

A close-up photograph of a child's hands, one holding a small, yellow giraffe toy with brown spots. The hands are resting on a dark, reflective surface. The background is blurred, showing a child's arm with a watch and a blue patterned shirt.

# Evaluation of the Play Therapy Program

Final Report Prepared by Caz McLean

July 2025

**Refuge**  
Victoria

Specialist Family  
Violence Service



## Taking action today to create a better future.

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Caz McLean acknowledges Aboriginal and Torres Strait Islander peoples as the traditional owners and custodians of the lands and waters.

This report was written on the land of the Bunurong People of the Kulin Nation. Caz McLean pays respect to their elders, past, present, and emerging and acknowledges that sovereignty has never been ceded.

Caz McLean recognises intersectionality and celebrates the diverse identities in the LGBTIQ+ community. Caz McLean is committed to supporting, encouraging, and ensuring all those she works with feel safe to be seen and treated as they are.



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# Summary

Refuge Victoria's Play Therapy Program was established in July 2024 to provide therapeutic support to children impacted by family violence. Delivered on-site at Refuge Victoria's western refuge by a qualified play therapist, the Program aims to support children's emotional recovery, strengthen caregiver-child relationships, and integrate trauma-informed, child-centred care into the broader refuge service model.

The independent evaluation, conducted by Caz McLean between March and June 2025, assessed the effectiveness, impact, and sustainability of the Program. It involved a literature review, consultation with caregivers and staff, and analysis of observed outcomes. Despite a small sample size, the findings offer strong evidence of the Program's value and effectiveness.

## Key Findings

- **Therapeutic Model:** The Program aligns with evidence-based, trauma-informed practice. It uses creative, non-verbal methods like art and play to help children process trauma safely and at their own pace.
- **Outcomes for Children:** Caregivers and Refuge Victoria staff observed significant improvements in emotional regulation, resilience, and confidence. Children developed tools for self-expression, independence, and identity rebuilding.
- **Caregiver Outcomes:** Caregivers reported increased parenting confidence, emotional insight, and stronger bonds with their children. Many felt validated and emotionally supported through the therapeutic process.
- **Program Integration:** Embedding the service within the refuge improved accessibility and created a culturally safe and flexible environment. Secondary consultations enhanced case planning and team capability.
- **Demand and Sustainability:** The Program is operating at full capacity with need evident across all sites.

## Recommendation

The evaluation recommends the expansion of the Program across all Refuge Victoria sites, supported by:

### **1. Increased therapist capacity or recruitment of additional play therapists at either on-site locations or appropriate off-site locations.**

This expansion will ensure equitable access to the Program for all children in Refuge Victoria services and strengthen the organisation's commitment to trauma-informed, child-centred care. As one staff member noted, *"This service is gold. It deserves stable funding."*



# Play therapy helps family recovery

## A case study

Holly and her two children, Jacob (6) and Zara (3), arrived at Refuge Victoria in June 2024. As is always the case, staff were provided with a MARAM risk assessment. Jacob, diagnosed with autism, had been receiving NDIS-funded support from a key worker, speech therapist, and occupational therapist. However, these services were discontinued shortly after their arrival due to the provider's travel constraints.

On arrival, the family appeared highly distressed. Both children were dysregulated and often observed screaming for extended periods in the playground. Jacob avoided eye contact and verbal interaction with staff, while Zara exhibited delayed speech development. Neither child wanted to be separated from their mother or each other, and their overall presentation was chaotic and disorganised.

In the early weeks of their refuge stay, Jacob made multiple attempts to leave the site. Holly (their primary caregiver) shared that the children were deeply unsettled by their sudden separation from their father, the person using violence (PUV), and extended family. They struggled to comprehend why they were living at the refuge.

A month into their stay, the children commenced play therapy. Initially, Jacob and Zara could only engage in sessions together. However, as their sense of safety grew, they gained confidence to attend individual sessions. Eventually, Zara even resisted Jacob's attempts to extend his time in the therapy room, protesting when her brother tried to join in and get some extra time with the play therapist. Around this time, refuge staff supported Holly to enrol Jacob in school and Zara in childcare, helping to re-establish daily routines that promoted emotional regulation.

In play therapy, the therapist worked with both children and Holly to foster safety, emotional regulation, and confidence. The sessions used free form play to give the children a voice. Zara frequently enacted scenarios where she would *"hide with Mummy and throw Daddy dolly across the room."* Jacob disclosed to the therapist that he felt scared of his father and often recreated scenes of hiding *"in the clay fields."*

The therapist employed a range of techniques to help the children explore and process their emotions. With Holly, the therapist practised co-regulation strategies such as *'Rocking the Baby'* and used tools like the *'Erupting Volcano'* worksheet, translated into the family's language of origin. Providing psychoeducation to Holly and involving her in the sessions also allowed modelling of regulating and supportive parenting techniques, including *"First-Then"* strategies.

Information shared by the therapist informed the work of the broader Refuge Victoria team, including the case manager and the child and young person's practitioner. The team was also able to fund access to key health supports, further contributing to the children's developmental progress.

In August, Holly was notified that the PUV was seeking sole custody of the children. A court date was scheduled for December, including the preparation of a Child Impact Report to inform Family Court proceedings. After four months of therapy, the play therapist was able to provide a detailed support letter outlining the children's developmental needs, the therapeutic progress observed, and concerns about potential separation from Holly, their primary attachment figure.

By January 2025, the family transitioned into long-term housing. The intensity of the children's emotional outbursts had significantly reduced. Jacob was able to speak to staff, maintain eye contact, and no longer attempted to run away. Zara's speech had improved substantially, with the ability to use words and form short sentences. Both children were now comfortable being separated from their mother and could engage in focused activities with confidence.

## Key Insights

Jacob, Zara and Holly's journey highlights the significant impact that play therapy can have on children and families recovering from family violence. Through consistent play therapy, combined with wraparound support from refuge staff, the children were able to rebuild a sense of safety, develop emotional regulation skills, and make significant developmental progress. Their story is a testament to the importance of integrated, child-focused interventions within refuge. It also highlights the critical role of caregivers like Holly, who with the right support, can be empowered to nurture healing and resilience in their children. This case study illustrates not only the challenges families face in recovering from family violence, but also the transformative possibilities when responsive services come together at the right time.

# Background

Refuge Victoria is an independent not-for-profit organisation funded by the Victorian Government to provide specialist crisis accommodation and support services for people escaping family violence.

Family violence can have a deep and lasting impact on children and young people. When children experience violence, it can affect how they feel, behave, and develop. Many children at Refuge Victoria have lived through incredibly stressful situations, which can cause emotional harm that may not always be visible.

To support these children, Refuge Victoria engaged an independent provider to deliver a Play Therapy Program which began in July 2024. The sessions are held at the refuge by a qualified therapist, with children's brokerage funding from the Victorian Government utilised to cover the cost of the play therapist. The goal is to create a safe, healing space where children can work through their trauma using play. The program also supports parents and helps strengthen the bond between them and their children.



# Introduction

The Play Therapy Program (the Program) has evolved organically in response to the needs of children. After almost a year of delivery, it is time to evaluate the Program's operation and effectiveness to determine if Refuge Victoria wishes to continue the Program, and if desirable, how it might be expanded to other refuge sites.

Caz McLean, an independent consultant, was engaged to work in partnership with Refuge Victoria to evaluate the Program. The evaluation began in March 2025 and concluded in June 2025.

## Why did we evaluate the Program?

The purpose of the evaluation is to assess the overall effectiveness of the Program in achieving positive outcomes for children and parents impacted by family violence including:

- Parent, child (if appropriate), therapist and case manager assessment of:
  - The Program's ability to improve children's emotional regulation, resilience, and social skills.
  - The relevance and appropriateness of therapeutic interventions used.
  - The Program's accessibility and inclusivity for children who have experienced family violence crisis.
  - The level of engagement and satisfaction among children, parents/caregivers, case managers and therapists.
  - Recommendations for enhancing program effectiveness and sustainability.

We listened to feedback from caregivers, the play therapist, and the Refuge Victoria team to learn more about how the Program is working in practice.

## How was the evaluation done?

To evaluate the Program the following three key steps were undertaken:



### Sharing Information

The process began by letting caregivers and staff know about the evaluation including the areas we would be looking at, how the evaluation would work, and how they could be involved. This included:

- Invitations to caregivers to participate.
- Information and consent forms.
- Background materials for staff.



### Desktop Review

The evaluator reviewed research, literature, reports, and background documents to better understand the Program's context and impact so far.



### Listening to Voices

The evaluator spoke with people involved in the Program:

- A team workshop with staff from Refuge Victoria.
- Interviews with four caregivers.
- Interviews with six staff members including the refuge manager, children and youth practitioners, a case manager, team leader, and the play therapist.

These conversations provided rich stories and observations that shaped the key findings of the evaluation outlined in this report.

## What were the limitations of the evaluation?

While the evaluation offers valuable insights, the following limitations are acknowledged:

- We did not directly interview children. Because of the sensitive nature of their experiences, direct consultation with children was not considered safe or ethical. Instead, we relied on observations and feedback provided by caregivers, staff, and the play therapist.
- The sample size was small. A small number of caregivers were interviewed. Their views provide valuable insights but may not reflect the full diversity of experiences across all families engaged in the Program.
- The findings are based on personal stories. Most of the data is based on people's memories, experiences, and opinions. We used confidential interviews and some simple rating tools to help make sure the feedback was as honest and balanced as possible.

## What were the ethical principles that guided the evaluation?

The evaluation of the Program was designed with a strong emphasis on protecting the rights, wellbeing, and safety of children and caregivers. The following ethical principles guided the evaluation:



### **Voluntary Participation:**

Caregivers were invited to participate and could opt out at any time without explanation. This was clearly communicated throughout the process.



### **Informed Consent:**

Participants were given a consent form and detailed information about the evaluation to ensure they fully understood what they were agreeing to.



### **Anonymity:**

All participant feedback was anonymous to ensure individuals could not be identified. Information was used solely to inform evaluation findings.



### **Confidentiality:**

Strict measures were taken to protect participants' privacy, including removing identifying details, limiting data use to the evaluation, and deleting data upon final report acceptance. Confidentiality could be ethically breached only to prevent harm and fulfil duty of care obligations.



### **Potential for Harm:**

An ethical risk assessment was conducted to determine appropriate caregiver participation. Supports were put in place to reduce risk, including contact points for raising concerns.



### **Fair Payment:**

Caregivers received a gift voucher as recognition for their time and contribution.

# The Play Therapy Program Model

## What is Play Therapy?

Play therapy engages children in a developmentally appropriate therapeutic process that draws on their creativity and capacity for non-verbal expression, helping them to explore emotions and experiences in a safe and supported way [\[1\]](#) [\[2\]](#). This approach helps children build insight and develop new skills, as well as manage their emotional responses. Through play, children can show what they might not be able to say in words. It gives them a safe and supported space to explore their thoughts, worries, and hopes in a way that makes sense to them [\[1\]](#).



# What does Play Therapy look like at Refuge Victoria?

Refuge Victoria (RV) independently contracts a play therapist one afternoon a week to work with children at the western refuge. These are known as “in-reach” sessions. The play therapist is highly qualified using synergetic play therapy, sensory motor art therapy, and trauma-informed approaches. The Program includes individual, and caregiver supported sessions, secondary staff consultations, and advocacy support for families.

The visual guide (Program Logic) below shows how the Program turns key inputs (like time, staff, and resources) into meaningful outcomes for children and families.



Figure 1 Play Therapy Program Outcomes Logic

## What did the evaluation find?

The evaluation found that the Program is making a significant difference to the lives of children and families impacted by family violence. The Program is well-integrated in Refuge Victoria's broader refuge service and is aligned with trauma-informed, child-centred therapeutic best practice, providing substantial benefits to children and families and secondary benefits through staff and caregiver engagement.

The Program delivers both direct therapeutic outcomes for children and young people, with observable improvements reported in emotional regulation, resilience, social skills, and caregiver-child relationships. These outcomes reveal the importance of securing ongoing funding for the continued delivery of the Program, with expansion recommended to ensure the Program is accessible to all children and families across Refuge Victoria's properties.

## The key findings discussed in this section:

- The relevance and appropriateness of the therapeutic model.
- The therapeutic outcomes achieved for children.
- The caregiver outcomes achieved.
- The benefits of integration within refuge.
- Expansion and sustainability.

# The relevance and appropriateness of the therapeutic model

*The evaluation revealed that the Program is aligned with trauma-informed, child-centred therapeutic best practice, demonstrating the relevance and appropriateness of the therapeutic model.*

Aligned with Refuge Victoria's broader practice philosophy and principles, the Program uses a trauma-informed, child-centred approach that recognises the unique developmental and emotional needs of children who have experienced family violence. These results are consistent with the literature, which highlights that play therapy is developmentally appropriate for helping children process trauma non-verbally through play [5] [6] [11].

Evidence suggests that flexible, short-term approaches, such as the single-session model used in the Program, can be especially effective in crisis environments like refuges, where time-limited stays are common [3] [4]. The literature also emphasises the essential role of caregiver participation, a core component of the Program, in enhancing the impact of therapy and supporting improved relationships and attachment between the child and caregiver [7] [8] [13].

## 1.1 A Child-Centred and Trauma-Informed Approach

*The Program is tailored to each child's needs and emphasises non-verbal, creative expression.*

The research shows that children need their own space to feel safe, express themselves, and begin to recover from the experience of family violence [2] [3]. One of the most effective ways to support children in this situation is through play therapy. For many children, play provides a primary outlet for emotional expression, particularly when verbal communication may feel overwhelming or inaccessible [5] [6].

In line with the literature, the evaluation showed that the Program gives children the chance to work through their feelings using toys, art, or role play. The Program uses a child-led and creative process that helps children make sense of difficult experiences in a way that feels safe [4] [5].

Children in the Program were supported to process trauma through creative modalities like sensory-based and symbolic play, which are widely recognised as effective tools in trauma-informed therapy [7] [8].

One caregiver noted, "Expressing it through play, the play therapist can translate it and tell the caregiver how the child is feeling inside."

RV staff observed that, "Children who were non-verbal found ways to communicate through play, with some eventually developing verbal communication."

The evaluation highlighted the way the child-led, non-directive approach used by the Program was able to empower children, with a caregiver noting, "She's coming out with her own stuff," which was considered a significant development for the child.



## 1.2 Flexible and Accessible Delivery

*Sessions are structured flexibly (single-session model) in response to the refuge context, and on-site (in-reach) delivery reduces logistical barriers.*

The Program adopts a single-session model in recognition of the unpredictable and time-limited nature of refuge stays, which last for a maximum of around six to eight weeks. Although best practice recommends 30 plus sessions [7] [9], studies have shown that short-term, structured programs when run by trained staff and designed to meet children's needs, can achieve positive outcomes in crisis settings such as refuge [9] [13] and can still make a big difference in a short time [6].

RV staff observed: *"The single-session model helps us ensure every child gets some benefit, even if they leave suddenly."*

In addition, significant benefits were experienced due to the Program being offered on-site (in-reach), with logistical and psychological barriers to access removed. One caregiver commented that it *"could be a barrier if we had to drive ourselves... but we would still try."* While RV staff observed: *"therapy space at refuge makes it easy for kids to go, and they feel safe seeing their caregiver outside through the windows,"* which was reported by staff as being particularly important for children unused to being separated from their caregiver.

The therapist's proactive engagement was frequently cited as a factor in increasing accessibility and trust-building. One caregiver noted: *"[the therapist] took me aside and said she'd really like to meet my daughter... she didn't give up."* The high level of engagement reported helped build trust with families hesitant about participating and made the Program less threatening and more accessible.

RV staff noted that *"some children are anxious about meeting new service providers, so the therapist visits their units to ease the transition,"* a simple and yet powerful strategy made possible because of delivery on-site.

The following example described by the play therapist further highlights the flexibility adopted by the Program:

*"At the moment I am seeing a mum and young person together and based on their individual needs they have chosen to attend together. They are working on their own collages seated next to each other working on their own process while being coregulated by me."*

### 1.3 Caregiver Involvement

*The Program supports not just the child but also caregivers, who gain insight into their child's emotional world and practical parenting strategies.*

Research shows that caregiver involvement enhances child outcomes and reinforces secure attachment [6] [7] [8]. Involving caregivers in the therapy process also improves outcomes for children, helps strengthen the bond between the caregiver and child and supports long-term healing for both [10] [5].

The Program included strategies to involve caregivers early, build their understanding of the child's needs, and equip them with tools to support recovery. This is crucial in the context of family violence, where caregiver-child relationships are often strained by the experience of trauma [3].

The evaluation revealed that the inclusion of caregivers through joint sessions, art therapy, and psychoeducation improved parenting strategies and emotional insight. A caregiver described how: *"you get to see your child's inner world; it helps you understand them so much better."*

Multiple caregivers reported that their involvement in the Program helped them feel included and emotionally supported. One caregiver described meeting the play therapist for an art therapy session and *"ended up talking*

*for an hour and a half."* Another reflected that the therapist *"has taught me a lot... to chill out a bit more."*

Caregivers reported that the therapist's feedback improved their ability to support their child emotionally and behaviourally, with one caregiver stating, *"Ask my children and they never tell me. The play therapist clears it up."* Another caregiver mentioned learning *"a lot about their children's feelings."* The way the therapist provided feedback was also acknowledged as safe and respectful with one caregiver noting that when they are with the therapists there was *"No hierarchy. When you're with her it is as one. Feedback is delivered in love, not dictatorship."*

The evaluation revealed the benefits of offering art therapy as a way to engage the caregiver, with the therapist describing how: *"I also offer art therapy to parents if they choose to express themselves in their parent/child feedback sessions. Sometimes talking directly with some parents can feel overwhelming for them and they can communicate through art making or a combination of both talking and making."*

# Therapeutic outcomes for children

*The evaluation revealed the impact of the Program on children's improved emotional wellbeing, behaviour, resilience, and identity.*

Research highlights the behavioural improvements achieved through play therapy, particularly in reducing both internalising (e.g., anxiety) and externalising behaviours (e.g., aggression) [7] [8]. Emotional regulation, resilience, and social-emotional skills are key outcomes of play therapy reported in the literature [8] [5] [4].

All caregivers interviewed reported positive changes in their children, with observable improvements in emotional regulation, resilience,

and caregiver-child relationships reported by caregivers and RV staff. Providing a predictable, nurturing environment through regular sessions aligns with best practice in trauma recovery, supports emotional safety for children [7] [1] and was shown through the evaluation to provide a sense of stability often missing in children's lives.

## 2.1 Emotional Regulation and Expression

*As a result of the Program children showed improved ability to manage emotions, especially those who were previously highly dysregulated.*

The literature consistently shows that play therapy contributes to reductions in both internalising symptoms, such as anxiety, and externalising behaviours, including aggression and defiance [8] [9]. It can also help children feel more confident and understood. These positive changes are especially important for children who have experienced trauma, such as family violence [9] [1].

Caregivers and staff reported visible improvements in mood stability and behavioural self-control among children. Observed benefits included:

- Reduction in meltdowns and oppositional behaviour.
- Increased confidence and emotional expression.
- Greater independence and resilience.

Children were also reported to have developed a language for emotions, advocating for their own space and needs with one caregiver sharing, *"They are expressing themselves freely. My daughter says, 'I want my own space,' and that's huge."*

RV staff and caregivers noted that children who struggled with separation anxiety had gained confidence in attending the Program and school independently.

RV staff described the benefits of the emotional stabilisation achieved through the Program which reduced behavioural challenges that had previously affected social interactions and the caregiver and child relationships.



The evaluation showed that children participating in the Program were learning self-regulation and independence: *“My daughter is demonstrating independence... learning to regulate herself.”*

The following are examples of children whose expression and associated social skills improved with the intervention:

- A 3-year-old progressed from using physical demands to verbalising and using age-appropriate sentences. Note this 3-year-old child also had additional
- interventions including ENT surgery and they were also attending childcare.
- A 5-year-old child’s speech fluidity improved as they learnt to emotionally regulate which positively impacted the speed and articulation of their speech.
- Another 5-year-old and 6-year-old grew more confident in their speaking skills and became more social after settling into refuge.

## 2.2 Stability and Safety

***The Program created a safe, consistent space helping children adjust to the refuge environment and become more independent.***

Children recovering from trauma benefit from predictable, nurturing environments. The Program offered a secure space where children could safely explore emotions and experiences, helping children adjust to refuge life, feel less dependent, and engage with school [5] [6]. *“Play therapy gave her a place that was just hers,”* said one caregiver, *“It helped her feel safe again.”*

A core feature of the Program was the consistent, trusting relationship established between the children and therapist. Caregivers described the environment as *“nurturing, inviting”* and *“very calming,”* with one stating, *“you’re in a safe space, no judgement.”* The consistent adult presence experienced by children through the relationship with the therapist helped to override the mistrust of others and supported the development of safe relationships, critical to healing from the experience of violence [3].

When asked what made accessing the Program easy, caregivers talked about the therapist being warm and approachable with one caregiver describing her as *“like an angel,”* making both children and caregivers feel safe and welcome. The therapist’s gentle demeanour played a significant part in helping caregivers and children overcome initial scepticism and emotional overwhelm.

## 2.3 Resilience and Identity

*Children developed calming strategies (self-regulation) and became more adaptable.*

Through guided play and art-based activities offered through the Program, children learned to self-soothe, establish boundaries, and build emotional insight.

RV staff reported that children, especially those in parentified roles, were able to rediscover personal identity and self-worth through the creative expression enabled by the Program.

The therapeutic process also helped children develop a stronger sense of self and coping capacity. The play therapist described a 12-year-old participant who created a “self-box” in therapy, gradually filling it with items of personal value that supported her to rebuild her identity. This intervention enabled her to transition from a parentified role to one where her own needs and hopes could emerge. Symbolic and creative expressions like this are widely recognised as effective tools for helping children process complex trauma [\[1\]](#).

## 2.4 Advocacy

*The Program supported children involved in child protection and family court proceedings through letters and reports.*

Beyond individual outcomes, the therapist’s role extended to broader advocacy. RV staff highlighted that “*verbal updates from the therapist gave us a deeper understanding for case planning.*” In several cases, therapeutic insights contributed to court and child protection strategies with expert letters written advocating for the needs of children.

# Caregiver outcomes

*The Program enhanced caregiver's emotional insight, parenting confidence, and the connection with their children.*

The therapeutic benefits of the Program extended to caregivers, not only through improvements in their children's behaviour but also by enhancing caregivers' own emotional insight, parenting confidence, and connection with their children. These outcomes align with evidence from the literature highlighting the importance of caregiver involvement in trauma-informed interventions [7] [5].

## 3.1 Emotional Support and Validation

*Many caregivers felt emotionally supported and valued through the process.*

The trust and connection between the therapist and the caregiver were central to the success of the Program. Caregivers consistently reported feeling emotionally supported by the therapist. Many described the therapist as “non-judgemental” and “nurturing,” providing a safe space to process their own experiences alongside their child's trauma.

As one caregiver expressed, “*She makes you feel like you matter too.*”

The validation caregivers received helped restore a sense of agency and value for them as a person and caregiver, an important counterbalance to their experience of family violence, which diminishes caregiver confidence [3].

## 3.2 Parenting Confidence and Insight

*Caregivers gained emotional insight and learned how to better support their children.*

The literature shows that parental involvement is consistently linked to better therapeutic outcomes, not just for children, but also in enhancing the caregivers' own confidence and emotional insight [8] [5] [9], improving caregiver-child relationships and reducing parenting stress [5].

In line with this evidence the evaluation revealed that the Program not only helps children, but also positively impacts parents, especially in how they relate to and support their children emotionally.

Seventy-five percent of caregivers interviewed rated the support they received as having “*helped a lot*” in their role as caregiver. Many indicated that the Program provided them with practical strategies and insights into their child's emotional needs, equipping them to respond more empathetically and effectively. One caregiver shared the following revelation: “*If you raise your voice... it really changes the way they feel and act. Everything you do affects their mood,*” demonstrating the increased insight and awareness of the impact of the caregiver's behaviour on their children.



### 3.3 Strengthening Connection and Communication

*Caregivers learned more about their children's emotional world and behavioural needs.*

The research shows the effectiveness of play therapy in bridging communication gaps between parents and children, particularly those experiencing trauma [\[1\]](#) [\[4\]](#).

The Program supported deeper emotional understanding and communication between caregivers and children. Through symbolic play and therapist-facilitated feedback, caregivers developed a clearer sense of their child's inner world. As one parent noted, *"Ask them directly and they never tell me. The play therapist clears it up."*

# The benefits of integration within refuge

*The evaluation revealed significant benefits associated with integration in the refuge setting.*

In a refuge setting play therapy provides children with their own individual support, as distinct from the caregivers and ensures children's psychological needs are directly addressed [6] [12]. The use of culturally sensitive practices and on-site delivery of the Program also aligns with best practice for play therapy for children and families who are high-risk and trauma-exposed [11] [12]. Secondary benefits were associated with the insights shared by the play therapist with the RV team through secondary consultation about the needs of the child that enabled better informed case planning and support. The evaluation showed that integration also increased accessibility.

## 4.1 Enhancing Accessibility and Cultural Safety

*The evaluation revealed accessibility as a cornerstone of the Program.*

By embedding the Program within the broader Refuge Victoria service, children and families have access to a dedicated, developmentally appropriate support for children. The evaluation revealed that accessibility was a cornerstone of the Program. By delivering sessions on-site, supported by interpreters and culturally relevant topics (e.g. Aboriginal art), the Program removed logistical and systemic barriers to participation such as transport and the need for external referrals. This aligns with the evidence that suggests that culturally responsive models embedded in the broader refuge program improve therapeutic uptake and outcomes in high-risk populations, such as those in refuge who have been exposed to family violence [9] [3].

Caregiver feedback reflected the value of choice, autonomy, and culturally tailored support: *"That Aboriginal art session was phenomenal... it helped my child open up in ways I've never seen."* Another caregiver noted that: *"I was blown away when my child was invited to take whatever art supplies they wanted. It felt like they had choice."*

Printed materials and introductory flyers, combined with therapist outreach to children's units, reduced anxiety and promoted engagement, particularly for children apprehensive about new service providers.

The Program also used printed flyers to explain play therapy and introduce the play therapist to caregivers to encourage participation.

The Program used flexible engagement methods to ensure children and caregivers felt comfortable, with initial caregiver-supported sessions transitioning to independent therapy when the children were ready.

## 4.2 Therapeutic Expertise and Trust-Building

*The qualifications and experience of the play therapist were critical to building relationships of trust.*

The qualifications of the therapist, including training in synergetic and sensorimotor play, were consistently identified as enabling therapeutic outcomes and engagement. The literature strongly supports the importance of therapist training, and the delivery of structured programs tailored to the needs of the children. Programs that stick to evidence-based practice with well-trained practitioners show greater improvements in emotional regulation, behavioural control, and relationships [11] [8].

Caregivers noted rapid rapport and emotional safety, with one commenting, *“My daughter connected instantly... she asked when she could see her again.”* These outcomes reflect the research that highlights the central role of the therapist-child relationship in facilitating emotional healing, especially when complex trauma is experienced [5].

## 4.3 Wraparound and Collaborative Practice

*Collaboration and wraparound practice enhanced outcomes for children, caregivers and the RV team.*

The integration of play therapy with broader refuge services, including case management, caregiver engagement, and secondary consultation, exemplifies a wraparound approach. This model improved the continuity of care and aligns with best practice for trauma-informed, child-centred service delivery [12].

A powerful benefit of the Program was the secondary consultation provided to RV staff. This helped the children and young person's practitioners better understand and respond to the emotional needs and behaviours of children. As one staff member reflected: *“It's groundbreaking... you can't learn that stuff really sometimes ever.”*

RV staff reported that insights from therapy sessions informed their broader work: *“Our team uses the insights to adjust our approach... it helps us see the child more clearly.”* This collaboration between therapists and caseworkers not only enhanced therapeutic outcomes but also strengthened the alignment of service responses for children and caregivers.

Integration with case management, secondary consultation, and advocacy ensured continuity of support for both child and family. A RV staff member noted that *“Our team uses the insights to adjust our approach. It helps us see the child more clearly.”*



# Expansion and sustainability

*The evaluation confirmed strong demand and compelling justification for expansion.*

With only one therapist covering the refuge site, capacity constraints were evident. RV staff noted that children previously seen weekly were moved to fortnightly sessions to accommodate new referrals.

Given the outcomes for children and caregivers, enhanced caregiver relationships, organisational learning, and caregiver and the RV team support for expansion, the case for increasing the capacity of the Program is strong.

## 5.1 Evidence of Demand and Timing

*Demand exceeded capacity with RV staff and caregiver feedback highlighting the need for increased access.*

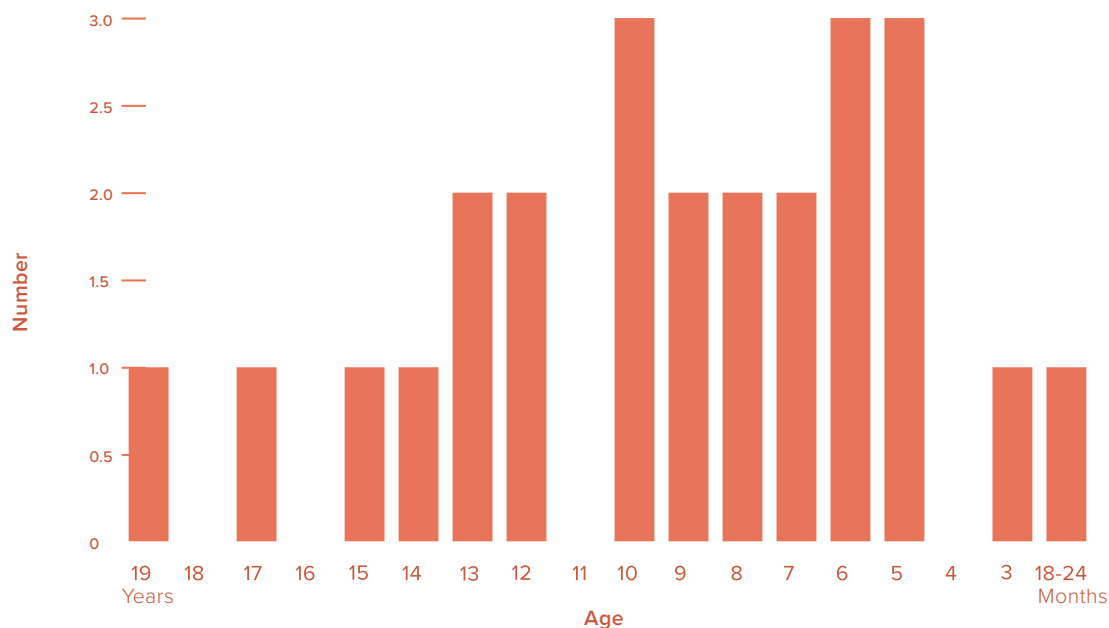
Offered only one afternoon per week the Program has remained at full capacity since establishment. Thirteen families, comprising an estimated 25 children, engaged between July 2024 and May 2025, with four to six sessions delivered weekly. To manage capacity the RV team moved several children from weekly to fortnightly sessions due to therapist capacity constraints to accommodate children assessed as higher risk. While this is not ideal, it is an appropriate short-term solution.

However, RV staff are aware that some children are missing out on a valuable therapeutic intervention and reported that “*more hours would mean more kids get help.*”

Of note, all caregivers interviewed wanted play therapy to continue after leaving refuge despite travel challenges with 100% of caregivers interviewed expressing their desire to access the Program, suggesting a high level of perceived value and trust in the Program.

In the twelve months between July 2024 and June 2025 there were an average of seven children and young people who accessed the Program each month, which represents 65% of all children in service during this period. Of the families who entered the service after the Program had commenced, there was an average of 13 days from entry to the service and the first play therapy session. Eleven children participated in play therapy in the first seven days indicating that play therapy may commence while the caregiver is still working through many of the refuge onboarding activities including safety planning.

## Age Breakdown of Children in the Program



### 5.2 Expansion and Sustainability

*The Program is currently operating at capacity with a single therapist at one location.*

The findings clearly indicate unmet demand, with some children receiving reduced frequency of sessions or not able to access the Program.

Stakeholders suggested several strategies for expanding access:

- Increase therapist hours or engage additional play therapists to address unmet need across Refuge Victoria's sites.
- Establishing off-site or outreach-based sessions in local community hubs to accommodate children from multiple sites.
- Developing transition plans and referral pathways to maintain therapeutic continuity post-exit.

One caregiver stated, *"I'd drive across town to keep it going."*

The Program is currently funded through State Government brokerage at \$40,000 per year, a model that is considered by RV staff as both unpredictable and insufficient to support expansion. While this funding has allowed the Program to demonstrate impact, expansion and longer-term sustainability will require secure resourcing. Philanthropic investment and/or public-private partnerships are the most likely sources.

As a RV staff member noted, *"This service is gold. It deserves stable funding."*

# Recommendations

*The Program is a vital and impactful intervention for children and families affected by family violence.*

The Play Therapy Program at Refuge Victoria has proven to be a vital and impactful intervention for children and families affected by family violence. The evaluation findings confirm that the Program not only supports children to process trauma and build resilience but also strengthens caregiver-child relationships, empowers parents with greater emotional insight, and enhances the capacity of the broader refuge team through secondary consultation and collaborative practice.

Delivered through a flexible, trauma-informed, and child-centred approach, the Program successfully meets the developmental and emotional needs of children in refuge. The on-site nature of the sessions, the qualifications of the therapist, and the integration of advocacy and caregiver engagement contributes to the accessibility, safety, and therapeutic success of the Program.

However, the current model, with one therapist operating with limited hours, cannot meet the needs of children and families across all Refuge Victoria sites. With high demand, strong evidence of effectiveness, high levels of caregiver and staff endorsement, and clear alignment with best practice, there is a compelling case for expanding the Program to ensure all children have equitable access to therapeutic support during their time in refuge.

It is recommended that the current play therapist's capacity is increased, or additional play therapists are engaged at either on-site locations or appropriate off-site locations to enable equitable access for all children across refuge sites.



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