No One Should Have to Become Homeless to Be Safe:

Building a national integrated response to family violence

Submission to inform the Second Action Plan under Australia's National Plan to End Violence against Women and Children 2022–2032

Submission from McAuley Community Services for Women

Jocelyn Bignold, OAM
Chief Executive Officer
McAuley Community Services for Women
Email - jocelynb@mcauley.org.au

About McAuley

McAuley Community Services for Women (McAuley) was established in 2008, with the coming together of the Sisters of Mercy Regina Coeli (homeless women's shelter) and Mercy Care (family violence emergency accommodation). McAuley provides women, trans and gender diverse adults, children and young people who have experienced homelessness with accommodation, education and social services.

With the support of the Sisters of Mercy, McAuley has been able to expand from a largely volunteer-led operation to a workforce of around 80 paid staff and a number of volunteers supporting programs in Melbourne's west, western fringe and Ballarat.

We work at the intersection of family violence, homelessness and mental health, providing 24/7 support 365 days a year, as well as temporary accommodation, independent housing and supported community care.

We currently have approximately 70 units of accommodation primarily across multi-unit refuges, stand-alone refuges, rooming houses and social housing.

Of the women and children we support each year, most have experienced family violence, and the vast majority are at immediate risk of serious harm through physical and emotional violence, threats, sexual assault and stalking.

We supported 255 women and 390 children in FY2024–25 through a combination of refuge-based and family violence outreach services. An additional 80% to 87% of residents in our supported accommodation homeless and mental health services have also experienced family violence.

Today, family violence is the single largest driver of homelessness for women, children and young people across Victoria. As the number of women and children who find themselves homeless grows, so too does the demand for our unique programs and support services.

In 2023, McAuley became part of MacKillop Family Services (MacKillop), forming a single entity under the existing MacKillop ABN. The Mercy Community Services Australia Ltd Board combined community services organisations established by the Sisters of Mercy, to streamline governance and maximise the benefits of collaboration.

A separate submission has been prepared by MacKillop Family Services (MacKillop) in partnership with the University of Melbourne. Their submission focuses on experiences of violence against women and children within families engaging with MacKillop's services and violence directed towards children and young people living in out-of-home care. This includes a focus on responding to children and young people who are using violence. McAuley strongly supports the recommendations outlined in the submission.

Executive Summary

McAuley welcomes the opportunity to contribute to the Second Action Plan under Australia's National Plan to End Violence against Women and Children 2022–2032. With the foundations established by the First Action Plan, now is the time to build on this momentum and embed responsibility for ending family violence across all domains – including housing, health, education, justice, employment and community systems.

Every day, McAuley sees that safety depends on much more than an immediate crisis response. Women and children also need somewhere secure to live, money to regain control over their lives, support for children's wellbeing and education, access to mental health care, and services that work together rather than leaving people to navigate the system alone.

Too often, these supports are treated as separate issues. Our systems work shows how deeply connected these elements are.

This submission focuses on six areas where change is needed:

1. Integrated whole-of-family early intervention through Safe at Home;
2. Housing stability and homelessness prevention;
3. Timely and trauma-informed mental health support;
4. Women's economic security;
5. Recognition and support for infants, children and young people as victim-survivors in their own right;
6. The investment needed to build coordinated and sustainable service responses.

A strong theme is the need to stop homelessness becoming the default pathway to safety. Models such as Safe at Home demonstrate that intervening early is possible and produces cost saving results. It reflects the value of intervening earlier, helping women and children remain safely connected to their homes, schools, communities and support networks wherever possible, and working with the whole family, including people who use violence. This kind of response requires family violence, housing, legal, financial, child and family, mental health and behaviour change supports to work together in a coordinated way.

The submission also calls for children and young people to receive age-appropriate support, with a workforce and service response designed around their needs. Children are affected by the violence they experience or witness, and by the disruption that often follows including sudden moves, interrupted schooling, developmental impacts and the loss of connection to people and places that help them feel safe. While children benefit from substantial indirect support through increased safety, housing stability, improved parental wellbeing, coordinated responses across services and strengthened family functioning, responses should start with children's safety, wellbeing, education and recovery, alongside the needs of adults.

The Second Action Plan should place legal and financial advice, housing, income, mental health education and employment at the centre of family violence response. These supports, particularly when delivered early and at every stage, often determine whether women and children can move from crisis into safety and stability. This will require practical investment in the approaches that already show promise: whole-of-family responses such as Safe at Home, safe and affordable housing pathways, timely trauma-informed mental health support, employment, legal and financial recovery supports, and specialist responses for children and young people.

McAuley is optimistic about what the Second Action Plan can make possible. With the right focus, it can help build a national response that acts earlier, is more coordinated and more closely aligned with the realities of women's and children's lives.

1. Safe at Home

Relates to:

- Priority Area 1: Victim-survivors
- Priority Area 2: Prevention and early intervention
- Priority Area 3: Children and young people in their own right
- Priority Area 4: People who use violence
- Priority Area 5: System Integration and Workforce

The following is an excerpt from McAuley's joint submission on Safe at Home with the University of Melbourne. Please see the submission for full detail.

Safe at Home is an early intervention, whole-of-family model that shifts the focus from expecting women and children to leave their homes to be safe, to supporting them to remain safely in their homes and communities wherever possible. The model brings together specialist family violence (including men's behaviour change), housing, legal, financial counselling and child and family responses around a shared commitment to maximising safety, preventing homelessness, strengthening women's economic security, strengthening accountability and improving system integration.

A distinguishing feature of Safe at Home is that it works with adult victim-survivors, children and young people, and people who use violence concurrently. Rather than responding only after violence has escalated into homelessness, court involvement or child protection intervention, the model seeks to intervene earlier and provide coordinated, practical support across the areas of life most affected by violence. Areas of support include support to recognise and name family violence, understand available options for help, safety planning, housing stability, legal and financial advice, support for children, engagement with people who use violence, and coordinated case management that reduces the burden on victim-survivors to navigate multiple disconnected systems.

The trial is being independently evaluated by the University of Melbourne. While numbers remain small, early findings and practice insights suggest that integrated, flexible and sustained whole-of-family responses can improve safety, strengthen recovery, reduce homelessness and support longer-term outcomes for families affected by family violence.

The strongest lesson emerging from Safe at Home is that family violence cannot be addressed through fragmented, short-term responses.

Victim-survivors need integrated, coordinated, sustained and flexible support that begins early, responds to the needs of all family members, prevents homelessness, strengthens economic security and supports recovery over time.

Children must be recognised as victim-survivors in their own right. Responses to people who use violence must be accountable, coordinated and focused on safety. Housing stability, legal assistance, financial support and family violence responses must operate as connected parts of a single system rather than separate interventions.

The Second Action Plan presents an important opportunity to embed these principles nationally. Investment in integrated whole-of-family approaches, including Safe at Home responses, would help reduce violence, prevent homelessness, improve outcomes for children, strengthen accountability and create lasting change for women, children and families across Australia.

The Second Action Plan should:

1. **Invest in integrated whole-of-family responses as a national family violence model**
   Fund and scale integrated, co-ordinated, whole-of-family family violence responses that coordinate family violence, legal, financial, housing and wellbeing supports, reduce service fragmentation, strengthen accountability and improve outcomes for all family members with the coordination and backbone functions funded to ensure integration works in practice.
2. **Prioritise earlier intervention and outreach before crisis, homelessness and system escalation**
   Adopt a nationally consistent approach to early intervention that ensures victim-survivors can access support before they are forced to leave their homes, enter homelessness, become involved in court proceedings or have interventions from agencies such as child protection.

   This should include:
   - proactive outreach and community engagement
   - rapid access to individually tailored family violence, legal and financial support
   - engagement with people who use violence
   - support for children and young people
   - investment in regional, rural and remote outreach.
3. **Recognise housing stability, homelessness prevention and women's economic security as core family violence outcomes**
   Embed housing stability, homelessness prevention and economic security as fundamental pillars of family violence prevention, response and recovery.

   This should include:
   - investment in Safe at Home approaches
   - financial counselling and economic recovery support
   - legal assistance
   - employment pathways
   - debt relief and financial abuse responses
   - support that enables women and children to remain safely connected to their homes, communities and support networks wherever possible
   - access to mental and physical health systems that are literate and capable of addressing the impact of family violence.
4. **Recognise and invest in children and young people as victim-survivors in their own right**
   Ensure children and young people are recognised, funded and supported as victim-survivors in their own right.

   This should include:
   - specialist children's practitioners embedded in family violence responses
   - child-centred workforce capability, that can keep children in view
   - investment in educational engagement, wellbeing and recovery
   - stronger partnerships between family violence services and Child Protection

- meaningful participation of children and young people in policy, program and service design.

5. **Build a coordinated and sustainable system that reduces re-traumatisation and strengthens accountability**

   Create policy, funding and workforce settings that support sustained, integrated responses across services and systems.

   This should include:

   - funded lived experience advisory and peer work
   - improved information sharing and coordinated case management enabling victim-survivors to "tell their story once"
   - long-term and flexible support periods
   - workforce investment and capability building, including in adapting to working across all family members – including people who use violence
   - stronger and nationally consistent responses to coercive control, systems abuse and technology-facilitated abuse
   - evidence-informed responses for people who use violence that strengthen accountability and victim-survivor safety.

2. Homelessness

Relates to:

- Priority Area 1: Victim-survivors
- Priority Area 2: Prevention and early intervention
- Priority Area 3: Children and young people in their own right
- Priority Area 5: System Integration and Workforce

Homelessness is one of the most immediate and damaging consequences of family violence, and one of the strongest predictors of whether women and children can achieve safety, stability and recovery. The Second Action Plan must treat housing stability and homelessness prevention as core family violence outcomes, recognising that safe, secure housing is essential to safety, recovery and long-term stability.

In 2024–25, almost 289,000 clients were assisted by specialist homelessness services (SHS) in Australia, and of these, 60% were female[1]. People who experienced family and domestic violence were the largest SHS group, making up 40% of clients[2]. Victorian Specialist Homelessness Services agencies saw 46,205 clients who had experienced family violence – the largest number in the country[3].

This is reflected in our own service data, where a significant proportion of women in our homelessness service present not only with immediate safety risks, but with no access to safe or sustainable housing. In 2024–25, we supported 52 women at McAuley House Footscray, 87% of whom had experienced family violence, and 48 women at McAuley house Ballarat, 79% of whom had experienced family violence.

Housing sits at the core of McAuley's mission. We currently deliver critical housing and support services across refuge, transitional and social housing settings, with approximately 70 units of accommodation, including multi-unit refuges, stand-alone refuges, supported rooming houses and long-term social housing. However, our ability to expand housing supply and meet growing demand is constrained by limited access to capital, development capability and scalable operating models.

The consultation paper recognises that too many victim-survivors are navigating systems that are fragmented and difficult to access, and that many continue to face barriers to support. These barriers are particularly acute when affordable housing is unsafe or unavailable. Without secure accommodation, it becomes significantly more difficult to engage with legal processes, maintain employment, support children's wellbeing, or participate in longer-term recovery.

Women entering McAuley House Footscray typically present with as many as 14 different and complex needs, across the span of homelessness, multiple mental health and physical health issues, suicide ideation, childhood abuse, family violence, poverty and immigration issues.

They are exhausted, isolated and lack the resources needed to manage multiple issues.

This is why we invest in integrated, coordinated support that brings housing together with the practical, legal, financial, health and wellbeing assistance women need to stabilise and recover. A housing response that does not also address these intersecting needs is unlikely to support sustained safety or long-term recovery. This includes:

[1] Specialist homelessness services annual report 2024–25, About - Australian Institute of Health and Welfare

[2] Specialist homelessness services annual report 2024–25, About - Australian Institute of Health and Welfare

[3] https://www.aihw.gov.au/reports/homelessness-services/specialist-homelessness-services-annual-report/contents/about

- Funding multidisciplinary teams with in-house expertise to respond to immediate housing, safety, health, mental health, financial and family violence needs, while also building strong partnerships across the legal, income support, employment, child and family and community sectors.
- Embedding specialist partnerships so women can access legal assistance, financial counselling, health care and other supports without having to navigate separate systems alone.
- Providing skills development, social connection and recovery-focused activities that help women build confidence, sustain housing and strengthen relationships when they move into longer-term accommodation.

Case study

On arrival, Roma was worn down by the effects of chronic, long-term homelessness. She had moved up to 30 times before she was hospitalised with depression and anxiety, as well as a growing dependence on alcohol. It was only recognised then that the constant physical and verbal abuse she'd experienced living alongside men in community housing was a major factor in her deteriorating mental health. Her housing needed to change for her to recover.

McAuley House's atmosphere and environment began a process of healing. She became involved in a project to revamp the House's rooftop garden, and a program called "Women's words" which helped give voice to her experiences. Meditation and art therapy were other activities she enjoyed – all part of slowing down, being in the moment, and helping to let go of her thoughts and traumatic memories.

After 18 months, Roma felt ready for independent living. She moved into transitional housing, while remaining supported and connected with McAuley and many of the women who'd become her friends. An NDIS package further assisted her with ongoing counselling and daily activities. And now her latest move to long-term, secure accommodation means she has somewhere she can really call her own.

The Second Action Plan should:

1. **Recognise housing stability and homelessness prevention as core family violence outcomes**, and embed these measures in national family violence policy, funding and accountability frameworks.
2. **Increase investment in safe, affordable and long-term housing and housing pathways for women and children escaping family violence**, including refuge, transitional housing, social housing and supported pathways into permanent housing.
3. **Apply a gendered lens to housing policy and investment**, ensuring housing options are safe, affordable, accessible, culturally appropriate and able to support children's connection to school, community and support networks.
4. **Resource integrated housing-based service models that combine accommodation with legal, financial, health, mental health, employment, family violence and child-focused support,** so women and children can access coordinated help without having to navigate multiple systems alone.

5. **Fund longer and more flexible support periods for women and children moving from crisis into long-term housing**, recognising that recovery from family violence and homelessness takes time and often continues well beyond the immediate crisis period.
6. **Invest in multidisciplinary housing-based support teams**, including specialist family violence, mental health, health, legal, financial counselling, employment and child and family expertise, to respond to the complex and intersecting needs of women experiencing both family violence and homelessness.

3. Mental health

Relates to:

- Priority Area 1: Victim-survivors
- Priority Area 3: Children and young people in their own right

The consultation paper recognises that violence can have lifelong impacts on health and wellbeing. Mental health and family violence are deeply interconnected. Many women and children who access family violence services are experiencing the impacts of complex trauma, anxiety, depression, self-harm, substance use and suicidality. Family violence is both a driver and consequence of poor mental health outcomes.

43% of family and domestic violence clients in Australia also experienced alcohol or drug issues, a current mental health issue, or both[4]. The Australian Burden of Disease Study showed a causal link between exposure to intimate partner violence to suicide and self-harm among Australian women[5].

McAuley has long advocated for mental health supports within supported accommodation and refuge settings as part of our integrated service practice. Women and children who enter family violence services often have diagnoses of complex trauma, which requires specialist and timely mental health support.

We have previously engaged onsite practitioners through various funding and partnership arrangements with mental health providers and Primary Health Networks and these collaborations demonstrated significant outcomes. For example, we were able to contract an onsite psychologist through Care in Mind, which helped address women's immediate health needs and supported them into longer term health services. This contract was unable to be sustained as the contract requirements were too narrowly focussed for what the work required.

While there is strong willingness across the family violence and mental health sectors to codesign better models of support, McAuley's experience shows that collaboration is difficult to sustain when funding criteria, eligibility rules and service models do not reflect the reality of women and children's lives.

For example, McAuley led a group of family violence organisations to explore access to funded mental health support that recognised the impact of family violence on women's and children's mental health, with the aim of securing specialised onsite support for clients. The work formed part of a broader effort to provide holistic, timely and trauma-informed support for women and children experiencing family violence and homelessness. However, despite shared recognition of the need, the collaboration could not proceed because the available funding criteria did not align with the service model.

A further barrier is the use of narrowly defined eligibility criteria that require a person to be in "stable" accommodation before they can access counselling or mental health support. In practice, this can exclude women and children in refuge, even when they are safe, their immediate needs are being met, and they are ready to engage. This creates a gap at precisely the point when timely support could make a significant difference.

Need vastly outweighs the available resourcing, and agencies often don't have the time or capacity to navigate small, restrictive funding streams. When criteria are too narrow or outdated, negotiations can become so complex that services are unable to progress, even where there is clear demand, sector goodwill and strong alignment around the need for integrated mental health support.

[4] Specialist homelessness services annual report 2024–25. About - Australian Institute of Health and Welfare

[5] Australian Burden of Disease Study 2024. Key findings - Australian Institute of Health and Welfare

McAuley's existing partnership with Bolton Clarke shows how specialist health expertise can be brought into a housing and family violence setting in a practical, accessible way. Through this partnership, women can access support for physical health needs onsite, reducing the need to navigate separate health systems while they are also dealing with family violence, homelessness and recovery. A similar approach is needed for mental health, with specialist practitioners embedded in the places where women and children are already receiving support.

McAuley is currently testing a possible pathway to bring mental health practitioners into its family violence and homelessness services, through Medicare and the Western Victoria Primary Health Network. These options show promise, but they also require additional administration, equipment and coordination that are not covered by existing funding. In the meantime, we have committed to employing a specialist mental health role so that mental health expertise is embedded in our multidisciplinary practice. This role is philanthropically funded because current family violence funding does not provide for this support.

The McAuley Prevention and Recovery Care (PARC) program (2021–2025)

Throughout the period (2021–2025), McAuley was a subcontracted partner with Wellways Australia, embedding specialist family violence expertise within PARC mental health services across five sites.

The program demonstrated that integrating family violence expertise into mental health settings:

- Strengthens early identification and response to family violence
- Improves women's experience of the mental health service because their experience of family violence, as a contributor to their mental health, was heard and validated
- Improves the capability and confidence of workplaces
- Enhances safety, housing stability, and recovery outcomes
- Reduces fragmentation across mental health, family violence, and homelessness sectors.

McAuley was engaged to provide specialist family violence expertise across PARC sites, supporting both Wellways' staff and PARC clients. This was delivered through dedicated Family Violence and Homelessness Workers embedded at each site, as well as a Children's and Family Worker at Yanna Yanna PARC, a facility designed for mothers and children. McAuley staff also played a key role in resourcing, upskilling and building the capacity of PARC staff to work effectively with individuals experiencing or using family violence, and provided secondary mental health advice to their homelessness and family violence colleagues.

The model was designed to provide a more coordinated response and highlighted the crucial uplift in family violence competency needed in mental health services.

Once again, eligibility criteria created a barrier to early identification and support for family violence matters. PARCs require potential residents to have a home to return to, forcing women to either lie about their willingness to return home or to disclose later, if safe to do so, that violence is being perpetrated against them and they would be homeless upon exit.

This work has not continued due to lack of funding. Investment in family violence support within mental health services should be considered core business.

Case study – PARC

Andrea is a survivor of family violence and sexual abuse who experienced severe anxiety while trying to care for her two children. Despite repeatedly seeking help and telling professionals that she was struggling, her mental health concerns were often overlooked because she appeared to be coping on

the surface. As her condition worsened, she became reliant on anti-anxiety medication and eventually experienced a psychotic episode, leading to a 16-week hospital admission.

Following her discharge, Andrea was referred to PARC, where she received integrated support from Wellways and McAuley. With access to mental health professionals, including psychiatrists, clinicians and psychologists, she began addressing the impacts of trauma, rebuilding her confidence, and working towards recovery. McAuley's onsite family violence and homelessness specialists also supported her to leave her abusive relationship and ensure her children's safety.

Through this holistic support, Andrea was able to access housing, legal, financial and practical assistance. McAuley advocated for social housing, helped her open her first independent bank account in over 20 years, supported her application for the Disability Support Pension, and connected her with clothing and other essential resources. These steps gave Andrea greater financial independence and stability, helping her plan for a more secure future.

Throughout her recovery, Andrea has remained focused on being reunited with her children. Although temporarily placing them in the care of a family member was difficult, she recognised it was necessary for their wellbeing. With ongoing support to strengthen her parenting confidence and maintain contact with her children, Andrea has moved beyond simply surviving and is now working towards long-term goals including stable housing, recovery, and rebuilding her life. After completing her stay at PARC, she transitioned to McAuley House Footscray, where she continues to receive support on her journey toward independence.

The Second Action Plan should:

1. **Review and amend funding criteria which prohibits access to mental health services when women and children ask for them,** including eligibility requirements that exclude women and children living in refuges, supported accommodation or other crisis settings. Funding arrangements should recognise that victim-survivors require access to mental health support when they are safe and ready to engage, rather than delaying support until they meet narrow definitions of housing stability.
2. **Provide access to timely, trauma-informed mental health support for women and children experiencing family violence**, recognising the significant impacts of violence on mental health, including complex trauma, anxiety, depression, self-harm, substance use and suicidality. Services should be accessible, specialist and integrated into family violence responses to support recovery and long-term wellbeing.
3. **Invest in multidisciplinary and co-located service models.** Evidence demonstrates that integrated approaches improve access and support better outcomes for women and children. Partnerships such as McAuley's collaboration with Bolton Clarke have improved access to health services for women at McAuley House, Footscray, while the PARC program demonstrated the benefits of embedding family violence expertise within mental health settings.
4. **Support sustainable funding pathways to embed specialist mental health practitioners within family violence services**, including refuges, supported accommodation and outreach programs. This would enable family violence services to provide holistic, wraparound support and reduce reliance on short-term grants, philanthropic funding and complex partnership arrangements that are often difficult to sustain.

4. Economic security

Relates to:

- Priority Area 1: Victim-survivors
- Priority Area 2: Prevention and early intervention
- Priority Area 3: Children and young people in their own right
- Priority Area 4: People who use violence
- Priority Area 5: System Integration and Workforce

Economic insecurity remains one of the most significant barriers preventing women from leaving violent relationships. It is amplified by gendered poverty, including financial debt and unresolved legal matters that keep victim-survivors in cycles of poverty.

The consultation paper recognises the importance of strengthening victim-survivor recovery and addressing structural barriers that contribute to ongoing disadvantage.

Domestic and family violence has been estimated to cost the economy $26 billion a year, with at least half that cost being borne by victim-survivors[6]. Compared with women of the same age who did not experience sexual violence in their lifetime, women aged 24–30 in 2019 who had experienced sexual violence were 63% more likely to not have completed Year 12 and 7% less likely to be in full-time employment[7].

Too often, a woman's ability to leave a violent relationship is constrained by a lack of financial independence. In many situations women face a stark choice between remaining in or facing poverty and even homelessness if they leave. At the same time, part of the violence women have experienced may have also involved a systematic undermining of her ability to work, leading to a disrupted work history and a lack of employment skills.

Employment

Employment is a critical pathway to safety and recovery. Financial independence increases a woman's ability to leave violence and reduces the likelihood of returning to an abusive relationship. Employment also supports social connection, confidence, wellbeing and long-term recovery.

Family violence is a recognised barrier to securing and maintaining employment. Research demonstrates that if a victim survivor is able to achieve financial independence, she is less likely to return to an abusive, and potentially fatal relationship. However, the complex issues facing this cohort can make it challenging to focus attention to employment.

McAuley has significant experience working with women to find and retain sustainable employment, even for those most at risk of violence and with the greatest barriers, including long-term unemployment and mental health challenges.

Benefits in supporting women experiencing family violence to access meaningful work include:

- Financial independence helps women leave violent relationships. Women have told us that having a job has been critical to their ability to support their children in the way that they wish to do so, including securing safe housing, funding school activities and even going on holiday.

[6] National Strategy to Achieve Gender Equality discussion paper

[7] Economic and financial impacts - Australian Institute of Health and Welfare

- Employment mitigates the broader impacts of family violence, with women telling us that having a job also benefits their children, who see them regain confidence and stability.
- Children's wellbeing is enhanced, as supporting women to gain employment and leave violence mitigates the risk of an array of potential impacts on children's futures and their wellbeing.

Barriers to employment faced by women with a history of family violence include:

- Family violence is a significant barrier to employment: The experience of family violence has usually undermined women's work histories; it also affects their ability to get work and retain it.
- The experience of women: Many are still facing an immediate threat of violence. This has a significant impact on their ability to be 'job-ready'.
- Multiple barriers to job-readiness: As well as family violence, women supported by McAuley are usually facing many other challenges.
- Lack of co-ordinated supports: A difficulty noted by our case managers is the sheer volume and number of organisations women have to deal with, all with competing demands.
- Job market does not favour women as primary caregivers: Over the past few years, the job market has continued a trend of greater numbers of precarious and part-time work. These don't dovetail well with the caring responsibilities of women experiencing family violence, often unable to rely on their children's other parent for support.

McAuley Works support model

McAuley has observed these benefits and barriers firsthand through many years of supporting women experiencing family violence and homelessness. McAuley Works was developed in 2010 in direct response to clients asking for help to find jobs after being turned away from commonwealth employment services, who deemed them 'not ready' to work.

McAuley's experience is that by offering an avenue to meaningful employment, women experiencing family violence find a possible way out of their violent relationship and hope for their and their children's futures.

The program was philanthropically funded until mid-2015, when McAuley's ongoing evidence-based advocacy led to being selected as a specialist provider under Jobs Victoria employment contracts.

McAuley Works was then funded by Jobs Victoria from 2016 to June 2023, after which the Victorian Government scaled back funding for employment programs.

Of 204 registered past clients, 90 were contacted and 35 completed a telephone questionnaire. The research highlighted that the McAuley Works program achieved both job placement and job outcome rates that exceeded published JobActive rates (Jobs Australia 2013).

Women's economic independence through employment is critical for the prevention of violence, and individualised support for training and employment remains crucial to achieving this goal. We continue to advocate for job services to better support women who have experienced family violence or homelessness to find work.

We have resolved to have an employment specialist role within the team to ensure economic security is a part of our practice. Further funding to expand this team or re-engage McAuley Works would ensure the focus that this area requires.

Case study – McAuley Works

Akanke, a young African-born woman, first came into contact with McAuley when due to family issues, she left her home in regional Victoria and came to Melbourne, where, lost and alone, she knocked on the door of our McAuley House. She was 'jumping from couch to couch' with nowhere to stay when she came across our service.

She was put in touch with McAuley Works and linked with 'Fitted for Work', where she was kitted out from head to toe in business clothing, including appropriate shoes and accessories.

Akanke recalls: 'My case manager Lorraine drove to my location, bought me a hot chocolate, and made me feel comfortable. She gave me hope that I wasn't doing this by myself, and she would support me with getting my CV up and running to attract more jobs.

'Within a week I received six interviews and a full time job.

'My new job was with an interpreting company. While there I sometimes received calls from McAuley House booking interpreters to help other women get on their feet. It was always emotional speaking with them because that's where I started as well.'

Lorraine says: 'There were so many things going on in Akanke's life, and the first step was about building trust. She needed to settle at least some parts of her life before the efforts to get work could begin.

'Finding a job made an extraordinary difference in every possible way. You could hear the change just in her voice. Not only did her confidence return; Akanke began making friends and mixing with people her own age.'

Restoring financial safety

Restoring Financial Safety (RFS)

The RFS project, in partnership with Westjustice, is an effective and sustainable solution to assisting victim-survivors of family violence to untangle themselves from financial abuse. The project delivers a holistic legal and financial counselling service to people experiencing economic abuse and financial hardship resulting from family violence.

Up to 99% of the women who present to family violence support services have experienced some form of economic abuse. RFS integrates a lawyer and financial counsellor at a women's housing facility and advocates for the improvement of family violence across industry and government.

In FY25, the program delivered a total of $659,585 of financial benefit to women supported by McAuley.

An evaluation of the project was launched in 2022. It found 137 women had been helped to regain financial security after family violence. More than $900,000 in debt accrued through financial abuse had been waived. This represents an average of $11,000 per woman who sought to erase abuse-related debt.[8]

Case study – Restoring Financial Safety

Tamara and her husband were married for 10 years and had two children[9]. Tamara's husband was extremely violent, abusive and controlling over Tamara; she wasn't allowed to have friends, a driver's licence or buy clothing.

[8] WEstjustice legal support - McAuley Community Services for Women

[9] 180831restoring_financial_security_report_final_print.pdf

After the tragic loss of their daughter, Tamara's husband refused to pay the funeral expenses and continued to use Tamara's Centrelink benefits to fund his lifestyle. With the money she could access, Tamara paid rent, school fees and her husband's fines. Tamara still had more than $25,000 in debts for unpaid utility bills, credit cards, a Centrelink debt and a personal loan she used to pay for her daughter's funeral.

Tamara came to the McAuley program soon after she separated from her husband. She had to leave her son with a close friend so he could continue his studies. Tamara was skipping meals while living in a safe house to make ends meet. In just five hours, Westjustice sought and obtained a full waiver of Tamara's $10,000 personal loan thanks to our contact at a bank. That loan was causing Tamara enormous stress and tipping her into destitution. In just one week we also obtained full debt waivers on Tamara's telephone, utilities, other banking and debt collection debts.

By clearing Tamara's debts, she could afford to return to a private rental and live with her son again.

The Second Action Plan should:

1. **Prioritise employment pathways specifically designed for victim-survivors of family violence,** recognising that employment is a critical pathway to safety, recovery and long-term economic security. Employment programs should be flexible to enable providers to address the unique barriers experienced by victim-survivors, including disrupted work histories, trauma, caring responsibilities, housing instability and long-term unemployment.
2. **Employment services should be voluntary,** with no mandatory compliance requirements – our experience is that women experiencing family violence are highly motivated to work, they simply need the help and resources to do so.
3. **Improve integration and resources between employment, housing, legal and family violence services,** enabling women to access coordinated and holistic support rather than navigating multiple systems with competing requirements.
4. **Resource existing responses to financial abuse, debt and economic disadvantage as part of family violence recovery,** recognising that economic abuse is a common and often enduring form of family violence.
5. **Invest in long-term programs that support women's economic independence and sustainable employment,** recognising that recovery from family violence is not linear and often requires sustained support.
6. **Embed employment responses within community services** by establishing localised partnerships, introducing a community-led work program, and expanding localised support. This is supported by a recommendation in the *2023 Julian Hill Report: Rebuilding the employment services system*.

5. Infants, children and young people

Relates to:

- Priority Area 1: Victim-survivors
- Priority Area 3: Children and young people in their own right
- Priority Area 5: System Integration and Workforce

The consultation paper appropriately recognises children and young people as victim-survivors in their own right and calls for more child-centred responses across prevention, response and recovery. It highlights that responses remain too adult-focused and that children require tailored support that reflects their developmental needs and rights. This is strongly reflected in our work.

Babies, children and young people, often referred to as 'secondary victims' in the context of family violence, are too often invisible within the systems that support them – because those systems have been designed with the assumption that if we can support the adult, they will be able to support their child.

Yet decades of evidence tell a different story. Children experience violence differently from their mothers, absorb its impacts and carry trauma in ways that can leave lasting emotional, social and developmental scars.

All (400) children and young people in McAuley's services are homeless upon entry into refuge. The connection between stable housing and recovery is frequently missed in funding family violence responses. Women are unable to rely on a smooth transition from crisis to secure housing.

With the support of philanthropy, in 2025, McAuley developed a comprehensive Children's Strategy. Grounded in the Rights of the Child, trauma-informed, culturally safe, and strengths-based practice, the strategic plan prioritises the safety and wellbeing of children and young people, ensuring their voices and experiences inform all aspects of support and intervention here.

Aligned with key national and Victorian frameworks that address child wellbeing and safety, the strategic plan outlines several key areas of focus.

These include:

- Developing competence of supporting the mother/child bond
- Co-designing programs with children and young people
- Enhancing education and learning outcomes for students
- Ensuring responses are culturally appropriate and support children and young people to remain connected to their families and communities
- Improving feedback mechanisms for ongoing monitoring of outcomes

Outlined below are some of the initiatives McAuley is working on in this space.

Enhanced Maternal Child Health Nurse (EMCHN)

In August 2024, McAuley employed an Enhanced Maternal Child Health Nurse (EMCHN), dedicated to supporting the needs of babies, young children and their mothers residing in our family violence refuges.

Working with infants, young children and their mothers to support developmental milestones, assess and identify risks and needs, and strengthen the bond between mother and child,

McAuley's EMCHN supports families in our two refuges – Heywood House and Jan's Place – as well as some families living in the community supported by McAuley's family violence case management program.

The EMCHN works with families to enhance each mother-child relationship and support mothers with strategies for achieving their child's early developmental milestones. This includes helping mothers to improve their child's sleep and settling patterns, address behavioural problems, and support their child's overall health and wellbeing.

The EMCHN also runs supported playgroups and helps mothers understand the importance of having positive daily interactions with their children. They learn a variety of ways to engage and promote healthy development, including creating routines, reading to children and actively supporting their child's play.

The aim is that when a mother leaves our crisis accommodation, she will have a framework to support her child's ongoing learning and development and a renewed focus on helping her child achieve important developmental milestones. The EMCHN also connects mothers leaving our care with the local MCH service in their next location.

Over the first year of the two-year engagement, our EMCHN supported 41 children across 35 families, with many return appointments and 18 facilitated playgroups. The majority (73%) of children supported were under the age of six, and almost half (44%) were from culturally and linguistically diverse backgrounds.

Many of the children who met with our EMCHN were suffering high levels of stress and instability after leaving their homes to escape family violence. Others were facing significant delays in meeting developmental milestones, with some children as old as five supported to transition from wearing nappies, and others as old as seven supported to transition from using bottles to cups.

Many mothers were also helped to improve both their own and their children's nutrition and were empowered to help their children begin or manage toilet training.

Working within the broader Children's Team at McAuley, the EMCHN also connects children to early childhood education, care and school; assists families to navigate services and coordinate their own support; helps to build self-sufficiency; and helps to create opportunities for children, young people, and families to live the life they want.

Case study

When Matthew arrived at McAuley's refuge, he was experiencing significant developmental and emotional challenges linked to his earlier experiences of trauma. He was fearful of loud noises, knocking sounds and footsteps, struggled to be separated from his mother, found it difficult to regulate his emotions and engage socially, and had regressed to using nappies. According to McAuley Maternal Child Health Nurse Emma, Matthew had a strong need for protection and his heightened stress levels had impacted his overall wellbeing, healthy development and ability to feel safe in new environments.

Through targeted support, Matthew made substantial progress. Emma worked with him to develop his fine motor skills, supported his toilet training using a potty and rewards chart, and encouraged participation in activities including Sing and Grow and a supported playgroup. Initially, Matthew would only assist with setting up the playgroup, but as his trust and confidence grew, he began actively participating in all activities and developed a stronger sense of security. Since leaving the refuge with his mother, Matthew has continued to thrive. He now attends kindergarten three days a week, participates independently in activities, and interacts positively with his peers and teachers.

Continuity of education

Every year in Victoria, approximately 5,000 school-aged children are assisted by homelessness services due to family violence.

More than 4,000 of those children spend time in motels, refuges or emergency accommodation – environments where school connections fracture, records go missing, and children disappear from education systems that were never designed to follow them.

McAuley's data shows 68% of children in our services have experienced significant educational disruption.

National research confirms that without targeted intervention, these children are likely to fall at least a year behind their peers in literacy and numeracy for every major housing transition they experience – with many families moving three or more times in a single year.

This results in a predictable trajectory:

- Rapid learning loss
- Disengagement from school
- Increased likelihood of long-term disadvantage

At present, no system exists to hold children in education during crisis. They effectively “disappear” from learning until their housing situation stabilises.

Led by McAuley, McAuley ConnectEd is a targeted, early intervention education initiative designed to address this critical gap.

Delivered in partnership with MacKillop Education and Monash University, McAuley ConnectEd is trialling a safe, trauma-informed, virtual and blended learning model that reconnects children to learning, starting when they are in crisis accommodation and continuing until safely reengaged with a physical school.

The trial is designed to:

- Maintain continuity of education during housing instability
- Reduce learning loss and disengagement
- Support faster and more successful return to school
- Preserve a child’s identity as a learner during crisis

Education specialist for children

McAuley employs a philanthropically funded Education Specialist who delivers targeted, trauma-informed support to children and young people who have disengaged or are at risk of disengaging from education due to family violence and housing instability and no fault of their own.

Students in these circumstances face significant systemic barriers to learning including disrupted schooling, unmet developmental needs, inconsistent enrolment, and limited school flexibility. As a result, many are at high risk of chronic disengagement from education.

The McAuley Education Specialist supports children and families experiencing family violence and housing instability to stabilise, re-engage and participate in education.

The detailed knowledge of the education system means that the person in this role is able to hold schools to account for what they are responsible for providing to students.

As well as improving attendance, progress has been visible in other critical ways, including:

- Improved emotional regulation

- Increased confidence in the classroom
- Stronger peer relationships
- Greater trust in adults within education settings

At a family level, mothers are better equipped to navigate education systems and advocate for their children, which strengthens longer-term outcomes beyond the period of direct support.

Without this intervention, students remain at high risk of sustained disengagement and life-long disadvantage. Instead, the program provides a turning point by supporting children to re-enter education at key developmental stages, particularly in the early primary years where intervention has the greatest long-term impact.

Greater government investment in educational capability within family violence services, and vice versa, is crucial early intervention, supporting children and families in participating in education.

The Second Action Plan should:

1. **Recognise and resource babies, children and young people as victim-survivors in their own right across all policy and service responses,** ensuring funding, service design, data collection and accountability frameworks explicitly address their unique experiences, needs and rights. Responses should move beyond an adult-focused model and provide age-appropriate, developmentally informed support that recognises the direct impacts of family violence on children and young people.
2. **Prioritise stable housing as a key recovery intervention for children**, recognising that housing stability underpins safety, emotional wellbeing, healthy development, educational participation and recovery from trauma. Housing responses should support children to maintain connections to education, community, culture, family and support networks while reducing the disruption caused by repeated moves and housing insecurity.
3. **Improve continuity of education during periods of family violence and housing instability,** ensuring children do not disengage from learning while experiencing crisis. This should include investment in flexible, trauma-informed education models, strengthened information-sharing and enrolment processes, dedicated education support roles, and targeted initiatives that maintain children's connection to learning and support successful re-engagement with mainstream education.
4. **Provide mechanisms to ensure children's voices and experiences inform policy, service design and evaluation,** including opportunities for meaningful participation, co-design and feedback. Children and young people should be recognised as experts in their own experiences, with systems and services designed in partnership with them to ensure responses are relevant, accessible and effective.
5. **Integrate responses that support children's safety, wellbeing, development and long-term recovery,** bringing together family violence, housing, health, maternal and child health, education and child-focused services. Integrated and multidisciplinary approaches are critical to identifying developmental concerns early, strengthening caregiver-child relationships, supporting educational engagement, and improving long-term outcomes for children who have experienced family violence and homelessness.

6. Integrated, coordinated supports

Relates to:

- Priority Area 1: Victim-survivors
- Priority Area 2: Prevention and early intervention
- Priority Area 3: Children and young people in their own right
- Priority Area 4: People who use violence
- Priority Area 5: System Integration and Workforce

Many victim-survivors of family violence have a range of interconnected needs including financial, legal, housing and health issues and often must navigate a series of complex referral pathways on their own to access the mix of services required to get the support they need and to recover.

Multiple evaluation and research sources show the benefits of integrated and co-ordinated systems, less clear is the 'how' and the resourcing required to achieve this, especially in a rationed system, where need does not match with availability of services.

Throughout this submission are examples of where McAuley has tried to achieve integrated services either in partnership with organisations such as Bolton Clarke (for health), or Westjustice, (for legal and financial case work), or in collaboration with several organisations

However, the most effective example to date is the Safe at home trial, which specifically funds a team that can work across family members' needs, early and seamless legal and financial case work and community engagement to mitigate isolation.

Best practice in integrated service delivery is when multiple organisations work effectively together to help victim-survivors seamlessly access a holistic mix of support and services. Working in this way delivers significantly better outcomes for victim-survivors, efficiencies for service delivery organisations, and benefits and savings throughout the entire system.

McAuley maintains a range of formal and informal partnerships that provide specialist support and established referral pathways for women and children experiencing family violence.

Housing and Homelessness

- Haven Home Safe, including referral pathways into the Exit Pathways Program
- The Salvation Army Western Housing Network and Alliance
- Homes Victoria and local community housing providers.

Health and Wellbeing

- Bolton Clarke, which funds an onsite nurse providing direct client support and secondary consultation to staff, particularly in relation to complex health and mental health needs
- Brimbank Mental Health and Wellbeing Services
- Odyssey Victoria for alcohol and other drug support.

Legal and Financial Support

- Westjustice, through an eight-year partnership delivering integrated legal and financial capability support for women experiencing family violence
- Hannan Tew Lawyers for migration and visa-related matters
- Nicholes Family Lawyers for family law support in the context of family violence.

Specialist Family Violence Services

- Safe Steps, Victoria's statewide family violence crisis response service, which has worked on a daily basis with McAuley for more than 20 years
- The Orange Door
- GenWest, including specialist disability family violence practice support and children's counselling
- WestCASA for sexual assault counselling and support.

Faith-based communities

- McAuley has used its practice expertise in family violence to contribute to awareness raising and project planning in faith-based communities, including in Gippsland and Ballarat.

Specialist children and young people support

- Healing Play Therapy
- Dr Wendy Bunston and Associates
- Play Matters (Sing & Grow)
- 1000 Generations
- Brimbank Melton Small Talk
- The Nappy Collective and Reading Out of Poverty.

These partnerships provide access to specialist expertise and support women to address the interconnected issues that impact their safety, housing stability and recovery.

Many organisations aspire to work in an integrated way, but it can be difficult to implement this approach in practice and there are system level barriers given the siloed and highly fragmented nature of services and funding sources.

Although there is work for service delivery organisations in moving towards integrated practice, governments have a critical role to play in enabling organisations to operate in this way, including removing barriers.

The cost of family violence in Australia is significant. KPMG estimated that, in 2015–16, violence against women and children cost Australia an estimated $22 billion[10].Integrated service delivery can generate long-term savings across the system that offsets these costs. Deloitte Access Economics' analysis of the Social Return on Investment of McAuley's integrated approach, for example, found immediate benefits for victim-survivors on an individual level of up to $38.85 per day in relation to health benefits attributed to stable accommodation for women experiencing homelessness[11]. Despite this evidence, it is difficult for many organisations to secure the time, effort, resources and capabilities to start and continue working in an integrated, coordinated and collaborative way.

Barriers to achieving integrated service delivery include:

- Short-term funding cycles, which require organisations to spend significant time seeking continuation funding, managing financial risk and retaining staff. This leaves less time and stability to build trusted partnerships, embed shared practice and provide continuity for victim-survivors.
- Narrowly defined eligibility criteria that may suit one service system or funding stream, but do not translate across the full spectrum of women's and children's needs. This can prevent services from responding flexibly when victim-survivors need support across family violence, housing, mental health, legal, financial and child-focused systems at the same time.

[10] Economic and financial impacts - Australian Institute of Health and Welfare

[11] Social Return on Investment (SROI): A case study approach for McAuley Community Services for Women, Deloitte Access Economics (2019)

- Rationed services and limited availability of support, which mean many women and children miss out even when they are eligible and ready to engage. In a system where demand exceeds supply, integration becomes harder because services are already operating at capacity and have limited room to coordinate around complex needs.
- Lack of investment in workforce capability, partnership development and coordination time, which limits the ability of services to collaborate across systems in practice. Integrated work requires staff to understand different practice frameworks, build relationships, share information safely and work together around shared outcomes.
- Difficulty securing longer-term, sustainable and cross-portfolio funding streams that cover the real costs of integrated work. Coordination, shared governance, partnership management, multidisciplinary staffing, data collection and evaluation are essential to integration, but are often excluded from standard service delivery contracts.
- Challenges due to government incentives and funding structures, and gaps in measurement of impact and outcomes where funding is driven by a particular lens – more output than outcomes – and measures tend to reflect that lens. Integrated service models generate positive outcomes for victim-survivors that are often not the outcomes required in standard service delivery contracts.
- Insecurity of funding and hence, the inability to attract, recruit and retain long-term specialist staff who are capable of working in an integrated way and thus provide continuity of support for victim-survivors.
- Additional workload, effort and energy from staff to work in this new and integrated way, which may require reduced caseload to allow for co-ordination time; additional effort for multi-disciplinary staff to overcome differences in approach, language, definitions and legislative requirements; and additional work such as data collection and advocacy to prove the value of the model.

Importance of lived experience and peer support

Lived experience and peer work should be recognised as part of the workforce and system architecture required for effective family violence responses.

Lived experience is a critical element of designing, delivering and improving services. Women who have experienced family violence bring unique insight into the barriers victim-survivors face, the supports that are most effective, and the ways systems can unintentionally create further harm. Lived experience was a core part of the service design/co-design process of Safe at Home and remains an integral part of the governance of the trial.

McAuley's experience with peer support has demonstrated the transformative value of lived experience in practice. Peer support is a professional discipline guided by International Peer Support and National Lived Experience Workforce Guidelines. It is grounded in the worker's own life-changing experiences of distress, trauma and/or substance use, and their journey of recovery and healing. Peer support workers help clients to feel safe, seen, and not judged. By offering empathy and a shared experience, they foster connection and hope.

Safe at Home has a peer worker built in as part of the model, which is in the process of being implemented. The peer worker is expected to help build trust, reduce the isolation and shame that often accompany family violence, support more accessible engagement with services, and ensure the response remains grounded in the realities of victim-survivors' lives. It's vital that peer work is properly resourced and safely embedded, from role clarity, training, supervision, remuneration and organisational support.

McAuley has also employed a peer worker, the first we're aware of, in refuge services. The peer worker has been able to relate to women at a more equal level, gaining trust quickly. She is able to spend more time with women, going at their pace and 'translating' the system to them. Women have told us they would have left the refuge if it wasn't for the peer worker.

The peer worker is also able to assist women transition from the refuge to their next place of accommodation, helping them find their way around and working on a very practical level, such as learning how to use the public transport system.

Our experience has given us confidence to employ more peer workers, who we now see as essential. Funding peer workers and lived experience advisors needs to be seen as enabling and preventative elements to family violence work.

Our first Peer Support Worker was appointed in February 2025 at Jan's Place. This strengthened our ability to deliver trauma-informed, person-centred care and shows women that recovery is not just possible, it's real. Our first Peer Support Worker said:

"It's an honour to be able to share my story and listen to others. Peer support work is not about giving advice or telling people what to do – it's about mutuality, connection and trust. I validate their experiences, share relevant information and support them to make their own informed decisions. If I do share my own story, it's always done safely and respectfully, for both of us."

McAuley hopes to expand our Peer Support Program across other crisis, refuge and accommodation services in the coming years, ensuring more women and children can benefit from this powerful, recovery-focused approach. Funding in this area is crucial.

The Second Action Plan should:

1. **Fund the real costs of integrated service delivery** by providing dedicated funding for the coordination work that enables integration, including partnership establishment, shared governance, information sharing, multidisciplinary practice, workforce support, data collection and evaluation. These functions should be recognised as core service delivery costs, not optional add-ons.
2. **Create funding structures that support sustained collaboration** by establishing multi-year, multi-partner funding arrangements that reduce competition between services, support shared outcomes across portfolios, and give organisations the stability needed to retain specialist staff and provide continuity for victim-survivors.
3. **Invest in the sector-wide capability, frameworks and tools needed for integrated practice** by resourcing shared risk assessment approaches, information-sharing protocols, communities of practice, workforce development and practical implementation support so services can work together more consistently across housing, health, legal, financial, family violence and child-focused systems.
4. **Build the evidence base for integrated service delivery** by funding shared outcomes frameworks, evaluation and cost-benefit analysis that capture the value of services working together, including improved safety, housing stability, recovery, reduced system duplication and long-term savings for government.
5. **Fund lived experience leadership and peer work as core elements of family violence response** by recognising peer work and lived experience advisory roles as essential parts of integrated service delivery, with dedicated funding for safe role design, supervision, remuneration, governance and organisational support.