

Consultation on the Second Action Plan (National Plan to End Violence against Women and Children 2022-2032)

Australian Association of Social Workers
Submission

About the Australian Association of Social Workers

The Australian Association of Social Workers (AASW) is the national professional body representing more than 17,000 social workers throughout Australia. The AASW sets standards for professional education and practice in social work, accredits qualifying social work degrees, and administers the profession's Code of Ethics, Practice Standards and continuing professional development requirements.

Social workers practise in specialist domestic, family and sexual violence services and throughout mainstream systems, including health, mental health, child protection, justice, housing and broader community services. The profession therefore works across the specialist and non-specialist workforces described in the consultation paper¹. The profession's ethical foundations in human rights, social justice and self-determination are consistent with the National Plan's recognition of the gendered drivers of violence. This submission addresses Priority Area 5 (system integration and workforce) and Priority Area 4 (people who use violence), where social work practice is most directly engaged.

Acknowledgements

The AASW acknowledges the Traditional Custodians of the lands on which social workers live and work and recognises that policy and practice affecting Aboriginal and Torres Strait Islander people must be guided by First Nations leadership. The AASW also acknowledges victim-survivors and the specialist, community-controlled and lived-experience expertise that has shaped responses to family, domestic and sexual violence.

The AASW acknowledges that this submission was developed with the expertise of AASW members, particularly [REDACTED] and [REDACTED].

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Social work in the family, domestic, and sexual violence sector

Approximately 49,000 social workers are employed in Australia, with employment projected to grow by more than 20 per cent over the next five years². Social work education empowers workers with a critical and systems-based lens to examine the impacts of an individual's personal context as well as the social and cultural systems that they are embedded within, including gendered power dynamics. The profession holds an established place in the family, domestic, and sexual violence workforce, working with victim-survivors in specialist settings with a high level of training and expertise in assessing safety, risk, and overall wellbeing. Social workers are also embedded throughout the non-specialist workforce, across the health, education, justice, child protection and broader community service settings where many first points of engagement and disclosure occur¹. Social work brings a unique combination of specialised skills in biopsychosocial assessment, practice across voluntary and statutory settings, as well as a national infrastructure of professional standards, accreditation and supervision. This combination underpins the significant contributions of the profession to the sector, and the scope for its role in reform to end violence against women and children.

Recommendations

Social workers are a key workforce in identifying, preventing, and responding to violence against women and children. Their training and skillset position them to identify multiple intersecting risk and protective factors for both those experiencing violence and those who use violence. This skillset can inform the development of national workforce standards.

The AASW recommends that the Second Action Plan:

1. Recognise the specific expertise of the social work workforce in identifying and responding to violence in specialist and non-specialist settings, and ensure that policies and systems enable social workers to work at the top of their scope of practice
2. Explore extending workforce capability measures beyond specialist services to the non-specialist settings where many first disclosures occur, consistent with the paper's proposal to build collaboration between response, prevention and non-specialist workforces
3. Fund professional supervision, specialist secondary consultation, protected time and manageable workloads as conditions of service delivery under its workforce actions
4. Adopt measures of access to the supports in Recommendation 2 and demonstrated practice change rather than training participation or self-assessed confidence
5. Support the specialist workforce by providing clear guidance on role-definition for specialist practitioners embedded in outside services, including clarity of function, employment and accountability arrangements that preserve specialist practice obligations, independent professional supervision, and clear pathways for raising safety concerns
6. Complete the national best-practice information-sharing guidance with a values-based approach that centres victim-survivor involvement and self-determination, supported in practice through professional supervision and secondary consultation
7. Include explicit capability for practitioners in non-specialist settings to engage people who use violence while avoiding collusion, developed through training, supervision and secondary consultation from specialist services

Priority Area 5: System integration and workforce

Social work across specialist and non-specialist services

The consultation paper proposes building collaboration and coordination between response workforces, prevention workforces and non-specialist workforces¹. Social workers are employed in each of these groups. People experiencing violence often make disclosures outside specialist settings, and often in settings where

social workers work, including hospitals, schools, aged care and alcohol and other drug services. Workforce initiatives under the Second Action Plan should therefore extend to these settings, alongside continued investment in the specialist workforce.

Social work assessment is grounded in the person-in-environment perspective. This holds that a person's safety and wellbeing are shaped by their relationships, their community, and the institutional and structural conditions around them, and that assessment and intervention must address the person and these circumstances together. The perspective is directly relevant to the paper's proposal to coordinate action on factors that contribute to risk, including harmful substance use, gambling and adverse childhood experience¹. Social workers assess these factors as part of routine practice in mainstream settings. The profession is therefore well placed to support the earlier identification and response the paper seeks.

The consultation paper proposes improved national coordination of workforce capability, role definition and conditions, and the embedding of specialist roles across health, housing and education for early intervention¹. Social workers' experience in integrated and co-located services is relevant to this work. Members report that specialist and social work advice does not always influence decisions in multi-agency processes, particularly where that advice conflicts with the priorities of a host institution. Members also report that victim-survivor preferences can receive less weight once organisational risk processes begin, which can be proscriptive and risk-averse. Role definition for practitioners embedded outside specialist services should therefore address clarity of function and accountability, employment and professional accountability arrangements that preserve specialist practice obligations, access to professional supervision independent of the host institution, and clear pathways for raising safety concerns with shared understanding. Members with experience in co-located specialist roles report that their influence within a host institution depended on the role remaining accountable to a specialist service and its practice framework, rather than being absorbed into the host organisation.

Workforce capability and conditions

Enhancing workforce capability requires investment in individual training, organisational process and knowledge, and broader system reform. Evidence reviewing training supports a focus on organisational and system conditions to improve outcomes. A systematic review of nine randomised controlled trials found that brief domestic violence education often improved practitioner knowledge but did not reliably change identification practice, and that better results were associated with training combined with organisational support³. The IRIS trial in the United Kingdom combined training with a named specialist advocate-educator, ongoing consultation and a direct referral pathway, and substantially increased referrals to specialist services⁴. The effective components in these trials — continuing specialist consultation, identified contacts and clear referral pathways — correspond closely to the supervision and secondary consultation arrangements described in social work professional standards.

The capabilities the paper prioritises, including responding to coercive control, sexual violence and technology-facilitated abuse and delivering culturally safe, trauma- and violence-informed practice¹, should be developed through this combination of training and organisational support. Additionally, member practice evidence reinforces the need for specificity in this capability content. Members report situations in which controlling behaviours are described without being named or assessed as coercive control or as part of a pattern of violence, including by otherwise experienced practitioners, which disconnects the response from risk assessment frameworks and in some jurisdictions from criminal law. Whilst broader gender-based violence framing is important in upskilling the workforce, it should sit alongside education in the specific behavioural concepts that practice and legislation require, including coercive control.

Professional supervision is the mechanism through which the social work profession develops and maintains capability in complex practice. The AASW Practice Standards require supervision that provides education, professional support, critical analysis and accountability, and that is separate from line management⁵. In this field, supervision is where practitioners examine risk, confidentiality, statutory obligations and the effects of trauma exposure on their own judgement. It is also a primary protection against the vicarious trauma the paper identifies as a workforce risk¹. Funding under the Second Action Plan's proposed workforce actions

should treat professional supervision, secondary consultation, protected time and manageable workloads as conditions of service delivery. Workforce monitoring should measure access to these supports and demonstrated practice change, in addition to training participation. Self-assessed confidence and the adoption of practice terminology are not reliable indicators of capability. Only 28 per cent of Victoria's broader intersecting workforce report sufficient training and experience to respond effectively to family violence⁷. In the 2019 Victorian census of workforces that intersect with family violence, 40 per cent of specialist family violence workforce respondents reported plans to leave their role within 12 months, with stress and the negative impacts of the work prominent among their reasons⁷. This gap must be addressed at individual, organisational, and system levels.

Information sharing

The consultation paper proposes strengthened coordination and information sharing across sectors, and reports that practitioners outside specialist services regard cross-sector collaboration and information sharing as the most important support for building their confidence¹. Information sharing in practice requires professional judgement about what to share, when the person should be informed, and how their views should be weighed. The AASW Code of Ethics directs social workers to promote self-determination, explain the limits of confidentiality, and include service users in decisions wherever possible⁸. Members describe holding risk information in ways that centre the victim-survivor's voice, within mandatory reporting obligations and the limits of confidentiality, as a defining social work capability. A values-based approach of this kind, embedded in the national best-practice information-sharing guidance under development⁹ and supported through professional supervision and secondary consultation, would represent best practice. It supports safety while maintaining victim-survivor agency and trust in services. The experience of practising social workers is available to inform the guidance.

Partnership opportunities in workforce development

The paper's proposals for national coordination of workforce capability, standards and training create opportunities for partnership with professional bodies¹. The AASW accredits qualifying social work degrees nationally and maintains continuing professional development and specialist credentialing frameworks, including the Accredited Family Violence Social Worker credential¹⁰. As outlined, social workers make up a key workforce within the specialist and non-specialist sectors and have a skillset and orientation that is well-suited to identifying and responding to violence. The AASW could therefore provide input to the further development at a national level of workforce capability and standards, alongside specialist sector and lived-experience expertise. Additionally, the AASW has an extensive training capacity which could be utilised in workforce and organisational development.

Victoria's Mandatory Minimum Qualifications Policy provides a working model for the role definition and standards work the paper proposes. The policy was introduced in 2021, following the Royal Commission into Family Violence, with a Bachelor of Social Work or equivalent qualification as its benchmark. It was designed to lift the professional standing and recognition of family violence work while acknowledging the skills already held across the workforce, and it operates with equivalency and transition pathways that protect workforce diversity. The policy was evaluated in 2024 and redeveloped in consultation with the specialist sector and tertiary education providers, with an updated policy taking effect in March 2026¹¹. National role definition work could draw on it, including consideration of how professional credentials are recognised in commissioning. The AASW would welcome the opportunity to discuss this further with DSS.

Priority Area 4: People who use violence

The consultation paper notes that people who use violence interact with many parts of the community and service system before violence escalates, including health services, workplaces, schools, justice systems, families and communities, and it identifies strengthening these points of recognition and response as critical

to prevention and safety¹. Social workers are employed across most of these settings, including alcohol and other drug treatment, mental health, health, housing, and child and family services. The paper's proposals to encourage earlier help-seeking, responsibility and behaviour change¹ therefore depend in part on the capability of these workforces, and the organisational and system factors around the workers.

The paper describes a complex interplay between trauma, harmful substance use, mental health issues, gambling and the use of violence, and identifies adverse childhood experience among the influences on perpetration and risk¹. It also identifies protective factors, including positive father figures and role models, social connection, and supportive relationships, and it notes young parenthood as one of the clearest risk factors for intimate partner violence¹. These risk and protective factors sit within family, community and service systems rather than in any single setting. The person-in-environment perspective is directly applicable here. Social work assessment skills are taught to identify the intersection of risk and protective factors in individual behaviours and wellbeing outcomes. Practice of this kind can identify escalating risk earlier, address co-occurring needs while keeping responsibility with the person using violence, and strengthen protective factors such as parenting support and social connection.

Engaging a person who uses violence requires the practitioner to sustain a working relationship while holding safety obligations and keeping responsibility with the person using the violence. The paper describes this as engaging with people who use violence while avoiding collusion and proposes expanded workforce skills for this purpose¹. Capability of this kind in non-specialist settings should be an explicit element of the paper's proposed workforce actions. It can be developed through training, professional supervision and secondary consultation from specialist services, consistent with the paper's recognition of the secondary consultation role of specialist services¹. The practice experience of social workers across these settings is available to inform this work.

Conclusion

The consultation paper's proposals on workforce capability, role definition, information sharing and earlier intervention with people who use violence each depend on the capability and conditions of practitioners across specialist and non-specialist services. The social work profession works throughout these services. Its assessment approach, professional standards and supervision arrangements are directly relevant to implementing the proposals, and the AASW welcomes the opportunity to contribute to this work as the Second Action Plan is developed.

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