Catholic Social Services Australia

Submission to the Department of Social Services

Consultation on the Second Action Plan

National Plan to End Violence against Women and Children 2022–2032

August 2026

Catholic Social Services Australia

ABOUT CATHOLIC SOCIAL SERVICES AUSTRALIA

Catholic Social Services Australia (CSSA) advocates for the Church's social service ministry and is the peak body for Catholic social service providers. We envision a just, inclusive, and compassionate Australian society that reflects and supports the dignity, equality, and participation of all people.

Delivering **$1.4 billion** of services on behalf of governments across the Federation, our **42 member agencies** provide a diverse range of services to approximately half a million people across Australia including: specialist domestic and family violence services, children's and family services, housing and homelessness services, emergency relief and financial counselling, , early childhood education and care, foster and out-of-home care, youth work, family and relationship support, aged care, NDIS and other disability services, support for survivors of modern slavery and refugee and asylum seeker assistance.

Supporting services that help to address family, domestic and sexual violence is a key strategic priority for CSSA. Over **80 per cent** of our members provide services to children and families that promote and strengthen family wellbeing and support early intervention for vulnerable families. Other member services provide specialists family relationship services as well as specialist family violence support services.

Our network operates across more than **seven hundred** locations in Australia, employing over **10,000** staff, strengthened by the contribution of over **3,000** volunteers.

For over **seventy years**, CSSA has been at the forefront of advocating for those experiencing disadvantage. Our network of member agencies ranks among the largest and longest-established social services providers in the nation, with a presence in every state and territory in Australia.

Acknowledgement

CSSA acknowledge the Traditional Custodians of the many lands and waters on which we live, work, and serve. We pay our deep respects to Elders past and present, and we recognise the continuing connection of Aboriginal and Torres Strait Islander peoples to Country, culture, and community. We honour their enduring spiritual relationship with the Creator which is woven through their stories of our sacred land, and tells of a relationship that has nurtured wisdom, belonging, and care for creation since time immemorial.

We commit ourselves to walk together in truth and justice - listening, learning and standing in solidarity with First Nations peoples as we seek reconciliation and healing.

INTRODUCTION

CSSA thanks the Department of Social Services (the Department) for the opportunity to consult as part of the development of the Second Action Plan (the Plan) under Australia's *National Plan to End Violence against Women and Children 2022–2032* (the National Plan).

We welcome the Second Action Plan consultation's commitment to developing a whole-of-community, whole-of-government five-year roadmap based on solid evidence (ANROWS[1]) and directed at practical actions for an Australian society free from family, domestic and sexual violence (FDSV).

We commend the Department for developing the Second Action Plan in collaboration with other national family and children's safety action plans including: the First Action Plan under *Our Ways, Strong Ways, Our Voices: National Aboriginal and Torres Strait Islander Plan to End Family, Domestic and Sexual Violence 2026–2036*; the Second Action Plan under *Safe and Supported: The National Framework for Protecting Australia's Children 2021-2031* (Safe and Supported); the *Second Aboriginal and Torres Strait Islander Action Plan* under Safe and Supported; and the Second Action Plan under the *National Strategy to Prevent and Respond to Child Sexual Abuse 2021-2030* (through the Federal Attorney-General's Department).

We encourage the Department to not only consider the information provided in this submission in support of these related child and family initiatives, but to articulate where specific activities can work together to achieve shared objectives across initiatives. As the evidence shows, people affected by violence often deal with many overlapping services at the same time. Negotiating these systems simultaneously in itself is an additional source of stress, risk and trauma. We therefore value the leadership role the Department can play in making active and ongoing efforts to map and implement activities focused on improved, coordinated and accountable systems in line with pillar five of the Plan (Systems Integration). Such a commitment is crucial to the success of the National Plan.

While many of the services responsible for child and family wellbeing sit within jurisdictional responsibilities, at the national level, the Department can also increase its efforts in coordinating with other national initiatives that support children, young people and families to be safe through shared governance structures and monitoring and evaluation strategies including: the *National Agreement on Closing the Gap*, *Australia's Disability Strategy 2021-2031*, the *National Action Plan for the Health of Children and Young People 2020-2030*, the *National Children's Mental Health and Wellbeing Strategy*, the *National Mental Health and Suicide Prevention Plan* and *Homes for Australia: A National Plan*.

[1] ANROWS. (May 2026). *Evidence to action: informing direction for the Second Action Plan. Consultation Paper in support of the National Plan to End Violence against Women and Children 2022-2032.*

As recommended by the *Unlocking the Prevention Potential: Accelerating Action to End Domestic, Family and Sexual Violence* Rapid Review (the Rapid Review) Expert Panel (August 2024[2]), Commonwealth and state and territory governments should agree that ending gender-based violence be an ongoing priority of National Cabinet, with quarterly dashboard updates across the Plan and related initiatives provided to National Cabinet every quarter.

This submission does not attempt to replicate known expertise, evidence or promote new solutions within the five priority pillars of the Plan. As the Domestic, Family and Sexual Violence Commission's 2024-25 Yearly Report stressed:

> *The challenge is not generating solutions. It is creating the systems and accountability mechanisms to implement comprehensive and sustainable solutions in a way that enables agility in the face of complexity and emerging issues*.[3]

Navigating complex systems with limited resources is a challenge many of our CSSA member organisations face every day in delivering FDSV and broader family and child support services. This submission therefore seeks to highlight the experiences of our member organisations in supporting victim-survivors within these systems every day – the challenges and risks, as well as the intervention models and practice knowledge already helping to achieve meaningful and effective change for children and families directly affected by, or at risk of experiencing violence.

[2] Domestic, Family and Sexual Violence (DFSV) Commission. (2025, October). Domestic, *Family and Sexual Violence Commission Yearly Report to Parliament 2025.* page.50.
[3] Ibid., page.5.

Addressing the Five Priority Areas for the next plan

1. Victim-survivors of domestic, family and sexual violence

People living in rural and remote areas

As the consultation summary highlights, all victim-survivors should be able to access safety, support, justice, and help to recover, no matter where they live. In practice, support is not the same across Australia, and people in rural and remote areas often face extra barriers to getting help.

The *Unlocking the Prevention Potential: Accelerating Action to End Domestic, Family and Sexual Violence* Rapid Review (the Rapid Review) (August 2024) called for the prioritisation of marginalised groups for increased DFSV support services, including those living in regional and rural areas and with other intersecting vulnerabilities.

CSSA member organisation CatholicCare Wilcannia-Forbes (CCWF) is the largest provider of domestic and family violence services in western NSW, working across a regional and remote area of more than 400,000 square kilometres.

A significant provider of family and domestic violence (FDV), homelessness and related family-support services across western NSW, including communities where specialist services can be scarce, CCWF works across crisis response, housing and homelessness, safety planning, support for women and children, prevention, and perpetrator behaviour change. In the organisation's service area, which covers 52 per cent of NSW, recorded domestic violence assault rates were more than three times the NSW state average in the twelve months to June 2025.

Prompted by the exceptionally high rates of domestic violence across western NSW, in late 2025, CCWF held a major symposium bringing together more than 100 frontline workers, community leaders and advocates focused on the particular challenges of domestic and family violence in regional, rural and remote NSW.[4] The *Hidden No More: Shining the Light on Domestic Violence in Rural Communities* Symposium highlighted that increasing demand, long travel distances, limited crisis and longer-term housing options and fewer specialist services made providing safety, crisis accommodation and ongoing case management particularly challenging for victim-survivors in the region.

[4] CatholicCare Wilcannia-Forbes. (December 2025). *'Hidden No More shines the light on domestic violence in the bush'*. [Media Release]. Source: Hidden No More shines the light on domestic violence in the bush.

The Symposium cited evidence from Domestic Violence NSW (December 2025) which found the costs of delivering domestic and family violence services in regional, rural, and remote communities, is up to 8.94 times higher than cities but lacking supplementary payments to recognise the additional costs and demand drivers related to service delivery in these regional, rural and remote locations.[5]

The combination of very high rates of violence, workforce constraints, geographical isolation, limited service availability and the complexity of providing coordinated responses across enormous areas means regional and remote services need funding models that recognise the additional cost and complexity of rural delivery. Design and implementation of responses also must be sufficiently flexible to address the realities of rural and remote needs. For example, a victim-survivor living in a rural or remote area might be referred to a specialist in a metropolitan area without the means to meet transport, accommodation and other costs. Client brokerage costs to access such services could therefore be factored into funding for FDSV services in rural and remote areas as a standard inclusion.

> *Sometimes a woman fleeing violence must travel six hours by public transport to reach support that's only one hour away by car.*
>
> CatholicCare Wilcannia-Forbes CEO

The Symposium reinforced other well-known priorities of social services providers working in regional and remote areas across the country and proposed key opportunities relevant to the Second Action Plan, including:

<u>Sustainable core funding indexed to the real cost of delivery</u>

The CSSA-commissioned '*Real Costs, Real Impacts: a pathway to social services sustainability report*[6]' (Real Costs Report) highlighted that cost increases associated with fuel in particular, but also including capital costs, meant that governments' funding arrangements that simply add a percentage increase for all costs are not sufficient as cost bases change and become more significant. For example, the Real Costs Report revealed that despite long-distance travel being critical for service delivery, for six of the seven case study organisations, motor vehicle expenses are a significant burden, with one CSSA member reporting that motor vehicle costs increased by 147 percent in the 2022-24 period.[7]

> *You can't just keep absorbing costs and expect the mission to hold.*
>
> CSSA member organisation, Queensland

[5] Domestic Violence NSW. (9 December 2025). '*New report reveals victim-survivors in regional, rural and remote NSW left behind by state funding'.* [Media Release]. Source: New report reveals victim-survivors in regional, rural and remote NSW left behind by state funding | Domestic Violence NSW.
[6] David Gilchrist & Ben Perks. (2025). *Real Costs, Real Impacts: A Path to Social Services Sustainability* (UWA Centre for Public Value. Source: 250315 Real Costs Real Impacts FINAL
[7] Ibid., page 24.

It is much more appropriate that funders review key costs impacting rural and remote operators and apply funding accordingly with the opportunity to increase funding where sudden jumps in costs like motor vehicle expenses are incurred.

Introducing a rural/remote loading

Greater recognition of distance, travel, workforce, housing and outreach costs is a key area for consideration under the Second Action Plan. It is well understood that rural and remote services have greater difficulty recruiting and retaining appropriately qualified FDSV practitioners (see Section 5 – System Integration and Workforce below). In the health sector, incentive schemes such as the Workforce Incentive Program (WIP) – Practice Stream funded by the Department of Health, Disability and Ageing, support rural loading amounts to incentivise professionals to work in rural and remote areas. A similar program could be introduced to recruit appropriately qualified FDSV practitioners (and indeed other child and family support professionals more broadly), in rural and remote regions of need.

2. Prevention and early intervention – early years and beyond

The Rapid Review Expert Panel made clear that narrow understandings of FDSV 'prevention' are insufficient, emphasising that prevention opportunities are needed across the whole service system in addition to primary-prevention initiatives aimed at addressing FDSV. This means supporting families early in both family formation and identifying emerging family disfunction through coordinated service systems centred on the child and family, especially the early years.

CSSA Catholic social service providers recognise the family as the foundational unit of society and the primary context in which children are welcomed, nurtured and formed in dignity, responsibility, solidarity and love. If a loving and well-functioning family is the cornerstone of healthy communities, then government investment should be directed to services and programs that help families flourish and fulfil their responsibilities. We consider this a matter of not only private family life, but social justice. CSSA therefore welcomes continued focus in the Second Action Plan on prevention and early interventions that help keep families safe and well before problems arise or escalate.

CSSA member organisations provide early intervention and prevention services and programs tailored to their communities that support children, young people and families to thrive. These early interventions help to strengthen the protective factors around people, families and communities and reduce known risk factors. Examples include parenting and family-support programs, school engagement and wellbeing initiatives, healthy-relationships and respectful-relationships education.

These services can also help identify problems early before they become a crisis - supporting children, young people, adults and families early enough to prevent harm, disadvantage or vulnerability from developing or becoming entrenched.

Early Years - Child and Family Hubs

The Australian Government's *Early Years Strategy 2024-2034* commits to a whole-of-government response aimed at improving the wellbeing, development and life chances of children from birth to age five, including strengthening support for their parents, caregivers, families and communities. The Strategy emphasises that children and families need to interact with various government systems – health, education, disability, family support, social services, and therefore directs coordinated investment in the early years system centred on the child and family.

Catholic social service providers already operate a number of services that fulfil this need, through Child and Family Hubs or operations that closely resemble the integrated hub model. Hubs are particularly valuable for families experiencing disadvantage because they reduce the burden of navigating fragmented systems through a 'no wrong door', family-friendly approach that can integrate intake, assessment, referral and service delivery.

Catholic social services occupy a unique place in the sector. As mission-driven services using the principles of Catholic Social Teaching to guide our operations, our services and programs are intentional in seeking preferential options to support those living in poverty, with disadvantage or other vulnerabilities. As Catholic social services often have schools, early childhood education and care (ECEC) services and community services operating within the same broader Catholic ecosystem (schools, health settings), child and family hubs can play a significant prevention and early-intervention role in identifying and responding to family and domestic violence precisely because families often come to these services before they would approach a specialist FDV service. This effectively moves some FDV identification upstream, rather than waiting until violence escalates to police, emergency departments, refuges or child protection.

A genuinely integrated hub can also coordinate around risk factors surrounding FDV including housing insecurity and financial hardship, mental health struggles, alcohol and other drugs, disability and parenting stress, social isolation and child developmental needs.

For example, financial counselling can help address economic vulnerability; housing services can improve safety and stability; parenting programs can strengthen family functioning; child services can address trauma and development; and specialist FDV practitioners can undertake risk assessment and safety planning.

This is particularly valuable in many of the regional and remote areas where our members operate, and where access to child and family support services is often fragmented and can be delayed and where families can frequently struggle to navigate multiple systems. Ease of help-seeking can help reduce missed opportunites for early identification and support.

There are also efficiency dividends in the Hubs model. The National Child and Family Hubs network reports that for every $1 invested in a Hubs program, there are $2.2 in social benefits realised in Australia.[8] CSSA members operating hub-like models can offer ECEC, family assessments and navigation pathways, parenting and family relationship support, and FDSV and housing support. This potentially gives government a ready-made network of community infrastructure, including in regional and rural communities where establishing entirely new services is expensive and workforce shortages are severe.

School Savvy – Centacare Far North Queensland

CSSA member, Centacare Far North Queensland (FNQ) operates throughout Cairns and Far North Queensland delivering locally led, community-driven and place-based services. For over 10 years, Centacare FNQ has operated the School Savvy service, a hub-like model providing a range of early intervention and family support services to help families navigate challenges that may impact school attendance, participation and wellbeing. The service combines education and social service delivery within community settings. Centacare FNQ reports that many families gravitate to these services as they provide a single, accessible entry point, and can act as the 'glue' across systems that encourages stronger engagement with children and parents and enabling coordinated support or warm referrals to external services.

Together, they form an integrated prevention ecosystem, reducing pressure on child safety, housing, health, and justice systems by intervening early and holistically, through a range of universal programs. With dedicated investment, these hubs could be further utilised to support and strengthen the local delivery of early intervention and prevention programs that are important protective factors against use or escalation of FDSV. Key opportunities for the Second Action Plan include:

- Further targeted investment for early intervention and prevention services embedded within place-based, Child and Family Hub or hub-like models under the Second Action Plan.
- Discrete funding for 'glue' functions required to engage families and build trust such as Community Engagement and Community Outreach Workers, as well as roles like Community Navigators or Facilitators who can drive local coalitions around aligned and complementary services with a shared vision for success across a community.

[8] National Child and Family Hubs Network, 'Child and Family Hubs', *National Child and Family Hubs Network*. Source: Child and Family Hubs - National Child & Family Hubs Network

Expansion of services that support family wellbeing

While much of the family support in the child and family sector focuses on the early years, several of our member services continue to emphasise the criticality of expanding services that support improved family wellbeing more broadly with a stronger focus on young people in middle childhood and adolescence. This is an important period as children are developing their understanding of relationships, gender, conflict, power, respect, boundaries and acceptable behaviour and are increasingly influenced by peers, schools, social media and intimate relationships outside the family.

CSSA member organisation, Jesuit Social Services (JSS), in its response to the Department's new approach to programs for families and children consultation (December 2025) stressed the need for a more 'sophisticated approach to early intervention with young people and families'[9] who may be experiencing, or at risk of experiencing violence. This includes an expansion of services and programs that strengthen family wellbeing complemented by specific supports for young people in middle childhood and adolescence who are disengaging, or disengaged, from education as such disengagement can signal underlying issues in a child's home life.

A stronger focus on youth services in addition to whole-of-family support services can identify violence earlier, strengthen protective relationships, keep children connected to education and community, and help young people develop healthy and respectful relationships.

Key opportunities for the Second Action Plan include:

- Policy and funding focus for targeted programs for children aged 6-16 years to build strong cognitive, social and emotional foundations. While a number of educational programs exist that might reach every child, programs delivered by social services providers, tailored for children showing emerging risk factors such as behavioural difficulties, poor emotional regulation, and school disengagement, can provide a more intensive response.
- Policy and funding focus for adolescents who are at risk of using violence or harmful sexual behaviour and targeted support. Further details are provided in Section 4 below – People who use violence.

[9] Jesuit Social Services. (December 2025) *Response to DSS Consultation: a new approach for programs for families and children*. Source: SUB_20251205_DSS-consultation.pdf

3. Children and Young People in their own right

Adverse childhood experiences

In 2023, the Australian Child Maltreatment Study (ACMS) produced Australia's first nationally representative estimates of the prevalence of five forms of child maltreatment, including, for the first time, exposure as a witness to domestic violence, as a form of child maltreatment.

The ACMS found that child maltreatment is widespread, with 62.2% of Australians experiencing at least one form of maltreatment during childhood and exposure to domestic violence as the most prevalent form (39.6%).[10] Importantly, strong associations between childhood maltreatment and later mental disorders, health-risk behaviours, and increased health-service use reinforces the rationale for treating children and young people as victim-survivors in their own right, rather than viewing them simply as witnesses to violence experienced by a parent.

Based on the ACMS findings, and CSSA member experience that sees the specific unmet needs of children exposed to family and domestic violence, CSSA commends the Department for prioritising the needs of children and young people individually as a discrete priority under the Second Action Plan.

A child-centred lens on housing

Domestic and family violence is the leading cause of homelessness.[11] In 2023-24, nearly 40 per cent of clients of specialist homelessness services had experienced violence, with a disproportionate impact on Aboriginal and Torres Strait Islander women and children.[12]

Our members' services see many young people enter housing insecurity early in life following exposure to family and domestic violence and family conflict. Children are at heightened risk of child safety intervention where families cannot secure stable housing, including when living in refuge or temporary settings. Repeated housing undermines children's wellbeing during key developmental stages and disrupts education, employment and recovery from trauma.

Families, overwhelmingly mothers with children, are increasingly unable to secure or sustain safe housing following separation from violence. This instability is contributing to higher rates of children entering state-based care, not due to neglect or lack of parenting capacity, but because safe and appropriate housing options are unavailable.

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[10] Ben Mathews, *The Australian Child Maltreatment Study: National Prevalence and Associated Health Outcomes of Child Abuse and Neglect*, *Medical Journal of Australia*, vol. 218, no. 6 Supplement, 2023.
[11] Australian Institute of Health and Welfare. (2025). '*Specialist homelessness services annual report 2024–25, Clients, services and outcomes*'. Source: https://www.aihw.gov.au/reports/homelessness-services/specialist-homelessness-services-annual-report/contents/clients-services-and-outcomes, n.p.
[12] Ibid.

Housing insecurity is therefore operating as a pathway into child removal, compounding trauma and disrupting family structures.

Housing instability that begins in childhood and continues through adolescence, becomes a persistent feature of a young person's life course rather than a short-term crisis and a main contributor to the 40,000 children and young people currently experiencing homelessness in Australia.[13]

Access to effective prevention and transition pathways is limited. Young people often exit care, crisis accommodation or family settings without secure housing options, resulting in repeated or unsafe moves, extended stays in temporary arrangements or early reliance on homelessness services.[14] These experiences disrupt education, employment and wellbeing, and place young people at increased risk of ongoing disadvantage.

Over time, housing instability becomes normalised with few timely pathways to stable housing once instability begins. Young people learn to manage insecurity rather than expect stability, shaping their relationships, help-seeking behaviour and confidence in achieving long-term housing outcomes. Without timely, well-resourced transition and prevention responses, early housing insecurity is reinforced and carried forward into adulthood.

A Second Action Plan that recognises children and young people as victim-survivors in their own right must also recognise safe and secure housing for children escaping FDSV as more than providing physical safety. Housing must be a pre-condition for effective engagement with other systems including education and health, and be able to provide privacy, stability, recovery from trauma; and give children access to specialist support.

The Australian Government's $1 billion investment in crisis and transitional housing through the Housing Australia National Housing Infrastructure Facility – Crisis and Transitional Housing (NHIF-CT), the $100 million Crisis and Transitional Accommodation Program under the Housing Australia Future Fund, and $175.1 million provided under the Safe Places Emergency Accommodation Program are welcome and necessary investments to expand crisis, transitional and social housing pathways for families escaping violence recognising the importance of safety and stability as a foundation for longer-term housing outcomes.

Supporting people experiencing homelessness, crisis, and family and domestic violence with a strengthened system as one of six key pillars under the newly released, *Homes for Australia National Plan* (May 2026) is an additional policy mechanism through which child-centred housing responses to FDSV can be advanced.

Key opportunities for consideration under the Second Action Plan include:

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[13] HomeTime. (2026). n.p. Source: https://www.hometime.org.au/background

[14] Australian Institute of Health and Welfare. (2025). '*Specialist homelessness services annual report 2024–25*.' Source: https://www.aihw.gov.au/reports/homelessness-services/specialist-homelessness-services-annual-report/contents/clients-services-and-outcomes

- Continuation and expansion of the 'Stay safely at home' models that do not require children to leave home at all, such as NSW's Staying Home Leaving Violence program.
- Working with states and territories on provision of child-centred crisis and short-term accommodation models. The NSW Core-and-Cluster models provide a good example of families living in their own self-contained, child-friendly accommodation while specialist services are located in a nearby communal 'core'.
- Crisis accommodation designed to accommodate the needs of larger families with children, children with disability and accompanying older male children (12 years +) and their pets.
- Greater investment in Aboriginal and Torres Strait Islander community-controlled organisations that can provide culturally safe, crisis and short-term accommodation that maintains children's connection to family, culture and community.
- Transitional family housing with specialist children's workers, allowing a family to remain in a stable property for up to 24 months while the parent rebuilds towards permanent housing. Critically, specialist children's workers provide personalised, trauma-informed assessment and case planning to children and young people rather than simply being included on their parent's case file.

4. People who use violence

CSSA welcomes the Second Action Plan's focus on the promotion of healthy, safe relationships and strengthened accountability for people who use violence and highlights examples of leading practice in this area by CSSA member, Jesuit Social Services (JSS).

Create more pathways for early intervention and behaviour change

JSS provides leadership on the reduction of violence and other harmful behaviours prevalent among boys and men and building new approaches to improve their wellbeing and keep families and communities safe.

In 2025, JSS published its Adolescent Man Box study (the Study), a first of its kind study focusing on young people between 14-18 years. The study revealed the social and health related associations with restrictive masculinity amongst adolescent boys.

It is particularly relevant to current discussions about preventing violence against women and children in finding a strong association between rigid ideas of masculinity and violence, bullying, sexual harassment, poor relationships and wellbeing.[15]

[15] Jesuit Social Services. (2025). The Men's Project, *The Adolescent Man Box: Findings from a Survey with Australian Adolescents Aged 14–18 Years*, Jesuit Social Services.

The Study recommended a suite of measures stressing the criticality of engaging boys and men in solutions to address DFSV including increasing the scale of early intervention work with boys to prevent violence by addressing underlying needs, in partnership with communities.

Adapting school-based early intervention for at-risk young people

Jesuit Social Services - Change Makers Pilot Program

Consistent with the findings of the Study, JSS has developed the Change Makers pilot program to support at-risk boys and young men who are showing early signs of violence and misogyny or are exposed to risk factors that make them more likely to perpetrate violence, such as disengagement from education, exposure to family violence, and association with violent peers. The aim is to empower boys and young men with the knowledge, skills and confidence to live safe, full lives, free from violence and other harmful behaviours.

The program partners with mainstream and specialist secondary schools and community organisations to deliver a group-based program with young people, as well as capacity-building with staff to support them to work with young people to prevent violence.

Change Makers complements the Resilience, Rights and Respectful Relationships (RRRR) curriculum with a higher intensity intervention for young men and boys at greater risk of using violence, and those who are disengaged from school.

The Change Makers pilot is generating promising evaluation data which indicates that it is contributing to improvements in participants' emotional literacy, empathy for others, non-violent problem-solving skills and understanding of gender norms and societal pressures related to masculinity, as well as contributing to stronger social connections and behavioural changes for participants, such as improved attendance and behaviour at school and increased help-seeking.

Hold people who use violence to account, with victim-survivor safety at the centre

Centacare Far North Queensland – Manoora Neighbourhood Centre

CSSA has evidence of the impact of leveraging place-based local service delivery outlets and programs to effectively engage with men who use or are at risk of using violence in family or intimate relationships.

For example, Centacare FNQ's Manoora Neighbourhood Centre provides a strong foundation to expand early intervention responses for men who have engaged in, or are at risk of engaging in FDV services. While not providing specialist family and domestic support services, the Centre provides counselling and community mental health services, multicultural services and community programs, meaning there are multiple touchpoints with men who may not otherwise engage with specialist DFV services.

Importantly, the Centre's and Centacare FNQ's community programs are particularly effective as 'soft entry' points, enabling engagement in familiar, trusted environments without the barrier of formal program labels given that men are unlikely to engage with services labelled for 'perpetrators of DFV.' There is however strong potential to engage through non-stigmatising, strengths-based interventions and wellbeing-focused programs, mental health and emotional regulation supports, fathering and relationship programs, peer connection and community-based activities.

These programs promote accountability alongside support, build skills in emotional regulation, communication, and healthy relationships and create safe pathways into more intensive interventions where required. There is opportunity to build on existing funded services to integrate early DFV intervention approaches into current programs, strengthen referral pathways between community services and specialist DFV providers, enhance workforce capability to safely engage men and respond to early warning signs. Importantly, strengthening these supports will alleviate pressure on acute services.

> *The impacts and the contact points reach far and wide throughout our whole social services system and throughout our community. Recognising the need to provide services right across the community sector, not just in the specialist FDV service, is important.*
>
> Centacare FNQ, Executive Director[16]

[16] Queensland Parliament Education, Arts and Communities Committee. (3 June 2025). *'Public Hearing—Inquiry into the Domestic and Family Violence Protection and Other Legislation Amendment Bill 2025'*. Page 7.

System integration and workforce

Fragmented and misaligned service systems

Progress in reducing FDSV is constrained by fragmentation across interconnected service systems, including housing, family violence, child protection, health and mental health, justice and settlement services. Responsibility for supports is often dispersed across multiple agencies without clear ownership or accountability when systems fail. As a result, frontline practitioners are frequently placed in positions where they are expected to manage escalating risks and crises without the authority, resources or systemic support required to address the underlying causes. This fragmentation can leave individuals and families cycling between systems that are poorly coordinated and unable to provide integrated, long-term solutions.

People and families should not have to become expert navigators of government and service systems at times in their lives when they are most vulnerable. A mother and children escaping violence may simultaneously need safety, housing, income support, schooling, health care, counselling and legal assistance. Services should organise themselves around the needs of the family, rather than requiring the family to organise itself around structures and systems.

Key opportunities under the Second Action Plan include:

- A **no-wrong door approach** across the services system - Rather than requiring victim-survivors or frontline practitioners to navigate fragmented systems, services should operate on a 'no wrong door' basis. Continuity of care for victim-survivors within the service system can be underpinned by longer-term funding, clearly defined accountabilities across agencies, flexible funding that enables services to respond to the whole needs of a family rather than individual program criteria, and specific funding for Lead Navigator or Practitioner roles responsible for coordinating responses for families, particularly those with multiple or complex needs.
- **Expand investment in place-based models and child and family hubs**, especially in regional, rural and remote communities, where service availability is more limited and fragmented, and on child and family services that can connect victim-survivors with housing, specialist FDV, health, mental health, legal, financial, child and family, and settlement supports, including outreach where physical co-location is impractical.

Improve how services and workforces share information and work together

The biggest opportunity under this pillar of the Second Action Plan is to strengthen mainstream child, family, health, housing, education, and mental health systems so they can identify risk earlier, respond safely, and work in shared accountability with specialist DFV services.

The Second Action Plan should invest in capability uplift across mainstream services so workers are confident to identify DFV indicators, understand coercive control, respond safely, and connect families to the right support. This includes improving how coercive control is recognised, understood and addressed as a common pattern in domestic and family violence, including its impacts on victim-survivors, children, help-seeking and system responses.

Case Study: Family Violence, Housing and Family Law

A mother and her two children remained in refuge accommodation for an extended period due to the absence of safe housing options. In subsequent family law proceedings, the ongoing housing instability - directly linked to safety needs - was used to question the mother's parenting capacity and operated as a pathway to potential removal of the children from the mother's care. This also enabled continued coercive control by the perpetrator through legal processes and contributed to significant mental health impacts for the non-offending parent and children.

Build workforce skills across specialist and other services

Community organisations need practical mechanisms for joined-up work, including shared referral pathways, local partnership models, warm referrals, and clear roles between specialist and non-specialist services.

Between child protection and DFV systems: children may be affected by violence but not always receive their own recovery response. Between specialist and mainstream services: non-specialist services may identify risk but lack clear referral pathways or confidence in safe responses. Between adult and child-focused services: support can be fragmented when adult victim-survivor safety, child wellbeing, and perpetrator accountability are handled separately. Between crisis response and long-term recovery: families may receive immediate safety support but lack ongoing healing, parenting, housing, financial, and mental health support. For adolescents using violence: the National Plan notes that some people may be both victim-survivors and perpetrators of violence and need support to recover while also addressing their own use of violence.

Support workers, including with the impact of vicarious trauma from working in this field

Workforce Issues

Frontline workers often encounter situations where housing systems are misaligned with family law, child protection and justice responses, forcing them to manage complex risks without meaningful pathways to resolve the housing instability driving those risks. Prolonged exposure to these ethical and operational pressures can undermine workforce wellbeing, retention and long-term sector sustainability.

Current policy settings also continue to prioritise short-term responses over structural reform. Many responses for victim-survivors rely heavily on temporary accommodation, crisis responses or short-term brokerage support without providing long-term sustainable exit pathways for those experiencing violence.

These systemic pressures contribute significantly to workforce moral distress and sustainability challenges across the community and social services sector. Practitioners are increasingly required to make safety-critical decisions in environments characterised by severe shortfalls in resourcing and limited support options.

An effective national response to FDSV cannot be realised without building and sustaining the workforce required to deliver it. Key considerations for the Second Action Plan include:

- competitive remuneration
- secure employment
- manageable workloads
- professional supervision and specialist capability and clear career pathways, with particular attention to the attention to the unique needs and costs required for rural, regional and remote communities.

The sector eagerly awaits the findings of the National Family, Domestic and Sexual Violence Workforce Survey commissioned under the National Plan, due to be released in mid-2026. This survey will provide a national picture of workforce size, composition, capabilities and challenges and help set priorities for specific actions under the Second Action Plan.

In the interim, Family and Relationship Services Australia (FRSA) has released its preliminary findings on its National Family and Relationship Services (FRS) Survey. The Survey is designed to provide a national workforce profile and analyse workforce trends and pressures. Early insights from the Survey reveal growing workforce pressures - including funding uncertainty, recruitment challenges and increasing demand for specialist skills to meet client complexity. The Survey suggests that the areas of greatest need include:

- Rising client complexity requiring new skills and providers delivering specialist trauma, domestic and family violence and neurodivergence capability within multidisciplinary teams.
- Further staff training among FRS workers in domestic, family and sexual violence (55 %)
- Family Dispute Resolution Practitioners and general and child-focused counsellors, who are among the hardest roles to fill among the FRS workforce.

CONCLUSION

CSSA thanks the Department of Social Services for the opportunity to contribute to consultations on the Second Action Plan.

The Second Action Plan presents an important opportunity to build on what is already working for children and families in their communities, and in concert with other national plans and strategies that connect prevention, early intervention, response, recovery and healing with the broader systems that shape the lives of individuals, children and families.

We invite the Department to call on the vast knowledge and experience of CSSA members across Australia who deliver services and programs on the ground - investing in, scaling and adapting approaches that are already demonstrating impact. We know much about what works. The task now is to connect that knowledge across systems, back it with sustained investment and accountability, and translate it into coordinated action that reaches people wherever they live and at every point along the spectrum of need.

Contact Us

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