

Open Haven

Submission to the Consultation on the Second Action Plan

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

1. Executive summary

Open Haven welcomes the opportunity to respond to the Department of Social Services and ANROWS consultation paper, *Evidence to Action: Informing Direction for the Second Action Plan*. This submission responds directly to the consultation questions under Priority Area 1 (Victim-Survivors), Priority Area 3 (Children and young people in their own right) and Priority Area 5 (System Integration and Workforce). A mapping table is provided below.

Open Haven is a specialist recovery and healing service supporting women and children victim-survivors of domestic and family violence across Southeast Queensland. Through three community-based recovery hubs in Logan, Brisbane's Northside and Brisbane's Inner City, Open Haven supports approximately 600 women and their 900 children each year, and has supported more than 3,000 women since our first hub opened. Women typically engage with Open Haven for six to 24 months, reflecting the reality that recovery is a long-term process. Most of our referrals come from government-funded agencies and specialist domestic and family violence services, including refuges, hospitals, health providers and victim support services.

Our starting point is simple: ***safety is the entry point, not the finish line. For every woman in crisis accommodation tonight, several more are safe but not yet recovered.*** Australia has made significant progress in strengthening crisis responses. The Second Action Plan is the opportunity to build the recovery and healing phase of the service system with the same seriousness.

Summary of recommendations

Open Haven recommends that the Second Action Plan:

1. Recognise recovery and healing as a distinct and essential phase of the domestic, family and sexual violence service continuum, and classify "specialist recovery and healing services" as a distinct service type reflected in commissioning frameworks, program guidelines and eligibility criteria.
2. Establish a national Community Recovery Hubs Program. A dedicated recovery and healing investment stream funding community-based recovery hubs delivered through partnerships within existing community infrastructure, designed to the specifications set out in Section 5.
3. Fund child-centred recovery pathways as a dedicated stream, recognising children and young people as victim-survivors and clients in their own right, with mother-and-child dyad support as a required design feature.
4. Invest in demonstration sites that extend the community recovery hub model to regional and remote communities, with university-led evaluation and staged scaling informed by results.
5. Build the national evidence base on recovery by requiring embedded university evaluation partnerships in funded recovery services and investing in longitudinal measurement of recovery outcomes.

Consultation question	Where addressed in this submission
Priority Area 1: What service or system responses would make the biggest difference to victim-survivors' safety, wellbeing, healing and recovery?	Section 2; Recommendations 1 and 2
Priority Area 1: What gaps remain in addressing the needs of diverse communities, including Aboriginal and Torres Strait Islander people?	Section 2.3
Priority Area 3: What would make the biggest difference to improving safety, recovery and wellbeing outcomes for children and young people affected by this violence?	Section 3; Recommendation 3
Priority Area 5: What approaches or models appear most effective in improving collaboration, coordination and information sharing across services, systems and programs?	Section 4; Recommendations 2 and 5
Priority Area 5: What evidence, workforce or system gaps should the Second Action Plan prioritise to strengthen implementation and improve outcomes over time?	Sections 4 and 5; Recommendations 4 and 5

2. Priority Area 1 — Victim-survivors

2.1 The service response that would make the biggest difference

The consultation asks what service or system responses would make the biggest difference to victim-survivors' safety, wellbeing, healing and recovery. From nine years of frontline experience, our answer is: a funded, recognised recovery and healing phase that begins where crisis responses end.

Women referred to Open Haven have typically exited violent relationships and are no longer in immediate crisis. Yet they continue to experience ongoing trauma and mental health impacts, social isolation and loss of support networks, housing and financial insecurity, barriers to employment and education, and difficulty navigating complex service systems. National prevalence data underline the scale: nearly one in two Australian women (48.4%) report experiences of intimate partner violence (Mathews et al., 2025). The consultation paper's own evidence review recognises this gap, calling for a whole-of-system approach that extends "through prevention, early intervention, response, and recovery and healing" and for victim-survivors to "access support that meets their need over their life course."

The consistent referral of victim-survivors to Open Haven by government-funded agencies and specialist services is itself evidence: the sector recognises that safety alone does not equate to recovery, and it currently has almost nowhere structured to send women for the recovery phase. Our hubs deliver individualised restoration plans, case management, child counselling, employment and driving pathways, financial literacy and community connection. These improve recovery outcomes and continuity of care through a place-based model.

2.2 The structural barrier: eligibility

The single most important structural change the Second Action Plan can make costs nothing. Most domestic and family violence program guidelines define eligibility around crisis or response service classifications. A specialist recovery and healing organisation, precisely the type of service the evidence says is missing, can be locked out of funding rounds before merit is ever assessed.

Recognition of recovery as a distinct phase is the principle; service-type classification is what converts that principle into eligibility. The Second Action Plan should do both: recognise recovery and healing as a distinct phase of the service continuum, and direct that “specialist recovery and healing services” be established as a distinct service type within commissioning frameworks, program guidelines and eligibility criteria (Recommendation 1).

2.3 Diverse communities, including Aboriginal and Torres Strait Islander women and children

Victim-survivors do not experience violence in isolation. Women accessing Open Haven frequently face intersecting challenges associated with cultural and linguistic diversity, migration and visa status, disability, housing instability and geographic location, and our model is built to respond through trauma-informed, culturally responsive and person-centred delivery.

Open Haven recognises that First Nations leadership, community expertise and community-controlled organisations are critical to effective recovery and healing responses, consistent with the National Plan and the dedicated Aboriginal and Torres Strait Islander Action Plan. Our Logan hub serves one of Queensland’s most diverse communities, and we are committed to strengthening cultural safety practice there and across all hubs, and to partnering with Aboriginal and Torres Strait Islander community-controlled organisations in the design and delivery of recovery supports rather than presuming to deliver them alone. We would welcome the Second Action Plan creating explicit partnership pathways between specialist recovery services and community-controlled organisations.

3. Priority Area 3 — Children’s recovery in their own right

Open Haven supports approximately 900 children each year, one and a half times the number of women we support. They are not an adjunct to their mothers’ recovery; they are victim-survivors and clients in their own right, with their own intake, their own supports (including dedicated child counselling) and their own recovery outcomes.

The evidence for treating children this way is compelling. Two in five Australian children (39.6%) experience domestic and family violence perpetrated by a parent or carer against another parent or carer while growing up (Haslam et al., 2023). Childhood exposure undermines emotional, cognitive, social and physical development and elevates lifetime risk of anxiety, depression, PTSD, self-harm and suicidality (Lawrence et al., 2023; Grummitt et al., 2024). Supporting children’s recovery alongside their mothers strengthens protective factors and is the most direct investment available in breaking intergenerational cycles of violence.

Open Haven strongly endorses the consultation paper’s commitment to “develop more child and youth-centred pathways from response to recovery and healing.” In our experience the design feature that makes this real is mother-and-child dyad support: funding and program guidelines that require children to be recognised, counted and supported as clients in their own right within recovery services, rather

than recorded as dependants. We recommend a dedicated child-centred recovery funding stream built on this principle (Recommendation 3).

4. Priority Area 5 — System integration, continuity of care and workforce

The consultation asks which models are most effective in improving collaboration and coordination across services. Open Haven's model is, in essence, an integration model. Rather than investing in dedicated premises, we deliver recovery hubs within existing community infrastructure in partnership with government agencies, specialist services, health providers, universities, local councils, employment services and community organisations. Referrals from refuges and crisis services into structured recovery support provide continuity of care that reduces re-traumatisation, reduces fragmentation and duplication, and extends the outcomes of the crisis services themselves.

Demand, however, continues to outpace capacity. Open Haven operates with a small team of part-time staff, and waitlists and sector referrals evidence significant unmet need. Workforce constraints (not demand) are the binding limit on how many women and children can access recovery support. If Australia is to improve long-term outcomes, investment must extend beyond crisis intervention to the workforce and organisational capacity required for sustained recovery and healing support, including recognition of the recovery workforce within national workforce capability frameworks.

Evidence and evaluation

Open Haven has moved beyond intent on evidence. With Queensland University of Technology and Griffith University, we have co-designed a mixed-methods research program, *From Survival to Healing*, examining women's and children's recovery trajectories using validated instruments (the Personal Progress Scale–Revised for women's empowerment and the Warwick-Edinburgh Mental Wellbeing Scale for women and children) at engagement, six months and twelve months, alongside longitudinal qualitative interviews. The study will also inform Social Return on Investment measurement. This addresses a recognised national gap: service responses have traditionally prioritised crisis intervention while far less is known about what enables recovery (Cahill et al., 2020). Embedded university evaluation partnerships of this kind should be a required feature of funded recovery services, so that every program dollar also builds the national evidence base (Recommendation 5).

5. A fundable concept: the Community Recovery Hubs Program

Open Haven recommends that the Second Action Plan commit to a named investment: a national Community Recovery Hubs Program (or Recovery and Healing Investment Stream). Based on nine years of delivery, the design specifications that make such a program work are:

- Fund community-based recovery hubs delivered through partnerships within existing community infrastructure, with no capital component.
- Make eligibility open to specialist recovery and healing organisations, not only accredited crisis or response providers.
- Use funding terms of three to five years, aligned with six- to 24-month recovery journeys and the non-linear nature of recovery.
- Require mother-and-child dyad support, with children recognised as clients in their own right.

- Require embedded university evaluation partnerships and contribution to a national recovery evidence base.
- Structure the program around demonstration sites, with staged scaling to regional and remote communities informed by evaluation.

Value for money

The hub model is deliberately lean because it buys services, not buildings. A hub costs approximately \$122,000 per year to operate (FY25 budget) and supports approximately 200 women and 300 children — an indicative cost of around \$610 per woman, or under \$250 per client supported per year, a small fraction of the recurrent cost of crisis accommodation, health and justice system contact that structured recovery support reduces. Because hubs use existing community spaces and partnerships, every additional dollar flows overwhelmingly to frontline support, and the model scales by replication rather than construction.

An offer for regional and remote communities

Victim-survivors in rural, regional and remote communities face compounding barriers: workforce shortages, limited service availability, transport challenges and isolation. The hub model was designed for exactly these constraints. It requires community partners and community spaces, not new facilities. Open Haven is prepared to co-design and pilot the community recovery hub model in selected regional Queensland communities, in partnership with the Australian and Queensland governments and local organisations, supported by university-led evaluation through our existing QUT and Griffith University partnerships. We recommend the Second Action Plan invest in such demonstration sites and evaluate before scaling (Recommendation 4).

6. Conclusion

Crisis intervention is essential, but safety alone does not equate to recovery. Recovery and healing is the phase in which women and children rebuild wellbeing, economic participation and community connection. It is the phase the current system funds least and recognises least. The five recommendations in this submission are deliberately specific: a recognised service type, a named program with defined design features, a child-centred stream, regional demonstration sites and an embedded evidence requirement. Together they would convert the National Plan's commitment to recovery and healing into programs that victim-survivors can actually reach.

Open Haven would welcome the opportunity to discuss this submission with the Department and to contribute further as the Second Action Plan develops.

References

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