CAFFSA Submission on the Draft Second Action Plan under the National Plan to End Violence against Women and Children 2022–2032

Child and Family Focus SA

July 2026

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Commissioned by CAFFSA 2024

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Acknowledgement

We acknowledge the traditional lands of the Kaurna people and acknowledge the Kaurna people as the custodians of the Adelaide region and the Greater Adelaide Plains. We pay our respects to Kaurna Elders past and present.

We acknowledge the traditional custodians of land beyond Adelaide and the Adelaide Plains and pay our respects to all Aboriginal Elders past and present.

We acknowledge and pay our respects to the cultural authority of our Aboriginal and Torres Strait Islander colleagues and are grateful for the cultural expertise that they represent.

The role of Child and Family Focus SA

Child and Family Focus SA (CAFFSA) is the South Australian peak body representing the needs and interests of children, young people and families, particularly those connected with or at risk of entering the child protection system, and the NGOs and ACCOs that support them.

Contributors

This submission was prepared with input from members of CAFFSA's Policy and Advocacy Committee, Intensive Family Support, Family Based Care, and Residential Care Networks and the Aboriginal Leadership Group, in addition to partner organisations external to CAFFSA's membership. Members of these groups comprise over 40 agencies across South Australia who provide services to children, young people and families involved in or at risk of involvement with the child protection system.

1.Purpose

This submission responds to the Second Action Plan under the *National Plan to End Violence against Women and Children 2022–2032* consultation through a South Australian child and family sector lens. It focuses on the practical implementation required to ensure children and young people are recognised and supported as victim-survivors in their own right, while also recognising their relationships with family, kin, culture, community and caregiving systems.

This submission focuses on the following questions posed in the consultation document:

- *What helps people access support earlier, and what barriers prevent people from seeking help or engaging with systems and services?*
- *What would make the biggest difference in preventing and ultimately ending violence?*
- *What would make the biggest difference to improving safety, recovery and wellbeing outcomes for children and young people affected by this violence?*
- *How can services, families, communities, workplaces, institutions and others better recognise and respond safely to people using violence or at risk of using violence?*

- *What would make the biggest difference in creating a more coordinated and connected system response for people affected by violence against women and children and other forms of gender-based violence and people using violence?*

2. Background

CAFFSA's member organisations provide crucial services and responses to vulnerable children, young people, families and communities across South Australia. Most members provide this support through a mix of state, national and philanthropic funding programs, often with augmentation through their own fund-raising efforts.

CAFFSA's membership encompasses a broad range of Aboriginal Community Controlled Organisations (ACCOs) and Non-Government Organisations (NGOs) that work in the child and family sector in South Australia. Members share CAFFSA's commitment to the vision of:

A future where every child thrives, deeply connected to their family, community and culture, and empowered to reach their full potential. They are supported by a resilient and sustainable sector with resources and innovation to drive meaningful change.

CAFFSA strongly supports the directions reflected in the National Plan and the Second Action Plan consultation paper, and applauds the stronger recognition of children and young people as victim-survivors in their own right.

The Australian Child Maltreatment Study identified exposure to family and domestic violence (FDV) as the most common form of child maltreatment in Australia, with 39.6% of the population reporting they had experienced it during childhood[1]. This prevalence highlights the scale and severity of FDV as a significant form of harm, reinforcing the need for prevention and early intervention systems that can respond to the widespread impact of FDV and strengthen safety and wellbeing for children and young people.

CAFFSA's key feedback is that the Second Action Plan must now move from recognition to implementation with practical, child-centred, family-aware, funded and accountable responses. These responses need to occur across the systems and services children and families interact with, within their own communities.

CAFFSA recommends that implementation be strengthened through a clear child and family sector lens, including stronger attention to prevention and early intervention, housing, the interface with mandatory reporting and child protection systems, therapeutic recovery services, and the need for assessment of and responses to mental health and suicide risk. The need for incorporation of Aboriginal-led responses, the needs of children and young people in Out of Home Care and those with a disability are raised, along with broader issues including the need for systems integration and workforce capability initiatives.

CAFFSA also calls for the Second Action Plan to give practical effect to recognising children and young people as victim-survivors in their own right, with child-specific actions, measurable outcomes, access

[1] Mathews, B., Higgins, D. J., Scott, J. G., Lawrence, D. M., Haslam, D. M., Pacella, R., Erskine, H. E., Thomas, H. J., Malacova, E., & Dunne, M. P. (2023). *Australian Child Maltreatment Study: Primary findings*. Australian Child Maltreatment Study. https://www.acms.au/resources/entire-acms-primary-findings-set/

to healing and recovery supports, and stronger accountability across prevention, early intervention, response, recovery and healing and the creation, use and publication of child-level data.

3.Summary of Recommendations

CAFFSA recommends that the Second Action Plan:

1. **Review the impact of mandatory reporting and child protection responses on help-seeking and ensure implementation aligns with the Second Action Plan and the Second Aboriginal and Torres Strait Islander Action Plan under *Safe and Supported: The National Framework for Protecting Australia's Children 2021-2031*, and the Second Action Plan under the *National Strategy to Prevent and Respond to Child Sexual Abuse*.** The Second Action Plan should examine how mandatory reporting, child protection thresholds and statutory responses operate where homelessness or housing instability is a consequence of DFSV, poverty, financial abuse or housing system failure. Mothers seeking safety with children should be met with support, stabilisation, housing assistance and safety planning, not responses that unintentionally increase fear, surveillance or risk of child removal. Alignment with other relevant National Plans that intersect with this area is essential.

2. **Ensure implementation aligns with *Our Ways – Strong Ways – Our Voices* and Closing the Gap.** Implementation should align with the whole-of-society approach, emphasizing safety, wellbeing, and healing through culturally responsive, community-led solutions and recognise the role of ACCOs in delivering culturally safe, relationship-based child and family services, with funding models that support core functions, workforce sustainability, community-led practice, place-based healing responses, and ACCO-led data, research and evaluation.

3. **Strengthen intersectional DFSV responses and ensure alignment occurs with relevant plans including the *National Action Plan for the Health and Wellbeing of LGBTIQA+ People 2025–2035* and Australia's Disability Strategy.** It is vital to ensure children, young people and families experiencing compounded barriers, including disability, cultural and linguistic diversity, and LGBTQIA+ identities, can access timely, safe and appropriate support.

4. **Strengthen disability-inclusive DFSV responses for children and families**. This includes accessible housing, disability-aware safety planning, coordination with disability supports, including the NDIS where relevant, child-specific therapeutic support, and better integration across DFSV, child protection, health, education, housing, disability and OOHC systems. Responses must recognise that children with disability can be directly targeted by violence and that disability-related housing and service barriers can constrain families' safety options.

5. **Invest in child and family support as core public health prevention and early intervention infrastructure.** This should include intensive family support, evidence-based parenting support, early childhood, schools, community and youth services, with support available before crisis or statutory intervention. Schools and wellbeing staff should be linked with local early intervention services, alongside sustained investment in respectful and healthy relationships programs.

6. **Fund long-term therapeutic recovery and healing for children and families.** Recovery should extend beyond crisis and include practical, relational, cultural and therapeutic

support over time, including timely access to basic essentials that help children and families stabilise and engage with support.

7. **Strengthen mental health pathways for children and young people affected by DFSV.** This includes early therapeutic assessment, CAMHS access, 16–18-year-old transition issues, continuity for care leavers, and child-parent counselling where reunification is viable.

8. **Strengthen recognition of children as victim-survivors with practical, child-centred and family-aware responses.** Children must be understood in the context of family, kin, culture, community and caregiving relationships, while also being recognised as rights holders with their own safety, recovery, participation and support needs.

9. **Explicitly identify and respond to DFSV-related trauma, self-harm and suicide risk across relevant service systems.** Explicitly identify DFSV-related trauma, self-harm and suicide risk as a priority for action across DFSV, family support, mental health, AoD, child protection, OOHC, youth services, youth justice, housing, and education systems. Include provisions for better data collection, stronger referral pathways, workforce training and timely therapeutic responses for children and young people presenting with suicidal distress where DFSV or cumulative trauma is a contributing factor**.**

10. **Expand early intervention and behaviour-change responses for people using violence.** Responses for adults and young people should be accessed early, trauma-informed and safety-focused and developmentally appropriate (particularly for children and young people) avoiding default reliance on intervention orders, homelessness or criminalisation. Families should have access to safety planning, therapeutic support, behaviour-change work and practical family support before violence escalates to police, court or statutory intervention.

11. **Explicitly address children and young people in OOHC and residential care.** This should include safer placement matching, responses to peer-on-peer violence, harmful sexual behaviours, fear within placements, exposure to violence in care, and therapeutic follow-up rather than incident-only responses.

12. **Improve integration across systems with warm referral pathways, active navigation, coordinated information sharing and shared accountability whilst also reducing the need for victim-survivors to repeatedly retell their experiences.** This should include DFSV, child protection, OOHC, reunification, youth justice, family support, mental health, housing, education, AOD, disability, police, courts and family law. CAFFSA supports consideration of corporate parenting approaches, consistent South Australia's emerging State Strategy for the Safety and Support of Children and Young People, to ensure children and young people in, or leaving care are understood as a shared responsibility across government, not the sole responsibility of child protection.

13. **Improve child-level data, evidence and accountability.** This should include child-level DFSV data, suicide and self-harm data, OOHC and residential care data, homelessness data, disability data, Aboriginal data sovereignty, lived experience, practice wisdom, cultural knowledge and sector evidence. Child-specific indicators, disaggregated reporting and an annual publicly available Child Outcomes Report under the National Plan should be introduced, so that outcomes for children and young people are visible across prevention, early intervention, response, and recovery and healing.

14. **Strengthen workforce capability across specialist and non-specialist services.** This should include shared sector training in child-centred practice, DFSV, coercive control, trauma, suicide risk, cultural safety, disability, CALD responsiveness and community and collective family approaches. Alongside this, specific capability within child and family services should be strengthened to safely manage risk and work with families where violence is ongoing, supported by specialist DFSV secondary consultation and supervision.
15. **Treat housing as core DFSV safety and recovery infrastructure.** This includes crisis, transitional and long-term housing for women with children, including families with teenage boys, unaccompanied children and young people, young people leaving unsafe homes, families with disability-related housing needs, and regional communities. Housing responses must recognise that poverty, cost of living pressures, financial abuse and homelessness can restrict women's choices, increase child protection involvement and hide the needs of unaccompanied children and young people in homelessness data.
16. **Embed children and young people's participation in implementation and accountability.** Fund age-appropriate and accessible mechanisms for children and young people to inform policy, service design, monitoring and evaluation, including independent feedback pathways for children in OOHC and youth justice and appropriate support for children with disability or communication barriers

4. Responses to Key Consultation Questions

4.1 What helps people access support earlier, and what barriers prevent people from seeking help or engaging with systems and services?

4.1.1 Child protection and mandatory reporting can create barriers to help-seeking

De-stigmatising the need for help is one of the major ways to make it easier for people to access support or services. Trew et al. (2023)[2] identified that parents experiencing FDV described minimal support, lack of consultation, fear of child removal, difficulty accessing crisis accommodation with children, and psychological harm associated with statutory intervention. Treating a woman with children leaving violence as a person with children who require trauma-informed, non-judgemental assessment for immediate safety planning, stabilisation and support needs, not as an automatic case of parental failure, is essential.

The interface between DFSV and child protection was an issue of great concern to CAFFSA members. Feedback consistently identified that fear of child protection involvement, statutory intervention or child removal can deter mothers and children from seeking help. Many members we consulted raised that women fear fleeing violence because becoming homeless with children will result in a mandatory report to the child protection system, even when homelessness is caused by violence, financial abuse, poverty or housing system failure.

Families who attract the attention of child protection services most often have ongoing lived experiences of poverty, gender-based domestic and family violence, problematic substance use and sometimes, formally diagnosed mental health conditions. Without broader contextual knowledge and understanding,

[2] *Trew, S., Taplin, S., O'Donnell, M., Marriott, R., & Broadhurst, K. (2023). Parents' experiences with child protection during pregnancy and post-birth. Child & Family Social Work, 28(2), 549–562.* https://doi.org/10.1111/cfs.12984

particularly regarding ongoing poverty, decision-making by child protection workers often leads to the removal of children, while the family's material poverty and experiences of violence remain unaddressed.[3]

The Second Action Plan should promote responses that distinguish between parental failure and system-created risk and ensure that women seeking safety with children are met with practical support rather than surveillance or blame.

The Second Action Plan should explicitly examine how mandatory reporting, child protection thresholds and related service responses affect help-seeking and safety, and identify ways to mitigate this risk. CAFFSA does not suggest that child protection responses are not required where children are unsafe. However, the way mandatory reporting and child protection responses are designed and implemented can either support help-seeking or deter mothers and children from seeking help.

4.1.2 Aboriginal-led and culturally grounded responses improve access

Member feedback highlighted the importance of Aboriginal-led, culturally grounded and whole-family responses in improving access. The KWY case study in *Our Ways – Strong Ways – Our Voices* (p. 37) describes a South Australian ACCO model that has worked with men, women, children, schools and communities through place-based safety hubs, men's behaviour change, child and youth work, social and emotional wellbeing, kinship care, reunification, intensive family support and culturally responsive sector training.[4]

This reflects a broader point made by members: ACCOs have long developed relationship-based, culturally grounded and whole-family models that support Aboriginal families in ways some mainstream systems do not always recognise. The *Stronger ACCOs, Stronger Families* report supports this, identifying ACCOs as best placed to deliver culturally safe child and family services, while requiring fair funding, core operational support, reduced administrative burden and investment in ACCO-led data, research and evaluation.[5]

Implementation should therefore strengthen ACCO-led responses, including funded place-based approaches, men's healing, men's and boys' work, family healing, cultural connection and community-led responses. Mainstream services should also be supported to learn from Aboriginal ways of knowing, being, connecting and doing, while ensuring ACCO-led models are properly funded, protected and not appropriated.

The second plan should also cross-reference relevant activities with the *Our Ways, Strong Ways, Our voices*[6] National Aboriginal and Torres Strait Islander Plan to End Family, Domestic and Sexual Violence 2026–2036 which is a 10 year national strategy to end family, domestic and sexual violence against First Nations women and children.

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[3] *Bennett K., Booth A., Gair S., Kibet R., & Thorpe R. (2020). Poverty is the problem – not parents: so tell me, child protection worker, how can you help? Children Australia, 45(4), 2238. doi.org/10.1017/cha.2020.39*

[4] *Department of Social Services. (2026). Our Ways – Strong Ways – Our Voices: National Aboriginal and Torres Strait Islander Plan to End Family, Domestic and Sexual Violence 2026–2036. Commonwealth of Australia.*

[5] SNAICC – National Voice for our Children. (2022). Stronger ACCOs, Stronger Families: Final report. SNAICC.

[6] Our Ways – Strong Ways – Our Voices: National Aboriginal and Torres Strait Islander Plan to End Family, Domestic and Sexual Violence 2026–2036 | Department of Social Services

4.1.3 Access must respond to intersecting barriers

Members also identified the need to address intersecting barriers to help seeking and service access. For example, stronger disability-inclusive DFSV responses are urgently required to address access issues to help-seeking. Octoman et al. (2022)[7] found that children with disability were twice as likely to have a mother hospitalised due to DFSV assault, made up approximately 30 per cent of children experiencing DFSV in police and hospital data, and were more likely to have child protection involvement and enter OOHC. The research also found that perpetrators often directed violence towards children as well as mothers, and that disability-related housing and service barriers can prevent families from leaving violence. This reinforces the need for accessible, child and family-centred responses and stronger coordination across DFSV, disability, child and family support, housing and other relevant systems.

The complexity for women and children from diverse backgrounds. For example, families from culturally and linguistically diverse backgrounds also needs to be addressed, where help-seeking, safety planning and recovery may need to account for language barriers, migration and settlement experiences, community relationships, extended family dynamics, privacy issues when accessing culturally-specific support and collective approaches to family decision-making.

The 2020 Australian Government House of Representatives inquiry into FDSV identified a variety of barriers to LGBTIQA+ people reporting FDSV and seeking help, including homophobia, transphobia and a fear of discrimination.

LGBTIQA+ people are far less likely than the general population to find support services that meet their distinct needs. Additionally, a national survey by the University of New South Wales Social Policy Research Centre of 1,157 workers in specialist family, domestic and sexual violence services indicated:

- A majority of workers wanted more training on how violence is experienced by LGBTQ+ people.
- Workers felt there was a lack of training and capacity to support LGBTQ+ communities.
- A general lack of societal knowledge and awareness more broadly of how violence occurs in gender diverse and same-sex relationships (Cullen et al. 2022).

Additionally, service providers may not recognise violence in LGBTQ+ relationships (Campo and Tayton 2015; Cortis et al. 2018; Cullen et al. 2022).[8]

The *National Action Plan for the Health and Wellbeing of LGBTIQA+ People 2025–2035*[9] highlights the need for culturally safe and inclusive approaches to address DFSV, acknowledging intersectionality and the compounded effects of discrimination.

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[7] *Octoman, O., Hawkes, M., Lima, F., O'Donnell, M., Orr, C., Arney, F., Moore, T., Robinson, S., valentine, k., Marshall, A., Burton, J., & Brebner, C. (2022). The nature and extent of domestic and family violence exposure for children and young people with disability (Research report, 16/2022). ANROWSeSafety Commissioner. (2025). Swipe right for sextortion: eSafety unmasks 'sexy' scam artists. Australian Government.*

[8] LGBTIQA+ people - Australian Institute of Health and Welfare

[9] *National Action Plan for the Health and Wellbeing of LGBTIQA+ People 2025–2035 | Australian Government Department of Health, Disability and Ageing*

Gender diverse young Australians face significantly higher rates of exposure to domestic violence, demonstrating an urgent need for targeted prevention and early intervention responses. Higgins et al. [10] Reports that 58% of the Australian gender diverse population aged 16 to 24 years of age have been exposed to domestic violence compared to 45.8 percent for cisgender females and 40.8% of cisgender males demonstrating a disproportionally level of harm that must be explicitly addressed in policy through strengthened service provision such as LGBTIQA+ inclusive service systems.

Recommendations:

1. **Review the impact of mandatory reporting and child protection responses on help-seeking and ensure implementation aligns with the Second Action Plan and the Second Aboriginal and Torres Strait Islander Action Plan under *Safe and Supported: The National Framework for Protecting Australia's Children 2021-2031*, and the Second Action Plan under the *National Strategy to Prevent and Respond to Child Sexual Abuse*.** The Second Action Plan should examine how mandatory reporting, child protection thresholds and statutory responses operate where homelessness or housing instability is a consequence of DFSV, poverty, financial abuse or housing system failure. Mothers seeking safety with children should be met with support, stabilisation, housing assistance and safety planning, not responses that unintentionally increase fear, surveillance or risk of child removal. Alignment with other relevant National Plans that intersect with this area is essential.

2. **Ensure implementation aligns with Our Ways – Strong Ways – Our Voices and Close the Gap.** Implementation should align with the whole-of-society approach, emphasizing safety, wellbeing, and healing through culturally responsive, community-led solutions and recognise the role of ACCOs in delivering culturally safe, relationship-based child and family services, with funding models that support core functions, workforce sustainability, community-led practice, place-based healing responses, and ACCO-led data, research and evaluation.

3. **Strengthen intersectional DFSV responses and ensure alignment occurs with relevant plans** including the National Action Plan for the Health and Wellbeing of LGBTIQA+ People 2025–2035 and Australia's Disability Strategy. It is vital to ensure children, young people and families experiencing compounded barriers, including disability, cultural and linguistic diversity, and LGBTQIA+ identities, can access timely, safe and appropriate support.

4. **Strengthen disability-inclusive DFSV responses for children and families**. This includes accessible housing, disability-aware safety planning, coordination with disability supports, including the NDIS where relevant, child-specific therapeutic support, and better integration across DFSV, child protection, health, education, housing, disability and OOHC systems. Responses must recognise that children with disability can be directly targeted by violence and that disability-related housing and service barriers can constrain families' safety options.

[10] Higgins, D., Hunt, S., Luu, J., & Tzoumakis, S. (2024). *Gender and sexuality diversity and associations with child maltreatment: A nationally representative study of Australian adults*. Child Maltreatment, 30(1), 17–38. https://doi.org/10.1177/10775595231226331

4.2 What would make the biggest difference in preventing and ultimately ending violence?

4.2.1 Prevention and early intervention require a public health child and family support approach

Members strongly supported the proposed focus on prevention in the Plan. Professor Daryl Higgins, Director of the Institute of Child Protection Studies at Australian Catholic University, has argued for public health approaches to protecting children that include evidence-based parenting supports. Higgins and Hunt's rapid evidence review also identifies parenting as a key prevention target and notes the role of parents in supporting children to grow up free from violence are less likely to use violent or abusive behaviour.[11] Population-based parenting supports, such as Triple P, provide one example of a multilevel model that blends universal and targeted parenting interventions to promote child, parent and family wellbeing.[12]

However, parenting support must be framed carefully. It must not shift responsibility onto victim-survivors, as commonly currently occurs for mothers experiencing violence. Parenting and family support must sit alongside perpetrator accountability, child safety, housing, therapeutic recovery, mental health support, culturally safe services and practical supports for families.

The family support sector is a key early intervention platform. For example, the SA Department of Human Services Intensive Family Support Services (IFSS) referral data from 2022/23 shows that 81 per cent of families had current or past domestic and family violence concerns recorded at referral, including 57 per cent with current concerns. DHS also reports that more than one in three families referred to IFSS with current DFSV concerns were also reported to have a known or alleged perpetrator residing in the home. This positions IFSS as one of the largest workforces in South Australia working intensively with families where DFSV is active or recently present. [13] It reinforces the need for these services to be adequately resourced as part of the DFSV prevention and early intervention system. It can easily be assumed that the South Australian experience is or can be replicated nationally.

Implementation of the Second Action Plan should recognise child and family support, including evidence-based parenting support, as core DFSV prevention and early intervention infrastructure. This should include practical support for parents, carers, children and young people before violence escalates or statutory systems become involved, alongside resourcing for shared training, supervision, and systems for warm referral systems and local collaboration across family support, early childhood, health, and youth services, CALD, LGBTQIA+ and disability services, and housing, family support and regional outreach systems. Prevention services and responses for Aboriginal children, young people, families and

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[11] Higgins, D. J., & Hunt, G. R. (2024). Child, parent and contextual factors associated with child protection system involvement and child maltreatment in the family: A rapid evidence review. Australian Journal of Social Issues, 59, 358–400. https://doi.org/10.1002/ajs4.306

[12] *Sanders, M. R., Kirby, J. N., Tellegen, C. L., & Day, J. J. (2014). The Triple P-Positive Parenting Program: A systematic review and meta-analysis of a multi-level system of parenting support. Clinical Psychology Review, 34(4), 337–357. https://doi.org/10.1016/j.cpr.2014.04.003*

[13] *Department of Human Services. (2026). Families experiencing domestic and family violence. Government of South Australia. https://dhs.sa.gov.au/how-we-help/child-and-family-support/about-the-child-and-family-support-system/our-research/a-learning-approach-for-the-CFSS/families-experiencing-domestic-and-family-violence*

communities should be designed through Aboriginal-led processes and embedded comprehensively through ACCOs.[14]

Implementation should also support educators and wellbeing staff to build relationships with local early intervention services, and provide sustained funding for effective respectful relationships and healthy relationships programs, including programs already delivered by CAFFSA member agencies.

4.2.2 Broader Prevention Platforms

Education regarding respectful relationships, consent, rights, safety and respect, alongside school-based prevention responses and community awareness initiatives are welcomed. However, schools cannot be the only prevention platform. If resourced, prevention initiatives can and should be connected to systems incorporating family support, early childhood, health, mental health, AoD and youth services, CALD, LGBTQI and disability services, and housing, and regional outreach systems. Prevention services for Aboriginal children, young people, families and communities should be designed through Aboriginal-led processes and embedded comprehensively through ACCOs.

By way of example in one sector only, a number of CAFFSA agencies already deliver prevention programs such as Love Bites program that focuses on respectful relationships, demonstrating existing practice knowledge and service infrastructure that could easily be scaled up to extend and broaden the prevention and early intervention system.

Recommendations:

5. **Invest in child and family support as core public health prevention and early intervention infrastructure.** This should include intensive family support, evidence-based parenting support, early childhood, schools, community and youth services, with support available before crisis or statutory intervention. Schools and wellbeing staff should be linked with local early intervention services, alongside sustained investment in respectful and healthy relationships programs.

4.3 What would make the biggest difference to improving safety, recovery and wellbeing outcomes for children and young people affected by this violence?

4.3.1 Therapeutic service delivery

The focus on recovery and healing is warmly welcomed. Therapeutic recovery should not be limited to crisis responses or short-term intervention. Children, individually and in the context of their families, may require sustained, relational and culturally grounded support over time, particularly where there has been cumulative trauma, removal, reunification, exposure to violence in statutory care, disrupted attachment, school disengagement, mental health distress or suicidal ideation.

Children removed from their families because of DFSV need therapeutic support to process what has happened, ask questions safely, understand identity, navigate future relationships and prepare for adulthood. Child-parent counselling where reunification is viable following the removal of a child, including the need for support after reunification, should also be recognised.

[14] *SNAICC – National Voice for our Children. (2022). Stronger ACCOs, Stronger Families: Final report. SNAICC.*

There is strong evidence of the high need for mental health support among children exposed to DFV. ANROWS research[15] found that children exposed to DFV were almost five times more likely to use a mental health service by age 18 than children not exposed to DFV. The study notes a significant delay between DFV being recorded around age 6 and children receiving mental health support around age 12. The study also identified increased risk across eight out of ten mental health disorder diagnoses for children exposed to DFV, including double the likelihood of substance use disorder compared with children not exposed to DFV.

CAFFSA recommends that every child and young person identified as affected by DFSV should have access to timely, child-specific safety planning, therapeutic assessment, mental health support and long-term recovery pathways.

4.3.2 Assessment and referral of the children's needs

There is clearly a documented need for these therapeutic services, and assisting with early pathways into these should be the resourced role of funded services working with the mother and her children. Children and young people's access to safety, healing and recovery supports should not depend on the assumption that a parent, most often a mother experiencing violence herself, can act as the service navigator and referral agent as she attempts to deal with the aftermath and trauma of fleeing violence. The recognition of children as victim-survivors in their own right in the second plan should be accompanied by responsibilities by relevant funded (or newly funded) services to provide these assessments and referrals.

4.3.3 Address ongoing negative system effects

Addressing some of the negative systemic effects women and children may experience when a child or children are removed because of DFV can make a real difference to recovery and healing. By way of example, longer term stable housing is required as a stable base to engage in recovery and healing work. Many low-income parents, however, rely on government housing to enable them to have a low cost roof over their heads. However, the size of the social housing offered depends on the number of people who will be living there. Thus, if a family's number of occupants is reduced to one when children are removed, then the result may be the sole parent losing their right to have government housing which, in turn, is given to a family seen by the government as being more in need (Australian Government Department of Social Services, 2019). Crucially, this outcome undermines one of the requirements child protection agencies place on parents for them to have their children returned to their care – having an adequately sized family home.[16]

Members strongly emphasised the need for therapeutic responses for children and young people affected by DFSV, including those living in or exiting Out of Home Care.

4.3.4 Children and young people must be seen in their own right, but not in isolation from family, kin, culture and community

Member feedback emphasised the importance of ensuring the recognition of children in their own right also incorporates the context of the relationships and systems around them. Children's safety, identity,

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[15] *Orr, C., Sims, S., Fisher, C., O'Donnell, M., Preen, D., Glauert, R., Milroy, H., & Garwood, S. (2022). Investigating the mental health of children exposed to domestic and family violence through the use of linked police data and health records. ANROWS.*

[16] *Bennett K., Booth A., Gair S., Kibet R., & Thorpe R. (2020). Poverty is the problem – not parents: so tell me, child protection worker, how can you help? Children Australia, 45(4), 2238. doi.org/10.1017/cha.2020.39*

recovery and wellbeing are shaped by family, kin, culture, community, caregiving relationships and Country.

The Second Action Plan should ensure that, while every child affected by Domestic, Family and Sexual Violence is recognised as having their own rights, voice, and safety and recovery needs, the safe and healing relationships around them should also be supported. Attachment bonds with the non-offending parent can be disrupted by DFSV and sensitive, trauma informed responses to both the child and the non-offending parent to support healing of the relationship is very important.

4.3.5 Child-focussed pathways to support

Children and young people need direct pathways to safety planning, therapeutic support and recovery, rather than relying on a non-offending parent[17], most often mothers experiencing violence, to be the sole navigator to services. This reduces the emotional and practical load on mothers and ensures the child or young person has access to services while still recognising that children's safety and recovery are shaped by family, kin, culture, community, carers, siblings and other trusted relationships[18]. For Aboriginal and Torres Strait Islander children, families and communities, this must be grounded in Aboriginal-led, culturally safe responses, self-determination, healing and community strength.[19]

4.3.6 DFSV-related trauma, self-harm and suicide risk should be explicitly identified and responded to

CAFFSA's *Inquiry into the relationship between domestic, family and sexual violence (DFSV) and suicide*[20] argued that DFSV is a critical and under-recognised driver of suicide risk for children and young people. Member feedback for this consultation reinforced this concern.

The consultation paper already references this issue.[21] It notes that children and young people may present with self-harm, suicidality, anxiety, depression or social withdrawal, and that these presentations can be pathologised as mental illness without recognising violence as the root cause (p.35).

CAFFSA recommends that the Second Action Plan explicitly identify DFSV-related trauma, self-harm and suicide risk as a priority for action across DFSV, family support, mental health, AOD, child protection, OOHC, youth justice, housing, and education systems. The Plan should include provisions for better data collection, stronger referral pathways, workforce training and timely therapeutic responses for children and young people presenting with suicidal distress where DFSV or cumulative trauma is a contributing factor.

Recommendations:

6. **Fund long-term therapeutic recovery and healing for children and families.** Recovery should extend beyond crisis and include practical, relational, cultural and therapeutic

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[17] *Domestic, Family and Sexual Violence Commission. (2025). Children and young people roundtable. Australian Government. (p3-4).*

[18] *Gillfeather-Spetere, S., & Watson, A. (2024). In their own right: Actions to improve children and young people's safety from domestic, family and sexual violence (ANROWS Insights, 01/2024). ANROW. (p.23, pp.42-44).*

[19] *SNAICC – National Voice for our Children. (2025). Family Matters Report 2025: Strong, loved and full of potential.*

[20] *CAFFSA Submission_Federal Inquiry_Relationship between FDSV and suicide*

[21] *Evidence to action - informing direction for the Second Action Plan*

support over time, including timely access to basic essentials that help children and families stabilise and engage with support.

7. **Strengthen mental health pathways for children and young people affected by DFSV.** This includes early therapeutic assessment, CAMHS access, 16–18-year-old transition issues, continuity for care leavers, and child-parent counselling where reunification is viable.

8. **Strengthen recognition of children as victim-survivors with practical, child-centred and family-aware responses.** Children must be understood in the context of family, kin, culture, community and caregiving relationships, while also being recognised as rights holders with their own safety, recovery, participation and support needs.

9. **Explicitly identify and respond to DFSV-related trauma, self-harm and suicide risk across relevant service systems.** Explicitly identify DFSV-related trauma, self-harm and suicide risk as a priority for action across DFSV, family support, mental health, AoD, child protection, OOHC, youth services, youth justice, housing, and education systems. Include provisions for better data collection, stronger referral pathways, workforce training and timely therapeutic responses for children and young people presenting with suicidal distress where DFSV or cumulative trauma is a contributing factor.

4.4 How can services, families, communities, workplaces, institutions and others better recognise and respond safely to people using violence or at risk of using violence?

CAFFSA supports stronger accountability for people who use violence. Accountability must remain with the person using violence and should not be shifted onto victim-survivors, children or non-offending parents.

At the same time, member feedback emphasised the need for earlier, safer and more accessible pathways for change. Current responses can be too late, too court-driven, too reliant on crisis or statutory pathways, or too blunt for young people using violence.

4.4.1 The need to expand whole-family models

Members highlighted the importance of whole-family models where safe. This includes models that work separately but collaboratively with women, children and men or people using violence. Aboriginal-led and culturally grounded models, including men's healing and community-led responses, were identified as important practice examples.

South Australian practice evidence from Centacare's Restore Program also highlights the value of dedicated men's worker roles within multidisciplinary family support models, including therapeutic engagement with fathers, attention to trauma, and work that supports safety, accountability and healing for the whole family where safe. (Haines et al., 2022).[22]

[22] *Haines, A., Andary, S., Amos, J., Louth, J., Mannik, A., Jacobs, R., Best, P., Calio, P., Petrovic, T., Scott, R., & Vlahos, A. (2022). Men working with men in intensive family services: Reflections on violence, trauma lifeworlds, and organic interventions. Australian and New Zealand Journal of Family Therapy, 43(4), 442–461.* https://doi.org/10.1002/anzf.1517

Members described the need for services that can respond before violence reaches police, court or child protection thresholds. Families should be able to access support when behaviours first emerge, including coercion, control, intimidation, adolescent violence, harmful sexual behaviours, peer abuse, dating violence or escalating conflict.

Implementation of the Second Action Plan should expand early intervention and behaviour-change responses for adults and young people using violence. These responses should be available before violence escalates to police, court or statutory child protection pathways.

Consideration should be given to providing services where violence is ongoing and a woman does not want, or is not ready, to leave the relationship. Exploration could be given to building the capability to work safely with families in these circumstances, including risk assessment and safety planning, safe engagement with people using violence where appropriate, access to specialist DFSV secondary consultation and supervision and the ability to refer immediately to specialised services when required. This should be supported by warm referral pathways to accessible local specialist counselling and therapeutic services for women and children, alongside appropriate behaviour-change and intervention services for people using violence. Support for non-offending family members should not be conditional on separation, recognising that every point of contact provides an opportunity to strengthen safety and reduce harm.

Members raised concern that intervention orders can become a blanket response to young people using violence in the home. While legal protection may be necessary where there is immediate risk, default reliance on intervention orders can result in young people being excluded from home, becoming homeless, or being pushed further into statutory and justice systems. Some families seek help and support when behaviour escalates but are left with a response that separates the young person without addressing the underlying trauma, safety risks or support needs because of a lack of available and suitably equipped services.

4.4.2 The need for expanded services for young people using violence

For young people using violence in the home, intimate relationships, peer relationships or harmful sexual behaviours, responses should be developmentally appropriate, trauma-informed and safety-focused. They should reduce harm without unnecessarily escalating homelessness, criminalisation, placement breakdown or disconnection from family, culture and community.

Implementation should also fund Aboriginal-led men's healing, culturally safe behaviour change, dedicated men's worker roles in family support settings, whole-family models where safe, and programs that address coercive control, technology-facilitated abuse, stalking, harmful sexual behaviours and the use of violence as a learned or trauma-related behaviour.

Recommendations:

10. **Expand early intervention and behaviour-change responses for people using violence.** Responses for adults and young people should be accessed early, trauma-informed and safety-focused and developmentally appropriate (particularly for children and young people) avoiding default reliance on intervention orders, homelessness or criminalisation. Families should have access to safety planning, therapeutic support, behaviour-change work and practical family support before violence escalates to police, court or statutory intervention.

4.5 What would make the biggest difference in creating a more coordinated and connected system response for people affected by violence against women and children and other forms of gender-based violence and people using violence?

Given the exceedingly high rate of children and young people entering the statutory system as a direct or indirect result of FDSV, and the level of unmet need in responding to their trauma, a specific focus on this cohort would make an extraordinary difference in creating a more coordinated and connected system.

4.5.1 Recognition of children in Out of Home Care

While the consultation paper recognises children and young people as victim-survivors in their own right, implementation needs to explicitly account for children and young people living in settings other than the family home or emergency accommodation options. These include those in Out of Home Care, or those engaging in reunification, leaving care as well as those in contact with the youth justice system. It must be recognised that DFSV-related trauma and recovery needs of young survivors are often managed in these systems. It should also be recognised that further violence can be experienced by survivors who have entered those systems as a result of DFSV.

Member feedback highlighted that children and young people in OOHC care can be exposed to further violence, fear, coercion or trauma within care settings. There are risks associated with poor placement matching, including where children with very different trauma responses and needs, or histories of violence or harmful sexual behaviours are placed together, resulting of the increased likelihood of further experiences of violence. Family based care and residential care must prevent and respond to trauma, not re-traumatise children.

For children and young people in care, safety and recovery cannot rely only on placement provision, statutory case management and incident reporting. Responses must include safe and well-informed placement matching, therapeutic care, independent advocacy, access to mental health support, continuity of care, and support for safe family and cultural connection. Adequate resourcing and workforce development and capability are clearly key elements of this,

This should include specific attention to peer-on-peer violence, harmful sexual behaviours, children placed with others whose needs are incompatible, and children who experience fear, silence or re-traumatisation within care settings. The principle of access to services for children as victims in their own right should be extended to children entering care who are exposed to significant violence around them whilst in the placement, without adequate follow-up to help them understand, process or recover from what is occurring or has occurred.

4.5.2 A corporate parenting approach

CAFFSA suggests a corporate parenting approach (as recently introduced via legislation in Victoria) as a useful frame for strengthening whole-of-government accountability for children and young people in, or at risk of entering Out of Home Care or leaving care. Corporate parenting approaches recognise that improving outcomes for these children and young people cannot be the responsibility of child protection systems alone. These reforms represent the first corporate parenting–style legislation in Australia,

aligning Victoria with international jurisdictions such as Scotland, New Zealand, Canada and parts of Europe. Evidence from Scotland's *The Promise* [23] shows improved outcomes for children in care when government agencies share responsibility. Victoria's corporate parenting framework marks a major structural shift in child welfare, embedding long-term wellbeing and coordinated support as legal obligations across government.

4.5.3: Services are fragmented and sometimes do not meet needs of children, young people and families from diverse backgrounds

Member feedback emphasised that victim-survivors often report experiencing systems as fragmented, inconsistent and difficult to navigate. Women and children may move between the often disjointed systems of police, courts, child protection, homelessness, housing, DFSV, mental health, AOD, disability and family support services, often while in crisis.

Victim-survivor support must be practical, relational and child-aware. Short and long-term recovery is impacted not only by alleviation of immediate risk, but also by access to the basics such as secure housing, transport, food, clothing, and essential items, alongside educational or vocational continuity, specialist responses to needs arising from trauma or disabilities, assistance with financial issues and accessible and clear legal processes. These services and responses are provided by a myriad of different government, non-government and Aboriginal Community Controlled organisations, and the ability to access help without repeatedly retelling traumatic experiences.

Implementation should prioritise integrated, no-wrong-door, trauma-informed and child-aware access pathways, including active navigation, warm referrals, relevant and timely information sharing, coordinated local key contacts and shared accountability across services responding to DFSV, housing, child protection, family support, mental health, AOD, disability, education, police, and legal systems and processes, including the courts.

As noted at 4.5.7, housing was identified as one of the most urgent barriers to safety, yet is the least easily accessed. Without safe housing, women and children may be forced to remain in or return to unsafe environments. This is compounded by poverty, cost of living pressures, financial abuse, eligibility for emergency, social or affordable housing issues such as older male children, pets or special needs requirements, alongside cultural obligations, and limited regional or remote options.

There is added complexity for children and families from diverse backgrounds. For example, families from culturally and linguistically diverse backgrounds, where safety planning and recovery may need to account for language barriers, migration and settlement experiences, community relationships, extended family dynamics, privacy issues when accessing culturally-specific support and collective approaches to family decision-making.

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[23] Independent Care Review. (2020). *The promise*. https://www.carereview.scot/wp-content/uploads/2020/03/The-Promise_v7.pdf

4.5.4: System integration requires relational infrastructure and interfaces, not just better referral pathways

Members described the need for infrastructure that promotes stronger local relationships, shared practice, cross-sector training, warm referral pathways and role clarity. Referral pathways alone are not enough - systems need the relational infrastructure to work together.

Members also raised the family law and family court interface, particularly where coercive control, financial abuse and systems abuse are not recognised. Members noted that women can lose time with children or experience further disempowerment through legal processes that do not adequately understand the impact of coercive control, financial abuse or the practical barriers to safety.

Genuine collaboration requires relational contracting, longer-term funding, stable services, local knowledge and time to build shared practice. This includes funding cycles of five years or more, local partnerships with schools, police, housing, health, child protection and community services, and place-based approaches shaped with local communities rather than imposed as generic models.

CAFFSA recommends that the Second Action Plan fund relational infrastructure, including premises for place-based safety hubs to allow for co-location of staff/services on a rostered basis, local key-contact networks, shared workforce training, common protocols, joint case coordination, secondary consultation, supervision and long-term service sustainability requirements.

4.5.5 Evidence, data and accountability must include practice wisdom, cultural knowledge and child-level data

CAFFSA supports the consultation paper's recognition of First Nations leadership, practitioner-led evidence and community expertise.

Member feedback emphasised that implementation and evaluation should not rely only on formal research or administrative datasets. These are important, but they must be complemented by child-level data, lived experience, practice wisdom, cultural knowledge, Aboriginal data sovereignty and sector evidence.

CAFFSA recommends that the Second Action Plan improve child-level data, given the focus on children as victims in their own right. Cross-agency, de-identified data should be available regarding the presence of DFSV as a factor in OOHC, youth justice, disability, CALD and LGBTQIA+ services, as well as measuring it's impact on suicide risk, mental health and substance misuse, identifying regional service gaps and evaluating service outcomes. Practice evidence, including the long-standing work of ACCOs such as KWY in this area (as previously mentioned), should be recognised alongside formal research and administrative data. Members also emphasised that evidence and data should include practice wisdom, cultural knowledge, lived experience and child-level data, not only formal research or administrative datasets.

CAFFSA suggests that the Second Action Plan include child-specific performance indicators with accompanying regular public reporting, to ensure children and young people well represented as victims in their own right in planning, implementation and evaluation.

4.5.6 The need for system integration and improving workforce capability

CAFFSA supports the consultation paper's focus on system integration and workforce capability. Children, young people and families experiencing DFSV often move between multiple systems, including DFSV, child protection, family support, housing, police, courts, mental health, AOD, disability, education, homelessness, OOHC and youth justice.

Support should not depend on a victim-survivor's ability to navigate complex systems, repeatedly retell their story, meet rigid appointment requirements, or be ready to permanently leave. Provision for services to work with victims-survivors regardless of where they are in their journey should be made explicit.

CAFFSA's key message is that system integration requires relational infrastructure, not just referral pathways. Systems work better when services have the time, trust, shared practice, local relationships and workforce capability to work together.

In order to ensure this system integration occurs for those children and families who have often already been failed by the system, we need to recognise that referral pathways alone are not enough. Families need warm referrals, active navigation, shared accountability and coordinated support. A no-wrong-door approach must be backed by actual service capacity, local relationships, information sharing, secondary consultation and clear responsibility for follow-up.

Members raised the importance of place-based responses and local key contacts. This is especially important in regional and remote areas where service access is limited, travel distances are significant, privacy concerns are heightened, and services often work across large catchments.

Workforce capability was identified as a major issue across both specialist and non-specialist services. Shared training should include recognising and responding to DFSV and coercive control; child-centred practice; trauma and developmental trauma; suicide risk and self-harm; cultural safety; disability-inclusive practice; CALD responsiveness; adolescent family violence; harmful sexual behaviours; technology-facilitated abuse; warm referrals; information sharing; supervision and workforce wellbeing.

Members emphasised that schools, educators and wellbeing staff are often among the first to notice changes for children and families. Training and local relationships could help education staff identify what support can be offered early, including warm referrals to family support, early intervention and therapeutic services, rather than defaulting only to child protection reporting. This is important because schools can be places of safety for children, and families should not be discouraged from genuine school engagement because they fear statutory involvement.

The Second Action Plan should treat housing, income security and practical stabilisation as core DFSV safety infrastructure. Child protection and family law responses should not unintentionally deter help-seeking or place responsibility for violence onto non-offending parents. Where mothers are seeking safety with children, responses should distinguish between parental failure and system-created risk, and prioritise support, housing, stabilisation and safety planning.

4.5.7 Housing is safety infrastructure

CAFFSA recommends that the Second Action Plan strengthen its existing recognition of housing by positioning safe, affordable and appropriate housing, income security and practical stabilisation as a core part of the DFSV safety and recovery infrastructure for women and children.

Housing insecurity is a major barrier to safety, recovery and help-seeking. Without safe housing, women and children may be forced to remain in, or return to, unsafe situations. Housing insecurity can also increase the risk of statutory child protection intervention for women with children. Members noted that a person with children seeking support from some homelessness services triggers automatic mandatory reporting or child protection involvement, even where the primary issue is violence, poverty, financial abuse or housing system failure. This can make women reluctant to seek help and can leave them feeling that every option carries risk.

Housing barriers are compounded by poverty, cost of living pressures, lack of affordable housing, transport costs, specific issues and needs arising from disability and lack of access to specialist services, particularly in regional areas. Women with children can face additional barriers accessing refuge or crisis accommodation where services cannot accommodate teenage boys, pets, or those with disability-related needs. Other issues that can arise include continuity of schooling or other important programs or services if the emergency accommodation is located far away.

Members also raised concern that children and young people can become homeless when they flee violence, are excluded from their home, or are subject to legal responses linked to their own use of violence. This includes unaccompanied children and young people fleeing violence, whose experiences may not be fully visible in homelessness data, particularly when they are couch-surfing, staying informally with others, or not identified as victim-survivors of family violence.

The *Homelessness Australia 2024 Child Homelessness Snapshot*[24] reinforces this concern, by showing the scale of visible service demand. It found that more than 76,000 children under 18 sought homelessness support annually, including almost 16,000 unaccompanied children, and that more than one third of 88,696 family members were still homeless at last contact. These figures highlight significant need, while also likely under-representing children and young people who do not present to homelessness services or are not recorded in ways that identify family violence.

Safe housing should be available regardless of a woman's readiness to leave or permanently end a relationship, recognising that help-seeking and separation are often non-linear and that housing can provide the stability needed to strengthen safety and recovery over time. [25]

Recommendations:

11. **Explicitly address children and young people in OOHC and residential care.** This should include safer placement matching, responses to peer-on-peer violence, harmful sexual behaviours, fear within placements, exposure to violence in care, and therapeutic follow-up rather than incident-only responses.

12. **Improve integration across systems with warm referral pathways and shared accountability.** This should include DFSV, child protection, OOHC, reunification, youth justice, family support, mental health, housing, education, AOD, disability, police, courts and family law. CAFFSA supports consideration of corporate parenting approaches, consistent South Australia's emerging State Strategy for the Safety and Support of Children and Young People, to ensure

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[24] *Homelessness Australia. (2024). 2024 Child Homelessness Snapshot. Homelessness Australia. https://homelessnessaustralia.org.au/wp-content/uploads/2024/08/HA-2024-Child-Homelessness-Snapshot-v02.pdf?*

[25] *Hegarty, K., McKenzie, M., McLindon, E., Addison, M., Valpied, J., Hameed, M., Kyei-Onanjiri, M., Baloch, S., Diemer, K., & Tarzia, L. (2022). "I just felt like I was running around in a circle": Listening to the voices of victims and perpetrators to transform responses to intimate partner violence. ANROWS.*

children and young people in, leaving, or at the edges of care are understood as a shared responsibility across government, not the sole responsibility of child protection.

13. **Improve child-level data, evidence and accountability.** This should include child-level DFSV data, suicide and self-harm data, OOHC and residential care data, homelessness data, disability data, Aboriginal data sovereignty, lived experience, practice wisdom, cultural knowledge and sector evidence. Child-specific indicators, disaggregated reporting and an annual publicly available Child Outcomes Report under the National Plan should be introduced, so that outcomes for children and young people are visible across prevention, early intervention, response, and recovery and healing.

14. **Strengthen workforce capability across specialist and non-specialist services.** This should include shared sector training in child-centred practice, DFSV, coercive control, trauma, suicide risk, cultural safety, disability, CALD responsiveness and community and collective family approaches. Alongside this, specific capability within child and family services should be strengthened to safely manage risk and work with families where violence is ongoing, supported by specialist DFSV secondary consultation and supervision.

15. **Treat housing as core DFSV safety and recovery infrastructure.** This includes crisis, transitional and long-term housing for women with children, including families with teenage boys, unaccompanied children and young people, young people leaving unsafe homes, families with disability-related housing needs, and regional communities. Housing responses must recognise that poverty, cost of living pressures, financial abuse and homelessness can restrict women's choices, increase child protection involvement and hide the needs of unaccompanied children and young people in homelessness data.

16 **Embed children and young people's participation in implementation and accountability.** Fund age-appropriate and accessible mechanisms for children and young people to inform policy, service design, monitoring and evaluation, including independent feedback pathways for children in OOHC and youth justice and appropriate support for children with disability or communication barriers.

5. Conclusion

CAFFSA supports the direction of the National Plan and the Second Action Plan consultation paper. The proposed priority areas provide a strong foundation, particularly the recognition of children and young people as victim-survivors in their own right.

The critical next step is implementation.

For CAFFSA, this means ensuring that the Second Action Plan moves beyond recognising children in principle and builds practical, funded and accountable responses across the systems that children, young people and families actually encounter.

The Second Action Plan should make it easier for children, young people and families to receive the right support early, before violence escalates, before homelessness occurs, before children enter care, before young people are criminalised, before mental health distress becomes acute, and before crisis, statutory or justice responses become the only available pathway.

Implementation should be judged by whether children and families experience more timely, practical, culturally safe and therapeutic support across the systems they encounter in their daily lives and whether they do, indeed, experience an end to violence against women and children.

Thank you for the opportunity to make this submission. CAFFSA would be pleased to contribute further detail on any aspect of this submission.

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