



Parkerville CYC Response for the Second Action Plan under the National Plan to End Violence against Women and Children 2022-2032

Our holistic support to children, young people, and families

Parkerville Children and Youth Care is a For Purpose organisation that supports children, young people, and their families to build skills and capacity, address the impacts of trauma and adverse childhood experiences, and develop capabilities that will enable them to be the best versions of themselves.

We see a future where Western Australia is the safest place in the world and all children, young people, and their families feel safe to dream, to thrive, and to reach their fullest potential.

We have been working alongside vulnerable children, young people, and their families for over 120 years, and every year, we support more than 13,000 people across WA through our therapeutic, out-of-home care, and early intervention and prevention services. The future of those we serve depends on what we do in the present to support them to reach their potential.

Our Purpose

Our purpose as an organisation is to support children, young people, and their families to build skills and capacity, address the impacts of trauma and adverse childhood experiences, and develop capabilities that will enable them to be the best versions of themselves.

Our Vision

We see a future where Western Australia is the safest place in the world and all children, young people, and their families feel safe to dream, to thrive, and to reach their fullest potential.

Our Values

As a strong, values-based organisation, we are dedicated to an ongoing journey of self-awareness, learning and improvement in everything we do because the children and young people with whom we work deserve nothing less.



Bold and courageous: We stand up for what is right and amplify the voices of the children, young people, families, and communities we support.



Curious and humble: We search out information and data that will help us remain at the forefront of all that we do.



Caring and respectful: We acknowledge and embrace the diversity and individuality of everyone we meet and those we serve.



Hopeful: We believe in the power of positivity and are optimistic about change, having faith that together we can overcome any challenge we may face.



Truthful and accountable: We are committed to being open, honest, and taking responsibility for our actions.



Parkerville CYC's services

Therapeutic Services

- **Multi-agency Investigation and Support Team (MIST):** co-located, multi-disciplinary, trauma-informed model to reduce harmful impacts of trauma from abuse. It is WA's first truly integrated child sexual abuse (CSA) response, with Child Advocacy Centres in Armadale (2011), Midland (2019), and Rockingham (2024). MIST's core principle is to reduce instances of children having to tell and re-tell their story, and coordinate services (including Police) to wrap around the child and family, through collaboration and knowledge-sharing.
- **Therapeutic Services:**
 - **CSATS:** We provide a Child Sexual Abuse Therapeutic Service (CSATS) in a regional area of WA.
 - **PACTS:** We also provide a Parents and Children's Therapeutic Service (PACTS) in a northern Perth suburb. 84% of children and young people receiving a service had experienced child sexual abuse.

Out of Home Care

- Parkerville CYC have had children in our care for the entirety of our 122-year history. We are implementing an innovative, award-winning new model, Our Way Home: radically personalised shared care, that focuses on the needs and desires of each child, and deliberately seeking to establish, maintain and deepen connections between children and their families. We care for children through a mixed provision across family group homes, foster care, and temporary care homes.

Early Intervention, Prevention and Youth Services

- **Child and Parent Centres (CPCs):** Parkerville runs two CPCs in Perth, servicing 12 primary schools in vulnerable communities. The centres work to create an entry point into the school system and help with school readiness, but importantly they focus on increasing family capacity and help them provide appropriate developmental experiences.
- **Kids' Hub:** multi-disciplinary approach to providing comprehensive mental health/wellbeing services for children aged 0-12 years, targeting mild to moderate emerging complexity. This service is a collaboration with Koya Aboriginal Corporation, Pregnancy to Parenthood, Lifespan Psychology Services, and MIFWA.
- **Family Support Network:** an early intervention program that connects families with coordinated services to strengthen child safety and prevent entry into out-of-home care.
- **Intensive Family Support Service:** in partnership with Koya Aboriginal Corporation, this service provides practical, in-home support to families who are engaged with the Department of Communities (Child Protection), where children are either at significant risk of entering out-of-home care or are working towards reunification with their families.
- **Education Employment and Training Program (EET):** For young people at extreme educational risk due to trauma, mental health, family issues.
- **Support and Community Services (SACS):** For families with children aged 4-14 that are experiencing homelessness, or at risk of homelessness and living in supported accommodation.
- **Moving Out, Moving On (MOMO):** service for young people aged 15-21 who are experiencing homelessness, or at significant risk of homelessness or transience.
- **Reconnect:** a diversion and early intervention service for families with young people (12-18) at risk of homelessness or family breakdown.
- **Young Women's Program:** medium-term accommodation and support for young women (including those with children) aged 16-25 experiencing or at risk of homelessness, or who need help to live independently.
- **Ruby's Reunification Program:** seeks to prevent youth homelessness through part-time accommodation, whilst engaging and supporting the family with counselling and practical support. It aims to foster hope for staying together or reunification, and keep young people out of the youth (and ultimately adult) homelessness sector.

Therapeutic Education Services

- **Parkerville Grove School:** a specialist secondary school delivering a healing-first therapeutic education model for young people whose engagement in mainstream schooling has been disrupted by trauma, adversity, and instability.



Introduction

Parkerville Children and Youth Care welcomes the opportunity to contribute to the development of the Second Action Plan under the *National Plan to End Violence against Women and Children 2022–2032*. The Second Action Plan is an important opportunity to strengthen the systems, services, funding settings and workforce capability required to make meaningful change for women, children, young people, families and communities.

Parkerville is a Western Australian for-purpose organisation that has worked alongside children, young people and families for more than 120 years. Our submission is informed by contemporary practice across therapeutic services, child sexual abuse responses, family and domestic violence, education engagement, youth and family homelessness, out-of-home care, early intervention mental health, and child and family support.

Our central submission is that children and young people must be visible across every priority area of the Second Action Plan. Children and young people experience FDSV as victim-survivors in their own right, but their experiences are rarely confined to a single policy domain. Violence shapes children's health, mental health, education, housing stability, relationships, participation, development and future life chances. Children do not experience violence through government portfolios or service silos; they experience it through interconnected systems, relationships and everyday conditions of safety or instability.

Because this submission is grounded in practice, we have included brief examples that show how violence, system fragmentation and recovery are experienced in children's and families' lives. These examples are included because policy, legislative and funding environments need to understand more deeply the people that their strategies, plans and systems are intended to serve.

Parkerville routinely uses de-identified practice examples with care, privacy, dignity and the risk of identification front of mind. In this submission, however, our capacity to include detailed case studies is shaped by the very risk that we are seeking to describe. For some families supported through our homelessness outreach services in particular, the risk from FDV is so serious that being visible in services, databases, courts, schools or community settings can itself feel profoundly unsafe. Families have experienced systems disclosing or mishandling location-related information, and some actively avoid services or records because being 'on the radar' may increase the risk of being found.

This context is itself critical practice evidence. For some children and caregivers experiencing FDV, the nature of the risk is so immediate and far-reaching that even describing the family's circumstances or the perpetrator's behaviour requires extreme care. While confidentiality is always fundamental, these circumstances require an even higher level of caution. For this reason, where practice examples are included, they are deliberately brief, de-identified, and composite where needed to protect children, caregivers and workers.



Summary of Recommendations

Parkerville recommends that the Second Action Plan use the Commonwealth's policy, funding, data and system-setting levers to make children and young people visible across every priority area, and to ensure that safety, recovery and accountability are measured by what changes in children's lives and family systems.

1. Embed child and young person safety, development and wellbeing across every priority area of the Second Action Plan.	The Second Action Plan should not confine children and young people to the dedicated 'children and young people' priority area. Children's safety, development, wellbeing and participation should be visible across victim-survivor responses, prevention and early intervention, perpetrator accountability, systems integration and workforce reform.
2. Require child-specific outcomes in victim-survivor responses.	Victim-survivor responses should measure whether children are safe, housed, attending school or early learning, connected to trusted adults, supported in relationships, able to access health and therapeutic supports, and participating in the routines, play, learning and community connection that support development and wellbeing.
3. Recognise homelessness, school disruption, health access and social isolation as impacts of FDV on children.	The Second Action Plan should recognise housing instability, school disruption, interrupted health care, social isolation, disrupted routines and reduced access to play, community and safe relationships as direct ways that FDV and coercive control constrain children's lives. These impacts should not be treated as separate or secondary service issues.
4. Invest in multidisciplinary child and family support models that provide robust case management, advocacy, and coordinated pathways across fragmented systems.	Children and families affected by violence need more than navigation or referral. The Commonwealth should fund models that include robust case management, practical advocacy, coordinated safety planning, family support, health and disability pathways, brokerage, and therapeutic or developmental support where needed.
5. Invest in early intervention models that respond to cumulative harm before crisis systems become the pathway to support.	The Second Action Plan should fund flexible, relationship-based and multidisciplinary responses in the settings where children and families already present, including schools, homelessness services, child and family support, youth services, mental health, child protection and specialist DFSV services. These models should be able to provide practical support, safety planning, brokerage, warm pathways into specialist support and sustained, holistic engagement before harm escalates further.
6. Address the gap in child-centred FDV enquiry, assessment and response.	Existing FDV tools and pathways are often adult-centred. The Second Action Plan should fund child-centred practice tools, guidance and assessment approaches that help practitioners to safely explore children's experiences of FDV, including when they

7. Strengthen youth-specific responses for adolescents and young adults impacted by FDV.	present through homelessness, school disengagement, mental health distress, family stress or other signs of cumulative harm; and respond to children’s own safety, relationship, support, and wellbeing needs. Adolescents and young adults can fall between systems designed for younger children, and systems designed for adult victim-survivors. The Second Action Plan should fund youth-specific responses that address FDV where it presents through homelessness, unsafe relationships, exploitation, substance use, school disengagement, poverty or constrained choices, including outreach, housing pathways, practical support, health access, income and ID assistance, and trusted relational support.
8. Use Commonwealth levers to interrupt systems abuse and continuing coercive control.	Family law, child support, income support, legal assistance, Medicare, NDIS access, financial systems, digital safety and service systems can all be used to maintain control or create barriers to safety. The Second Action Plan should strengthen safeguards so that these systems do not deepen financial insecurity, compromise children’s safety, undermine protective caregivers, or delay improved family wellbeing.
9. Build workforce capability in child-centred FDV practice, with a particular focus on infants, children, adolescents and young adults.	Workforce development should go beyond general FDV awareness. Universal, targeted and specialist services need capability to recognise how FDV affects children at different developmental stages; how it may present through behaviour, school disengagement, housing instability, self-harm or substance use; and how to support children and protective caregivers together without collapsing their distinct needs into one response.
10. Make system integration measurable through children and families’ experience, not service activity alone.	Data and accountability should show whether children and families experience less retelling, safer information-sharing, clearer pathways, coordinated risk responses, practical support, stronger caregiver capacity and sustained support beyond crisis. Linked data and practice-based evidence should show children’s movement across violence, housing, education, health, justice, child protection and family support systems, rather than counting disconnected service episodes.

Priority Area 1: Victim-Survivors

Children’s victim-survivor status must be understood through the whole ecology of violence, safety and recovery

Parkerville strongly supports the Second Action Plan’s focus on victim-survivors. This priority must move beyond a model in which children are understood mainly through their proximity to adult victim-survivors. Children and young people experience violence directly, relationally, and developmentally. It shapes where they live, whether they attend school, how safe they feel in public,



how they relate to caregivers and siblings, whether they trust services, and whether they can access the relationships, routines, learning, play, community connection and developmental opportunities needed to grow safely.

Across Parkerville's service system, children, young people and families often come to us through pathways that are not specifically identified as FDV responses: early mental health and wellbeing support, child and family support, family and youth homelessness, early learning or educational disengagement, child sexual abuse response, and out-of-home care. The presenting issue may be housing instability, school difficulty, developmental concern, adolescent conflict, child safety concerns, family breakdown, mental health distress or disclosure of abuse. FDV may not be named at referral or disclosed at first contact. It may become visible only through sustained engagement, practitioner enquiry, patterns of fear or control, children's behaviour and attendance, caregiver stress, housing instability or practical barriers in the family's daily life.

This is significant because children's victim-survivor status is often hidden within these broader presentations. A child affected by FDV may appear tired, withdrawn, hypervigilant, angry, absent from school, socially isolated, developmentally delayed, unable to attend appointments, or disconnected from peers and community. Their parent or caregiver may be trying to manage housing, court processes, income, safety planning, trauma, school engagement and children's behaviour all at once. The presenting issue is therefore not the whole story; it is often the point at which a broader ecology of violence, safety and recovery becomes visible.

Parkerville's youth and family homelessness work makes this pattern especially visible. Children, young people and families may enter through insecure housing, family breakdown, couch surfing, refuge stays, crisis accommodation or the risk of losing where they live. But housing instability is often where FDV, coercion, poverty, disrupted caregiving and system failure can converge in children's lives. Homelessness caused or compounded by FDV can interrupt the essential conditions for safe development: predictable caregiving, sleep, nutrition, school and early learning, play, peer relationships, privacy, health care, cultural and community connection, and the ability to move through the world with a basic sense of safety.

FDV can also narrow the physical, social and developmental world available to children. Through Parkerville's family homelessness work, we support families whose lives have been reorganised around the risk of being found: addresses kept secret, relocation away from family and community supports, use of PO Boxes, reliance on online shopping, avoidance of public places, and children kept from school, activities or community settings because everyday movement has become part of safety planning. In these circumstances, children's school absence, social withdrawal, hypervigilance or reduced participation are often the visible effects of living in conditions shaped by fear, surveillance, instability and constrained freedom.

Therefore, the harm is not only that violence has occurred, but that children's access to learning, friendship, play, community, routine and safe exploration can become restricted by the continuing reach of violence and coercive control.

This practice snapshot from Parkerville's SACS program (for families with children aged 4-14 that are experiencing homelessness, or at risk of homelessness and living in supported accommodation) shows that for some children, wellbeing in the context of FDV and cumulative harm also means rebuilding access to the health, developmental and community supports that violence, homelessness and instability have placed out of reach.



Case snapshot

redacted

The Second Action Plan should therefore treat homelessness, school disruption, social isolation and loss of community connection as part of the FDV response for children, not as adjacent issues to be dealt with elsewhere. A child's ability to return to school, reconnect with peers, participate in play and recreation, attend health and developmental appointments, maintain safe family and cultural connections, and recover within predictable caregiving relationships are central indicators of whether the system has responded to FDV in a way that supports children's safety, development and wellbeing.

This does not diminish the need to support women in their own right. On the contrary, it strengthens it. Children's wellbeing is deeply connected to whether their mother or protective caregiver is safe, believed, housed, resourced, and supported to recover. But children's needs are not identical to their caregiver's needs. A mother may be navigating court processes, financial abuse, housing instability, stalking, income disruption and fear of being located, while also trying to rebuild routines, relationships and emotional safety for her children. A child may need direct support to understand what has happened, regulate distress, reconnect with school and community, and rebuild trust in adults and systems. Both sets of needs matter, and they are relationally connected.

The Second Action Plan must therefore support women as victim-survivors, children as victim-survivors, and the parent-child relationship as a site of recovery. For many families, re-building after violence is not only about physical safety or crisis response, but whether mothers and protective caregivers have the support, stability and practical resources to parent through trauma; whether children's behaviours are understood as communication of fear, grief, overwhelm or disrupted safety rather than defiance or disengagement; and whether services can work with the family system without losing sight of each person's distinct needs.

This relational recovery also needs to include the roles that children may have taken on during violence, homelessness or prolonged instability. In SACS, we have seen older children becoming protectors, peacemakers or practical supports within the family: helping to care for siblings, monitor risk, absorb adult stress or hold parts of the family together. These roles may be understandable in crisis, but they can distort children's sense of themselves and their relationships over time. Once housing or immediate safety stabilises, families may still need support to repair parent-child roles, rebuild sibling relationships and help children to reconnect with school, peers and community without carrying adult responsibilities.

This is where the '*children and young people in their own right*' lens must be more than a statement of principle. A child affected by FDV may need therapeutic support, protective behaviours work, school advocacy, emotional regulation support, safe opportunities for social reconnection, and a trusted adult who can help them to make sense of what has happened. A mother or caregiver may need support to understand the child's distress, rebuild routines, manage safety planning, engage with schools or health services, and hold the parent-child relationship while also recognising and responding to her own needs. A family may need housing advocacy, legal support, income support, transport, brokerage, safety planning and practical help before therapeutic work can become possible or sustainable.

The Commonwealth should also recognise that many of the systems shaping children's safety and wellbeing sit within federal influence. Income support, family law, child support, legal assistance,



Medicare, housing and homelessness funding, disability access, digital safety and national data systems can either reduce the impact of violence or compound it:

Financial abuse, legal abuse, systems abuse and housing insecurity are not only adult victim-survivor issues. They directly affect whether children can remain housed, attend school, access health care, maintain contact with safe adults, participate in community, and re-build a sense of security and wellbeing.

The Second Action Plan must therefore make children's safety and recovery visible across the full victim-survivor response. This means asking not only whether an adult victim-survivor has accessed crisis support, but whether children are safe, housed, attending school, connected to trusted adults, supported in their relationships, able to participate in community, and receiving the developmental, therapeutic and practical support they need. It also means recognising that children's wellbeing and recovery cannot be separated from the wellbeing and recovery of the family system around them, including the safety, wellbeing and parenting capacity of mothers and protective caregivers.

Recommended actions for the Second Action Plan

The Commonwealth Government should:

- Require victim-survivor responses to include child-specific outcomes, not only adult service access;
- Fund child and family advocacy/navigation across safety, housing, school, health, legal, income support and therapeutic systems;
- Recognise stalking, coercive control, financial abuse, legal abuse, systems abuse and housing instability as harms that directly shape children's safety, development and recovery;
- Invest in models that support mothers and protective caregivers both as victim-survivors and as parents, including support for the parent-child relationship in the context of/of/after violence;
- Treat school engagement, stable housing, social connection, play, recreation, health access and parent-child recovery as core child victim-survivor outcomes;
- Strengthen national data and accountability mechanisms so that children's experiences of FDV, homelessness, disrupted education, poverty, health access and recovery are visible across systems.

Priority Area 2: Prevention and Early Intervention

Early intervention must reduce the impact of violence before children are pushed further into crisis systems

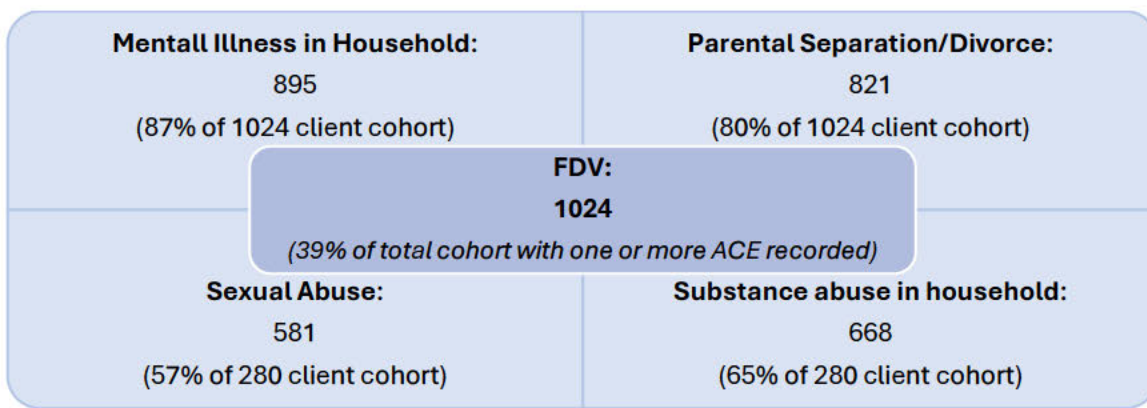
Many children and young people who come to Parkerville have already experienced a constellation of adverse experiences, including FDV, child sexual abuse, homelessness, family breakdown, emotional abuse, neglect, poverty, or disrupted schooling. The opportunity for early intervention is therefore often not a clean 'before' point. It is the point at which systems can still reduce further harm, prevent escalation, support wellbeing, and interrupt pathways into homelessness, child removal, acute mental health distress, exploitation, justice involvement or long-term disconnection from school, family and community.



Across Parkerville’s continuum of services, children and young people often come to us through different doors, but with similar underlying patterns of adversity. We have children presenting with anxiety, dysregulation, school difficulty, sexual abuse disclosure or entry into our care; young people with homelessness, educational disengagement, sexual exploitation, family breakdown or substance use; families with adolescent conflict, child protection involvement, or insecure housing. Across these points, the issue is rarely – if ever - singular. Violence, trauma, disrupted caregiving, housing instability, mental health distress, poverty and fragmented system responses are often already intersecting by the time children and families reach support, and they are living within overlapping conditions of adversity and fragmented system responses.

The policy conclusion is not that children and families accessing services like ours are inherently ‘complex.’ The policy conclusion is that current systems too often recognise the effects of violence only once children and young people have already reached crisis or compounding harm.

Parkerville’s Adverse Childhood Experiences (ACEs) data captures presenting and emerging adverse experiences recorded across our service system, helping us to see how FDV sits alongside other forms of adversity affecting children and young people’s safety, development, relationships and wellbeing.



At 21 July 2026, 2592 clients were recorded with presenting and/or emerging ACEs. Of those, 1024 are recorded as impacted by FDV (39%).

Parkerville’s ACEs data shows that FDV frequently appears alongside other forms of adversity, notably mental illness, parental separation, sexual abuse and substance use. This matters because children’s lives do not fit neatly within service categories. A child’s school refusal may be connected to violence, homelessness, disrupted sleep, or fear. A young person’s homelessness may be connected to family breakdown, coercive control, abuse, lack of income or withheld documents. A child’s aggression, withdrawal or anxiety may be the visible expression of trauma, instability and unmet need.

This is why early intervention must mean recognising violence and cumulative harm earlier in the life of the problem: before homelessness becomes entrenched, before school disengagement becomes exclusion, before distress becomes acute mental health crisis, before family conflict escalates to child removal, before unsafe relationships become exploitation, and before young people are pushed further into crisis systems.

Early intervention needs to be built into the places where children and families are already present or seeking help, including services that are often understood as crisis-responsive. Schools, early years settings, child and family services, homelessness supports, youth services, mental health services, out-of-home care, child protection, police responses and community organisations may each see part of the pattern before violence is clearly named. Children may not disclose directly; instead, violence and cumulative harm may become visible through behaviour, attendance, withdrawal, self-harm, substance use, unsafe relationships, or escalating family stress. Services need the capability, time and pathways to recognise these presentations as possible signs of violence and cumulative adversity, rather than treating them as separate behavioural, educational, housing or mental health issues.

A practice example from our FSN service (early intervention response connecting families to coordinated services to strengthen child safety and prevent entry into out-of-home care) illustrates this point:

Case snapshot

redacted

The Commonwealth has significant levers to support this shift. Income support, Medicare, housing and homelessness, family law, legal assistance, disability, youth mental health, education and digital safety settings can either reduce the compounding effects of violence or reinforce them. Practical barriers such as identification documents, transport, food, medication, phone access, school supplies and safe accommodation, are often the conditions that determine whether children, young people and families can engage with support early enough.

The Second Action Plan should therefore shift national effort earlier; designing systems that recognise cumulative harm earlier, respond more practically, and coordinate around the child before crisis becomes the pathway to support.

Recommended actions for the Second Action Plan

The Commonwealth Government should:

- Recognise early intervention as both earlier identification of violence and mitigation of harm after violence has occurred;
- Fund earlier housing and family support responses where FDV, family breakdown or housing instability are increasing children and young people's risk of homelessness, school disengagement, mental health distress, exploitation, family separation or justice contact;
- Fund child-centred early identification and response models in the settings where children and families already present, including mental health, housing, education, child and family support, youth services, child protection and specialist FDV services;
- Strengthen practice-based evidence and linked data on cumulative harm, showing how FDV, child sexual abuse, homelessness, school disengagement, mental health distress, suicide risk and justice contact intersect in children's lives;
- Include practical supports within early intervention funding models, recognising that matters like transport, identification documents, food, medication, safe housing can determine whether children, young people and families are able to engage with support early enough;
- Strengthen workforce capability in child-centred FDV practice, including how to recognise children's experiences of violence in their own right, ask developmentally safe questions, understand trauma-related presentations, and respond with appropriate referral pathways and support for both the child and protective caregiver.



Priority Area 3: Children and young people in their own right

Recognition must become a practical right to be heard, assessed and supported on children's own terms

Parkerville welcomes the explicit recognition of children and young people as victim-survivors in their own right. The next national task is to make that recognition operational. Children should not be recognised in one priority area while the rest of the system continues to be designed around adult disclosure, adult service pathways, and adult definitions of safety.

This priority should therefore focus less on re-stating that children are impacted by violence, and more on what must change because they are.

The core implementation questions are:

- whether children are asked about safety in ways that are developmentally and culturally appropriate;
- whether infants and younger children are recognised as rights-holders and communicators;
- whether adolescents can access support without having to fit into adult service models;
- whether children's and young people's own accounts of what is safe, harmful, helpful and meaningful shape service design; and,
- whether child and young person outcomes are measured across the National Plan.

These questions require more than a general commitment to listening to children. They require practice models and evidence systems that can safely learn from children's experiences of violence, support and healing, and use that learning to improve how services respond.

Parkerville is already seeking to build this kind of evidence through *Growing Voices, Stronger Futures*, a three-year initiative funded by the Paul Ramsay Foundation through its Strengthening Family-Centred Collaborations grant round and embedded within our Kids Hub collaboration (with Koya Aboriginal Corporation, Pregnancy to Parenthood, Lifespan Psychology and the Mental Illness Fellowship of WA). The project responds to what Kids Hub is seeing in practice for children aged 0-12: FDV is co-presenting for many children accessing early intervention mental health and wellbeing support, alongside other pressures affecting safety, development, relationships and wellbeing (this is currently around 30% for children in Kids Hub recorded as having one or more presenting or emerging ACEs). Through paired practice development and translational research streams, *Growing Voices, Stronger Futures* is designed to strengthen FDV-informed, child-centred practice while directly learning from children about what feels safe, helpful and harmful in support. It is grounded in the view that children's perspectives are not simply a source of feedback, but a form of evidence that can strengthen how services understand safety, wellbeing, participation and support.

This is especially important in FDV contexts because adults often interpret children's needs through adult assumptions: what the parent wants, what the service offers, what the court requires, what the school sees, what the referral form captures. But the needs and experience of safety may be qualitatively different for children. They may want to know who will be told what they say. They may need to talk through play, movement, drawing or relationship rather than direct questioning. They may identify school, pets, siblings, online spaces, transport, friends or routines as central to wellbeing. They may experience group work as helpful, unsafe, or entirely dependent on who else is in the room. **The system cannot know this unless it asks, and listens well.**



Meanwhile, for adolescents and young people, Parkerville’s practice highlights a persistent service gap: young people affected by FDV often sit between child-focused and adult-focused responses. Across Parkerville’s more youth-oriented services (encompassing both diversion and outreach-based youth homelessness programs, educational engagement and sexual abuse disclosure response), we see young people whose experiences of FDV are entangled with insecure housing, family breakdown, mental health distress, unsafe relationships, exploitation, substance use, school disengagement, poverty, and distrust of services. Couch surfing or staying in unsafe, overcrowded or exploitative environments can appear to systems as ‘accommodation,’ even when it increases risk of coercion, violence, or further harm. Similarly, unsafe relationships, disengagement or apparent ‘risk-taking’ may reflect constrained choices in the absence of safe housing, trusted adults, accessible services and viable alternatives.

Recommended actions for the Second Action Plan

The Commonwealth Government should:

- Embed children and young people’s lived experience in National Plan governance, commissioning and evaluation, through safe, trauma-informed and developmentally appropriate mechanisms that include children and young people most likely to be missed by adult-centred consultation processes;
- Address the gap in child-centred FDV enquiry, assessment and response models, by funding tools and practice models that help services safely explore children’s own experiences of safety, coercion, relationships, support and wellbeing when children present through mental health, homelessness, school disengagement, family stress or other signs of cumulative harm;
- Require developmentally specific responses for infants, children, adolescents and young adults, rather than treating “children and young people” as a single cohort with the same needs, service pathways or measures of safety;
- Build children’s perspectives into service design, commissioning and practice improvement, so that what children and young people identify as safe, helpful and harmful informs how services are designed, funded and improved over time;
- Measure child and young person outcomes in their own right, including whether children feel safe, listened to, connected and supported, and whether they can access the relationships, routines, learning, play, community connection and developmental opportunities that support safety and wellbeing;
- Strengthen youth-specific pathways for adolescents and young adults affected by FDV, including where violence is entangled with other adversities; with access to outreach, youth-specific housing pathways, practical support, income and identification assistance, health access and trusted relational support.

Priority Area 4: People who use violence

Accountability must address the systems, relationships and developmental contexts through which harm continues

Parkerville supports a strong focus on people who use violence: accountability must be central to the Second Action Plan. However, accountability should include the ways in which violence operates through children, parenting, family systems, legal systems, housing, money, digital technologies and service access.



We see FDV continue through mechanisms that are not always recognised as perpetration. Children can be drawn into coercive control through family law proceedings, child contact arrangements, threats about removal or custody, digital surveillance, financial control, withheld documents, and the misuse of service or legal systems. Where criminal justice, Family Court, child protection, therapeutic services, schools and family supports operate in isolation, fragmentation itself can be used by people who cause harm to maintain control, undermine disclosures or continue coercive behaviours.

This directly affects children's safety, healing, and trust in systems. A child may be expected to participate in contact arrangements while also managing the impacts of FDV, disclosure, investigation or therapeutic support. A protective parent may be trying to keep a child safe while navigating court, housing instability, financial pressure and the risk of system decisions being weaponised against them. Young people may also be kept dependent or unsafe through withheld birth certificates, monitored accounts, blocked access to income support or lack of documentation needed for health, disability, housing, study or work. These are part of the conditions through which harm can continue.

Our practice evidence through Parkerville's SACS program reinforces how legal systems can become part of continuing harm when they are not designed or resourced to recognise coercive control in practice. Families described circumstances where legal processes, conflict rules, or court attendance requirements created further fear and exhaustion for protective caregivers. In some cases, significant work was needed before a caregiver could even safely approach a service, attend court or understand whether a legal pathway was available. Where people using violence can manipulate legal systems, intimidate through court processes, create so-called conflicts of interest that limit access to legal help, or use system contact to continue control, the burden falls back onto women and children to manage risk.

The Government must treat safe legal access as a condition of children's and young people's safety and wellbeing, particularly where legal systems can be used to intimidate, exhaust, locate, or undermine protective caregivers.

The Second Action Plan should strengthen accountability for systems abuse, including the misuse of family law, child support, income support, legal assistance, financial systems, digital technologies and service gaps to maintain control over women, children and young people. These Commonwealth-influenced systems must be designed and monitored so that they interrupt continuing harm, rather than enabling people using violence to prolong fear, deepen financial insecurity, restrict access to support or delay safety, stability and wellbeing.

This priority must also include – but include with great care - children and young people who use violence or display harmful sexual behaviours. Responses must hold safety and accountability while remaining therapeutic, developmental, culturally safe and context-aware. Children displaying harmful sexual behaviours should not be defined only by the behaviour of concern, nor should justice pathways become the default where earlier specialist intervention is needed. At the same time, the safety and recovery of children who have been harmed must remain central.

We see this complexity through supporting young people and families in contexts where adolescent family conflict may sit alongside trauma, neurodivergence, child sexual abuse, FDV impact, substance use, attachment disruption, parental burnout and mental health distress. The practice task is to understand what will actually reduce risk; not to excuse violence or harmful behaviour.



That often requires family work, safety planning, therapeutic intervention, parent support, specialist consultation and careful attention to developmental capacity.

The Second Action Plan should therefore avoid a simple adult perpetrator frame. For adults who use violence, accountability must include the impact on children, parenting, and the systems that can be used to continue harm. For children and young people using harm, accountability must be developmentally meaningful and connected to therapeutic pathways that reduce future harm. For families, the response must be capable of holding safety, accountability and relationship; including where repair or reunification is possible, and where it is not.

Recommended actions for the Second Action Plan

The Commonwealth Government should:

- Strengthen perpetrator accountability across Commonwealth-influenced systems, so that harm to children, systems abuse, financial control, digital abuse and misuse of parenting or legal arrangements are recognised as part of continuing FDV, not treated as separate administrative or family conflict issues;
- Use Commonwealth levers to prevent systems being weaponised by people using violence, including family law, child support, income support, legal assistance, Medicare, NDIS access, financial systems and digital safety settings;
- Protect safe access to legal assistance and court participation for victim-survivors and protective caregivers, including safeguards against legal systems being manipulated to create conflicts of interest, intimidate caregivers, restrict available support or continue coercive control;
- Build practical capability across schools, youth services, homelessness services, child protection, police and mental health services to respond to adolescent family violence and harmful sexual behaviours, including access to specialist advice, clear referral pathways, family-inclusive safety planning and developmentally appropriate intervention options;
- Establish specialist, developmentally informed pathways for adolescent family violence and harmful sexual behaviours that hold safety, accountability and therapeutic need together, avoid default criminal justice responses, and centre children and young people who have been harmed.

Priority Area 5: System integration and workforce

Integration must be funded as infrastructure, not left to families or frontline goodwill

The Second Action Plan's focus on system integration is critical, but it needs to move beyond coordination as an aspiration. For children and families affected by FDV, fragmentation is something that they have to manage while already dealing with fear, instability, trauma, poverty, housing stress, school disruption, legal processes and the practical demands of maintaining safety.

Across Parkerville's services, the same pattern appears in different ways. Families experiencing homelessness may need tenancy advocacy, help with school engagement, connection to legal and FDV supports, and practical assistance to re-establish routines, community connection and access to basics like food and transportation. Young people experiencing homelessness may need safe accommodation, income support, identification documents, health care, mental health support, education pathways, AOD support, disability evidence and safety planning at the same time. Children accessing early intervention mental health support may be carrying the effects of FDV, financial pressure, housing insecurity, disrupted schooling or family breakdown through their sleep, behaviour, relationships, attendance and sense of safety. In each context, the presenting issue is



only part of the picture. The work is often to coordinate the practical, relational and therapeutic supports around a family so that safety does not depend on the caregiver holding every system together alone.

An example from our IFSS program (in partnership with Koya Aboriginal Corporation, providing practical, in-home support to families who are engaged with the Department of Communities - Child Protection, where children are either at significant risk of entering out-of-home care or are working towards reunification with their families) demonstrates what this looks like when FDV, disability, child safety and service navigation intersect:

Case Snapshot

redacted

Schools are a clear example of why integration cannot rely on goodwill or local variation. Our SACS team describe some schools as deeply connected into community supports - helping families to access food relief, transport, breakfast programs, referrals and practical engagement - while others had limited capacity to respond beyond attendance or behaviour. This difference is especially significant where children's experiences of FDV, homelessness and trauma are compounded by developmental or neurodevelopmental needs, and schools vary in their capacity to respond. A school can become a stabilising point of connection, or another place where the child is sent home, excluded, or left further behind because trauma-related or developmental needs are treated as beyond the school's capacity to support. Children waiting for neurodevelopmental assessment may not meet eligibility thresholds for support, while the effects of trauma, disrupted schooling and housing instability compound learning gaps. System integration must therefore include schools as active partners in safety, wellbeing, and developmental support.

Practice mechanisms like warm referrals have impact, but they are not a substitute for coordinated support when families are navigating safety, housing, income, school, health, legal and therapeutic systems at the same time. A family may receive multiple referrals but still have no one helping them to understand what matters most, what can happen next, or how the different systems connect. Young people may be told to keep contacting entry points despite closed waitlists and no available beds. A parent may be expected to manage safety planning, court processes, school engagement, housing, income and children's trauma while still experiencing coercive control. Children may be treated as disengaged from school without the education system seeing the violence, homelessness and trauma sitting behind their behaviour. Integration is essential because without it, children and families are left to do the coordination themselves.

We also see that that disengagement is rarely a lack of willingness to engage. Many caregivers are already carrying years of service involvement, children's complex needs, housing stress, safety concerns, school disruption, and the daily work of coordinating appointments, consent, transport and routines. When one part of the family system falls over, the whole system can quickly become fragile. In this context, withdrawal from services may signal burnout and overwhelm, not absence of need. **Integration must therefore reduce the load on caregivers, rather than relying on exhausted parents to keep every system moving around their children.**

SACS practice also shows that integration must include the safety of information-sharing itself. For some families, being visible in systems can increase risk: a suburb disclosed, a record accessed, an address mishandled, or a service contact misused may be enough to compromise safety. And yet, avoiding systems can leave children without school stability, health care, developmental



assessment, legal support or safe housing pathways. This is the bind for many families that we support.

Integration cannot simply mean more services collecting or sharing more information. It must mean safer coordination, careful consent, strong confidentiality, skilled advocacy and enough time for practitioners to help families engage with systems without increasing risk.

Reunification and family preservation/stability work shows the same need for sustained integration. Where children have entered care or are at risk of entering care in the context of FDV, substance use, trauma, disability or developmental need, the work cannot be reduced to parenting programs or statutory compliance. Families may need regular home-based support, parent-only and family sessions, observation of children's needs, practical tools for co-regulation, support to attend developmental and NDIS appointments, transport assistance, respite, community connection and careful work to rebuild trust and relationships. The point is not simply to reunify a family or prevent removal as an outcome in itself; it is to ensure that safety, parenting capacity, child development, family relationships and wider support systems can be held together long enough for reunification or preservation to be safe and sustainable.

In youth homelessness outreach, systems advocacy and coordinated relationships with local youth, housing and education services are what make it possible for young people to move toward stability. Effective work often sits between systems: sustaining tenancy, strengthening relationships with housing providers, advocating with schools, connecting families to legal and FDV supports, supporting children to reconnect with community, and building trust with caregivers who have low confidence in services. Indeed, our practice evidence shows that families' fear of systems is not abstract. Women and protective caregivers live with the risk that information could be disclosed, accessed, misused or pieced together by people seeking to locate the family. Concerns about information being entered into shared systems, databases or records need to be understood in the context of families who may have already experienced serious breaches of trust.

The same principle is visible in specialist responses to child sexual abuse: integrated response is not best achieved by agencies' proximity or co-location alone, but by building advocacy, therapeutic support, practical assistance and system navigation into the response from the outset. Through our MIST program (in partnership with WA Police), this means that children and families have support to understand what is happening, prepare for and recover from investigative processes, strengthen caregiver capacity, coordinate referrals and remain connected over time - functions that are essential when disclosure sits alongside FDV, Family Court matters, housing instability, financial stress, school disengagement or child protection involvement.

The workforce implications are significant, but they are not simply about training more practitioners to recognise FDV. Integration depends on roles that are funded and structured to stay with children and families across the messy middle of systems: when housing, school, income, court, child protection, health, therapeutic support and safety planning are all moving at once. These roles need to help children and caregivers to understand what is happening, prepare for and recover from system processes, coordinate information and supports, strengthen caregiver capacity, and keep the child's safety and wellbeing visible as responsibility moves between agencies. Without that capacity, services may respond to the immediate crisis but leave families carrying the longer work of navigation, explanation, follow-up and wellbeing themselves.

This is also a data and accountability issue. Current systems too often count the service episode rather than the child's pathway through violence, homelessness, education, mental health, child

protection, justice and family support. For children and families, these are often overlapping pressures that shape safety, engagement and recovery at the same time. Stronger data should not be used to label families as ‘complex;’ it should show where harms cluster, where systems intersect, and whether responses reduce or compound the burden placed on children and caregivers. **The measure of integration is not how many services engaged with a family, but whether those services collaborated in ways that made safety and wellbeing more possible.**

The Commonwealth has clear influence here. It can align the National Plan with Safe and Supported, housing and homelessness policy, child and youth mental health, suicide prevention, family law, income support and disability systems. It can fund navigation, brokerage, secondary consultation, linked data, workforce capability and shared outcomes. It can also make integration measurable: not whether services were listed in a referral pathway, but whether children and families experienced less retelling, clearer information, safer information-sharing, connected support, practical help, continuity beyond crisis and someone holding the whole picture.

The test of system integration should be what changes for children and families. Did they have to repeat their story less often? Did risk information travel safely? Were housing, school, health, legal and therapeutic supports connected? Were mothers/protective caregivers supported to parent through trauma? Could young people access income, identification, health care and housing without unsafe family re-engagement? Did support continue beyond the first crisis? These are the practical measures that will show whether system integration has moved beyond commitment.

Recommended actions for the Second Action Plan

The Commonwealth Government should:

- Fund multidisciplinary child and family support models that bring together case management, advocacy, safety planning and practical support across FDV, housing, health, education, child protection, justice, income support and disability systems;
- Recognise family preservation and reunification as part of the safety and support response after violence, where children’s safety, parenting capacity, developmental needs and family relationships require sustained, coordinated work;
- Fund brokerage as a safety, prevention and recovery tool, so practical barriers such as transport, identification, medication, phone access, school supplies, emergency relief and safe accommodation do not prevent families from engaging with support;
- Align the Second Action Plan with related Commonwealth reforms, including Safe and Supported, the National CSA Strategy, suicide prevention, disability, family law, income support and digital safety, so children affected by violence are visible across connected policy agendas;
- Build workforce capability in child-centred FDV practice, including how FDV affects children at different developmental stages and how to support children and protective caregivers without collapsing their needs into one response;
- Measure integration through children and families’ experience, including safer information-sharing, less retelling, clearer pathways, coordinated risk responses, practical support, stronger caregiver capacity and sustained support beyond crisis.



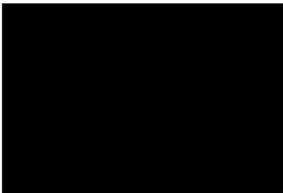
Conclusion

Across all five priority areas, Parkerville urges the Commonwealth Government to treat children and young people as central to the success of the Second Action Plan, not as a population to be considered after adult systems are designed. Children experience violence through relationships, households, schools, housing systems, courts, health services, digital environments and communities. Their safety, healing, and long-term wellbeing are deeply connected to the safety and wellbeing of the adults around them, but they also require recognition, support, participation and care in their own right.

The Second Action Plan should therefore use the Commonwealth's policy, funding, data and system-setting levers to make children's experiences visible across the full national response. This includes aligning related reform agendas, funding multidisciplinary child and family responses, strengthening child-centred FDV practice, improving data and accountability, and ensuring that systems work together around children and families rather than leaving them to carry the burden of coordination.

For Parkerville, the test of the Second Action Plan is whether it changes the response around children, young people and families in practice: whether children and young people are safer, more connected, better supported, and able to recover within relationships, services and systems that understand the full context of their lives.

Yours sincerely,



Chief Executive Officer

July 2026

For further enquiries on this submission, please contact:





Supplementary Note: Young People's Voices on the Second Action Plan

Parkerville is a Western Australian for-purpose organisation that has worked alongside children, young people and families for more than 120 years. Our submission is informed by contemporary practice across therapeutic services, child sexual abuse responses, family and domestic violence, education engagement, youth and family homelessness, out-of-home care, early intervention mental health, and child and family support.

Parkerville has submitted a full response to the Second Action Plan consultation. Since submitting, we have received responses from two young people engaged with Parkerville's Moving Out, Moving On program (for young people aged 15-21 who are experiencing homelessness, or at significant risk of homelessness or transience). Because these young people took the time to share their views, we want to provide this supplementary note to ensure that their views are included in this process.

These responses are de-identified. Young people were not asked to describe violence, abuse or anything that happened to them. They were asked about what life was like around them, what helped, what made things harder, and what adults, services and government should understand so children, young people and families are better supported.

The fact that these young people were willing to contribute is significant. It reflects not only their own insight and generosity, but the importance of trusted, safe and respectful relationships with workers and services. Young people are more likely to share their views when they feel listened to, not judged, and able to speak in a way that is safe for them. In this sense, the relationship with their case manager and Parkerville's MOMO program created an enabling environment for young people's agency, rather than replacing it.

These responses are from two young people aged 19 and 20. Their responses reinforce that children and young people need systems designed with their safety, recovery and participation in mind, rather than responses that assume their needs will be met through adult-focused pathways.

1. Children and young people need to be informed, heard and considered in decisions that affect them

A clear theme across the responses was the importance of children and young people being given information, being listened to, and being considered in decisions that affect their lives.

One young person said that when things were unsafe, stressful or changing, the most important thing was, "knowing what was happening and how it would affect me and my siblings." They also said it mattered that they and their siblings were, "being heard and considered in decisions, especially those that affected us."

This directly reinforces the need for the Second Action Plan to move beyond seeing children as indirectly impacted by adult experiences of violence. Children and young people need age-appropriate information, meaningful opportunities to express their views, and adults who understand that listening to children does not mean placing adult responsibility on them.

As one young person explained, children are often more aware of what is happening than adults realise. They said that even when adults try to keep things secret, children and young people, "usually sense that something is wrong," and that being excluded from information can create "more fear, confusion and uncertainty."

That insight is important for policy and practice: silence, avoidance or adult-only decision-making can increase children's uncertainty, even when adults are trying to protect them. Children need



honest, age-appropriate communication that helps them to understand what is happening, what support is available, and what choices they may have.

2. Safety is about more than being removed from immediate danger

The young people's responses also show that safety is not experienced only as physical protection. Safety is connected to school, routines, siblings, information, choice, relationships and whether young people feel respected in decisions.

One young person described how not being able to attend school because of safety concerns, having to leave home, and constantly dealing with change made it difficult to feel, "stable or connected to everyday life." They also described routines as providing, "a sense of security, predictability, and normalcy during stressful situations."

This aligns strongly with Parkerville's submission that the impacts of FDV on children are developmental, relational and practical. Disrupted schooling, loss of routine, relocation, reduced connection to peers and uncertainty about what will happen next are not secondary impacts. They shape children and young people's safety, stability and recovery.

One young person also described being expected to have contact visits with their father when they did not feel safe. They said that when children's views and feelings about their own safety are not listened to, it can make them feel "powerless and unheard."

This is a direct and important message for family law, child contact, child protection and service systems: children's views about their own safety must be taken seriously. Decisions made around children and young people, without children and young people, can compound the harm that they are already experiencing.

3. Services can help, but inconsistency can deepen distrust

Young people identified that workers and services can make a significant difference when they are kind, respectful, clear and compassionate. One young person said that workers who listened, explained things clearly and understood the impact of FDV on children made, "an incredibly difficult situation feel more manageable."

However, they also described inconsistency between services and workers as making things harder. They said they were treated very differently depending on who they were dealing with: "Some police officers were supportive and helpful, while others treated us as though the situation was our fault and used threats or intimidation. That inconsistency made it difficult to trust services and added to the stress we were already experiencing."

This reinforces the importance of workforce capability across both specialist and universal systems. Children and young people affected by violence may encounter police, courts, schools, housing services, child protection, youth services, health services and community organisations. The safety of these interactions cannot depend on which individual worker or officer a child happens to meet.

For the Second Action Plan, this points to the need for consistent, child-centred FDV capability across systems, including the ability to listen to children, explain processes clearly, avoid blame or intimidation, and understand how violence affects children and young people in their own right.



4. Earlier support and clearer information could prevent escalation

Young people were clear that earlier information and support would have made a difference.

One young person said that if their mother and the children had known what services and supports were available, they may have been able to access help, “before the situation became more serious.” They noted that many families do not know where to turn, what they are entitled to, or how to get support until they are already in crisis.

Another young person, responding to the question about what helped or made things harder when lots of services were involved, wrote: “no one got involved.”

This is a powerful and concise description of a system gap. It suggests not simply that one service was absent, but that adults, services or systems did not identify, respond or intervene in a way that was visible and meaningful to the young person.

A second direct quote also makes the early intervention point strongly: “Younger people should probably be checked on more in primary school it would’ve helped me a lot if someone told me certain things weren’t normal.”

This reinforces the need for the Second Action Plan to strengthen early identification and support in the places children already are, including primary schools. It also highlights the importance of age-appropriate education about safety, family violence, coercion, respect and help-seeking. For this young person, earlier recognition was not about expecting a child to solve the situation. It was about having an adult or system help them to understand that what they were experiencing was not normal and that support could be available.

5. Support needs to be timely, individualised and ongoing

Young people also emphasised that support needs to be available when it is needed, not only after a crisis. One young person said that delayed support can mean problems become, “more serious and harder to recover from.”

They also said support should be individualised, rather than one-size-fits-all. In their words, services are most effective when they provide the support a young person actually needs, rather than only offering “a standard set of services.” They described flexible, responsive and child-centred support as more likely to be helpful and worth engaging with.

This is highly relevant to the Second Action Plan’s priority on system integration and workforce. Young people affected by violence may need practical support, emotional support, help with school, help with family relationships, safe adults, housing or income pathways, mental health support, legal information, or support for siblings and caregivers. A fixed service offer may not match the realities of their lives.

One young person’s final response captured this clearly:

“Children and young people need ongoing, individualised and timely support after experiencing violence, family stress or unsafe situations. Recovery does not happen quickly, and support should not end once the immediate crisis is over.”

This strongly supports Parkerville’s recommendation that children and young people need sustained support beyond crisis. Healing is not a single event, and it does not end when immediate danger has reduced or when adult systems consider the matter resolved.



6. Children are directly impacted and their wellbeing deserves direct investment

The strongest overall message from the young people's responses is that children and young people must be recognised as directly affected by FDV.

One young person said:

"The most important thing is recognising that children are not just witnesses to family violence and stress; they are directly affected by it, and their recovery deserves the same attention and investment as the recovery of the adults around them."

This statement could stand as a central principle for the Second Action Plan. It speaks directly to Priority Area 3, but it also applies across all five priority areas. The views of children and young people should inform victim-survivor responses, prevention and early intervention, accountability, system integration, and workforce capability.

The young people's responses point to clear practical implications:

- children and young people need information about what is happening and what support is available;
- they need safe opportunities to express their views and be taken seriously;
- their safety concerns should be considered in decisions about contact, services and systems;
- schools and other early-contact settings need to recognise when children may be living with violence or unsafe family situations;
- support should be timely, flexible, individualised and sustained beyond crisis;
- services must be consistent, respectful and able to explain what is happening;
- children's recovery should be invested in directly, not assumed to occur through adult support alone.

Connection to the proposed priority areas

Priority area	What young people's responses reinforce
Priority Area 1: Victim-survivors	Children and young people are victim-survivors in their own right. Their safety is shaped by information, school attendance, siblings, routines, decision-making, contact arrangements and whether adults listen to their views. This supports Parkerville's position that victim-survivor responses must include child-specific outcomes, not only adult service access.
Priority Area 2: Prevention and early intervention	Young people identified that earlier information, earlier support and education about what is "not normal" could have helped before situations became more serious. The quote about primary school points to the need for early recognition in schools and age-appropriate education that helps children understand safety, family violence and pathways to help.
Priority Area 3: Children and young	Young people said that they need to be heard, informed, involved in decisions and supported in ways that reflect their actual needs. They also



people in their own right	directly stated that children and young people are not just witnesses to family violence, but are directly impacted by it.
Priority Area 4: People who use violence	The responses point to the importance of systems recognising children's safety concerns, including where children are expected to participate in contact arrangements that do not feel safe. This reinforces the need for accountability frameworks to include the impact of violence on children and the use of parenting or contact arrangements in continuing harm.
Priority Area 5: System integration and workforce	Young people described inconsistent service responses as making it harder to trust systems. They also highlighted the importance of workers who listen, explain clearly and treat young people with compassion. This supports the need for child-centred FDV capability across police, courts, schools, housing, health, youth services and specialist services, and for systems that provide consistent support rather than leaving children and families to navigate uncertainty alone.

Closing Statement

Parkerville provides this supplementary note because children and young people have a fundamental right to be heard, and for their views to be taken seriously in shaping the systems, services and policies intended to support their safety and wellbeing.

The responses of these young people are clear, practical and deeply relevant: children and young people need to be informed, listened to, supported earlier, treated consistently, and recognised as directly impacted by FDV.

We sincerely thank the young people who took the time to share their views. Their contribution reflects insight, generosity, and a commitment to making things better for other children and young people. We recognise the care it takes to offer views about what helped, what was hard, and what should change, and we are grateful for the trust they placed in their practitioners and in this process.

Their words reinforce Parkerville's submission that the Second Action Plan should be judged by what changes for children and young people in practice: whether they are safer, better informed, more connected, more supported, and able to recover with adults and systems that understand the full context of their lives.