Uniting's family services.

Evaluation design and method

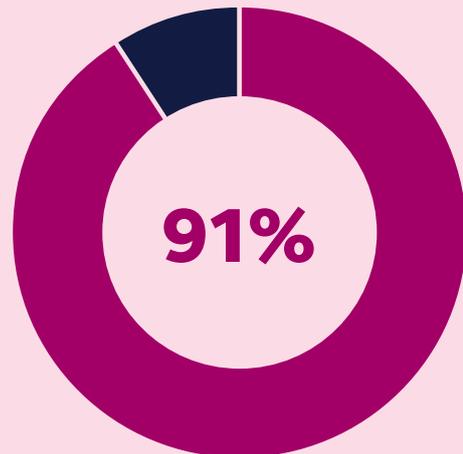
The evaluation employed a mixed-methods, participatory design to analyse data collected from a Community Services Outcomes Tree (CSOT) survey. The survey was completed by 124 families who exited the FPR Program between May 2023 and December 2024.

To ensure findings were grounded in lived experience and service expertise, quantitative and qualitative data were analysed in a series of workshops made up of consumer partners, practitioners and evaluators.

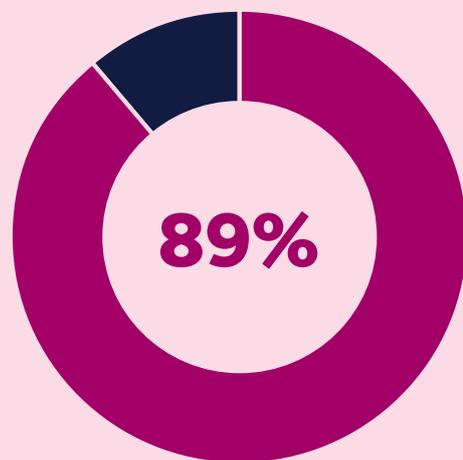
Key findings

Impact

Strong outcomes were observed across all key domains:



91% of consumers reporting improved confidence as a parent



89% reporting improved parenting skills, and access to services

Consumers also reported that their self-confidence and self-efficacy improved in meaningful and significant ways as a result of support received.

Many consumers credited the program with the actual preservation or reunification of their children within their family unit, suggesting these outcomes may not have occurred without support from the program.

Mechanisms

Consumer-practitioner relationships were the central mechanism of change:

- Families consistently described the profundity of being treated with respect, compassion and understanding by their practitioners
- Consumers shared that when practitioners championed and advocated for them, sought their perspectives, and honoured their expertise, they in turn sought to see the good and the strengths in them and believed in them.

This fostered trust and grew consumers' confidence and motivation for change.

Barriers

Barriers included housing instability, mental health challenges and social isolation. This echoes national evidence on social determinants of child wellbeing.

On average, families face 5 significant barriers during their service delivery, including personal issues such as mental health and insufficient family/ community support.

Program strengths

Consumers gave the highest appraisals to how the service was delivered, highlighting practitioner practice excellence and the elements of evidence-based service delivery (e.g. strengths-based practice).

They also valued the program's holistic, flexible model, which met families where they were, and supported both emotional and practical needs.

Improvement opportunities

Areas for improvement included:

- Extending the length of service on a case-by-case basis, and increasing post-care support to sustain changes for families.
- Ensuring rapport and fit between the practitioner and the consumer is positive.
- Consumers choose to engage with the service voluntarily.
- Increased consumer connection to kin and community supports.

Learnings and recommendations

This evaluation's findings reinforce that outcomes are strongest when the FPR model is delivered in line with its evidence-based practice elements. This includes:

- Building and maintaining therapeutic alliances and engagement
- Preparing families for change using motivational interviewing strategies
- Empowering families throughout service delivery
- Working towards family-led goals
- Providing practical and structural assistance when needed.

Recommendations include:

- Enhance practitioner training and support
- Strengthen community and family support networks for consumers
- Ensure stronger linkage with specialist services such as housing and mental health support
- Continue to invest in participatory evaluation and consumer partnerships to sustain a culture of reflection and continuous improvement

Conclusion

The FPR Program is delivering exceptional and "life changing" results for many families who receive the service.

While opportunities to expand outcomes measurement and implement improvement recommendations for some families remain, when delivered as designed and in-line with evidence-based practice, the FPR Program achieves outstanding positive outcomes and makes meaningful impact in the lives of consumers accessing the service.

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Introduction

The Family Preservation and Reunification (FPR) program forms part of the Victorian Government's 'Roadmap for Reform: Strong Families, Safe Children' initiative. It is an evidence-based, intensive in-home support service designed to keep families safely together and promote the wellbeing of children.

Uniting delivers the FPR Program from 10 sites across Victoria. The program works with families facing complex challenges such as family violence, homelessness, substance misuse, trauma and mental health. The FPR Program is grounded in evidence-based principles that focus on building positive relationships between consumers and practitioners, using a strengths-based approach and harnessing intrinsic motivation.

This report presents findings from the Community Services Outcomes Tree (CSOT) survey evaluation, which aimed to understand families' experiences of the FPR Response, and the outcomes they achieved. Between May 2023 and December 2024, 124 parents completed the survey at program closure, representing 33% of all service exits during that period. The survey captured both quantitative and qualitative data, exploring what changed for families, what helped or hindered progress, and what could be improved.

The evaluation employed a participatory, mixed-methods approach, engaging consumer partners with lived experience alongside FPR practitioners and team leaders in the analysis process. This collaborative method ensured that findings were interpreted through both professional and lived-experience lenses, enhancing relevance and authenticity.

Quantitative results were analysed to identify outcome trends, while thematic analysis of qualitative feedback provided deeper insight into the mechanisms behind those outcomes.

This report summarises the key findings and implications of the evaluation. It begins by outlining the evaluation design and the methods used, then summarises the main outcomes achieved, the enabling factors identified by families, and the barriers that impeded progress. The report concludes by summarising key learnings and recommendations for continuous improvement, grounded in both consumer experience and professional practice insight.



Program summary

The FPR Program is an evidence-based, intensive, in-home parenting support program.

The FPR Program's referral pathway is through the Department of Families, Fairness and Housing's Child Protection service, and is reserved for families who are at imminent risk of children (prebirth to 18-years-old) being removed from their carer/parents as well as providing support to children who have been reunified and are returning to their parent/carer's care.

The FPR Program is predicated on evidence-based common practice elements that focus on the development of a trusting, genuine and professional relationship between parents and their practitioner, working in partnership with parents and empowering parents' strengths and resilience, harnessing parents' internal (intrinsic) motivation and providing non-judgemental and trauma informed support.

Further, the FPR Program includes a number of structured and wrap-around supports including regular Care Team Meetings with Child Protection, the development of a Child and Family Action Plan based focused on the parent or family's self-identified goals, system and service access support and flexible support funding.

Families accessing the FPR Program often present with multiple, intersecting risk factors, such as parenting difficulties, mental health and trauma challenges, alcohol and other drug use, family violence, children's behavioural concerns, disability (parent or child), homelessness and social isolation.

Family Preservation and Reunification practitioners deliver up to 240 hours of support over approximately 4–6 months, engaging face-to-face with families an average of two times per week, and having on average 3+ contacts with families per week. The program's in-home delivery model enables practitioners to work intensively and flexibly with families in a comfortable and familiar environment, building trust, reducing barriers to entry and accessibilities for consumers, and tailoring support to real-life circumstances. It is intended that the program reduces a family's risk profile and need for ongoing statutory services in the short and long term.

The FPR Program is built on a robust evidence base, combining established behaviour-change theories. In particular, it draws on the Transtheoretical Model of Change (Stages of Change) and Motivational Interviewing as foundational frameworks.

Grounded in these models, the FPR Program emphasises evidence-based common elements such as forming a trusting, non-judgmental practitioner–parent partnership, empowering family strengths, and harnessing parents' intrinsic motivation to change.

This approach aligns with research showing that meaningful family engagement is linked to better outcomes (e.g. fewer out-of-home placements and lower risk of recurrence), and that motivational interviewing can effectively engage consumers by resolving their ambivalence toward change (Hall, M., 2019).

Accordingly, the FPR practice model focuses on actively building and maintaining engagement with families and preparing for change, as core practice elements, with several additional 'intervention practice elements' that describe specific ways to work with and build skills and knowledge within complex families. The framework for the FPR Practice Elements is displayed in full detail in Appendix 2.



Evaluation objectives including scope

The purpose of this evaluation is to analyse and understand the perspectives and experiences shared by 124 consumers who had previously received the FPR service and subsequently completed a CSOT survey.

There were several key evaluation questions the project aimed to answer, which were:

What outcomes did families experience through participation in the Family Preservation and Reunification Program, and to what extent did the program achieve its intended objectives?

What program enablers and practice elements most contributed to positive outcomes for families?

What barriers and contextual factors limited families' ability to achieve or sustain positive change?

What opportunities exist to strengthen program implementation, outcomes measurement, and continuous improvement?

The survey is sent to consumers at closure and asks:

- Quantitative questions about improvement for consumers on a range of outcomes
- Qualitative questions relating to the program's impact, barriers faced by consumers and opportunities for program improvement.

This evaluation:

- Highlighted common elements of effective and successful practice and service delivery
- Identified challenges consumers continue to face despite the program's support
- Brought greater understanding about opportunities for program improvement.

The evaluation was conducted as a participatory research project, where 4 former or current of Uniting Family Services consumers engaged in the data analysis from the start of the project, ensuring lived experience was contextualised, providing a depth of understanding of the qualitative data.

Two practitioners and one team leader currently working in the FPR Program were equally engaged as partners in the evaluation and analysis of the data. This was a fundamental perspective to include, and ensured all program improvement suggestions were realistic and implementable 'on the ground'.

It was intended that the participatory nature of the evaluation would strengthen the findings and recommendations from the data and equally build capacity and capability within the project group.

Scope and timeframe

- The CSOT survey data was collected from May 2023 – December 2024
- Data analysis workshops were held between February 2025 and September 2025



Methodology

Evaluation design and participatory data analysis approach

The evaluation employed a mixed-methods, participatory, utilisation-focused design. The mixed methods ensured both quantitative and qualitative data from the CSOT survey were analysed and interpreted together to strengthen the findings.

Quantitative and qualitative data were triangulated through an iterative process, where descriptive statistics were reviewed alongside emerging qualitative themes to deepen interpretation and ensure that numerical trends were contextualised by lived experience insights.

The evaluation was underpinned by realist, transformative, and grounded theory perspectives, which shaped both its methodological design and its interpretive lens.

Theoretical framework

The evaluation adopted a participatory, utilisation-focused approach to ensure consumer and program representative voices brought both credibility and lived experience to the interpretation, analysis and use of data and findings (Patton, 2008; Bamberger et al., 2012; Williams, 2020).

The evaluation used a grounded theory method to inductively derive themes from the data (Jacobson, 2009). Applying a grounded theory lens helped bridge lived experience and service delivery perspectives, allowing the group to collaboratively make sense of the data and construct findings grounded in real-world experience, and relevant to program improvement.

Participants and sampling

The intended sample for the survey were families who had received a service intervention Uniting's FPR Program.

Between May 2023 and December 2024, 124 survey responses were received. During the same period, 370 families exited the FPR Program, yielding a survey completion rate of 33%. Furthermore, survey responses varied notably across regions.

While the sample is not random, and therefore not statistically generalisable, it provides broad coverage across participating regions and a sufficiently diverse set of family experiences to support credible, exploratory insights. The findings should be interpreted as indicative of themes and patterns rather than as population estimates.

Data collection procedure

Practitioners distributed the survey via SMS or email. Participation was voluntary and anonymous, with families offered a \$20 reimbursement on a good faith basis (i.e., self-report of completion was accepted). There was no follow-up mechanism to confirm individual responses, consistent with the survey's anonymous nature.

Ethical considerations

The survey was anonymous and all identifying details from the survey were removed prior to analysis. Ethics approval for the data collection and this project was provided by Swinburne University's Centre for Social Impact. Consumer partners involved in the data analysis and project were reimbursed for their time in-line with Uniting's Consumer Partnerships Reimbursement Guide.

Outcome measures and instrument

The CSOT tool is a quantitative and qualitative outcomes survey based on the original CSOT design by Swinburne University's Centre for Social Impact (Wilson, et al., 2025). The draft tool was piloted in 2 practitioner focus groups within the FPR response to ensure relevance and accessibility. Feedback from these sessions informed final adjustments before the survey was launched in May 2023.

The CSOT Survey combined quantitative and qualitative items to capture consumer perspectives on the FPR Program.

Quantitative items assessed overall program impact, changes across 7 outcome domains:

- Parenting confidence
- Access to services
- Family relationships
- Experiences of practitioner respect and partnership.

Qualitative items invited families to describe:

- Key changes as a result of the program
- What was most helpful for families
- Barriers faced
- Suggestions for program improvement.

The full survey instrument, including all items and response scales, is provided in [Appendix 2](#).

Limitations

While the participatory, mixed-methods design strengthened interpretive validity, several limitations were noted. These were:

Representation:

Responses represented only approximately 33% of the consumers who participated in the FPR Program. This was of particular concern to consumer partners in the project team, who questioned whether the experiences of the 67% of consumers whose voices were not captured differed meaningfully from the respondent cohort. It was also noted that there was regional variability across the responses.

Practitioner discretion:

As survey distribution relied on practitioner judgment, there was no systematic method for tracking how many eligible families were not offered the survey. This raises the possibility of unconscious or conscious bias influencing distribution.

Participatory data analysis

- The participatory data analysis process was conducted over 6 structured workshops, held primarily in-person to support collaboration and trust-building.
- Printed copies of all qualitative responses were provided to every participant to enable reflection between sessions and deepen engagement with the data. When developing program improvement suggestions, the group used a Stop/Start/Continue framework.
- Professors from Swinburne University's Centre for Social Impact attended the first workshop to provide high-level guidance and support at the project's initial stage.
- Each session followed a clear agenda, with roles and expectations outlined at the outset, with all participants being regarded as having equal power and influence, and no single voice holding executive authority in decision-making.
- Workshops combined thematic analysis, data literacy training, and presentations of quantitative results, allowing participants to explore both numerical trends and qualitative narratives in tandem.

Results and analysis

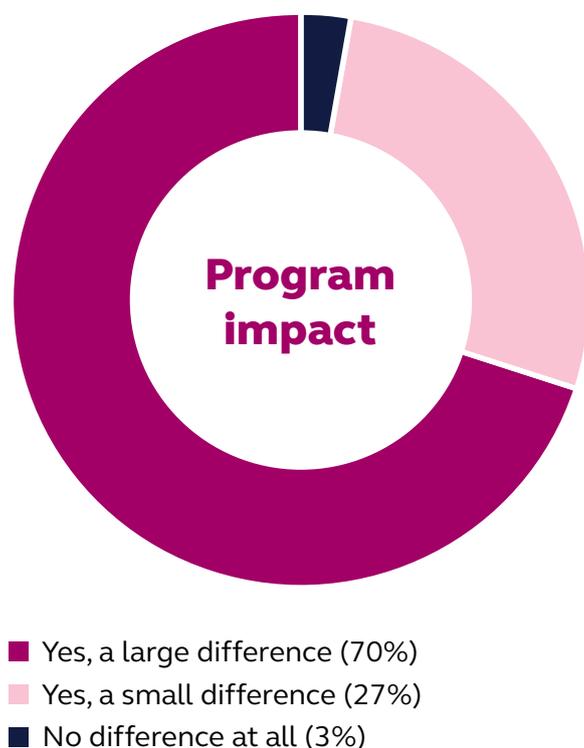
The evaluation examined 124 survey responses, analysing both quantitative and qualitative results. From these responses, we identified several common themes and elements that reveal critical elements that predict and support positive outcomes for consumers of the FPR response.

Quantitative results

Overall program impact

Of 124 survey respondents, 122 (97%) of consumers reported that the program made a positive difference in their life. Seven out of ten respondents (70%) said the program *made a large difference*.

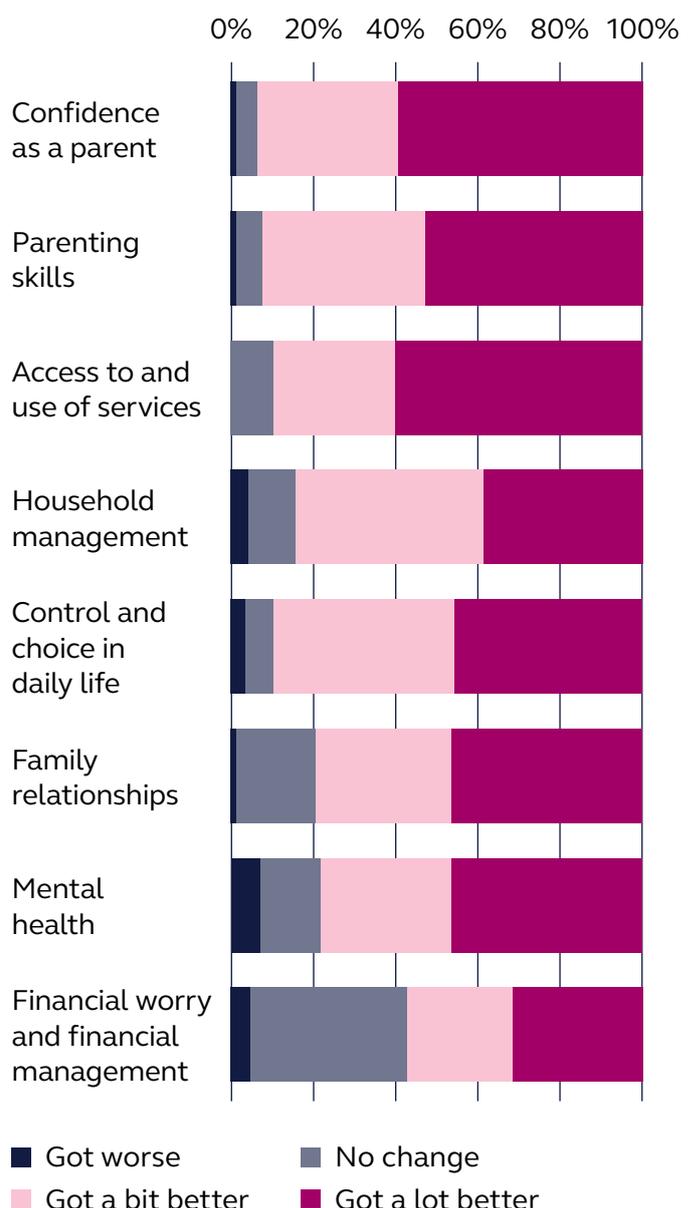
Figure 1: “Did the program make a difference to these areas of your life (outcomes) overall?”



Key outcomes overview

Consumers reported high levels of positive changes and improvements in all key outcomes measured.

Figure 2: Key outcomes



Across domains, reported improvements ranged from 49% to 91%. The strongest outcomes were:

91% Confidence as a parent

89% Parenting skills

89% Access to services

These results align closely with the primary objectives of the FPR Program, where strengthening parenting capacity and improving access to support services are central. The qualitative data equally demonstrate that high numbers of parents completing the survey experience significant and large shifts in their parental confidence and parenting skills, overall empowerment and their ability to access and navigate services.

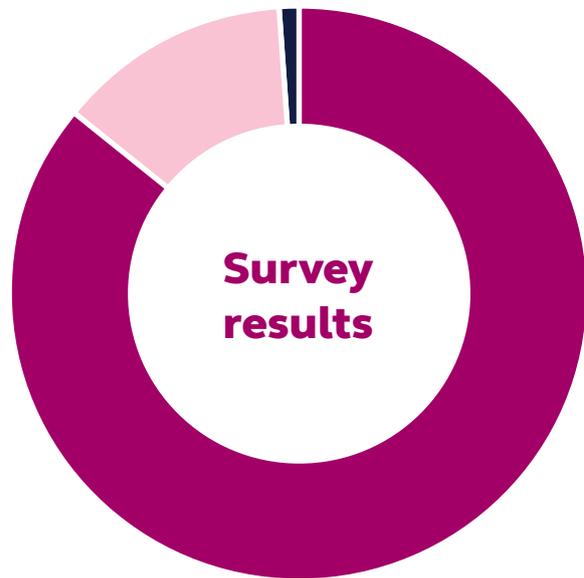
It is important to note that not all outcome areas were relevant to every consumer. Proportions selecting “not relevant to me” ranged from 2% for household management to 12% for mental health and 15% for financial management. This suggests that while most families engaged with all outcome domains, differing numbers of families did not see them as applicable to their circumstances.

Family relationships showed a more moderate level of improvement compared to other key intended outcomes, with 75% of consumers reporting positive change. It is possible this lower improvement rate pertains to family violence dynamics, with several consumers sharing that “family violence” or “controlling partners” represented significant barriers to achieving goals and making improvements. Violent or coercive and controlling dynamics within families can be very difficult to shift without long-term, specialist support (Beckwith et al., 2023).

Lower improvements were observed in mental health (69%) and financial management (49%). While these areas are not primary program goals, it is notable that most consumers chose to rate these items rather than select “not relevant”. This underscores that mental health and financial stress remain critical contextual factors shaping family wellbeing, even if they sit beyond the immediate remit of the program.

Practitioner rapport and working relationships

Consumers completing the survey were asked to rate their practitioner across three domains: respect, listening, and partnership. Results were overwhelmingly positive:



- 86% of consumers reported they always felt respected, listened to, and worked with in equal partnership
- 13% of consumers stated they sometimes experienced these positive elements in their relationship with their practitioner
- 1% of consumers indicated they never experienced respect, partnership or trust.

Impacts and enabling factors

Consumers responding to the survey overwhelmingly stated that the biggest impact or change that occurred as a result of the program, and the most significant facilitating factor the program provided, was therapeutic, respectful, empowering support provided by an FPR Practitioner.

Impacts

Consumers completing the survey were asked to reflect on their experience in the FPR Program and describe, in their own words, the 'biggest change' they experienced as a result of the program, and what the 'main thing Uniting did to help' was.

The largest number of responses to this question described the 'biggest change' as receiving 'respectful, empowering, therapeutic and reliable support'. We treated these responses as more appropriately belonging to 'enabling factors' rather than outcomes or changes and discuss these in more detail in the next section.

Biggest changes reported by consumers

Consumer responses were categorised into the following thematic groups. Most responses alluded to more than one 'biggest change':

- Confidence and self-efficacy
- Family preservation/reunification, stability and safety
- Bonds and relationships within the family
- Parenting skills and strategies
- System navigation and service access
- Routines and home environment and organisation
- Mental health and emotional regulation
- Negative change.

Confidence and self-efficacy

Many respondents indicated that the biggest change they experienced were increases in their confidence and self-efficacy. Consumer partners affirmed that in their experience, self-confidence and confidence as a parent were critical elements in achieving all other positive changes and outcomes.

"Having the confidence in myself to do well as a person and as a parent."

"Being able to trust myself easier"

"The confidence to do the things I wanted to do but was concerned that I didn't have what it took to achieve those things"

"Being able to make my own decisions and be comfortable in actioning them"

Family preservation and reunification

Many respondents identified their greatest change as achieving family preservation, reunification, stability, and safety. These reflections show that for many families, the program facilitated either the actual preservation or reunification of their family unit. Parents credited the program with providing the tools, skills, and opportunities to establish or rebuild safety, stability and a sense of family belonging.

"My son and I start[ed] our life together just the two of us."

"Having my daughter back in my care."

"Becoming a mum again."

"Being able to escape domestic violence."

"Being able to provide a safe and stable environment for myself and my children."

"Having the opportunity with the support of my worker to prove my ability to parent."

Bonds and relationships within the family

A similar theme was noted by many consumers where stronger familial relationship, bonds and communication emerged with support from the program.

Throughout the following quotes there was a strong sense that many families felt more optimistic and hopeful about their future as a family, that family members felt in closer relationship with one another, that being together was enjoyable, and that communication between partners and parents and children – even “*children listening better*” – had improved.

“Listening more to the children.”

“Connecting with my kids.”

“Talking with partner and children is a lot better.”

“Relationship with my wife got better.”

“More positive time with my daughter.”

“Helped our family communicate with each other.”

Several responses suggested that the biggest changes for families reflected improved parenting skills and strategies, gaining confidence in navigating systems and accessing services, establishing routines and more organised home environments, and experiencing improved mental health and emotional regulation.

Families shared changes in their lives including:

“My mental health has improved by supporting me to engage in other mental health services.”

“The knowledge and persistence in aiding me to get my child on NDIS. I knew something wasn’t right, but didn’t know to get assistance. I was guided to services that were able to identify what was going on and this has made a huge difference.”

“Finally, being able to get doctors assessments done and paid for my son and just help and improve his quality of life, our quality of life together.”

“The last year has been a challenging time for myself and my children. When FPRR first got involved I had no confidence in myself as a mother. I now have more faith in myself that I am a good mother and that I have more capabilities than I realise. I have been able to keep more of a routine in the home and start to rebuild my family.”

“It has helped so much with our family just simple as the kids have morning charts and night charts.”

A small group of consumers reported negative or unsatisfactory levels of changes in their lives as a result of the program. These responses and their driving factors have been discussed in detail later in this report.



Enabling factors

Consumers were asked to reflect and respond to the question: ‘What was the main thing Uniting did that helped?’ Consumer responses were categorised into the following thematic groups:

- Respectful, empowering, therapeutic and reliable support
- Practical help and wrap around support
- Parenting skills
- Building confidence and self-belief
- Goal setting, motivation and planning
- Negative or neutral experience.

Respectful, empowering, therapeutic and reliable support

According to most respondents the most impactful thing the program did to support them to achieve changes and outcomes was to provide respectful, empowering, therapeutic and reliable support. This theme was also seen in response to other questions, such as ‘Is there anything else you would like to tell us?’.

It was clear that for many consumers, experiencing the FPR Program’s relational, strengths-based, compassionate, and evidence-based point of difference was unprecedented and profound.

“Never judged, always supportive, always thinks outside the square for solution and I felt she genuinely cared for myself and my son. Non-judgemental.”

“The FPRR worker was readily available to discuss with me any difficulty I was facing at home and provided the support and encouragement I needed.”

“Having somebody to talk to which benefited me. I trusted what you said was for my best interest.”

“Always being encouraged and validated on my thoughts. It was very powerful and empowering.”

“Great mentorships that match our needs and matches with our family’s needs and dynamics.”

“The biggest change is ... feeling like there was someone that cared and listened to me.”

“That I have got someone there when I need them.”

“The support from [FPR Practitioner] was fantastic. She offered supports, regular meetings, achieved goals with us and was always kind caring and helpful.”

An enabler many consumers suggested supported change in their lives was practical help and wrap-around support.

Consumers indicated there were structural, financial and / or service access barriers and challenges that had been difficult to overcome or manage prior to accessing FPR support. They stated that the practical, financial and case management support provided by the program took pressure off families in tangible ways, often led to diagnoses and the implementation of appropriate support (e.g. from the NDIS) for parents and children, and that flexible funding being used to declutter homes or buy ‘large ticket’ items that were unaffordable for families was helpful.

Consumers said:

“Helping me with services and support after the closed. Help me with debt out of my hands.”

“Helping with the bills, purchasing washing machine and the dryer.”

“Helping me decide to get a psych(ological) evaluation to understand why I feel the things I do and be able to feel okay about getting treatment to get me through it.”

“By supporting me throughout their time along with helping with getting my son diagnosed with autism and helping with NDIS application.”

A key enabler shared by many consumers who complete the survey was building and developing increasing knowledge and skills in parenting, child development, and connection within the immediate family unit.

Consumers shared that the program’s coaching and support around building parenting skills and strategies lead to significant changes in their parent-child relationship and in the dynamics of the family home more generally. They indicated they were provided with useful, practical and implementable parenting skills and knowledge which facilitated easier management of children’s behaviour and led to greater understanding of infants, children and adolescent developmental needs.

Consumers shared:

“Uniting has helped me to achieve my parenting skills. Above all, they have helped to have a connection with the children especially [child’s name].”

“Gave me some helpful tip on how to control behaviours in my family.”

“Help me understand baby’s emotions and actions; why do they behave like that, etc.”

“Engaging in supports that help support my parenting skills, furthering my understanding about youth.”

“Worker provided strategies I could implement at time.”

A smaller proportion of consumers shared that the most significant enablers for them were increasing their self-confidence and self-belief and support to set goals and build motivation.

In relation to building confidence and self-belief, consumers said the program:

“Helped give me confidence about my own ideas.”

“[Offered] constant support and reaffirmation of my positive qualities and that I am doing a good job.”

In relation to goal setting and building motivation, consumers shared:

“They helped create a plan with a list of things I needed to complete to get where I wanted to be in my life with my children.”

“[The FPR Program helped to] Advocate and work with the family to achieve goals and outcomes.”

“[The program supported me to] progress rather than regress. And [remember] that we need appreciate what we have in life and really make a go of it.”



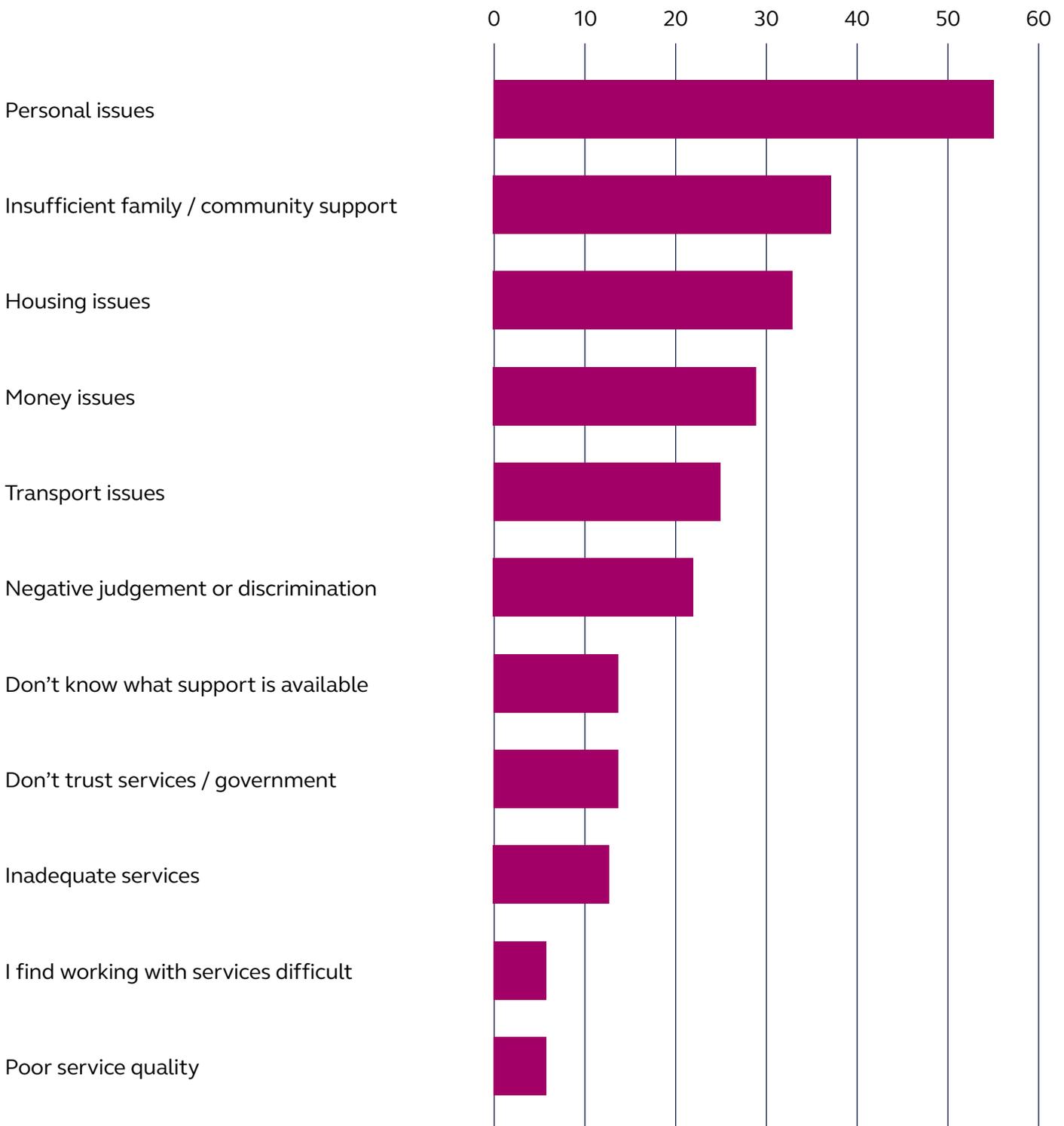
Barriers and improvement opportunities

We asked families to list the barriers that prevented them from achieving goals and changes they wanted to achieve, with the option to choose more than one barrier from a list.

On average, consumers selected 5 barriers. Approximately 44% of consumers selected personal issues including mental health, drugs and alcohol use, personal trauma/crisis and difficulty in supporting children.

These responses demonstrate that on average consumers are managing concurrent complex and intersectional challenges in their lives while receiving support from the FPR Program. Many consumers selected 'Personal Issues', 'Insufficient family/community Support/Housing Issues' and 'Money Issues', barriers that are interrelated, complex and compounding.

Figure 5: Quantitative barrier count



Most significant barrier

Families were asked, 'What was the biggest barrier for you' and responded in free text. Their responses were grouped into thematic groups. Half of the responses were either left blank or provided a positive response. Across the responses which listed barriers, families expressed some as having been being *"overcome with support"* and others remaining unresolved. Many respondents stated that barriers were overcome by closure in the program.

"I achieved everything I wanted and more. So I can't think of a barrier that stopped me from doing that."

"All issues have been attended to and were supported through my worker."

"Broken family relationships corrected with your support."

Some consumers stated that mental health and other internal struggles, such as self-doubt and trauma represented an unresolved barrier for them. Many consumers stated "mental health" as the biggest barrier, with other families stating:

"My own self-doubt."

"My inability to follow through on a consistent basis."

A noticeable proportion of consumers expressed that a lack of flexibility or adaptability within the program impeded their ability to achieve goals, e.g. parents who worked full time cited finding making time for appointments difficult.

Additionally, some parents felt that their children's age, stage of development, or individual needs were not properly catered to by the program. Consumers shared barriers such as:

"My son's extreme mental health."

"I picked up work which took time away from my program and my kids wouldn't open up to my worker."

Structural and system-based barriers were experienced by a subset of consumers, with respondents sharing that service waitlists, difficult to understand and navigate statutory services (i.e. the NDIS), and not knowing what services were available made getting the right support at the right time difficult.

"We are still on wait list for some NDIS services because there is a lack of trained professionals."

"The biggest barrier for me was not being able to know what services I could access to help me."

Additionally, housing was stated as a primary barrier to goal achievement for consumers who were experiencing a lack of stable housing during their time with the program. Practitioners cite that when families are living in unsafe or unstable accommodation arrangements, their situation can often impede meaningful healing, growth or skill development in parents until the housing issues are resolved. This is in-line with national research looking at the impact of homelessness and the importance of a housing first approach, recognising that while stable housing opens pathways to support, many tenants 'face significant challenges in realising non-housing outcomes' until housing is secured (Roggenbuck, 2022).

Smaller numbers of consumers shared barriers in their family relationships, including family violence, experiencing child protection as punitive or unfair and language and culture complexities, such as:

"Dealing with ongoing [domestic violence] and severe trauma and a lack of family support."

"My cultural background and the way I was brought up is different to the way I am expected to raise my children."

Program improvements

Consumers were asked to consider how the program could improve.

Nothing to change

The majority of responses to this question provided an explicit message that consumers could not find fault with the program. Consumers stated either ‘nothing’ or ‘nothing, I was completely happy,’ ‘nothing, was exactly what I wanted if not more’. Other consumers shared longer reflections, including:

“Everything was spot on; the support I received was perfect.”

“Everything is absolutely perfect. I could not fault the service.”

“I don’t think anything would need to change.”

More time in the program

Some consumers indicated that they would like more time in the program, or to have more contact with their support worker. These consumers mostly stated *“staying with families for longer”* or *“more contact if possible”* would have better supported them to establish and maintain habits formed and sustain changes made through the program.

Worker consistency and skill improvement

Some consumers indicated that their rapport with their practitioner was not positive, or the skills of their practitioner did not meet their needs. These responses are discussed in more detail later in this report.

Some of these responses indicated that even when rapport is positive with all practitioners, changing workers can be quite disruptive for families. For example, one consumer noted:

“Every time a support worker changes, I feel like I have to start all over again because I have to build the rapport again with a new support worker. Having one support through-out would have been great.”

A small number of consumers stated that ensuring that the program is adequately tailored to families’ needs, i.e. delivering age-appropriate parenting support to parents, while other consumers simply stated ‘more funding’.

Better integration with child protection was suggested by some families who were accessing reunification support, for example one consumer stated:

“If [FPR] were able to supervise outings with my daughter whilst under an order so I could do more with her.”

Negative program experiences

There were some consumers that experienced neutral or negative changes as a result of the program, such as *“more stress”* or *“nothing changed.”* Special attention was paid to these responses, with the evaluation group seeking to deeply explain and understand what was different for consumers who had a negative experience. When looking at these responses in detail, two main factors emerged that appeared to partially explain or predict the adverse experiences that this small number of consumers expressed. One factor was mandated service engagement, and the other was a mismatch or poor relationship and rapport between the consumer and the practitioner.

- One consumer stated that it was not their choice to engage with the service. The FPR Program is designed to be voluntary, but a known problem within the referral process is that at times, Child Protection will list ‘engagement with services’ or ‘engage with FPR’ as court conditions, negating the choice element in a consumer’s engagement. Harnessing intrinsic motivation, and moving through the stages of change typically requires people to feel empowered and not coerced to engage with behaviour change. The behaviour-change aspects of the FPR Program model assume voluntary participation as a basis for moving through the stages of change. This consumer stated in full, *“to be honest, there hasn’t been a change. It was court ordered to have this program.”* This consumer has explicitly tied the lack of change to the mandated nature of engagement with the program, which is aligned with self-determination theory and our broad understanding of preconditions suitable and adequate for change.

Another consumer stated that the program “hardly helped” and made no positive difference in their life. This consumer stated that the service could be improved by “actually helping instead of judging”.

This statement helps explain this consumer’s experience – where most people who completed the survey talked about their practitioners as being supportive and ‘non-judgemental,’ this consumer had the inverse experience. This adds weight to the conclusion that the practitioner-consumer rapport, and the strengths-based and non-judgemental approach to service delivery, are key determinants of positive outcomes.

- Similarly, another consumer indicated that they did not find the service helpful because staff “lied and played games with my trust issues”, and stated that Uniting needed to improve the service by employing “qualified staff”. This response similarly indicates that the consumer-practitioner rapport and the skill of the practitioner are facilitating factors to determining outcomes for families.

- A final negative response added further evidence to this conclusion, making explicit the different experiences one consumer had working with 2 different practitioners.

The consumer stated “[Practitioner 2] was great! I have nothing but positive feedback for her. However, [I] didn’t have the same experience with my first worker [Practitioner 1]. If I had [Practitioner 2] to begin with, I would have had a more positive experience.”

This adds further weight to the understanding that the relationship, rapport, skills and fit of the worker with the consumer are critical elements to supporting positive outcomes and experiences for consumers in the program.



The following section distils these findings into key learnings and recommendations for program improvement.

Learnings and recommendations

This section summarises key insights from the evaluation, highlighting what is working well in the Family Preservation and Reunification (FPR) program and identifying areas for improvement. It concludes with actionable recommendations informed by the findings and best practice in family services.



Effective practice strengths

include trust-based, strengths-focused, holistic and consumer-led support, strong service navigation and advocacy, and practical, flexible assistance.



Key learnings

show the FPR Program is highly effective overall, though outcomes could be enhanced by improving practitioner–consumer fit and rapport, ensuring voluntary engagement, strengthening community connections and tailoring support to individual needs.



Recommendations

include investing in practitioner wellbeing and skills, introducing a family experience survey early in engagement, involving consumer partners in recruitment, improving collaboration with specialist services, and boosting survey distribution and response rates.

Effective practice strengths

It was clear that a number of shared practice strengths and facilitating factors were implicated across positive experiences and improvements in intended outcomes for consumers of the program. These 5 critical elements appeared to be fundamental in supporting and predicting positive outcomes and experiences for consumers:



1. Building trust through therapeutic relationships: Outcomes were strongest when practitioners built respectful, reliable relationships that created safety and honesty. These conditions allowed families to engage fully and take meaningful steps toward change.



2. Strengths-based and affirming approach: Recognising and validating parents' existing capabilities fostered confidence and motivation, helping families see themselves as powerful agents in their own progress.



3. Holistic, consumer-led, family-centred support: Valuing parents' expertise and addressing both emotional and practical needs enabled support that felt relevant, empowering, and sustainable.



4. Service navigation and advocacy: Guiding families through complex systems and advocating for their needs reduced overwhelm and freed up emotional energy to focus on rebuilding skills, internal resources and stability.



5. Practical and flexible assistance: Practical, adaptive responses to immediate needs built trust, reduced crisis pressure, and facilitated environments and conditions required for longer-term change.

Challenges and areas for improvement

Most parents reported significant improvements in confidence, parenting skills and family functioning as a result of the program. Importantly, the majority of survey respondents were very satisfied with the support received.

Some stated they *“wouldn’t change anything”* about the service and felt their workers provided exactly what they needed: *“I needed someone to understand me and be kind, and this is what I received.”* These successes offer a strong foundation to maintain and build upon.

From a smaller set of responses from consumers who did provide negative or constructive feedback, the evaluation identified specific practice challenges and areas where the FPR Program could improve to achieve better outcomes for more consumers. These include:



Practitioner–consumer fit and rapport: Outcomes were strongest where trust and communication were strong; mismatched pairings sometimes reduced engagement



Voluntary engagement: A few consumers felt pressured to participate, highlighting the importance of maintaining a voluntary, choice-based approach



Connection to community and family supports: Some families remained isolated at program closure, suggesting a need to build stronger community linkages



Service adaptability and tailoring: Standardised approaches worked for most, but some families needed more flexible delivery or individually tailored support.

Recommendations

Building on the learnings outlined, the following 10 recommendations are proposed to maintain and strengthen the FPR Program’s practice and delivery, recognising the program’s effectiveness and current strong outcomes.

Recommendation	Proposed improvements	Outcome
1. Strengthen practitioner capability and support	<ul style="list-style-type: none"> • Ensure practitioners have the time, training and wellbeing supports needed to sustain high-quality, relationship-based practice • Experienced, skilled practitioners could be supported to mentor newer staff • Engage practitioners in training that focuses on networking, learning from and connecting with other services to increase service knowledge and enable tailored support provision 	<ul style="list-style-type: none"> • Investing in practitioner development maintains program fidelity and preserves the therapeutic relationships that drive family change
2. Assess and build family readiness to engage and change	<ul style="list-style-type: none"> • Incorporate early conversations that explore motivation, readiness, and choice, helping families make an informed, voluntary decisions to participate and work on mutually agreed goals 	<ul style="list-style-type: none"> • Building readiness increases engagement, ownership, and likelihood of sustained change
3. Centre family voice and strengthen capability through collaborative partnership	<ul style="list-style-type: none"> • Position families as partners in planning and decision-making. Collaborative goal-setting and coaching approaches build confidence, self-efficacy and lasting capability beyond the program • This includes seeking to close the service with a family when they feel ready for closure, and providing consumers with a team leader’s phone number so consumers can easily voice any issues in their relationship with their practitioner quickly and safely 	<ul style="list-style-type: none"> • Empowering and collaborating with families increases the likelihood that families will experience positive outcomes as a result of the program.
4. Enhance flexibility and tailoring	<ul style="list-style-type: none"> • Adapt delivery methods, content, and timing to meet families’ needs and seek cultural or specialist input when required 	<ul style="list-style-type: none"> • Tailoring ensures relevance and accessibility for a diverse range of families
5. Strengthen community and family supports	<ul style="list-style-type: none"> • Actively help families reconnect with kin, community, and informal supports to reduce isolation and sustain progress after program closure • Provide increased access for families to Family Group Conferencing 	<ul style="list-style-type: none"> • Strengthened networks improve long-term stability

Recommendation	Proposed improvements	Outcome
6. Implement the Families' Experience Survey	<ul style="list-style-type: none"> • Introduce an early-engagement fidelity survey to check fit, rapport, and service quality 	<ul style="list-style-type: none"> • Timely feedback enables prompt adjustments where required
7. Integrate specialist supports for complex needs	<ul style="list-style-type: none"> • Formalise collaboration with services such as family violence, mental health, disability, and substance use programs 	<ul style="list-style-type: none"> • Integrated support ensures that interconnected issues are addressed holistically
8. Increase collaboration opportunities for practitioners and consumer partners	<ul style="list-style-type: none"> • Consider establishing shared meetings or communities of practice that enable open and reciprocal conversations and learning between consumer partners and practitioners, recognising the value and wisdom of lived experience 	<ul style="list-style-type: none"> • Providing opportunities for practitioners to reflect with and learn from people who hold a lived experience of accessing Family Service strengthens reflective practice and practice skills
9. Increase survey distribution and monitoring	<ul style="list-style-type: none"> • Boost response rates by ensuring every exiting family has the opportunity to provide feedback, and track survey offers to minimise bias • Continue to invest in participatory evaluation and consumer partnerships to sustain a culture of reflection and continuous improvement 	<ul style="list-style-type: none"> • Higher participation and lived experience evaluation strengthens the evidence base and continuous improvement cycles
10. Involve consumer partners in staff recruitment	<ul style="list-style-type: none"> • Include consumer partners on interview panels for new FPR practitioners to assess candidates' interpersonal skills and rapport-building capacity from a lived experience perspective 	<ul style="list-style-type: none"> • This helps ensure relational quality is embedded from the point of hire

To conclude, Uniting's FPR Program has demonstrated considerable strengths and facilitated transformative outcomes for many families facing complex challenges.

To remain effective and equitable the FPR Program should consolidate these learnings while also implementing the above recommendations for continuous improvement. In doing this, the program can enhance its capacity to ensure all families achieve positive, safe, and sustainable outcomes by the end of service, and that those outcomes are maintained long term.

The combination of a strong relational practice foundation with ongoing program refinements will position Uniting's FPR Program as a model of best practice in intensive family support.

Areas for further evaluation

Two key opportunities for strengthening future evaluation practice were identified.



1. Long-term outcomes:

The evaluation highlighted a gap in knowing families' outcomes after program completion. To address this, Uniting should pair DFFH child protection data (6–12 months post-closure) with brief internal follow-up calls to track progress, identify emerging issues, and provide timely support or referrals to families after they have closed.



2. Disaggregating data:

Anonymous survey responses prevented comparison between different kinds of families. Future evaluations should collect disaggregated data by case type and family context to reveal distinct outcome drivers and better tailor program improvements.

Continuing enhancements to family services delivery in Victoria

The Victorian family services platform is designed to provide flexible, person-centred services that are underpinned by evidence. The 2025–26 Strong Families, Safe Children State Budget committed \$167.4 million over 2 years for the continuation of family services. It also 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 3 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 Restoring Families stream uses and builds on learnings from the Family Preservation and Reunification (FPR) model. The FPR Response will be delivered from July 2026 under the Restoring Families stream.

This evaluation demonstrates that the FPR model is achieving strong outcomes for many families. Uniting welcomes the scaling of this model through Restoring Families.

Two features of Restoring Families particularly align with the evaluation's findings:

Strengthening delivery of the family services foundational practice modules

Delivering services in line with *Building and Maintaining Engagement* and *Preparing for Change* is associated with positive outcomes for families. Continued support for the sector to access comprehensive training in these modules, alongside robust fidelity measurement, will help ensure that families consistently experience the benefits of an evidence-based service.

Integrating specialist supports and coordination roles

The inclusion of specialist supports and dedicated coordination functions 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.

Reflection on participatory evaluation approach and partnership

Purpose and rationale

We chose to conduct this research using a participatory approach, because genuine impact evaluation cannot be done about people without including those it affects most. Consumers are the experts in their own lives, and their perspectives deepen and strengthen our understanding of what truly makes a difference.

This approach reflects Uniting's commitment to centring consumer voice at the heart of improvement efforts and aligns with best practice for evaluations that aim to generate findings that are both useful and used, especially in services working with vulnerable families.

Partnership in practice

From the outset, this project was designed to be a partnership rather than a consultation. Over 6 workshops, consumer partners, practitioners, and evaluators came together as a learning community.

The sessions were intentionally conversational and flexible, with space to pause, reflect, and come back to ideas. Between workshops, group members completed follow-up analysis tasks, shared feedback, and shaped the direction of the next session.

Early feedback from consumer partners led to key changes, such as setting clear goals at the start of each session, providing model examples before activities, and working together as one group rather than splitting into smaller ones. Continually seeking feedback and responsive adjustments built confidence, trust, and momentum.

Practitioners and consumer partners jointly analysed hundreds of quotes, negotiated program improvement ideas, and discussed the complex realities of practice, balancing statutory requirements, limited capacity and the aspiration to empower families.

Conversations were rich and, at times, deeply personal. Everyone learned from one another. There was a deep and genuine sense of mutual respect in the group. As one staff member put it, *“Our capacity as a team was built on a pillar called trust. My practice is all the richer for it”*.

The atmosphere in the room mattered. Sharing meals, taking brain breaks and laughing together were as vital as the analysis itself. These moments helped build psychological safety and connection which we found to be the foundation for honest and challenging discussions about what needed to change.

Power sharing

While the evaluation team provided structure, coordination, and training, genuine power-sharing was achieved through co-analysis and decision-making. The group adapted and developed themes, coded quotes, and authored all program improvement recommendations. Everyone became an analyst and interpreter by the end.

Consumer partners described feeling heard, valued, and powerful in shaping how their lived experience was represented.

One practitioners reflected that *“evaluation is incomplete if consumer voices are not meaningfully embedded ... Sure, it takes longer, but it produces deeper insights, builds relationships and empowers people, which, in turn, builds stronger communities and improves lives”*.

Future directions

Future participatory evaluations should continue to invest in relationship-building and training, before analysis begins, so all participants feel equipped and confident in their roles. Group safety and respectful communication must remain central, along with clear expectations and practical support.

The project also showed the importance of designing tasks that fit within workshops, maintaining structured debriefs, and providing time for reflection on positionality, encouraging participants to see beyond their own lens. Finally, the impact of shared meals and informal connection cannot be underestimated.

Conclusion

This evaluation demonstrates that the Family Preservation and Reunification (FPR) Program is achieving significant and meaningful outcomes for families across Victoria. The findings confirm that when the program is delivered as designed, grounded in evidence-based practice and supported by authentic, relational engagement, it can be transformative for families facing complex adversity. Consumers described feeling seen, believed in, growing the skills and confidence needed to create stability and safety for their children.

While the results are highly positive, the evaluation also identified critical areas where program structures and systems can further evolve. Strengthening linkages with housing, mental health, and family violence services will be essential to addressing barriers that remain beyond the immediate control of practitioners. Continued attention to practitioner workload, retention, and reflective practice support will help sustain the program's relational quality and impact. Expanding service duration for families with multiple and intersecting challenges may further enhance the sustainability of positive outcomes beyond closure.

The participatory evaluation approach itself yielded valuable learning. Involving consumer partners and practitioners in shared sense-making deepened the authenticity and relevance of the findings and modelled the values of collaboration and respect that underpin effective family services. The process reinforced that evaluation is not merely a mechanism for accountability, but a driver of organisational learning, equity, and continuous improvement.

Ultimately, the FPR Program exemplifies how intensive, relationship-based, and evidence-informed support can keep families safely together. The evaluation provides clear evidence that when trust, belief, and empowerment are central to practice, positive change is not only possible but profound for consumers. Continued commitment to reflective, participatory evaluation will ensure that the program continues to evolve in partnership with the families it serves and the practitioners who walk alongside them.

This evaluation affirms that when families are met with respect, belief, skilled relational and evidence-based practice, the Family Preservation and Reunification not only changes outcomes – it changes lives.



“Before Uniting came to my life I was all stressed out with everything in my family. But now with the lots of help and great and wonderful advice that change everything in me to a better me. So I do call Uniting life changing and a life saver. Appreciate and thank you so much uniting for changing my life.”

“The last few months of my life was the worst thing I’ve ever been through, if it weren’t for Uniting I’m not sure what I would have done, I thank you all so much.”

“(My practitioner)” was an amazing worker and through her support helped me to gain trust back into a system I had lost faith in.”

“This program helped me and saved my life and my family and I would highly recommend it to other struggling families.”



Appendix 1

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Appendix 2

Community Services Outcomes Tree survey

Q1. How have these areas of your life (outcomes) changed since you received support from the program?

(Answer options: Not relevant to me, Got a lot worse, Got a bit worse, No change, Got a bit better, Got a lot better)

- Confidence as a parent / caregiver (feeling like you are doing a good job as a parent)
- Parenting skills (strategies to promote positive behaviours in your child)
- Control and choice in daily life (having the skills to be empowered and independent)
- Family functioning (routines and structure in the home)
- Relationships with family members
- Mental health
- Family Violence
- Access to Services (finding, understanding, and using support services)
- Financial Stability (money management, budgeting, and reduced financial worry)
- Other outcomes (please tell us)

Q2. Do you think the program made a positive difference to your life overall?

(Answer options: Not relevant to me, No, not at all, Yes, a small difference, Yes, a large difference)

Q3. Please tell us about the biggest change in your life because of your involvement with the program.

(Answer: free text)

Q4. What was the main thing Uniting / the program did to help you achieve these changes (outcomes)?

(Answer: free text)

Q5. What were the barriers to you achieving the changes/outcomes you wanted?

(Tick all that apply)

- Personal issues (e.g. mental health, drug and alcohol, personal trauma / crisis, difficulty in supporting children)
- Housing issues
- Money issues
- Insufficient family / community support
- Negative judgement or discrimination
- Transport issues
- Difficulty accessing and navigating services (e.g. not knowing what support is available, difficulty understanding or working with services, services being time-consuming or complex to navigate)
- Inadequate services (Poor service quality)
- Other (please tell us)

Q6. Please tell us about the biggest barrier that prevented you from achieving positive change/outcomes.

(Answer: free text)

Q7. What would improve the program? What could be done better?

(Answer: free text)

Q8. Thinking about your Worker / Practitioner:

(Answer options: Always, Sometimes, Often, Rarely, Never)

- How often did your worker/practitioner treat you with respect and not judge you?
- How often did your Worker/Practitioner work in partnership with you, working alongside you?
- Was your Worker/Practitioner reliable and someone you could trust?

Q9. Is there anything else you would like to tell us?

(Answer: free text)

Family Preservation and Reunification Practice Elements

Source: Department of Families, Fairness and Housing (DFFH)

Foundational modules

These modules contain practices that are foundational to working with families and are used to build and maintain engagement and support collaborative partnerships between families and practitioners. They are used continuously throughout a practitioner's work with families.

Building and maintaining engagement

- OARS ≈ Deep listening
- Strengths-based practice ≈ Empowering narratives
- Checking for understanding ≈ Connecting to Community and culture
- Seeking feedback

Preparing for change

- Collaborative partnership ≈ Connecting to mentors
- Identifying priorities
- Building motivation for change
- Goal setting

Legend: ≈ Cultural practice element

Targeted modules

These modules contain practice elements for addressing client's specific needs and are selected based on the needs and priorities of families [Source: DFFH].

Building skills

(relevant to all targeted modules)

- Explain, model, practice
- Coaching
- Monitoring progress

Aboriginal healing

- ≈ Responding to racism
- ≈ Self-advocacy
- ≈ Understanding the impact of intergenerational trauma

Adolescent modules overview

- Understanding emotions and behaviours in young people

Adolescent self-regulation

- Trauma psychoeducation
- Emotional coping
- Behavioural coping
- Cognitive coping

Guiding and supporting adolescent behaviour

- Keeping cool when behaviours challenge
- Increasing the positive
- Supervising adolescents
- Giving clear expectations and limits
- Natural and logical consequences

Family functioning

- Family routines
- Communication skills
- Problem-solving

Caregiver-child relationships

- Positive time-in
- Serve and return
- Descriptive praise
- Rewards
- Giving instructions: tell – show – try
- Routines

Working with complexity

- Raising a concern
- Co-regulation strategies
- De-escalation strategies
- Rupture and repair
- Balancing crisis work and long-term goals

Legend

- Practice element
- ≈ Cultural practice element

The future is bright.



Uniting is the community services organisation of the Uniting Church, delivering services and programs across Victoria and Tasmania.

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.

[Learn more](#)

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