

SUBMISSION

31 July 2026

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

DEPARTMENT OF SOCIAL SERVICES

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ABOUT FRSA

As the national peak body for family and relationship services, FRSA has a critical leadership role in representing our extensive network of Member Organisations to support their interests and the children, families and communities they serve across Australia. FRSA plays a significant national role in building and analysing the knowledge and evidence base relating to child and family wellbeing, safety and resilience. We undertake research and work with government and non-government stakeholders to inform policy and shape systemic change.

OUR VISION

An Australia where children, families and communities are safe strong and thriving.

OUR MEMBERS

FRSA has 135 members, with 127 members in a direct service delivery role. FRSA members deliver family and relationship services under the Attorney-General's Department Family Relationships Services Program and the Department of Social Services Families and Children Activity.

Family Law Services (funded by the Attorney-General's Department):

- Family Relationship Centres
- Family Dispute Resolution
- Regional Family Dispute Resolution
- Family Law Counselling
- Parenting Orders Program
- Supporting Children after Separation
- Children's Contact Services
- Family Relationship Advice Line

Family and children services (funded by the Department of Social Services):

- Communities for Children Facilitating Partner
- Children and Parenting Support
- Family Mental Health Support Services.
- Family and Relationship Services:
 - Family and Relationship Services
 - Specialised Family Violence Services
- Adult Specialist Support:
 - Find and Connect
 - Forced Adoption Support Services



INTRODUCTION

FRSA welcomes the opportunity to contribute to this consultation. Our submission is informed by:

- ongoing community of practice discussions with FRSA members
- submissions made over recent years to relevant inquiries including:
 - Parliamentary Inquiry into family Violence Orders
 - [Submission](#)
 - Supplementary [submission](#)
 - [Parliamentary Inquiry into Family, Domestic and Sexual Violence](#)
 - A range of submission relating to recent reform of the Family Law Act.

OUR FEEDBACK

As a whole of government initiative, the second Action Plan consultation process encourages exploration of approaches that challenge existing ways of working and the often siloed approach to service provision dictated by funding buckets.

The Family and Relationship Services sector works with children, families, adults and communities at times of both opportunity (prevention) and in response to disadvantage, vulnerability and hardship (prevention and early intervention). Unfortunately, the prevalence of family violence amongst our client base has been steadily on the increase. It is our intention in this submission to highlight where there are opportunities in our sector to ensure that we meet and work with children, families, adults and communities 'where they are at' so that they receive the appropriate response at that critical and opportune time of engagement. This is a critical factor in addressing the scourge of family violence.

Our submission focuses predominantly on family and domestic violence, including sexual violence that occurs in the family setting. This reflects our sector's focus on working with families and children. We recognise, however, that sexual violence that occurs outside of the family context remains a significant problem in Australia.

PREVENTION AND EARLY INTERVENTION (Priority 2)

FRSA recognises the important place for universal prevention initiatives in the second Action Plan such as respectful relationship programs in schools, which some of our members deliver. Programs such as these provide a positive and sometimes alternate narrative about what constitutes a respectful relationship – particularly at a time when harmful narratives are being enthusiastically peddled and amplified on online platforms. They can provide an 'outside' authoritative and neutral voice that complements the integration of respectful relationships in the national curriculum.

We also see merit in broadening the reach of 'healthy masculinities' initiatives but leave it to those with expertise in this space to shape the way in which this could most usefully be taken forward in the Action Plan. This aligns with an area of opportunity identified in the ANROWS consultation paper "improve understanding of safe and healthy relationships, behaviours, attitudes, and consent" (p. 46).



Opportunities to build protective factors

Intervening at the earliest stage can circumvent the intergenerational impact of violence on individuals and families, which can result in diminished life outcomes for all members of the family (and subsequently higher overall 'costs' to the community of managing escalated and intensive interventions).

Delivery of prevention and early intervention programs across family life course transitions such as the transition to adulthood, transition to parenthood, parenting children and teens, and post-separation support, can build protective factors – particularly for those with high levels of risk of health and social problems, including domestic and family violence.

It is well established that there are transition phases when family and domestic violence is more likely to escalate or emerge – at the start of parenthood/pregnancy¹ and in the lead up to and just after separation.² Family and relationship services offer relationship and parenting support programs across the life course, including a range of pre- and post- relationship separation services that can help to build protective factors across the population but particularly with already vulnerable groups. These protective factors include things like social and emotional competencies, positive role modelling and building warm attachment.

SNAPSHOT: Early intervention partnership between the Glen Centre and Uniting

Aboriginal Community Controlled Organisation, The Glen Centre, works in partnership with Uniting (NSW/ACT) to provide support to Aboriginal men and women across the lifespan, including some young Aboriginal people who may have previously transitioned out of statutory care. Much of this work supports healing and behaviour change in young men who do not yet have children of their own. This work has a direct and well-evidenced link to reducing family violence and strengthening future parenting capacity. This work also supports healing and behaviour change for those seeking reconnection with adult children with whom connection has been lost.

Area of focus for the second action plan

- Build opportunities to design and/or scale up programs that build protective factors for cohorts at risk of using violence.

Opportunities to intervene early

The ANROWS consultation paper asks: *What helps people access support earlier, and what barriers prevent people from seeking help or engaging with systems and services?* (Priority Area 1: Victims-survivors, p 45).

We see significant value – and potential – in the role that community services that sit outside the specialist FDSV sector can play in early intervention and improving access to support. The experience of the FRSA membership suggests that if set up well, the low or no-stigma universal service system can play an important role in

¹ See for example, AIFS [Practitioner Resource](#) which points to data from 2012 & 2014 – Campo, Monica, *Domestic and family violence in pregnancy and early parenthood: Overview and emerging interventions*.

² AIHW (last updated 24 February 2026), [Factors associated with FDSV](#).



helping people experiencing violence access the support they need.

Identifying risk early

FRSA members' family and relationship services incorporate comprehensive policies, processes and procedures for identifying violence and for ensuring that the safety needs of clients who are affected by family and domestic violence are identified and met.

Often people affected by family and domestic violence who access family and relationship services initially present with an issue other than family and domestic violence. It can be through the intake screening and assessment processes that family and domestic violence is picked up. At other times, violence may be disclosed further down the track in the therapeutic relationship, when trust and rapport have been established.

There are a number of key prerequisites for identifying family and domestic violence and for keeping clients safe:

- **Tools for ensuring safety and protection:** robust tools used for screening and assessment, and identifying and responding to violence with comprehensive training and skills updating of professionals using them.
- **Culture:** child-focused (where relevant), trauma-informed, non-judgmental, respectful and strengths-based.
- **Time:** to listen, to build trust and rapport, to carefully work through processes that can be confusing and stressful and to follow up on clients when they miss appointments or need extra support. Current resourcing does not necessarily acknowledge that sometimes, 'quickly' does not mean 'better,' or reflect the case management load that sits alongside directly delivery of a program. Building trust takes time.
- **Constant review and assessment** of all aspects of the clients' situation, including violence risk.
- **Multidisciplinary responses and linkages:** including therapeutic responses, warm referrals to specialist services, continuity of support through consistent case management, and cross-sector collaboration.

The case study below from a family law service provider illustrates the above prerequisites at work, including the identification of family and domestic violence, in 'Jenny's' story.

Areas of focus for the second action plan

To leverage the potential of community services that sit outside the specialist FDSV sector, we propose that the second Action Plan focuses on building community sector capability to recognise and respond to people experiencing or at risk of family violence, including:

- Increasing the uptake of robust risk assessment across community services
- Upskilling staff to recognise signs of FDV, including coercive control, to undertake safety planning and to manage warm referrals to specialist



support³

- Funding and reporting models that recognise the cost of case management support and increase in service dosage
- Recognition of the importance of building protective factors, including in children and young people who may be at risk of violence.

³ While many of our members have upskilled staff in the area of FDV, it was identified as the top priority area for upskilling in the interim findings of a workforce project FRSA has commissioned. Service providers re identifying that more of their workforce would benefit from training (i.e. across more organisational roles), as well as identifying a need for ongoing training – particularly around coercive control. Across all programs, members have observed increasing client complexity, including FDV risks.



CLIENT CASE STUDY – JENNY

A young mum, Jenny, approached Centacare seeking mediation. She had recently left a relationship and was having no contact with her two-year old daughter who had remained living with her father. Jenny was homeless and experiencing depression and anxiety, with recent thoughts of suicide. While completing Centacare New England North West's Request for Service form we were able to identify various risk factors that would require a high level of support. Jenny was referred to support services and booked in for an urgent Intake and Assessment meeting with a Mediator.

By utilising our internally developed Mediation Intake and Assessment tool a number of reports/incidences of family violence in multiple forms during the relationship and post-separation were shared by Jenny with the mediator. Staff worked closely with the local Women's Refuge and domestic violence services to have Jenny referred to specialist support, as well as to support her to find accommodation. Given that we were preparing to bring Jenny and her former partner together for mediation, Centacare staff also monitored the escalation of risk to ensure family safety.

Engaging dad (Bob) was difficult. It took over a month to build rapport with him as he had a distrust of services. When we met with Bob for his Mediation Intake and Assessment, he informed us that he could not read or write. To overcome this barrier, we did not complete any paperwork at this session and instead conducted an initial assessment on a narrative basis. We identified that he was engaging in problematic drinking, experiencing financial hardship and struggling with anger and depression as he was adjusting to life as a single parent. Bob was reluctant to engage in any kind of counselling service, so his Mediator checked in with him via weekly phone calls, simply to have a chat. After several weeks Bob admitted to his Mediator that he was having a hard time and agreed to work with our Education Facilitator to strengthen his parenting skills and knowledge. He also started contacting our service regularly to update us on his progress or to simply talk if he was feeling frustrated or overwhelmed.

By this time, mum was also doing better. She had successfully secured a rental property and was feeling stronger.

As noted above, screening for safety was critical in considering whether Jenny and Bob would be suitable for mediation. Upon review, the mediators brought the two parents together for two legally assisted shuttle mediation sessions, where they were supported to develop interim parenting arrangements that would allow Jenny to have contact with her daughter safely.

Jenny's ultimate goal was that their daughter lives with her. Unfortunately, this issue could not be resolved through mediation; however, Jenny and Bob who had now established rapport with their respective lawyers used during the legally assisted mediation process were able to continue to work with their lawyers through court.

Jenny reported feeling in a much stronger position after mediation and continued to engage with support through domestic violence services.

Dad returned to our service and completed all our parenting workshops over the next twelve months. He reported an improved relationship with his daughter along with better co-parenting skills. Dad has even referred people experiencing difficulties in their family relationships to our service.

Fallon Roberts, former Executive Manager, Family, Wellbeing and Justice Services, Centacare New England North West

Source: FRSA (2019), *An audit of intake screening and assessment tools used in the FRS sector*



CHILDREN AND YOUNG PEOPLE IN THEIR OWN RIGHT (Priority 3)

Improving safety, recovery and wellbeing outcomes for children and young people

FRSA members have long been concerned about the dearth of support for children and young people experiencing and recovering from FDV. The needs and rights of children should be brought to the forefront in the second Action Plan by:

- Ensuring there are specific child-focused services for children affected by family and domestic violence (for example, ensuring that support tailored to children is offered, as well as support to the partner/ex-partner of participants in perpetrator intervention programs).
- Ensuring that children who are displaying behavioural issues are assessed within a holistic framework that extends beyond a purely medical model. This would require health and educational practitioners undertaking assessments for ADHD, learning and development, for example, to be trained in assessing domestic and family violence risk.
- Providing trauma-informed interventions that “build trust and engagement over the long term” for adolescents who are themselves using violence within the family context, noting childhood trauma events (including family and domestic violence) are the biggest contributor to adolescent violence in the home.⁴

In the Commonwealth-funded Family and Relationship Services sector and, we understand, more broadly there are limited services for children and young people.

A small number of service providers are funded to deliver Child Specific Counselling (CSC) under the Department of Social Services Specialised Family Violence Services program. CSC provides support for children who experience or witness family or domestic violence to support them as victim survivors in their own right.

An independent evaluation of Child-Specific Counselling (CSC) services was undertaken in 2025 as part of an independent [evaluation](#) of Family and Relationships Services and Specialised Family Violence Services. The evaluation results are encouraging: “Child-Specific Counselling (CSC) services are achieving positive outcomes for children Services delivered to children are supporting positive outcomes for children and play an important role in ensuring children and young people feel seen, heard, and recognised” (p ix).

However, the evaluation report also found that there is “significant unmet need” for children and young people. As well as additional funding to expand the footprint of this service there is also a workforce/skills gap: “key challenge to scaling CSC is securing counsellors with specialist skills and experience to work with children.” (p. ix)

⁴ Australia’s National Research Organisation for Women’s Safety. (2020). [The PIPA project: Positive Interventions for Perpetrators of Adolescent violence in the home](#) (Research to Policy and Practice, 04/2020). Sydney, NSW: ANROWS, p. 15.



Improving safety for children and young people in the family law system

The prevalence of FDV in separating families is particularly high. It is the FRSA network's experience that the needs of families entering the post-separation family law system are becoming increasingly complex, and that violence is likely to be present in a substantial number of cases. Further, too many children and young people have been placed at ongoing risk (including FDV and sexual abuse) because their views have not been sought or they have been discounted in court proceedings.

An age-appropriate, child-focused and child-inclusive approach is important in all family law cases –this is particularly so in cases involving domestic and family violence.

Children and young people should have the 'safe' opportunity to express their views in family law matters - via family dispute resolution and court proceedings:

- *Family Dispute Resolution*: Child Inclusive approaches to FDR ensure that the views of the child/ren are incorporated in the process, through the involvement of a specialist child consultant. Child-inclusive practice is currently offered by some FRSA Members, but the practice is not as widespread as it could be due to funding limitations.⁵ The use of child inclusive family dispute resolution as an 'opt out' rather than 'opt in' model of service delivery, would normalise the process for separating parents (encouraging parental buy-in) and, importantly, enable all children and young people involved in family disputes to participate in the process if they choose to.⁶
- *Family Court proceedings*: establish a child advocate role to ensure that children and young people have their views heard in a safe and respectful way and have these views assessed appropriately within the broader best interests evidence.⁷ The child advocate would be a support role and the advocate would have the requisite skills, experience and disposition (for example, an understanding of child development and trauma informed practice, and an ease with working with children and young people) to support the child's participation.

Support for children and young people after parental separation is also important, including for children and young people who have been or continue to be impacted by FDV. The Attorney-General's Department funds the Supporting Children After Separation Program (SCASP) and in 1 July 2025 additional funding was provided to a small cohort of providers to deliver additional support specifically

⁵ A review of family law services was undertaken in 2023-2024. The review report recommended that the government fund Child Inclusive Practice and that where safe and appropriate, CIP should be presented as an opt-out part of the Family Dispute resolution process. Andrew Metcalfe AO, Lead Reviewer (June 2024), [*Support for Separating Families: Review of the Family Relationships Services Program*](#), P. 115.

⁶ Noting that in some cases with family violence risk it may be unsafe to proceed with child inclusive FDR and in some case, it may be unsafe to proceed with FDR at all.

⁷ The requirement that Independent Children's Lawyers (ICL) must speak with the child/young person before providing their evidence to court came into effect in May 2024 and was an important and welcome change in the Family Law Act. The ICL represent the best interests of the child, however, and not the child themselves and does not offer a support role, which we consider vital



targeted to children and young people who have experienced family violence. The service footprint of this program is small, and we have long advocated for an increase in funding to put the service in reach of a greater number of children/young people.

Areas of focus for the second action plan

- Investing in services to support the recovery and healing of children and young people
- Building a pool of counsellors with specialist skills and experience to work with children and young people (Priority 5).
- Funding Child Inclusive Practice in Government-funded family dispute resolution services
- Introducing the role of child advocate in the family court to support children and young people to have their voices heard.
- Increasing post-separation support for children who have experienced or are experiencing family violence.

PEOPLE WHO USE VIOLENCE (Priority 4)

Intervention programs for people who use violence in intimate/family relationships

In 2025, FRSA undertook a mapping exercise to begin building a picture of the footprint of FRSA members that deliver targeted intervention programs for people who use violence in intimate/family relationships. Our mapping found that at least 62 targeted intervention programs are delivered by our members across the country and close to 6000 people using violence in their relationships engage with these programs each year. The majority of these programs are for men who use violence, including a few programs tailored to young men.

Key insights from the mapping project (drawing from 39 programs):

- The difference that engagement with programs can make for both those using violence and the partners and families experiencing violence, regardless of whether clients complete the program, should not be underestimated. Instances of engagement may provide an opportunity to link people using violence with other complementary supports. It may provide an opportunity to link the partners and families experiencing violence with appropriate support (sometimes, for the first time). Those using violence may disengage from a program, but their partners/family members remain firmly on a help-seeking journey.
- A majority of programs provide some form of support for partners and ex-partners including family safety advocacy and family violence counselling
- A majority of programs provide some form of support for children and young people including family safety advocacy and family violence counselling
- Some level of wrap around support is provided for the person using violence, with individual counselling and drug and alcohol support most commonly provided.

Our snapshot indicates that the family and relationship services sector holds a principal place in the domain of interventions for people who use violence in intimate/family relationships. The survey findings point not only to the existing



specialist capability of our membership base, but also to the value-add our members provide to individuals and families across their breadth of practice.

Area of focus for the second action plan

Our mapping report noted that the breadth of practice approaches identified in the mapping reflect a culture of innovation and local responsiveness. What we would like to see going forward is a focus on:

- building the evidence base to understand what is working in Men's Behaviour Change and related programs
- the introduction of sufficient guidance and guardrails to continue to trial different ways of working
- research to understand the extent to which different state requirements around Men's Behaviour Change Programs enable effective programs
- research to understand the extent to which government requirements inhibit the use of practice wisdom and/or overseas evidence/models to develop new approaches to service design and delivery.

CONCLUSION

The engagement the family & relationships services sector has with people using violence and victim-survivors of family and violence (predominantly women and children), especially through the family law work of the sector, provides a unique opportunity to work with people experiencing and using family violence, meeting them 'where they are at'. What we would like to see going forward:

- A more systemic response to enable prevention and early intervention work with women, children and men who engage with the FRS sector building upon the strengths and expertise in the FRS sector
- Additional government investment so the expertise in the sector could be much better leveraged to help reduce violence in intimate/family relationships and build positive relationships
- An investment in capacity and capability uplift of the workforce to respond to increased demand for services moving forward.