

Emerging Minds Submission to the Consultation on the Second Action Plan (National Plan to End Violence Against Women and Children 2022–2032)

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Summary of key points

- The Second Action Plan is an opportunity to build on progress towards ending gender-based violence and to enhance the mental health and wellbeing of children who have experienced violence.
- Family and domestic violence (FDV) is a complex public health issue requiring comprehensive and coordinated action across services, systems and sectors.
- To improve responses to women and children experiencing FDV and better support their recovery, Emerging Minds recommends:
 - moving beyond programs – to enable a comprehensive and coordinated system response
 - making infants visible
 - focusing on parent–child relationships
 - strengthening workforce capability and confidence to support infants, children and families.
- Findings from Emerging Minds’ National Workforce Survey for Child, Parent and Family Mental Health (Appendix A) can inform workforce development initiatives.
- Emerging Minds’ *Lived experience partnerships toolkit: With children and families in mind* supports implementation of child and family partnerships in service and policy settings.

About Emerging Minds

Emerging Minds has over 30 years of experience designing and delivering national initiatives to improve the mental health, development and wellbeing of Australian infants, children, adolescents and their families.

Through its initiatives, Emerging Minds develops infant and child mental health policy, evidence-informed workforce training and professional learning, and practice development resources to address the needs of organisations, professionals, children and their families.

These efforts are designed to:

- strengthen the capability of professionals to identify and respond early to children’s wellbeing needs
- improve coordination between sectors to reduce fragmentation and enable timely support
- equip parents and families with reliable information and tools to promote their children’s wellbeing.

Our work integrates research evidence, practitioner wisdom and lived experience to strengthen capacity across workforces, organisations and systems to respond to the mental health, development and wellbeing needs of infants, children, young people and their families.

Emerging Minds leads the federally funded National Workforce Centre for Child Mental Health (NWC), which has engaged with government, peak bodies and more than 130,000 professionals and 3,000 organisations across key sectors since 2017.

Language and assumptions

Emerging Minds acknowledges that the National Plan and consultation documentation mostly refer to ‘violence against women and children’ and ‘gender-based violence’, while ‘domestic and family violence’ is commonly used in policy and by services. Given our focus on enhancing the mental health of infants, children and young people and wellbeing of families, our submission is focused on responses to **family and domestic violence** (FDV). We use the term ‘violence’ generally to encompass violence against women and children including all forms of FDV.

Emerging Minds acknowledges that families come in many forms. In this submission, the term **parent** encompasses biological, adoptive, foster and kinship carers as well as individuals who have chosen to take up primary or shared responsibility in raising children.

Child or children includes infants, children and young people up to the age of 18. For ease of reading, we sometimes use ‘children’ rather than ‘infants, children and young people’.

We use the term **practitioners** to refer to the diverse workforce across health, social and community services, education and related sectors who support infants, children, young people, parents, caregivers and families in the course of their work.

Scope of submission

Emerging Minds welcomes the opportunity to contribute to the development of the Second Action Plan. Our work spans a broad range of sectors, settings and professions, which gives us a unique vantage point on the needs of workforces and families. It also provides us with insight on what helps to strengthen practitioner and system capabilities to support children’s mental health outcomes across their lifespan. These perspectives, alongside insights from our workforce research and engagement with contemporary evidence, have shaped our submission.

Recognising the breadth of the consultation document, we have chosen to concentrate our feedback to align with our knowledge and work across systems and workforces that play a role in shaping children’s mental health outcomes. While many of our observations are also relevant across the other priority areas – particularly Priority Area 2: Prevention and Early Intervention – our response focuses on:

- Priority Area 3: Children and young people in their own right
- Priority Area 5: System integration and workforce.

Introduction

Emerging Minds recognises the strong foundations outlined in the Second Action Plan consultation paper. The Second Action Plan offers an opportunity to build on progress towards ending gender-based violence and incorporate targeted actions to enhance mental health and wellbeing outcomes for children who have experienced family and domestic violence (FDV).

Our response is grounded in a public health approach that views FDV as a complex issue requiring comprehensive and coordinated action across services, systems and sectors. It is underpinned by the following key recommendations.

Move beyond programs: Create a comprehensive and coordinated system response to meet children's needs

There is no single intervention that can meet the diverse needs of children and families who have experienced violence. The impacts of violence on infants, children and young people are shaped by multiple factors, and they can emerge at different points across their life, as found by the recent Australian Child Maltreatment Study (Haslem et al., 2023). These findings reinforce that the effects of violence are not confined to the point of crisis and may emerge through developmental, relational, mental health and wellbeing pathways over time.

Improving outcomes for children who have experienced violence requires moving beyond a program-based view of service delivery to one that focuses on system functions and how services work together.

A comprehensive and coordinated system is one where universal, targeted and specialist services are complementary and connected, with clear pathways for children and families to move between levels of care and across sectors to meet their wellbeing needs. This means:

- strengthening collaboration across sectors such as health, education and social services
- recognising the role of adult-focused services in identifying parents and facilitating support for children early.

A comprehensive and coordinated system delivers a continuum of interventions across prevention, early intervention and crisis support, helping to create the conditions for children and families to receive the right support at the right time.

Make infants visible

Infants and young children have specific developmental, relational and support needs. This means they need to be recognised as distinct groups when planning and implementing interventions aimed at FDV prevention, early recognition and relational recovery.

Pregnancy, the perinatal period and early childhood are critical windows for prevention, early identification and intervention because FDV can disrupt foundational parent–child relationships, attachment, emotional regulation, social and emotional development, and mental health.

Acknowledgement of the particular vulnerability and needs of infants in the Second Action Plan will help ensure that perinatal and infant health care (e.g. pregnancy, maternal and infant health services) are more effectively prioritised and integrated into the service system and workforce planning.

Focus on parent–child relationships

Across all ages and stages, children’s development and health are shaped by their relationships and environments. For infants in particular, the parent–child relationship is foundational to growth and development, emotional regulation, attachment experience and recovery from adversity. FDV often interrupts a child’s relationships, including those with a parent perpetrating violence and their non-offending parent.

A positive relationship with their non-offending parent is key to children’s safety, development, recovery and wellbeing. Sustaining, or supporting the repair of, the parent–child connection therefore needs to be prioritised across the continuum of responses to violence. This requires workforces to be equipped to:

- engage with parents about the potential impacts of violence on children and on the parent–child relationship
- work with parents and children in ways that are infant and child-focused, parent-sensitive, culturally responsive and trauma-informed.

Women and children who have experienced violence will need ongoing, connected supports that wrap around them and adjust to their needs over time.

Strengthen workforce capability and confidence to support infants, children and families

Workforce capability is a critical enabler of an effective system response. To support coordination and collaboration, practitioners across universal, targeted and specialist services need shared language, frameworks and core capabilities to recognise and respond to the mental health and wellbeing needs of children and families experiencing violence.

Early intervention is everyone’s responsibility. While supported through policies and procedures, it is facilitated through relationships and in environments where infants and children are seen and heard.

Strengthening FDV literacy – which includes understanding the impact of stigma and shame, alongside awareness of cultural contexts – is essential to improving engagement with families. It is also crucial to hear and respond to the experiences of victim-survivors and to

involve children and young people in shaping the policies, programs and services that affect them.

Priority Area 3

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

Emerging Minds recommends several policy- and systems-level initiatives that would significantly enhance the safety, recovery and wellbeing outcomes of children affected by family and domestic violence (FDV).

Recognising that violence harms children of all ages

- We acknowledge the important recognition in the Second Action Plan of children and young people as victim-survivors of violence in their own right. This recognition – along with acknowledgement of **mental health as a wellbeing outcome for children** – should be embedded across all policy and service responses to violence. Mental health and wellbeing outcomes are interlinked for children and young people, impacting their healthy development and recovery from FDV and trauma.
- Importantly, recognition of children as victim-survivors of violence should emphasise that FDV harms children of all ages, from pre-conception, through infancy and childhood, to adolescence and into adulthood.
- Pregnant women and infants have distinct vulnerability to adverse life-long impacts of violence. Exposure to FDV before the age of five years can directly impact infants' and children's social, emotional, cognitive and behavioural development.
- **Children do not need to directly witness violence to experience negative impacts** to their felt safety, relationships and wellbeing. Any experience of FDV has the potential to significantly impact a child's social and emotional wellbeing, mental health and physical development over the longer term, as trauma can impact relationships that help children feel safe and support healthy development.

Improving coordination across universal, targeted, specialist and community-based services

- **Children's safety, recovery and wellbeing can be enhanced by comprehensive and coordinated systems** that deliver cross-sector pathways, reduce fragmentation and promote child- and family-centred, relational approaches. For ease of reading, we have consolidated our detailed exploration of system responses under Priority Area 5.

- Better coordinated services enable earlier identification of children experiencing or at risk of violence-related harms, as well as more consistent, responsive and effective support for children and families.
- Responses for Aboriginal and Torres Strait Islander children and families must be community-led, culturally responsive and grounded in family, kin, culture and Country (Commonwealth of Australia, 2017). Genuine partnership with Aboriginal Community Controlled Organisations and local communities should be embedded in policy and service design.

Strengthening prevention and early intervention

- The importance of prevention and early intervention has been recognised through the inclusion of Priority Area 2, which clearly dovetails with actions to better support infants, children and families.
- The Second Action Plan is an **opportunity to emphasise the need to support parent–child relationships and family functioning** by identifying and addressing parental stressors to help prevent FDV.
- Early identification of an infant’s or child’s safety, developmental and mental health needs, along with parenting support, consistent follow-up and care planning, boosts children’s recovery and wellbeing outcomes.
- There is significant potential to strengthen early identification, safety and support for infants, children and families across systems that are almost universally accessed by families, including pregnancy and perinatal care, primary healthcare and education (early childhood education and care, primary schools and high schools).
- Pregnancy and the early postnatal period must be recognised as both a risk factor for experiencing FDV and an important window for early identification and intervention to better support women and infants.
- Prompt intervention to ensure children’s safety, including protecting their social and emotional wellbeing, is crucial to preventing and minimising the harmful impacts. Services and practitioners need guidance to sensitively assess children’s safety, development, mental health and relationships; respond appropriately; and connect children and families to support before crisis escalation.

Targeting responses and support to children’s unique experiences, strengths and needs

- **Each child’s experience of violence and its impacts is unique**, shaped by a complex interplay of factors including:
 - their age, developmental capacities, values and temperament
 - the type of violence
 - their relationship to the person using violence
 - support provided to them and their family.

- Casework and support for families should acknowledge and reflect children’s family and other relationships; their strengths and vulnerabilities; and their unique developmental needs and experiences beyond the violence.
- The safety, recovery and wellbeing of children experiencing violence are enhanced when they are supported to talk about their experiences with adults who listen to and validate their feelings while also responding to immediate safety needs and focusing on enhancing supportive relationships.
- Despite the restrictions on actions they can take, children of all ages find complex and creative ways to prevent or minimise the impacts of violence or cope with overwhelming emotions. Helping children to counter feelings of powerlessness or guilt, and to see their strengths and agency, supports their wellbeing and recovery.
- The Australian Child Maltreatment Study (Haslam, 2023) shows that exposure to FDV often co-occurs with other forms of child maltreatment, reinforcing the need for responses that consider each child’s broader context, relationships, developmental stage and cumulative experiences of adversity.
- Some groups of children require additional support for their experiences, strengths and needs to be noticed, understood and responded to. This includes children with communication differences due to age (infants), neurodivergence or cultural and linguistic diversity.

Supporting positive parent–child relationships as a critical mechanism for recovery

- A key factor in children’s safety, recovery and wellbeing is having a positive relationship with their non-offending parent and – when it is safe and possible – with a parent who has used violence.
- To protect and sustain their parent–child relationship, mothers who are victim-survivors need practical supports. They also need compassion, encouragement and guidance to understand their child’s experience, hear their stories and access professional support. Research shows that a triangle of supports is usually what helps women and children recover after FDV. That means support for the woman, the child and the mother–child relationship.
- Non-specialist practitioners need to be equipped to respectfully and curiously engage with non-offending parents about the potential impacts on children and ways they can strengthen their parent–child connection. This helps to support both the child’s and parent’s healing and wellbeing. Practitioners need the capability and organisational support to talk with parents about how violence may be affecting children and relationships. They need to be able to do this without increasing blame or shame, compromising safety, minimising the responsibility of the person using violence or disrupting parents’ engagement with their service.

Hearing the voices of children who experience violence

- Essential to knowing ‘what would make the biggest difference’ is further research with children and young people who are victim-survivors to understand their experiences of service responses at all levels.
- Children and young people must be deliberately and meaningfully involved in co-designing the policies, programs and services that affect them (as detailed in response to the question ‘How can children and young people be meaningfully involved in shaping the policies, programs and services that affect them?’).

Question: How can governments, services, education settings, families, communities and others better recognise and respond to children and young people experiencing violence or harm?

Given the continuing prevalence of violence against women and children, practitioners working in a wide range of services and settings will undoubtedly encounter children experiencing or affected by violence. Services, practitioners, educators, community members and other individuals can all be guided and supported to take steps to better recognise and respond to infants, children and young people experiencing violence.

Following are some key ways to facilitate better recognition of and response to infants, children and young people experiencing violence.

Promote a child-aware approach

- Practitioners in non-FDV and adult-focused services can be encouraged and supported to develop a child-aware approach in their work. Where FDV is a presenting or potential issue, they can engage parents in conversations around their children’s social and emotional wellbeing.
- A child-aware approach recognises that infants and children can be significantly affected by violence even when they do not directly disclose or witness it. It ensures children, including infants, are ‘visible’ in all interactions with parents who are experiencing or perpetrating violence.
- It’s important that all professionals – especially those working in adult-focused services – understand the climate of fear that FDV creates. They need to have the skills and confidence to talk with parents about how the violence is affecting not just them but also their children’s health, development and wellbeing.

Build non-specialist workforces’ awareness and skills for early recognition of children experiencing harm

- Governments, services and education settings can build and support the capability and confidence of practitioners and educators to ask sensitively about children’s wellbeing, respond early and support recovery. This requires the **integration of child-**

focused, trauma-informed and relational approaches across policy, service design and frontline practice.

- Early recognition of harm requires services, practitioners and community members to **understand children's emotions and behaviours that may be responses to violence.**
- Practitioners in social and health services and education settings (both educators and clinicians working in schools) need skills and organisational support to be able to engage with families; notice infants, children and young people experiencing violence; and respond in safe, culturally responsive and developmentally appropriate ways. (These capabilities and workforce development priorities are further discussed in our response to Priority 5.)
- Responding appropriately requires practitioners and systems to give **greater attention to children's relational, cultural and community contexts** – particularly the complexity of multiple, overlapping adverse experiences – and to countering assumptions, biases and cultural lenses about violence.
- Children's safety, development, mental health and nurturing relationships must be central to all approaches to assessment, planning and intervention.

Question: How can children and young people be meaningfully involved in shaping the policies, programs and services that affect them?

Emerging Minds **supports a rights-based, developmentally appropriate and culturally responsive approach** to involving children and young people in shaping the policies, programs and services that affect them.

We work alongside organisations and sectors to embed the lived and living experience of children and families into the design, delivery and improvement of services and systems.

What does 'meaningful involvement' look like?

- Meaningful involvement of children **requires sectors and organisations to view and value children as knowledgeable contributors.** It needs deliberate commitment and a focus on genuine engagement. It also requires an authorising environment in which leaders actively sponsor the work and practitioners are supported, resourced and trusted to safely and respectfully engage with infants, children, young people and families.
- Without these enabling conditions, partnership efforts risk becoming inconsistent across the service system, transactional in nature or disconnected from decision-making.
- Meaningful participation cannot be reduced to periodic consultation; it requires deliberate, sustained and accountable structures that enable children and young

people to participate safely, influence decisions and understand how their views have shaped outcomes.

- Our experience shows that **co-design is most effective when:**
 - power is shared
 - the purpose of engagement is clear
 - investment is made in meaningful participation opportunities
 - feedback is translated into visible action.
- Importantly, it is not only children's voices but the context of their lives – their relationships, environments and circumstances – that should inform decisions at every level of the system. Bringing child and adult perspectives together strengthens understanding and decision-making.
- **Inclusion and equity must also be central.** Participation should be intentionally designed to reach children and young people whose perspectives are least likely to be heard, including Aboriginal and Torres Strait Islander children, children with disability, children in out-of-home care, children in rural and remote communities, and those affected by trauma, family adversity or social exclusion.

Embedding meaningful partnerships across the system

Emerging Minds makes the following recommendations to support broadscale, high-quality implementation of child and family partnership approaches.

- Adopt a **clear participation framework grounded in children's rights, child safety and cultural responsiveness.** Apply this framework consistently across policy, program and service development.
- Resource **early and ongoing participation mechanisms** for children and young people, rather than relying solely on one-off consultations.
- Design **participation approaches that are accessible, developmentally appropriate and inclusive** of diverse children and young people, especially those facing structural barriers to being heard.
- **Partner with Aboriginal and Torres Strait Islander communities and organisations** to support culturally safe participation and uphold self-determination.
- **Build workforce capability** in child participation, co-design, trauma-aware engagement and supported communication.
- **Provide feedback to participating children and young people** about how their views were considered and what decisions or changes resulted. This closes the feedback loop.
- **Monitor and evaluate the quality and impact of participation processes,** including whether children and young people experienced the process as safe, respectful and influential.

Emerging Minds' *Lived experience partnerships toolkit* can support services to embed child and family voice

A core aspect of Emerging Minds' work is building the capacity of organisations and systems to embed practical, evidence-informed ways of working with children and families grounded in their lived and living experience. In October 2026, Emerging Minds will launch the *Lived experience partnerships toolkit: With children and families in mind* to help organisations establish and implement lived and living experience partnerships with children and families.¹

The toolkit is designed to support both organisational leaders – who need to establish and communicate this work across their organisation – and staff involved in facilitating lived experience partnerships in their practice. It provides guidance and practical tools, and Emerging Minds will draw on implementation knowledge to support its use. A [case study of this approach in action](#) demonstrates how lived experience can be meaningfully incorporated into the development of a new children's mental health service (Emerging Minds, 2023).

Priority Area 5

Question: 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?

Emerging Minds supports efforts to create a more coordinated and connected system response for children and families experiencing family and domestic violence (FDV).

We recommend the following strategies:

- Design a genuinely coordinated system response to support families and to identify and support children experiencing (or who have experienced) violence.
- Embed core principles in system design to acknowledge the many factors that intersect for families affected by violence.
- Focus on coordination enablers to ensure support is timely and relevant to the needs of the whole family.

¹ The *Lived experience partnerships toolkit: With children and families in mind* will be available on our website after its release in October 2026: <https://emergingminds.com.au/resources/toolkits/>

Design a genuinely coordinated system response to support families and to identify and support children experiencing (or who have experienced) violence

Efforts to end violence against women and children and to enhance their recovery and wellbeing outcomes would be amplified by having a **genuinely coordinated and connected system response in place of multiple, siloed services and programs.**

Experiencing violence often has pervasive ripple effects on women's and children's physical and mental health, financial and housing security, family and community connections, and access to informal and formal supports. The impacts are exacerbated by the current fragmentation of and gaps between sectors and services.

The Second Action Plan can highlight and aim to address structural and systemic barriers that continue to limit coordination across sectors and services that women and children who have experienced violence might engage with. Differences in policy framing, service mandates and underlying practice principles can create fragmentation. Addressing these challenges requires deliberate attention to how services are organised, governed and incentivised to work together.

A shared commitment to common principles and collaborative practice will be essential to building a system capable of:

- recognising and responding to the intergenerational and cumulative impacts of violence
- delivering timely support to infants, children and families across the range of services they engage with.

A system response that offers clear pathways, shared responsibility and escalation mechanisms could allow families to move throughout the system as part of a single supported journey. This would require:

- **Integration across multiple sectors** that interact with parents and families, including FDV, mental health, child and family support, education, health, housing, alcohol and other drug, child protection, emergency response, law enforcement and community services. A coordinated response must acknowledge the multi-faceted nature of violence against women and children.
- **Identifying clients in adult-focused service settings who are parents.** Making pregnancy, infants, children and young people visible by identifying parents within services can support earlier intervention and support for the whole family. It can also highlight where parenting support may be required for the family in the context of their experiences. Strengthening child-aware, trauma-informed and relational practice across universal, specialist and adult-focused services helps ensure infants, children and young people are more visible and better included in system responses.

Embed core principles in system design to acknowledge the many factors that intersect for families affected by violence

A coordinated system response must be underpinned by core principles that demonstrate understanding of the interplay between the many factors that often co-exist with FDV.

Following are the core principles that we suggest:

- **Embed infants, children and young people as central (not secondary) to system responses and acknowledge the potential impact of violence on child development.** The system response needs to ensure children and their developmental needs are brought into view. It also needs to acknowledge the relationship between violence (the most common form of child maltreatment) and child development. Ensuring services are developmentally informed, child- and family-focused and parent-sensitive equips them to understand how violence disrupts important family relationships and often reduces the support available to children and families, further impacting children's mental health and development. These principles also equip services to respond in ways that support nurturing, responsive parent-child relationships. Supporting these relationships is central to addressing the impacts of violence on children.
- **Provide a comprehensive range of services and supports that respond to the unique needs and contexts of infants, children and families** within a continuum of responses from prevention to specialist recovery and crisis support. Children and families experiencing violence may also experience a range of intersecting societal and structural factors that can influence children's mental health, their development and family wellbeing. A child-centred, parent-sensitive and family-focused approach ensures services consider a child's and family's unique circumstances; see the needs of infants and children; deliver tailored responses to support children's mental health; enhance parent-child relationships; and strengthen family wellbeing.
- **Acknowledge the impact of structural and social determinants** such as housing and income stresses on families and their access to supports. Without consideration of the intersecting impacts of these determinants, a system response will not be genuinely coordinated to respond to violence or meet the needs of victim-survivors.

Focus on coordination enablers to ensure support is timely and relevant to the needs of the whole family

Emerging Minds recommends strengthened coordination across sectors by investing in integrated service pathways with a focus on the following enablers of system coordination:

- **Shared language, frameworks, skills and understandings across sectors:** Having common frameworks and language across agencies and service systems supports shared understandings, enhances collaboration and facilitates families' movement through the system. Shared frameworks help clarify the different roles services may

play, and the responsibilities and expectations that sit across the system, so that support is more consistent, coordinated and accountable. This also enables a better response within and across services. Experiencing a consistent understanding and approach from all services can help families develop trust and reduce fear, addressing barriers to access and continued engagement.

- **Improving information sharing and collaboration:** Improving information sharing and increasing system accountability can assist services to work together more effectively while maintaining safety, privacy and trust for women and children needing support. Addressing systemic barriers to collaboration through aligning governance and practice structures, such as risk frameworks, thresholds and models of practice, is key to this improvement.
- **Culturally responsive service design:** Investing in place-based and community-led approaches, including genuine partnerships with Aboriginal and Torres Strait Islander communities and organisations, can ensure services are locally connected, culturally respectful and responsive to the needs of diverse children, families and communities.

Services can be more culturally responsive by:

- recognising the ways colonisation, racism and intergenerational trauma can compound the impacts of FDV for Aboriginal and Torres Strait Islander women and children
- supporting healing through connection to culture, kinship and Country.

The needs of culturally and linguistically diverse (CALD) families in Australia can be better recognised and supported by addressing cultural assumptions and misconceptions and encouraging contextual understanding of their lived experiences. This helps to reduce barriers and provide better support for infants, children and young people in CALD families.

Question: What workforce capabilities, supports, or conditions are most needed to strengthen prevention, early intervention, response and recovery?

Emerging Minds is well placed to provide advice on the workforce capabilities, supports and conditions that are most needed. As the National Workforce Centre on Child Mental Health, Emerging Minds' work focuses on supporting organisations, workforces and practitioners across many of the sectors that engage with and/or support women and children experiencing violence.

The following recommendations, grounded in Emerging Minds' data and experience, aim to inform a multi-sector, multi-professional workforce response to better support the mental health and wellbeing of infants, children and young people who experience violence:

- **Acknowledge the system-wide responsibility for identifying and supporting women and children experiencing violence:** All workers who engage with children and families have a responsibility to notice when children may be experiencing (or at risk of) violence and to safely respond. This includes ensuring adult-focused services can provide support for infant and child mental health, such as strengthening family function, parental wellbeing and parent–child relationships, as a core function of their work. Any workforce strategy should reinforce the shared responsibility for supporting victim-survivors across all sectors, not just in specialist services. Capability expectations should be tailored to the function of each role, with different roles having different levels of intervention.
- **Increase family and domestic violence literacy:** Building FDV literacy should be a foundational goal for workforce recruitment and development across all sectors and services engaging with children and families. This is essential to build trust in services for victim-survivors. FDV literacy includes understanding core concepts such as stigma and shame, intergenerational trauma and the relational impacts of violence on victim-survivors, including infants and children.
- **Develop core capabilities of non-specialist workforces:**
Working with children and women who are experiencing or have experienced violence requires specialist skills and training. However, practitioners in non-FDV specialist services have an important role in crisis response, risk assessment and safety planning, including recognising and responding to children experiencing violence or harm.

To strengthen prevention, early intervention and responses to support the recovery of women and children who have experienced violence, the broad workforce needs to have core capabilities and skills related to:

- child-focused, family-focused and parent-sensitive practice
- trauma-informed, developmentally informed and culturally responsive practice
- recognising the impacts of violence on infants' and children's sense of safety, development, mental health and relationships (especially parent–child relationships)
- strengthening parent–child relationships as a focus for recovery and long-term mental health
- relational and strengths-based engagement of adult clients who are parents to help them consider the impacts of violence on their children.

Many practitioners report feeling unsafe and not confident talking with men about their use of violence towards women and children. Practitioners require organisational supports alongside training to work with men who use violence.

Emerging Minds has a range of evidence-based resources available to support practitioners working with children and families who have experienced violence, with a focus on promoting children's mental health and wellbeing. These are outlined in Appendix B.

- **De-implement unhelpful practices:** Optimising workforce practices means removing practices, not just adding new ones. There is opportunity to consider what practices should be de-implemented alongside the development of new capabilities and supports.
- **Enable conditions to support change:** Supporting a skilled and confident workforce through ongoing training, shared practice guidance and supervision builds capability. However, training alone will not support practice change. A system approach to workforce development needs to include policy, funding and KPIs that articulate the change that is needed and promote organisational reform in policy, supervision and practice.
- **Consider findings from the National Workforce Survey for Child, Parent and Family Mental Health (NWS) to inform priority areas for future capability building:** Emerging Minds' NWS provides insight into the capabilities of professionals across a range of sectors (including health, social services, community services and education) who might, in their usual practice, experience situations in which they need to understand and support children's mental health. Given the strong crossover with workforces who support women and children who have experienced violence, insights from the NWS can be used to inform workforce development approaches within the Second Action Plan.

A summary of relevant findings from the NWS, including key areas for improvement in workforce capability, is provided in the following section. Further information about the survey, data and detailed commentary is included in Appendix A.

Relevant findings from Emerging Minds' National Workforce Survey for Child, Parent and Family Mental Health (NWS)

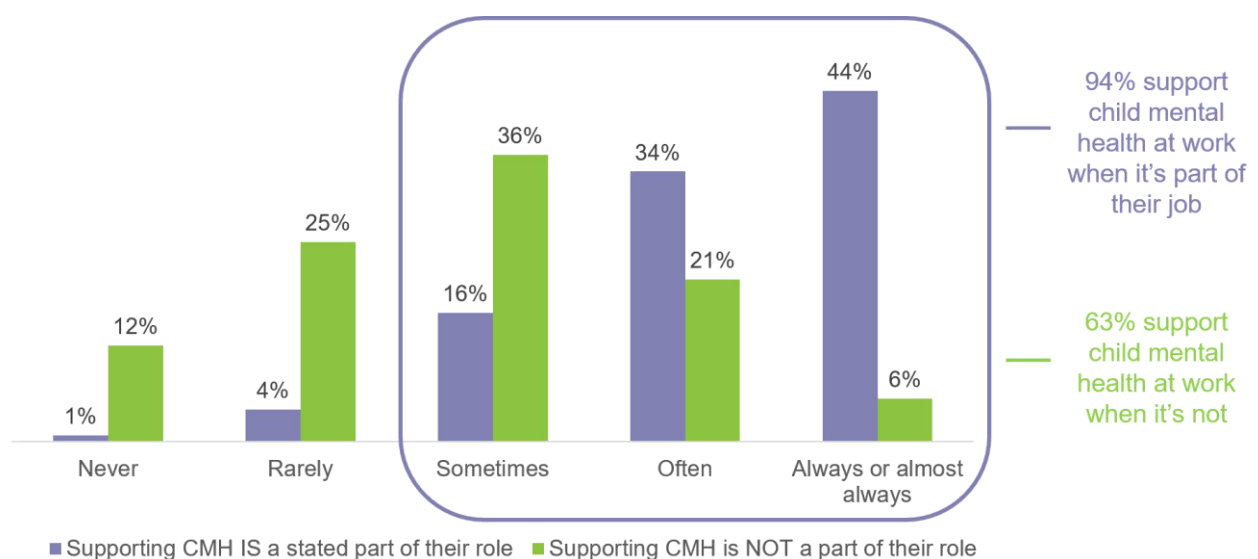
About the broader workforce

The workforces responding to child mental health are broad. **A wide range of professionals should be considered as part of responses to violence** and support of victim-survivors, including those for whom supporting child mental health is not a stated part of their role.

The most recent NWS was conducted in 2023, with 3,064 respondents across Australia in over 50 occupations completing the survey.

The 2023 NWS found that the **majority of workers in health, social services, community services and education sectors find themselves regularly supporting children’s mental health and wellbeing at work** (Figure 1). Even where children’s mental health was not part of their role description, 63% reported supporting child mental health at least sometimes, if not often or always. This finding highlights the need to provide support to all practitioners, including those in adult-focused services where clients may be parents, with workforce development in child mental health to ensure those who are providing support have the necessary competency and skills.

Figure 1. Proportion of Australian health, social, community and education workforce that find themselves regularly supporting child mental health at work ($n=3,064$)



Following are other relevant workforce findings from the 2023 NWS:

- Responses to questions about general workforce capabilities showed **practitioners need support in child-focused practice, infant mental health and working with Aboriginal and Torres Strait Islander families** – all of which are key skills in responding to children who have experienced violence.
- There is a **gap between knowledge and practice in responding to trauma and adversity and its impact on children**. This finding highlights the need to provide

opportunities for practitioners to develop their understanding and ability to implement trauma-informed practice.

- There is **low competency across the workforce in the area of infant mental health**. Knowledge and practice in this area would need to be supported if a system response to violence was to adequately recognise and respond to the needs of infants.
- Similarly, **confidence and capability to work in culturally competent ways with Aboriginal and Torres Strait Islander families was very low** across almost all workforce groups.
- **There is a promising and developing culture of responding to child voice** across sectors. We expect to learn more about this through the next NWS.
- **Capacity to engage parents varied across workforce groups** and was lower among respondents who only work with adult clients. This suggests more work is needed to equip practitioners in adult-focused services to identify children who have experienced violence, as well as to support parents to consider the impacts of violence on their children and family function.

The next NWS will be conducted in 2026. With each survey, new topics are considered for inclusion to develop an understanding of the current capabilities and needs of the workforce. Recognising the profound impacts of experiencing violence on the mental health and development of infants, children and young people, the 2026 survey will include new items asking practitioners about their confidence in supporting parents and children who have experienced FDV.

About the FDV workforce

Eighty-four FDV practitioners responded to the 2023 NWS. Their responses indicated:

- **FDV practitioners have higher levels of child mental health capabilities** than the national average (compared with NWS findings from other practitioners).
- They needed support in similar areas to the broader workforce, including some elements of child-focused practice.
- **Infant mental health was a significant area of low capability** where they did not exceed the national average as they had in other areas.
- They received high levels of **workplace support** to implement better practices that recognise and respond to the mental health impacts of violence in families. This may represent **a key opportunity for system change to increase the visibility of and responsiveness to infants and children in this sector**.

See Appendix A for full details of relevant data from the NWS.

References

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Appendix A: The National Workforce Survey for Child, Parent and Family Mental Health (NWS)

What is the NWS?

The National Workforce Survey for Child, Parent and Family Mental Health (NWS) is a research activity run by Emerging Minds every two to three years. The survey is the only one of its kind, where professionals working in health, social services, community services and education sectors are asked to rate their own capabilities in a range of infant and child mental health workforce competency areas.

The most recent NWS was conducted in 2023, with 3,064 respondents across Australia in over 50 occupations completing the survey.²

Generalist-level and specialist-level capabilities in child mental health

The survey was structured so that it captured generalist capabilities considered relevant to a broad range of workforce roles but also included specific competencies more relevant to those in roles that could adopt some specialist-level practices. The aim was to understand the extent to which these more specialist-level competencies existed in practitioners with the scope and opportunity to provide specialist level support.

Therefore, capability questions were open to survey respondents to complete as follows:

Generalist questions: These questions were open to all survey respondents to complete.

Specialist questions: These questions were open only to respondents who indicated that supporting child mental health or wellbeing was a formally stated or intended part of their role; or that they 'sometimes', 'often', 'always or almost always' provided support around the wellbeing and mental health of children in the course of their work.

The group who are currently (or should be) supporting child mental health are considered the 'child mental health workforce' for the purpose of the survey.

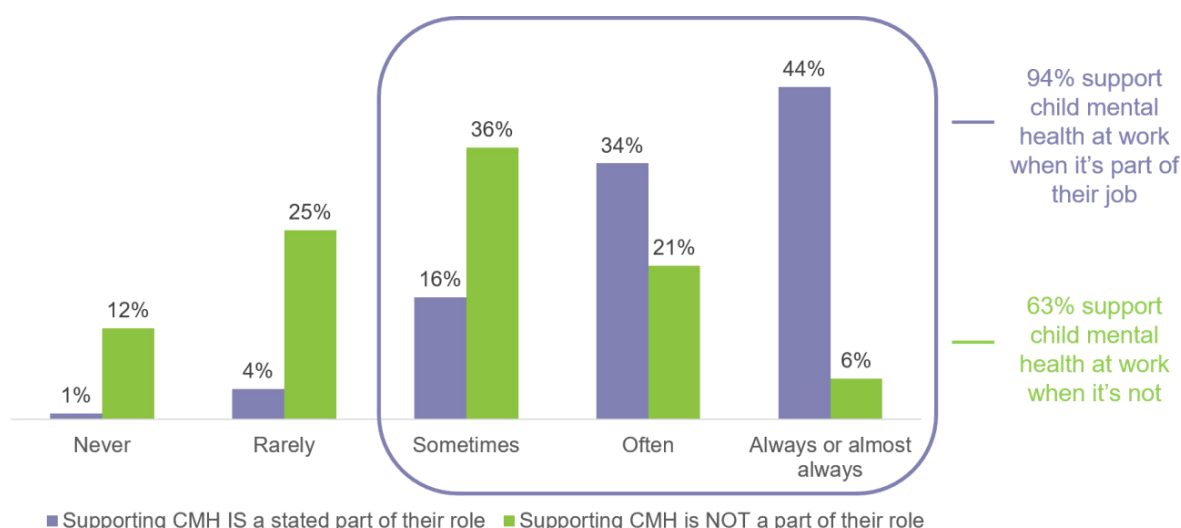
² Further information about the 2023 NWS is available from <https://emergingminds.com.au/summary-of-findings-2023-national-workforce-survey/>

Relevant findings from the NWS about the broader workforce supporting child mental health

- **The workforces responding to child mental health are broad. A wide range of professionals should be considered as part of a response to violence and support of victim-survivors, including those for whom supporting child mental health is not a stated part of their role.**

The NWS found that the majority of workers in these sectors find themselves regularly supporting children's mental health at work. Even where children's mental health was not part of their role description, 63% reported supporting child mental health at least sometimes, if not often or always (Figure 1). This finding highlights the need to provide support to all practitioners, including those in adult-focused services where clients may be parents, with workforce development in child mental health to ensure those that are providing support currently have the necessary competency and skills.

Figure 1. Proportion of Australian health, social, community and education workforce that find themselves regularly supporting child mental health at work ($n=3,064$)



Workforce capability in general

Finding: General workforce capabilities showed practitioners need support in child focused practice, infant mental health and working with Aboriginal and Torres Strait Islander families – all of which are key skills in responding to children experiencing violence.

The 2023 NWS found that levels of child mental health workforce capability varied from low to moderate among different competency domains, with overall higher levels of capability among practitioners who engaged with workforce development in child mental health. Respondents were asked to rate their agreement with a series of statements using a scale from 1 to 7, where 1= strongly disagree and 7= strongly agree. Average scores are therefore

presented as a score out of seven. We interpreted these averages as the following levels of competence:

1–4: Lack of agreement indicating low competence.

5–6: Moderate competence.

6–7: High level of competence.

We present average (mean) scores for domains or subscales that are made up of multiple competency statements. This helps give an overall indication of where the workforce sits in relation to that domain of capability. We have also selected key competency statements from within relevant subscales to highlight the proportion of the workforce capable in those areas.

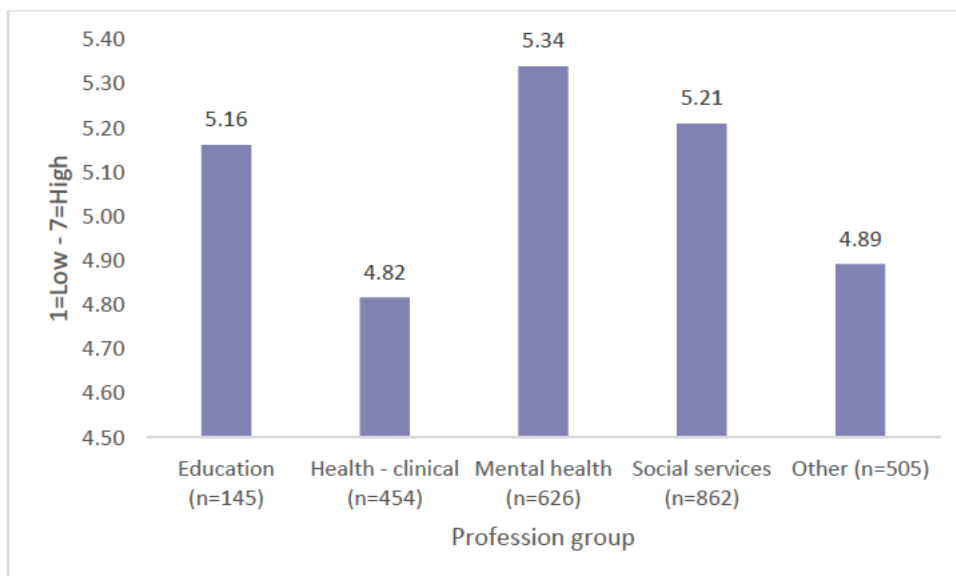
Key generalist areas relevant to a broad range of practitioners where workforce competency is low (average scores below 5 out of 7) and in need of support were *Child focused practice*, *Infant mental health*, *Working with Aboriginal and Torres Strait Islander families* and *Working within the context of disaster*. On average, practitioners in roles where specialist-level practices are relevant reported low confidence selecting and adapting strategies for the unique needs of children (*Child mental health practice capability*).

Figure 2. Self-rated child mental health workforce capabilities across the Australian health, social, community services and education workforce, mean scores out of seven



Clinical health professionals rated their capabilities lowest and indicated the greatest need for workforce development in child mental health compared to mental health, social services or education profession groups.

Figure 3. Mean scores for generalist child mental health competencies by profession group, out of 7



Trauma and adversity

Finding: There is a gap between knowledge and practice in the area of responding to trauma and adversity. This highlights the need to provide opportunities for practitioners to develop their understanding and ability to implement trauma-informed practice.

On average, the workforce showed moderate capability in *Trauma and adversity* (subscale average 5.52). However, on individual items there was slightly greater capability when it came to knowledge of the risks to children's mental health associated with adverse childhood experiences (ACEs; mean score 5.52) compared to the practice of responding to children who had experienced trauma (5.29). This is a similar pattern to that seen across other parts of the survey, as well as in results from the earlier 2020–21 NWS, where workforce knowledge tends to be rated higher than practice. This indicates there is a potential block in translating learning to practice – one that needs to be supported by organisational and policy structures.

Trauma capabilities:

- 62% of respondents were knowledgeable of the risks to children's mental health associated with ACEs ($n=2,278$)
- 56% of respondents were confident in responding to children that have experienced trauma and adversity ($n=2,207$)

Note: Those considered knowledgeable or confident in these areas were those who rated the competency item 6 – Agree or 7 – Strongly agree.

Infant mental health

Finding: There is low competency across the workforce in the area of infant mental health. Knowledge and practice in this area would need to be supported if a system response to violence is to adequately recognise and respond to the needs of infants.

In the 2023 NWS, *Infant mental health* competency was shown to be low across the workforce (a mean score of 4.51 out of 7, when scores below 5 are considered low competency), continuing a trend first noted in our 2020–21 NWS.

Only those in the very specialised roles of child and adolescent psychiatrists and maternal and child health nurses showed high levels of infant mental health competency in the survey. Others in the survey sample showed mostly low competency, including paediatricians and FDV workers (mean score 4.65 and 4.47 respectively).

Of all the areas looked at in the survey, the workforce struggles most with knowing how to recognise early signs of mental health concerns in infants from birth to two years (mean score 3.8 out of 7), with only 22% confident they could recognise early signs of mental health concerns in infants.

Infant mental health:

- 22% know how to recognise early signs of mental health concerns in infants (birth–2 years) ($n=2,418$)
- 36% know of strategies to support the mental health and wellbeing of parents during the perinatal period immediately before and after birth ($n=2,199$)
- 40% know the steps involved in connecting family members with appropriate support services during the perinatal period, immediately before and after birth ($n=2,207$)
- 36% were confident they can identify the impact of perinatal mental health issues on parenting, infants and children ($n=2,198$)

Note: Those considered knowledgeable or confident in these areas were those who rated the competency item 6 – Agree or 7 – Strongly agree.

Working with Aboriginal and Torres Strait Islander families

Finding: Confidence and capability to work in culturally competent ways with Aboriginal and Torres Strait Islander families was very low across almost all workforce groups.

This is particularly concerning, as over three-quarters of the 2023 survey sample reported working with Aboriginal and Torres Strait Islander clients at least sometimes, if not often or always.

Working with Aboriginal and Torres Strait Islander families:

- 77% regularly work with Aboriginal and/or Torres Strait Islander children, parents or families ($n=3,064$)

- 38% feel confident in their role to provide trauma-aware, healing-informed care to Aboriginal and Torres Strait Islander children, parents and families (n=2,014)

Note: The first item indicates the respondents who work with Aboriginal and Torres Strait Islander children, parents or families sometimes, often or always. For the second item, those who were considered knowledgeable or confident in the area were those who rated the competency item 6 – Agree or 7 – Strongly agree.

Child voice

Finding: There is a promising and developing culture of responding to child voice across sectors. We expect to learn more about this in the next NWS, which will explore the role of lived experience workers in a child mental health service system.

In 2023, two-thirds of respondents indicated there was a culture among those in their workplace that incorporating a child's perspective into the service was the 'right thing to do'. This indicates that, while there are parts of the workforce where this attitude still needs to shift, there is considerable goodwill that could be leveraged to improve capacity for hearing and responding to the voices of children.

Child voice:

- 66% of respondents felt that most others in their organisation demonstrate the belief that incorporating a child's perspective in our work is the right thing to do (n=2,250)

Note: This indicates respondents who rated this item 6 – Agree or 7 – Strongly agree.

Engaging parents

Finding: Capacity to engage parents varied across workforce groups and was lower among respondents who only work with adult clients. This suggests more work is needed to equip practitioners in adult-focused services to identify children who have experienced violence, as well as to support parents to consider the impacts of violence on their children.

The items that focus on talking to parents about children's mental health; helping equip parents; and examining the relationships between parents and children were rated lower than expected. They showed average self-ratings that were only just within a range of moderate competency. Across these items, half or less than half of the survey sample felt confident in their capabilities. These are important skills for those working in any role that connects with adults (who might be parents), children or families.

Professions in the *Health – Clinical* group scored low on engaging parents compared to mental health professionals and social services professionals, as they did with other subscales. However, the *Education* group was also unexpectedly low on their capability to engage with parents, which is unexpected given their roles interacting with families of students.

Respondents who only work with adult clients showed significantly lower competency in *Engaging parents* than any other client-type group that included children. Adult-focused workers may require support to consider their adult clients as potential parents in order to engage them around their parenting role and the wellbeing of their children.

Engaging parents, building capacity in parents, family partnerships:

- 53% of respondents were confident in talking to parents about risk factors to their children's mental health ($n=2,514$)
- 47% of respondents felt able to equip parents with strategies that help them maintain the wellbeing and resilience of their children ($n=2,481$)
- 46% of respondents felt able to determine the quality of attachment or bond that parents have with their infants or children ($n=2,465$)
- 48% regularly talk to parents about the impact of their own mental health or other difficulties or adversities on their parenting ($n=2,418$)

Among practitioners whose job involves supporting child mental health:

- 58% of respondents feel confident assisting parents or other trusted adults to develop and use strategies that mitigate the impact of adversity on children's mental health and well-being ($n=1,388$)
- 43% of respondents regularly facilitate opportunities for parents, educators, and other support networks to work together and problem solve strategies that will enhance a child's mental health ($n=1,323$)

Note: Those considered knowledgeable or confident in these areas were those who rated the competency item 6 – Agree or 7 – Strongly agree.

Table 1. Self-rated capability in engaging parents and trauma by client type, mean scores out of seven

	Engaging parents			Childhood trauma and adversity		
	<i>n</i>	Mean	SD	<i>n</i>	Mean	SD
Best description of clients for majority of work						
I work mainly with adults as clients	557	4.61	1.57	486	5.05	1.60
I work mainly with younger children (0–12) as clients	236	5.15	1.24	216	5.62	1.22
I work mainly with older children (13+) as clients	143	5.23	1.43	129	6.20	0.98
I work mainly with children of all ages	188	5.38	1.22	178	5.95	1.20
I work mainly with both adults and children (any age) as individual clients	275	5.10	1.34	251	5.52	1.38
I work mainly with both adults and children (any age) together as clients (e.g. ‘I work with families’)	552	5.64	1.05	516	5.89	1.01

Key findings about the FDV sector workforce capability in child mental health

Eighty-four respondents indicated they worked in the *Family violence/safety services* sector.

Areas of strength and areas needing support

Findings:

- The *Family violence/safety services* sector responses reported higher levels of child mental health capabilities than the national average in the survey.
- They showed similar areas needing support to the broader workforce, including some elements of child-focused practice. Infant mental health was a significant area of low capability where this workforce did not exceed the national average as they had in other areas.

This group reported higher levels of child mental health capabilities than the national average across the domains measured. However, they tended to show similar areas to the broader workforce where support is needed to build capacity, including centring children in everyday practice (*Child focused practice* subscale) and confidence responding in a more therapeutic way to children’s needs (*Child mental health practice capability* subscale).

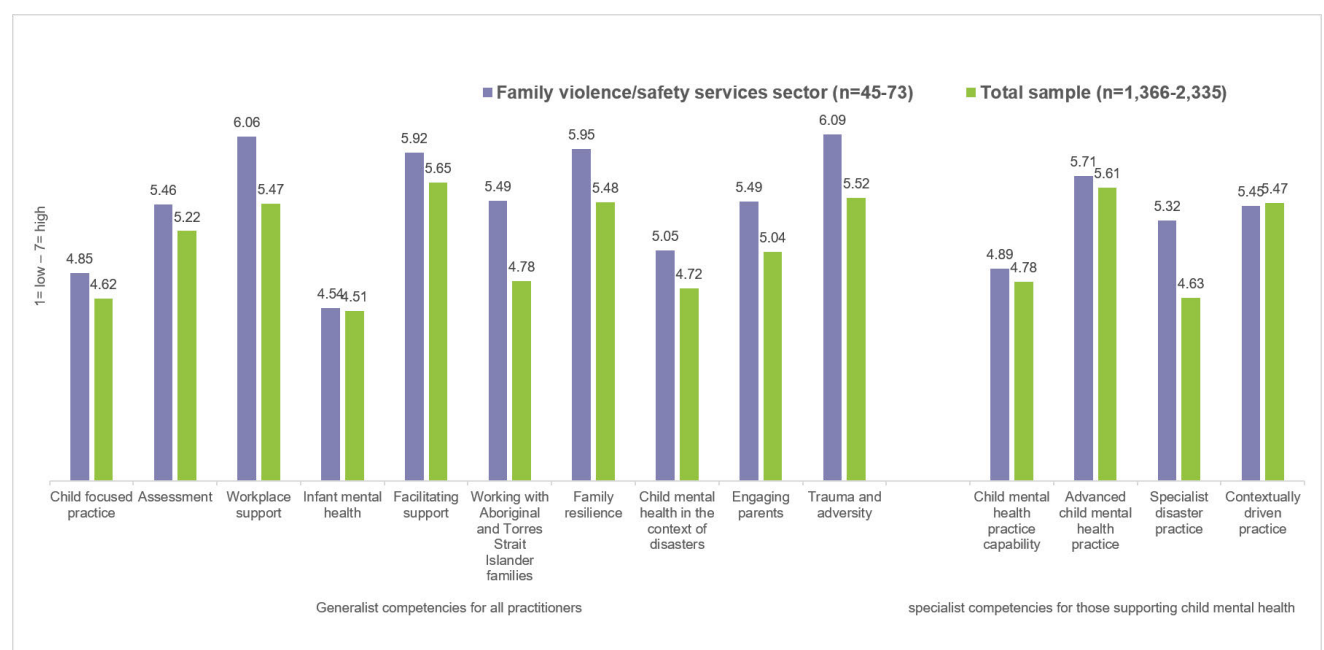
Infant mental health was a significant area of low capability for the *Family violence/safety services* sector, with professionals' low self-ratings not exceeding the national average as they did in other domains.

Workplace support

Finding: The *Family violence/safety services* sector reported very high ratings of workplace support to implement better practices that recognise and respond to the mental health impacts of violence in families. This may represent a key opportunity for system change to increase the visibility of and responsiveness to infants and children in this sector.

The strength in this sector lies in the very high ratings of workplace support, indicating those in the *Family violence/safety services* sector feel supported by the attitudes, cultures and structures within their organisations to implement better practices that recognise children and respond to the mental health impacts of the violence in their families.

Figure 4. Self-rated child mental health workforce capabilities, Family violence/safety services sector and national average, mean scores out of seven



6 - 7 HIGH COMPETENCY | 5 - 6 MODERATE COMPETENCY | 1 - 4 LOW COMPETENCY

Further data about responding to violence in the next NWS

The next iteration of the NWS is due for collection in 2026. With each survey, new topics are considered for inclusion to develop an understanding of the current capabilities and needs of the child mental health workforce. Recognising the profound impacts of experiencing violence on the mental health and development of infants, children and young people, the

2026 survey will include new items asking practitioners about their confidence in supporting parents and children who have experienced FDV.

Appendix B: Emerging Minds resources

Emerging Minds, through the National Workforce Centre for Child Mental Health, provides a range of free, evidence-based learning resources to build workforce capability in supporting the mental health and wellbeing of infants, children and families experiencing FDV. These include the following online training courses:

- [The impact of family and domestic violence on the child](#)
- [Child-aware practice: Family and domestic violence](#)
- [Honouring Aboriginal and Torres Strait Islander voices in healing family violence.](#)

Training courses related to infant and early childhood mental health include:

- [Supporting infants and toddlers](#)
- [Keeping the infant and toddler in mind](#)
- [Practice strategies for assessment: Infants and toddlers](#)
- [Promoting infant and toddler mental health with parents.](#)

Together, these resources support practitioners across health, social, community and family service settings to recognise the impacts of violence on children, strengthen parent–child relationships and provide timely prevention, early intervention and recovery-focused support.