



NATIONAL WOMEN'S ALLIANCES

2026-2027 PRE-BUDGET SUBMISSION

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Prepared by the
Working with Women Alliance

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Acknowledgement of Country

The National Women's Alliances acknowledge the Traditional Custodians of the land on which we work and live. We pay our respects to Aboriginal and Torres Strait Islander Elders past, present and future. We value Aboriginal and Torres Strait Islander histories, cultures, and knowledge. We extend our respect to Aboriginal and Torres Strait Islander women who, for thousands of years, have preserved the culture and practices of their communities on country. This land was never surrendered, and we acknowledge that it always was and always will be Aboriginal land.

We acknowledge the strength of Aboriginal and Torres Strait Islander people and communities. We acknowledge that Australian governments have been complicit in the entrenched disadvantage, intergenerational trauma and ongoing institutional racism faced by Aboriginal and Torres Strait Islander people. We recognise that Aboriginal and Torres Strait Islander people must lead the design and delivery of services that affect them for better life outcomes to be achieved.



About the Artist

Sheri Skele, also known as Bigi Nagala, a proud Bidjara woman and contemporary Aboriginal artist, explores and shares her rich cultural tapestry, personal experiences, and healing aspirations.

Hailing from South West Queensland's vast Bidjara land, rich Indigenous cultural heritage, healing sites, pristine bushlands, lagoons, wildlife, and ancient waterways, Sheri's art captures this sacred landscape.



About Us

The National Women's Alliances are comprised of five bodies that play a key role in ensuring women's voices are central to policy development, and include:

- The Australian Multicultural Women's Alliance (AMWA)
- The National Aboriginal and Torres Strait Islander Women's Alliance (NATSIWA)
- The National Rural Women's Coalition (NRWC)
- Women With Disabilities Australia (WWDA)
- The Working with Women Alliance (WwwA)



Together, the Alliances advocate for evidence-based, intersectional gender equality across five priority areas outlined by the Working for Women Strategy: gender-based violence, unpaid and paid care, economic equality, health and leadership.

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Executive Summary

The National Women's Alliances welcome the Government's *Working for Women Strategy* and the sustained commitment to gender equality it represents. Our agenda for the 2026–27 Budget is designed to complement, not duplicate, this reform effort. It builds on the Strategy's pillars and the *National Plan to End Violence Against Women and Children*, translating their ambitions into practical, co-designed measures that strengthen delivery, close critical service gaps, and ensure the greatest benefits flow to those furthest from equity. We propose targeted investments that align with existing programs, leverage Commonwealth–state partnerships, and embed clear accountability so progress is measurable across portfolios.

What needs funding now

Gender-Based Violence

Close critical gaps with specialist sexual violence services, free mental health plans for victim-survivors, crisis and transitional accommodation, judicial and frontline capability uplift, and a bridging safety net for women on temporary visas. Invest in Aboriginal and Torres Strait Islander and multicultural community-led solutions, tech-abuse prevention, and youth early-intervention services.

Unpaid and Paid Care

Superannuation for carers, child support reform, and targeted ECEC investment to lift women's workforce participation, especially in rural and remote communities. Recognise culturally embedded caregiving in leave entitlements.

Economic Equality and Security

Apply gender impact assessment to tax and transfer settings, lift income support rates, remove punitive means tests for people with disability and carers, deliver gender-responsive housing and homelessness policy and invest in migrant women's skills recognition to unlock workforce participation.

Health

Expand access to intersectional, gender and culturally responsive care, universal contraception, and trauma-aware mental health services, with tailored suicide-prevention for First Nations communities.

Leadership

Set diversity targets and quotas across APS and boards, and fund tailored leadership pathways for women of colour, disabled, First Nations, LGBTQIA+, and rural women. Embed intersectionality across federal frameworks.

Across all priority areas, progress cannot be measured without better evidence. We recommend embedding requirements for disaggregated data collection by visa status, ethnicity, and disability in all gender equality initiatives to ensure outcomes for priority populations are visible and addressed.

Taken together, these measures accelerate the Government's strategy by sharpening implementation, filling known gaps, and locking in transparency through public reporting of outcomes. They are fiscally responsible investments that reduce downstream costs in health, justice, housing, and income support, while lifting participation and productivity. With the *Working for Women Strategy* as the anchor, this budget can move Australia to sustained, measurable equality, delivering justice, safety, and agency for all women and gender-diverse people.

Summary of Recommendations

Priority Area One: Gender-Based Violence

• Priority Populations

- Sustainably fund migrant and refugee women's, multicultural and community-led family and domestic violence & legal organisations.
 - Dedicated investment in economic recovery and employment pathways for migrant and refugee women such as the ARISE Foundation's *Employment Ready Program*.
- Fund accessible crisis and transitional accommodation operations.
- Rollout culturally informed and disability-specific professional capability building in recognising and responding to coercive control across the justice system, child protection, and domestic and family violence services.
 - Co-designed judicial training.
- Embed interpreters across the services systems: police, courts, child protection, corrective services.
- Legislate guaranteed access to Medicare, social security and safe housing for temporary visa-holders, recognising the heightened risks faced by migrant and refugee victim-survivors.
- Implement Recommendation 8.24 of the Disability Royal Commission: develop a disability-inclusive definition of family and domestic violence in every Australian jurisdiction.
 - Amend the *Family Law Act 1975 (Cth)* to reflect the disability-inclusive definition of family and domestic violence.
- All violence and prevention initiatives should be required to collect and publish disability, ethnicity and visa-status disaggregated data.
- Invest in the establishment of the *Multicultural Navigators Program* to increase safety pathways for women who may never approach a formal service.

• First Nations Communities

- Sustainably fund Aboriginal community-controlled organisations
 - Fund healing-focused initiatives such as *Banatjarl Strongbala Wimun Grup* in Katherine, and NPY Women's Council services in the Central Desert.
 - Strengthen legal supports through Aboriginal and Torres Strait Islander Legal Services and Family Violence Prevention Legal Services.

- Allocate funding to Aboriginal community-controlled organisations with long-term contracts under *Australia's Third National Action Plan*.
 - Nationally scale *U Right Sis*?
 - Dismantle systemic discrimination: make police, courts, child protection, housing, and health systems accountable for cultural safety.
 - Require and fund mandatory cultural safety training and co-designed reform measures.
 - Fund an Indigenous-led monitoring and evaluation framework under *Australia's Third National Action Plan*.
- **Addressing Gaps in Sexual Violence – Frontline Services Package**
- Specialist sexual violence services.
 - Trauma-informed and culturally safe programs and legal assistance, including dedicated Women's Legal Services and Family Violence Prevention Legal Services.
 - National youth-based text service for intimate partner violence.
 - National rollout of *Wisdom in Progress*.
 - HECS-HELP forgiveness scheme.
 - Funding to continue the *Women on Visas Leaving Violence Pilot*.
 - 22% Aboriginal and Torres Strait Islander housing allocation.
 - Free mental health plans for DFV and sexual violence victim-survivors – removing cost barriers to therapeutic recovery.
 - A national single point of access for coordinated referrals – reducing service fragmentation and preventing re-traumatisation from repeated disclosures.
 - Coercive control education – embedding early prevention and awareness in schools.
 - Nationally scale *Walk the Talk* Respectful Relationships Education.
 - National youth-based intimate partner violence text service – ensuring young people can access confidential, accessible early intervention.
 - Expanded Centrelink crisis payments.
- **Digital Safety Package**
- \$233.1 million over four years for delivery of the Digital Safety Package made up of components (b) and (c) below.
 - Community-based respectful relationships programs in schools.
 - Community grants pool for services delivering school-based programs.
 - Workforce training and updated safeguarding of child safety protocols.
 - Travel subsidies for delivery of programs in regional and remote areas.
 - Digital resources hub.

- Comprehensive sexuality and technology-abuse education.
 - National framework to support state curricula.
 - Teacher professional learning.
 - Student resources and digital licences.
 - Parent/Carer modules.
 - Helpline that provides referral pathways.
 - Time-limited grants to support moderation and reporting APIs.
- **Protecting Children and Young People**
 - Establish the National Office for Child Safety as a statutory authority, encompassing the following duties;
 - Manage a national complaints and incident reporting function,
 - Set and monitor safeguarding standards,
 - Drive comprehensive data collection and evaluation,
 - Collaborate with the Department of Education.
- **Implement an Independent Judicial Commission.**
 - Implementation of ALRC Recommendations for FCFCOA on guidelines, independent oversight, and transparent judicial appointments.
 - Immediate establishment and resourcing of a federal judicial commission.
 - Sustained investment in ongoing education and feedback, with a specific focus on systemic family violence and child safety risk factors.

Priority Area Two: Unpaid and Paid Care

- **Economic Security for Carers**
 - Introduce superannuation payments for those taking time out of the workforce to provide care.
 - Evaluate three years after establishment to determine impact on retirement balance of carers, with focus on impact on the superannuation gender gap.
 - Change the definition of 'Carer' in the *Fair Work Act 2009 (Cth)*, to include people beyond the employee's immediate family or household members.
- **Child support system reform**
 - De-link child support from family payments.
 - Mandate annual tax returns and close loopholes.
- **Early childhood education and care (ECEC)**
 - Invest in ECEC workforce by supporting culturally responsive training that recognises the needs of migrant and refugee families alongside pay rises in the *Children's Services Award*.

Priority Area Three: Economic Equality and Security

- **Fair Tax Reform**

- Include a gender impact assessment of taxation, including tax expenditure and high effective marginal tax rates for women in the Women's Budget Statement.

- **Social Security Systems Reform**

- Reform mutual obligations system.
- Abolish partner-income tests for Disability Support Pension recipients.
- Raise thresholds to allow recipients to work more (including Work Bonus and for Disability Support Pension).

- **Workforce Participation and Support**

- Skills recognition grants for migrant and refugee women: financial support of \$2,000-\$5,000 for women to remove cost barriers for skills and qualification recognition.
- Develop a national skills recognition portal with specific advice for migrant and refugee women.
- Targeted employment services for migrant, refugee and other marginalised women.
- Develop transition pathways out of segregated employment for people with disabilities ensuring fair pay and superannuation.
 - Establish a Ministerial Implementation Working Group to advise the transition.
 - Co-design transitional pathways into open employment.
 - Mandate the development of individualised employment plans for all Australian Disability Enterprise (ADE) workers.
 - Develop systems to support people with disability and their families with the transition.

- **Housing & Homelessness as a Gendered Issue**

- Release and implement the *National Housing and Homelessness Plan*.
- Expand and integrate services specific to women, including mental health, legal, and cultural supports.
- Prioritise tailored interventions for DFV survivors and young women, and especially First Nations and rural populations.
- Invest in intersectional, gender-responsive, and culturally informed data collection for more effective policy response.

Priority Area Four: Health

- **Improving Access to Gender-Responsive and Intersectional Healthcare**

- Embed chronic health response into the healthcare system.
 - Establish gender-responsive foundational supports for chronic health conditions by 2026.
 - Reform NDIS access criteria to address access issues related to episodic and chronic health conditions.
- Fund accessible, community-led health rights education and advocacy support with a particular focus on migrant and refugee women.
 - Professionalise interpreting pathways and ensure trauma-informed and culturally responsive training for interpreters in health care settings.

- **Reproductive Rights and Care Package**

- Universal and targeted access to contraceptives.
- Nationalised access to period products.
 - \$124.5 million over four years for implementation, administration and maintenance.

- **Mental Health**

- Embed community-led-peer-support alongside professional mental health and allied health supports to ensure inclusivity and accessibility.
 - Fund programs such as *Embrace Multicultural Mental Health* and expand youth peer-led mental health supports for young migrant and refugee women.
 - \$150 million to support the expansion and continuation of *Culture, Care, Connect*.

Priority Area Five: Leadership, Representation and Decision Making

- **Fostering Women's leadership**

- Co-design and develop a package of leadership programs for women who are currently underrepresented in leadership positions, with comprehensive wrap around supports for culturally diverse and First Nations women.
 - Invest \$1.5 million over three years to scale the *Women of Colour Executive Leadership* program nationally.
 - Invest \$3.4 million to scale the *Disability and Gender Leadership* program nationally.

- Invest \$650,000 over 5 years to fund the *MUSTER Leadership* program.
- \$2 million per year to fund national scaling of the *Mentoring Program for Women Leaving Prison*.
- Total cost over four years: \$3.6 million over four years to fund *PACE leadership*.

- **Diversity and Intersectionality in Government**

- Legislate disability representation quotas for government boards and committees and APS positions (with specific targets for intellectual disability).
- Ensure reporting under the *APS CALD Employment Strategy* disaggregates data to capture migrant and refugee women's representation in APS leadership and decision-making roles.

Intersectional Impacts of Gender Inequality

Achieving gender equality in Australia requires an intersectional framework. An intersectional lens recognises that gender does not exist in isolation, and that factors such as disability, race, culture, geography, and socioeconomic status profoundly shape women and gender diverse people's experiences of inequality.

Women with disabilities often face compounded barriers to education, employment, healthcare, and safety, with ableism intersecting with gender bias to limit rights and autonomy. Aboriginal and Torres Strait Islander women experience systemic racism alongside gendered violence and economic exclusion, and their leadership and knowledge are frequently undervalued in mainstream gender equality efforts. Culturally and racially marginalised women may encounter language barriers, cultural stereotyping, racism and migration-related vulnerabilities that are overlooked in one-size-fits-all policies. Meanwhile, women living in rural, regional, and remote areas often face geographic isolation, limited access to services, and fewer economic opportunities, which can exacerbate gendered disadvantage.

By embedding intersectionality into gender equality strategies, we move beyond tokenism and toward meaningful inclusion. It allows us to tailor solutions that reflect the lived realities of diverse women, amplify voices that are often marginalised, and dismantle the overlapping systems of oppression that perpetuate inequality. Ultimately, intersectional approaches are not just more equitable, they are more effective in driving lasting, transformative change.

The five National Women's Alliances have worked in consultation with our communities to deliver these policy and program recommendations.

Priority Area One: Gender-Based Violence

Experiences of Violence for Priority Populations

Recommendations

- Sustainably fund migrant and refugee women's, multicultural and community-led family and domestic violence & legal organisations.
- Fund accessible crisis and transitional accommodation operations.
- Rollout culturally informed and disability-specific professional capability building in recognising and responding to coercive control across the justice system, child protection, and domestic and family violence services.
- Embed interpreters across the services systems: police, courts, child protection, corrective services.
- Legislate guaranteed access to Medicare, social security and safe housing for temporary visa-holders, recognising the heightened risks faced by migrant and refugee victim-survivors.
- Implement Recommendation 8.24 of the Disability Royal Commission: develop a disability-inclusive definition of family and domestic violence in every Australian jurisdiction.
- All violence and prevention initiatives should be required to collect and publish disability, ethnicity and visa-status disaggregated data.
- Invest in the establishment of the *Multicultural Navigators* program to increase safety pathways for women who may never approach a formal service.

Risk Factors

Women on temporary visas and women with disabilities face forms of gender-based violence that are compounded by migration status, disability, racism and ableism. Migrant women routinely encounter threats linked to visa insecurity (e.g., sponsorship withdrawal, deportation) alongside technology-facilitated abuse, and are deterred by culturally unsafe services and secondary trauma when seeking help (Australian Institute of Health and Welfare [AIHW], 2025; Segrave et al., 2021).

Many migrant and refugee women are unaware of government supports such as crisis payments or visa pathways, highlighting the need to partner with multicultural community organisations to reach women at risk.

Women with disabilities experience violence at disproportionately high rates, often from people in ‘caring’ roles and in settings with limited oversight. Current legal definitions frequently exclude carer relationships and disability-specific abuse (e.g., withholding assistive technology, forced medication), leaving women legally invisible and without meaningful access to justice (Centre of Research Excellence in Disability and Health, n.d.; Women With Disabilities Australia [WWDAa], 2025). The Disability Royal Commission documented systemic failures and a scarcity of accessible crisis accommodation (Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, 2023), while WWDA’s Neve Project shows co-design delivers practical, highly-used resources (WWDA, 2025b). A one-size-fits-all response will not work; sustained, community-led investment and targeted law reform are required to reach those most at risk and least well served.

Policy & Practice

To ensure women from priority populations can access safety and justice, services must be designed to be both safe and reachable. This requires sustained funding for grassroots, community-led organisations that are trusted within communities. Policy responses must be grounded in lived experience and accessibility, with solutions co-designed by women most affected.

To ensure quality and equity, reforms must embed anti-racism and cultural capability as system-wide safety standards, supported by a national cultural capability framework aligned with the *National Anti-Racism Framework*.

Resources and support services, such as crisis and transitional accommodation, must deliver accessibility in three distinct ways: disability access (Easy Read and Easy English; Auslan; physical, sensory, intellectual and cognitive supports; assistive technology and reasonable adjustments), literacy access (plain language and short-form summaries, recognising that around 44% of Australian adults read at Level 1–2), and language access (multilingual materials and funded interpreters for people with English as a second language).

Additionally, there must be a systemic uplift in professional capability to recognise and respond to coercive control in its many forms. This requires embedding training across the justice system, child protection, and domestic and family violence services that is both culturally informed and disability-specific. For multicultural women, this means addressing tactics such as threats to immigration status or reputational damage within close-knit communities.

For women with disabilities, it means recognising abuse specific to their circumstances, such as withholding assistive technology or administering forced medication. Delivered consistently to police, judiciary, corrections, and frontline service providers, this training will ensure that professionals can identify, disrupt, and prevent the full spectrum of controlling behaviours used against these women.

AMWA consultations highlighted the risks of reliance on short-term pilots. Long-term, outcomes-based investment in multicultural and bicultural services is essential to shift from ad hoc projects to sustainable systemic reform. Additionally, equitable partnerships must be built between mainstream and multicultural services, with recognition and remuneration for bicultural expertise, and funded pathways into leadership and senior roles.

Multicultural Women

Systematic embedding of interpreters across the service system is essential in expanding access for culturally and linguistically diverse (CALD) women. Police, courts, child protection, and corrective services must all operate with trauma-informed, culturally responsive practice so that no woman is turned away, retraumatised, or left without a pathway to safety.

To ensure safe and equitable access, the Government should professionalise interpreter pathways and expand supply across metropolitan, regional, and rural areas. Current reliance on family or unaccredited interpreters undermines safety and quality of care.

It is equally essential to remove the structural levers of coercion that enable violence to persist. For migrant women on temporary visas, this means legislating guaranteed access to Medicare, social security, and safe housing. Too often, women on temporary visas are forced to remain with violent partners because their immigration status is tied to their abuser, leaving them financially dependent and without secure accommodation. These supports are consistent with the recommendations in the National Advocacy Group on Women on Temporary Visas Experiencing Violence's Blueprint for Reform (2019), which calls for systemic reforms to remove structural barriers for temporary visa holders and embed their access to essential services. Enshrining these entitlements in legislation would provide a vital safety net, enabling women to leave unsafe environments without the fear of destitution or deportation.

The Australian Human Rights Commission's review on racism as a determinant of health found that discrimination in institutional settings, including health and justice systems, directly undermines safety and wellbeing for racialised groups (Demant et al., 2025). For migrant women, this compounds visa-related risks, reinforcing mistrust in services and deterring help-seeking.

Multicultural Navigators Program

To strengthen service access and safety for women from culturally and linguistically diverse (CALD) backgrounds, we recommend the establishment of a *Multicultural Navigator* program within Australia's National Community Hubs Program (NCHP).

The NCHP is a trusted, place-based model that builds social cohesion and supports migrant and refugee families, particularly mothers with young children (Department of Social Services, 2024). Hubs, embedded in schools, provide safe and welcoming spaces where families can connect with each other, their school, and local services. They are recognised as effective platforms for early engagement and settlement support. Despite this success, CALD women continue to face significant barriers in accessing essential services such as health care, the NDIS, housing, and domestic and family violence support. These barriers include language difficulties, stigma, system complexity, and a lack of culturally safe pathways.

The proposed *Multicultural Navigator* program responds directly to these challenges by embedding trained community members within hubs to act as trusted guides, advocates, and cultural mediators. Navigators would be recruited from CALD communities themselves, with a focus on women leaders who already hold trust within their networks. They would receive accredited training in systems literacy, trauma-informed practice, and crisis response, ensuring they can provide early intervention, advocacy, and warm referrals into mainstream services.

Navigators would act as guides and advocates - their role would combine the liaison functions traditionally associated with multicultural officers with the accessibility and people-centred approach of the hub model and is critical to increase safety pathways for women who may never approach a formal service. In addition to direct support for families, navigators would also contribute valuable insights back into government, identifying systemic barriers and helping to shape more inclusive policies.

To be effective and sustainable, the program requires predictable, multi-year federal funding. The *Not-for-Profit Sector Development Blueprint* (Department of Social Services, 2024) highlights the need for longer-term funding models that enable stability, workforce development, and consistent service delivery. Short-term and fragmented funding cycles undermine trust and continuity, particularly in vulnerable communities.

A staged approach is recommended, beginning with a pilot across 10 to 15 hubs in both metropolitan and regional high-need areas. Following evaluation, the program should expand to additional hubs, including new sites in underserved communities beyond schools, such as women's centres and neighbourhood facilities.

Over time, the navigator workforce could be integrated as a permanent feature of national strategies on multiculturalism, women's safety, disability inclusion, and settlement.

The anticipated outcomes are significant. For women and families, navigators will provide safer and faster access to essential services, reduce isolation, and increase confidence in engaging with systems. For service providers, navigators will improve cultural responsiveness and reduce attrition and unmet need. For the Government, the program represents a cost-effective investment that leverages existing infrastructure while generating evidence-based insights to inform policy. At a community level, the initiative will empower local leaders, enhance resilience, and strengthen cohesion.

Women with a Disability

To close critical gaps in legal protections for women with disabilities, there is an urgent need to progress reforms that address the structural barriers. Implementing Recommendation 8.24 of the Disability Royal Commission is central to this effort. This would require the Disability Reform Ministerial Council or the Standing Council of Attorneys-General to develop a disability-inclusive definition of family and domestic violence in every Australian jurisdiction.

Such a change would ensure that violence experienced by women with disabilities in institutional or 'care' settings—often perpetrated by people in positions of trust—is fully recognised under the law. Amending the *Family Law Act 1975 (Cth)* to reflect this broader definition would give women with disabilities access to clear pathways for protection and justice, ending the legal invisibility they currently endure.

Measuring Progress

Finally, progress must be measurable and transparent. All violence prevention and response initiatives should be required to collect and publish disability- and visa-status-disaggregated data. This will make the experiences and outcomes for these priority cohorts visible in policy and service planning, and ensure accountability to the communities most at risk.

Funding Requirements

All figures are in Australian dollars, and indicative of a recurrent (annual) cost.

- \$35m p.a. – Community-led multicultural DFV specialist service & legal assistance.
- \$20m p.a. – Bridging safety net for women on temporary visas.
- \$10m p.a. – Accessible crisis & transitional accommodation operations.
- \$5m p.a. – Disability-specific GBV workforce capability uplift.
- \$3m p.a. – Interpreting, translating and cultural brokerage.
- \$4m p.a. – Co-designed Easy Read-first resources & tech-abuse response.
- \$5m p.a. – Data, evaluation and outcomes dashboard.

One-off and capital

- **\$50m over 4 years** – Accessible crisis & transitional housing capital.
- **\$0.5m one-off** – Judicial training (co-designed) by 2026.

Outcomes

- Increased help-seeking and safety plan uptake among women on temporary visas and women with disabilities.
- Reduced use of visa threats and disability-specific control tactics reported to services.
- More accessible refuge places and reduced turn-away rates for women with disabilities and women from migrant and culturally diverse backgrounds on precarious visa conditions.
- Improved prosecution and protection order outcomes where carers or institutional settings are involved.
- Public dashboard reporting disability- and visa-status-disaggregated progress under the *National Plan to End Violence against Women and Children*.

Case Study: ARISE Foundation – Recovery and Employment Pathways

Program Overview

The ARISE Foundation delivers an integrated recovery and employment program for women leaving domestic and family violence (DFV). It bridges the critical gap between short-term crisis services and long-term financial independence, ensuring women are not forced to choose between returning to violence or living in poverty.

Through the *ARISE Academy and Recovery Hub*, women access trauma-informed coaching, digital literacy, English classes, wellbeing support, financial counselling, job-readiness training, mentoring, and direct work placements. Wraparound supports such as childcare, housing referrals, and legal advice are included. Mentoring and peer support continue for up to two years post-employment, preventing relapse into unsafe circumstances.

National Policy Context

The *National Plan to End Violence Against Women and Children* identifies recovery and healing as a core domain. The Commonwealth has made welcome investments in trauma-informed health pilots and recovery services—such as the \$67.2 million *Supporting Recovery* pilot program and the \$25 million Women’s Trauma Recovery Centre in the Illawarra.

However, there remains no dedicated national investment in economic recovery and employment pathways. Without financial security, women’s recovery remains fragile, and the risk of returning to violence increases. ARISE provides the missing link by coupling recovery supports with practical job-readiness, education, and guaranteed employment pathways.

Costs and Funding Request

Currently funded by philanthropy and small corporate partnerships (totalling just \$75,000 annually), ARISE is unable to meet demand or scale. To embed recovery pathways into the *National Plan to End Violence against Women and Children’s* implementation, ARISE seeks federal investment of:

- \$450,000 in 2025–26 to sustain delivery and support 100+ women.
- \$700,000 in 2026–27 to expand and support 115 women.

Total: \$1.15 million over two years, directly supporting 215 women and their children at an average cost of \$5,350 per participant.

Impact

- 168 women have graduated from the ARISE Academy, with a 100% satisfaction rate.
- 81% transition into paid work or further education, supported by guaranteed job pathways.
- Children benefit from greater stability, reducing trauma exposure and building healthier futures.

While the Commonwealth has invested in trauma-based recovery pilots, economic recovery remains unfunded. ARISE fills this critical gap by enabling women to secure employment, independence, and dignity. For just \$1.15 million over two years, the Commonwealth can support 215 women to build safe and stable futures—delivering on the *National Plan to End Violence against Women and Children’s* recovery and healing domain.

Priority Area One: Gender-Based Violence

Experiences of Violence in First Nations Communities

Recommendations

- Sustainably fund Aboriginal community-controlled organisations.
- Dismantle systemic discrimination: make police, courts, child protection, housing and health systems accountable for cultural safety.
- Fund an Indigenous-led monitoring and evaluation framework under *Australia's Third National Action Plan*.

Risk Factors

Gender-based violence (GBV) against Aboriginal and Torres Strait Islander women is a national crisis, with women up to eight times more likely to be murdered and four times more likely to be hospitalised due to family violence than non-Indigenous women (NATSIWA, 2025). In some regions, the rates are even higher, with systemic failures compounding the risks. NATSIWA has consistently emphasised that Aboriginal and Torres Strait Islander women are not just victims of this violence but leaders who hold the solutions. Reform must be built on their self-determination, lived expertise, and cultural authority (NATSIWA, 2025).

Central to any reform is recognition that colonisation, dispossession, and systemic racism disrupted kinship systems, imposed patriarchal authority, and created the conditions for violence (Our Ways – Strong Ways – Our Voices, 2025). Current responses are too often crisis-driven, underfunded, or imposed without genuine partnership. Women who seek help are regularly misidentified as perpetrators, face the removal of their children, or encounter discriminatory systems that deepen trauma rather than provide safety. Addressing GBV in First Nations communities requires a fundamental shift: from mainstream control to community leadership; from short-term programs to long-term, sustainable investment; and from piecemeal initiatives to systemic transformation (NATSIWA, 2025).

The *Our Ways – Strong Ways – Our Voices* plan provides a framework for this shift. It insists on centring Aboriginal and Torres Strait Islander voice and self-determination, embedding Indigenous Data Sovereignty, and weaving solutions across five essential threads: women's leadership, healing and community-led programs, systemic reform, evidence and accountability, and strengthened social and economic security (Our Ways – Strong Ways – Our Voices, 2025).

These principles align with NATSIWA's call for governments to move beyond consultation to genuine power-sharing, with Aboriginal community-controlled organisations resourced to design, deliver, and evaluate services (NATSIWA, 2025).

Policy & Practice

Successful examples already exist. Programs such as *Banatjarl Strongbala Wimun Grup* in Katherine, *U Right Sis?* in Central Australia, and NPY Women's Council services in the Central Desert demonstrate that culturally grounded, healing-focused initiatives keep women and children safe while building resilience and leadership (NATSIWA, 2025). They work because they are community-owned, place-based, and grounded in culture. Expanding such programs, alongside strengthening legal supports through Aboriginal and Torres Strait Islander Legal Services (ATSILS) and Family Violence Prevention Legal Services (FVPLS), is critical to ensuring access to justice, protection, and healing (NATSIWA, 2025). *Australia's Third National Action Plan* recommends at least 50% of new funding under *Our Ways – Strong Ways – Our Voices* to ACCOs, ensuring long-term, flexible contracts (5+ years) that enable stability, workforce development, and place-based responses. The plan also emphasises the need for targeted investment in healing and prevention programs that are co-designed and led by Aboriginal women and communities (*Our Ways – Strong Ways – Our Voices*, 2025).

Reform also requires transforming mainstream systems that currently perpetuate harm. Police, courts, child protection, and health systems must embed cultural safety, remove discriminatory practices, and be held accountable to Aboriginal and Torres Strait Islander communities (*Our Ways – Strong Ways – Our Voices*, 2025). Safe housing, income security, and access to education and employment must be guaranteed to break cycles of disadvantage and violence (NATSIWA, 2025). Accountability mechanisms, grounded in Indigenous Data Sovereignty, must measure not only service outputs but whether women and children feel safe, respected, and supported in their communities (*Our Ways – Strong Ways – Our Voices*, 2025). *Australia's Third National Action Plan* recommends a distinct funding stream to deliver mandatory cultural safety training and co-designed reform measures for police, courts, child protection, and housing systems (*Our Ways – Strong Ways – Our Voices*, 2025). Additionally, it recommends Indigenous oversight tied to continued funding.

Measuring Progress

The evidence is clear: Aboriginal and Torres Strait Islander women's leadership must be at the centre of reform. This is not optional; it is essential if Australia is to meet the national commitment to halve violence against First Nations women and children by 2031, as progress toward zero (Our Ways – Strong Ways – Our Voices, 2025). *Australia's Third National Action Plan* recommends allocated funding for an Indigenous-led monitoring and evaluation framework, embedding Indigenous Data Sovereignty and resourcing community-controlled organisations to track outcomes defined by women's safety and wellbeing.

Funding Requirements

U Right Sis? is a proven, community-led primary prevention program addressing technology-facilitated abuse (TFA) in Central Australian communities. Led by Aboriginal Community-Controlled Organisations (ACCOs) and First Nations women, the program combines storytelling, artmaking, and workshops to strengthen digital literacy, promote healthy relationships, and challenge harmful online behaviours (Her Story Mparntwe, 2025).

Independent evaluation shows measurable outcomes: awareness of TFA increased from 75% to 100%, legal knowledge from 45% to 88%, and confidence to seek help nearly doubled (Her Story Mparntwe, 2025). These results demonstrate readiness for national expansion through *Australia's Third National Action Plan* funding stream under *Our Ways – Strong Ways – Our Voices*.

To nationally scale the *U Right Sis?* program, it would require:

- **Establish National Hub**
 - This would include 1 FTE Program Lead, 1 FTE Admin/Comms, 0.5 FTE Evaluation
 - Hub housed in a lead ACCO with national oversight, curriculum adaptation, and partnership coordination.
 - Annual cost: **\$350,000**.
- **Regional Trainers (10 ACCO partners, each 2 FTE Trainers):**
 - Each region delivers ~12 workshops annually, embedding the program locally.
 - Salary + on-costs per trainer: \$130,000.
 - Annual cost per region: \$260,000.
 - Total annual cost: **\$2.6 million**.

- **Train-the-Trainer Rollout (initial year only):**
 - National training of 20 regional staff; curriculum adaptation; delivery materials.
 - One-off cost: **\$500,000.**
- **Travel and Workshop Delivery (remote delivery loadings):**
 - Average \$2,500 per workshop × 120 workshops annually.
 - Annual cost: **\$300,000.**
- **Evaluation and Data Sovereignty Framework:**
 - Indigenous-led evaluation, incorporating community-defined outcomes.
 - Annual cost: **\$250,000.**
- **Contingency (10% for inflation, remote delivery risks):**
 - Annual cost: **\$400,000.**

Total Costings

- Year 1 (including national hub, regional rollout, train-the-trainer, evaluation): **\$4.4 million.**
- Years 2–5 (ongoing delivery + hub + evaluation, excluding one-off setup): **\$3.9 million annually.**
- Five-year investment: **\$20 million.**

Outcomes

This investment directly aligns with:

- *Our Ways – Strong Ways – Our Voices*: committing to Aboriginal-led prevention and digital safety strategies (Our Ways – Strong Ways – Our Voices, 2025).
- *National Plan to End Violence Against Women and Children*: addressing technology-facilitated abuse as an emerging national priority (Australian Government, 2022).
- Evaluation evidence: demonstrates effectiveness, community demand, and cultural credibility (Her Story Mparntwe, 2025).

With sustained funding, *U Right Sis?* can become a flagship national program, embedding cyber-safety and abuse prevention in the very communities most affected by TFA, while building long-term local capacity through ACCOs.

Priority Area One: Gender-Based Violence

Addressing Gaps in Sexual Violence Response

Recommendations

- Specialist sexual violence services – expanding capacity for trauma-informed, culturally safe legal assistance, including dedicated Women’s Legal Services and Family Violence Prevention Legal Services.
- Free mental health plans for DFV and sexual violence victim-survivors – removing cost barriers to therapeutic recovery.
- A national single point of access for coordinated referrals – reducing service fragmentation and preventing re-traumatisation from repeated disclosures.
- Coercive control education – embedding early prevention and awareness in schools.
- National youth-based intimate partner violence text service – ensuring young people can access confidential, accessible early intervention.
- Expanded Centrelink crisis payments.

Risk Factors

Over the past three years, the Australian Government has made historic investments in addressing gender-based violence, committing over \$4 billion since the launch of the *National Plan to End Violence against Women and Children* (Commonwealth of Australia, 2025a). The 2025–26 Federal Budget builds on this record, with \$4.4 billion over four years for prevention initiatives, crisis responses, legal services, housing security, and the new permanent Leaving Violence Program (Commonwealth of Australia, 2025a). These measures signal a sustained, whole-of-government focus on improving women’s safety.

However, despite these unprecedented commitments, substantial gaps remain, particularly in the dedicated, specialist responses required to address sexual violence. Government data shows that one in five women in Australia have experienced sexual violence since the age of 15, yet only 13% report their most recent assault to police, and conviction rates remain low (Commonwealth of Australia, 2025a).

Survivors face systemic barriers, including limited access to specialist sexual violence services, fragmented pathways between health, justice, and community supports, and a lack of affordable, trauma-informed recovery options (Australian Law Reform Commission, 2025).

Case Study: Walk The Talk Respectful Relationships & Consent Education

Walk The Talk, developed by Women's Community Shelters (WCS), is a two-phase prevention initiative equipping young people with the skills, agency, and motivation to foster respectful relationships. Since 2019, more than 12,000 students have engaged in inclusive, interactive workshops addressing domestic, family, and sexual violence (DFSV), consent, and gender equality, followed by a year long service-learning partnership with their local women's shelter. This model embeds classroom learning in real-world contexts—students raise funds, volunteer, and advocate for women's safety—transforming knowledge into sustained behavioural change. Independent evaluation demonstrates significant impact, including multiple disclosures of abuse leading to timely intervention, students actively supporting peers and family in unsafe situations, and increased male allyship, with young men challenging harmful stereotypes and gender norms (Department of Social Services, 2022).

The program's economic value is equally strong. Independent modelling indicates a Social Return on Investment (SROI) of \$4.83 for every \$1 invested, achieved through reduced health and justice system costs, increased workforce participation, and improved intergenerational outcomes in education and employment (KPMG, 2016; Australia's National Research Organisation for Women's Safety, 2023). Nearly \$150,000 in donations, goods, and volunteer hours have been generated for local women's services, reinforcing community connections and collective responsibility for prevention.

Aligning with Pillar 1 – Prevention of the *National Plan to End Violence Against Women and Children* (Department of Social Services, 2022), *Walk The Talk* offers a scalable, evidence-based model capable of national rollout. A Commonwealth-funded pilot reaching up to 100,000 students annually could embed respectful relationship norms during adolescence, delivering measurable cultural change and long-term reductions in violence prevalence.

Policy & Practice

While the Budget commits to strengthening justice system responses to sexual violence—such as expanding specialised trauma-informed sexual assault legal services pilots—there is no commensurate national investment in survivor-led recovery services or coordinated access systems (Commonwealth of Australia, 2025a). This risks leaving many victim-survivors, particularly those outside metropolitan areas or from marginalised communities, without the tailored supports they need.

The Frontline Services Package directly addresses these service and system gaps, complementing existing Budget measures while aligning with the four pillars of the *National Plan to End Violence against Women and Children*—prevention, early intervention, response, and recovery and healing (Commonwealth of Australia, 2025b). It recognises that while responses to domestic and family violence have expanded, sexual violence responses remain under-resourced and inconsistent across jurisdictions.

To address these systemic shortcomings, we propose a Four-Tier Frontline Services Package. This framework delivers urgent crisis response, sustained recovery, early intervention, and prevention/system reform all mapped to the *National Plan*'s four pillars.

The Frontline Services Package specifically targets:

- First Nations women, who experience disproportionately high rates of sexual and family violence (AIHW, 2024).
- LGBTIQ+ communities, for whom dedicated, inclusive services remain scarce.
- People on temporary visas, who often face legal and economic barriers to safety.
- Rural and remote communities, where access to sexual violence services is inconsistent and often non-existent.

Measuring Progress

Independent modelling applying the Social Value International framework and Australian sector cost studies (AIC, 2024; AIHW, 2024) shows the package will deliver:

- Health system savings – through reduced emergency presentations, hospital admissions, and long-term mental health impacts.
- Justice system efficiencies – fewer police call-outs, legal proceedings, and incarceration costs.
- Labour market benefits – increased workforce participation, reduced absenteeism, and higher productivity for survivors able to rebuild their lives.

- Intergenerational change – lowering the risk of future perpetration or victimisation among children exposed to violence (ANROWS, 2021).

These benefits are conservatively estimated. Intangible outcomes such as improved community cohesion, trust in justice systems, and social capital in safer communities are excluded from the SROI calculation, meaning the true return is likely higher.

The 2025–26 Budget represents significant progress, but without targeted investment to close service gaps—particularly for sexual violence survivors—Australia risks falling short of the *National Plan to End Violence against Women and Children’s* ambition to end gender-based violence within a generation. The Frontline Services Package offers a cost-effective, evidence-based pathway to ensure all survivors, regardless of geography, identity, or visa status, can access safety, justice, and recovery.

Funding Requirements

The following information is indicative of funding required for the Frontline Services Package, complete with SROI.

Recommendation	Cost (4 yrs)	5-yr Benefit	SROI	Lead Agency	National Plan Pillars
Tier 1 – Immediate Response					
Additional crisis capacity (24/7 housing, safety planning, counselling)	\$440m	\$2.376b	5.4	DSS / States	Pillar 3
Specialist FDV legal services	\$95m	\$380m	4.0	AGD / CLC sector	Pillar 3
National single point of access for coordinated referrals	\$30m	\$186m	6.2	DFSV Commission	Pillar 2, Pillar 3
Free mental health plans for DFV victim-survivors	\$50m	\$190m	3.8	Dept of Health	Pillar 4

Recommendation	Cost (4 yrs)	5-yr Benefit	SR OI	Lead Agency	National Plan Pillars
Lifespan funding model (older women, disability, rural/remote)	\$60m	\$270m	4.5	DSS / States	Pillar 4
Tier 2 – Recovery & Healing					
Trauma-informed, culturally safe programs (Aboriginal and Torres Strait Islander & community-controlled orgs)	\$40m	\$204m	5.1	NACCHO / DSS	Pillar 4
Expanded Centrelink crisis payments (no police report)	\$25m	\$105m	4.2	Services Australia	Pillar 3, Pillar 4
National Data Collection – Aboriginal and Torres Strait Islander sector	\$50m	\$190m	3.8	Dept of Health	Pillar 4
Specialist LGBTIQ+SB services	\$14.5m	\$62.35m	4.3	DSS / CLC sector	Pillar 3
Rural, remote & regional FDV services	\$20.8m	\$99.84m	4.8	DSS / States	Pillar 3
Tier 3 – Early Intervention					
National youth-based text service for IPV	\$15m	\$90m	6.0	DSS/PM&C	Pillar 2
Coercive control education	\$12m	\$55.2m	4.6	Dept of Education / States	Pillar 1
National rollout – <i>Wisdom in Practice</i>	\$8m	\$40m	5.0	DSS	Pillar 3

Recommendation	Cost (4 yrs)	5-yr Benefit	SR OI	Lead Agency	National Plan Pillars
HECS-HELP forgiveness (social work)	\$120m	\$444m	3.7	Dept of Education	Pillar 3
Tier 4 – Prevention & System Reform					
Fully funded grass roots primary prevention programs – \$60m to community-led prevention initiatives	\$60m	\$300m	5.0	DSS/ Community Sector	Pillar 1
Women on Visas Leaving Violence Pilot	\$15m	\$73.5m	4.9	IARC / CLC sector	Pillar 2, Pillar 3
22% Aboriginal and Torres Strait Islander housing/homelessness allocation	Existing allocation	N/A	6.3*	DSS / States	Pillar 3, Pillar 4

Outcomes

This package represents a total new investment of \$1.0166 billion over four years, delivering an estimated \$4.978 billion in benefits over five years (SROI $\approx 4.90:1$). Totals reconcile to the Frontline Services Package Funding Snapshot; the ATSI housing line marked “Existing allocation / N/A” is excluded from both the investment and benefits to avoid double counting. Figures are expressed in FY2026 dollars with standard indexation and rounded to the nearest \$0.1 million for internal calculations.

These benefits are realised through multiple, interrelated pathways:

- Reduced hospitalisations and emergency department use, as timely intervention in family, domestic, and sexual violence (FDSV) cases decreases injury severity and chronic health impacts.
- Lower justice system costs, including reduced demand on police, courts, and incarceration services, achieved through prevention and early intervention approaches that disrupt cycles of violence.

- Increased workforce participation and tax revenue, as victim-survivors are supported to maintain employment and re-engage with education and training.
- Improved intergenerational outcomes, where children exposed to less violence have improved educational attainment, higher employment rates, and reduced contact with the justice system as adults.

Investment in frontline services is therefore not only a moral imperative but a sound economic decision. Evidence indicates that preventing and responding effectively to FDSV reduces downstream public costs and generates substantial productivity gains (KPMG, 2016; ANROWS, 2023). By aligning with the *National Plan to End Violence Against Women and Children* and building on existing Treasury commitments in the 2025–26 Budget, this package targets known service gaps, strengthens prevention infrastructure, and enhances the efficiency of resource allocation across the system.

Case Study: Frontline Services Package Gap & Gain Analysis

Overview

The 2025–26 Federal Budget invests \$4.4 billion over four years to address gender-based violence, with significant measures in housing, cash assistance, and some legal services. However, substantial service and system gaps remain. The Frontline Services Package addresses these gaps, delivering an estimated \$4.83 social return on investment (SROI) for every \$1 invested, with a total investment of \$1.0716 billion over four years.

Alignment with Budget Measures

Some elements of the package align with existing commitments, others are partially covered, and several remain unfunded:

- **Fully aligned:**
 - Specialist FDV legal services (Budget: \$41.2m vs. \$95m ask).
 - Trauma-informed, culturally safe First Nations programs (Budget: \$342.4m).
 - Rural, remote, and regional services (partially addressed in housing/homelessness funding).
 - Centrelink crisis payments (Budget: \$925m Leaving Violence Program).
 - Primary prevention – revised \$60m to community-led programs.

- **Partially covered:**

- Additional crisis capacity (housing addressed, wraparound crisis services not).
- Specialist LGBTIQ+ services (no dedicated Budget measure, general GBV funding only).
- National Data Collection for ATSI sector (some Budget allocation via \$18.3m GBV data fund).
- Lifespan funding model (no DFV-specific integrated model).

- **Unfunded:**

- National single point of access for coordinated referrals.
- Free DFV mental health plans.
- National youth-based text service for intimate partner violence.
- Coercive control education (national scale).
- National rollout of *Wisdom in Practice*.
- HECS-HELP forgiveness for social work/human services graduates.
- *Women on Visas Leaving Violence Pilot* (immigration legal support).
- 22% ATSI housing allocation in the *National Housing and Homelessness Agreement*.



Priority Area One: Gender-Based Violence

Digital Safety and Prevention

Recommendations

- \$233.1 million over four years for delivery of the Digital Safety Package made up of components (b) and (c) below.
 - Community-based respectful relationships programs in schools.
 - Comprehensive sexuality and technology-abuse education.

Risk Factors

Online platforms and forums have become significant drivers of gender-based harm, shaping attitudes, behaviours, and norms at scale. Nearly half of Australians report having experienced technology-facilitated abuse, including online harassment and image-based abuse (Monash University, 2022). These harms are not evenly distributed: by age 15, 22% of young women, compared with just 6% of young men, report having experienced sexual violence (Australian Bureau of Statistics [ABS], 2022).

The scale of online sexualised abuse is alarming. A recent analysis identified 95,820 deepfake videos online, 98% of which were pornographic, and 99% of these depicted women (NSW Parliamentary Research Service, 2025). Deepfake pornography is increasingly used for coercion, extortion, and reputational harm, disproportionately targeting women and girls. These abuses are amplified by the growth of misogynistic “manosphere” communities, which normalise hostility toward women, valorise male dominance, and erode empathy for victims. Research demonstrates that exposure to such content increases endorsement of violence-supportive attitudes and elevates the likelihood of perpetrating abuse, particularly among boys and young men (Ging, 2019; Ribeiro et al., 2021).

Policy & Practice

These patterns of harm are not inevitable. Early, systemic intervention can disrupt the drivers of abuse, equip young people to navigate digital environments safely, and embed respectful norms before harmful attitudes take hold. The proposed Digital Safety and Prevention Package responds directly to this evidence, combining targeted education with strengthened safeguards on digital platforms. This approach is consistent with the *National Plan to End Violence against Women and Children* (Department of Social Services, 2022) and international best practice in prevention, and it offers a strong economic return on investment through avoided harm and strengthened social capital.

Funding Requirements

The Government is requested to fund a Digital Safety and Prevention Package comprising two complementary initiatives:

- **Community-based respectful relationships programs in schools** – \$4.5 million over three years.
 - 2025–26: \$1.45m – program stand-up, first grant round, initial training.
 - 2026–27: \$1.50m – full delivery year.
 - 2027–28: \$1.55m – delivery and evaluation wrap-up.
- **Comprehensive sexuality and technology-abuse education** – \$228.6 million over four years.
 - 2025–26: \$50.292m – co-design, procurement, pilots, early professional development.
 - 2026–27: \$59.436m – national scale-up.
 - 2027–28: \$59.436m – full delivery.
 - 2028–29: \$59.436m – full delivery + refresh.

While consent and respectful relationships programs already exist in schools, access is uneven and many communities remain underserved. This package funds community based delivery, similar to the *Walk the Talk* model, to ensure culturally safe, locally tailored programs that reach those most at risk.

Line item	Amount	Notes
Community-based Respectful Relationships Programs in Schools		
Community grants pool (over 3 years)	\$3.25m	Competitive grants to local services delivering school-based programs across metro, regional, and remote settings.
Workforce training & safeguarding support	\$0.55m	Train-the-trainer model; includes safeguarding protocols and child safety standards refresh.
Outreach, travel & micro-campaigns	\$0.21m	Travel subsidies for regional/remote delivery; localised youth communications assets.
Learning platform & resources	\$0.157m	Digital resource hub, translations, and accessibility.
Monitoring & evaluation (5% of base)	\$0.208m	Independent evaluation and outcomes reporting.
Program management (3% of base)	\$0.215m	Governance, procurement, and contract management.
Comprehensive Sexuality and Technology-Abuse Education		
Curriculum co-design & materials	\$18m	National framework aligned to ACARA; localisation for state/territory curricula.
Teacher professional learning	\$84m	Train ≈210,000 teachers (includes casual backfill).
Student delivery (licences + facilitation)	\$72m	Student resources, digital licences, in-class facilitation support.
Parent/carer modules & communications	\$12m	Co-designed parent education + culturally appropriate comms.
Safeguarding support & helpline integration	\$16m	Referral pathways to counselling and helplines.

Line item	Amount	Notes
Platform partnerships & safety-by-design compliance support	\$9.667m	Time-limited grants to support moderation tooling and reporting APIs.
Monitoring & evaluation (5% of base)	\$10.583m	Independent evaluation and outcomes reporting.
Program management (3% of base)	\$6.35m	Governance, procurement, and contract management.

Costing Parameters

- Price basis: 2025–26 dollars, ex-GST.
- Indexation: Nominal growth embedded in yearly profiles; full WCI/NCI indexation can be modelled for forward estimates.
- Labour on-costs: 28% loaded into relevant line items (superannuation, leave, payroll tax, overhead).
- Corporate overhead cap: Maximum 12% for delivery partners, included in line items.
- Evaluation set-aside: 5% of base (pre-overheads) for independent evaluation and outcomes reporting.
- Program management set-aside: 3% of base (pre-overheads) for governance, procurement, and contract management.
- Contingency: 10% embedded in delivery lines to manage uptake, schedule, and technology risks.
- Procurement approach: Use of existing standing offer panels and open tenders with robust contract KPIs.

Measuring Progress

The SROI modelling applies conservative, evidence-based assumptions to ensure robustness, credibility, and replicability for Treasury review. The methodology aligns with best practice for cost–benefit and impact assessment in the Australian public policy context, drawing on national data, peer-reviewed program evaluations, and published cost-of-harm estimates.

Program reach was derived from authoritative national datasets. The model assumes 2.5 million unique students will be reached across the life of the program, based on *Schools, Australia* enrolment data for Years 5–12 (Australian Government Department of Education, 2024), adjusted to remove duplication across delivery years. 210,000 teachers reflects the national classroom teaching workforce (Australian Bureau of Statistics [ABS], 2024), while the estimate of 1 million parents/carers is benchmarked against uptake rates for large-scale national parenting interventions, such as *Triple P* and the *Raising Children Network* (Sanders et al., 2019).

Effect sizes are deliberately set below those found in the literature to avoid overstating impact. The model assumes a 1.0 percentage-point absolute reduction in technology-facilitated abuse among participants and a 0.1 percentage-point absolute reduction in contact sexual violence. These parameters are below effect sizes reported in Australian evaluations of whole-of-school respectful relationships programs, which have demonstrated measurable reductions in violence prevalence and significant positive shifts in gender attitudes over multi-year delivery cycles (Our Watch, 2021; Powell et al., 2019). By adopting conservative effect sizes, the model ensures that estimated returns are more likely to be understated than overstated.

Unit cost valuations are based on nationally recognised, peer-reviewed estimates of the lifetime social and economic costs of each harm type. The cost per incident of technology-facilitated abuse is set at \$2,000, incorporating justice, health, and productivity losses (Smith et al., 2020). The cost per case of contact sexual violence is set at \$220,000, based on KPMG's *The Cost of Violence Against Women and their Children in Australia* (2016), adjusted to 2025–26 price base using CPI and wage price indexation. These valuations are consistent with Department of Finance guidance for whole-of-society costings.

Spillover benefits are included to reflect the secondary gains from improved capability among teachers and parents/carers. Teachers are valued at \$1,500 per trained teacher for improved early identification, referral capacity, and classroom management, informed by Department of Education (2020) behavioural intervention evaluations. Parents/carers are valued at \$200 each for increased early help-seeking, improved supervision, and reduced escalation to statutory services, aligned with PwC (2017) valuations of early intervention programs. These figures are conservative relative to published ranges.

Central case results show that, even under these cautious assumptions, the program yields a benefit–cost ratio of 4.78:1, meaning every \$1 invested returns nearly \$4.80 in avoided harm and strengthened social capital.

Sensitivity analysis indicates that even with both effect sizes and spillover valuations halved, the ratio remains above the 1:1 threshold over a 10-year horizon — demonstrating the resilience of the investment case.

Benefit estimates (NPV, 2025–26 price base):

Benefit component	Value
Reduction in technology-facilitated abuse	\$50m
Avoided contact sexual violence cases	\$550m
Teacher spillover benefits	\$315m
Parent spillover benefits	\$200m
Total benefits	\$1,115m

Total costs: \$233.1m.

Benefit–cost ratio: 4.78:1.

Even under stricter sensitivity scenarios (halving effect sizes and spillovers), the model remains above a 1:1 return over a 10-year horizon.

Outcomes

The Government should commit \$233.1 million over four years to implement the Digital Safety and Prevention Package. This investment will deliver measurable reductions in sexual violence and technology-facilitated abuse, strengthen digital safety regulation, and foster a culture of respect and equality for young Australians.

Beyond the quantifiable returns, the package delivers significant non-monetised benefits, including increased community trust in education systems, strengthened digital safety standards across platforms, and reduced normalisation of violence-supportive attitudes in online spaces. These outcomes contribute directly to achieving the objectives of the *National Plan to End Violence against Women and Children*.

Priority Area One: Gender-Based Violence

Protecting Children and Young People

Recommendations

- Establish the National Office for Child Safety (NOCS) as a statutory authority.

A dedicated focus on children and young people is essential when addressing gender-based violence, because their developmental, safety, and recovery needs differ significantly from those of adult victim-survivors.

Risk Factors

Longitudinal research demonstrates that childhood exposure to family, domestic, and sexual violence is associated with lifelong impacts, including poor health, reduced educational attainment, and heightened risk of revictimisation (Mathews, Pacella, Dunne, Steele, & Higgins, 2023). The Australian Child Maltreatment Study found that more than 60% of Australians experienced at least one form of child maltreatment, with exposure to domestic violence the second most common, and that child sexual abuse prevalence reached 37.3% of girls and 18.8% of boys (Mathews et al., 2023). The Australian Bureau of Statistics reports that 7.5% of adults - around 1.5 million Australians - experienced sexual abuse before the age of 15 (Australian Bureau of Statistics [ABS], 2022), and in 2023, 41% of all recorded sexual assault victims were aged 10–17 years, with one-third linked to family and domestic violence contexts (ABS, 2023).

Despite these figures, the *National Strategy to Prevent and Respond to Child Sexual Abuse* (National Office for Child Safety, 2021) and the *National Plan to End Violence against Women and Children* (Department of Social Services, 2022) operate largely in parallel, with limited mechanisms to align their outcomes. This fragmentation risks diluting accountability and obscuring children's distinct experiences. A standalone statutory authority provides the structural solution to bridge these plans, ensuring that safeguarding, complaints, and data functions are child-specific, and that both national frameworks reinforce each other's outcomes.

Policy and Practice

Australia has made significant progress in child safety reform, particularly through the *National Strategy to Prevent and Respond to Child Sexual Abuse*. However, a fundamental gap remains: there is no single, independent, legislated body charged with national oversight of safeguarding arrangements.

At present, the NOCS operates as a division within the Department of the Prime Minister and Cabinet (PM&C). This arrangement limits both perceived and actual independence, constrains its capacity to compel change across jurisdictions, and makes long-term sustainability dependent on departmental priorities and budget cycles.

Consequences include:

- Fragmented complaints mechanisms: no nationally recognised, safe, and accessible pathway for raising concerns about child safety failings.
- Incomplete and inconsistent national data: preventing accurate tracking of trends, outcomes, and performance.
- Variable safeguarding standards: protections differ depending on location, institution, or service provider.
- Erosion of public trust: survivors expect an authority free from departmental and political influence.

This status quo risks undermining the intent of the *National Strategy to Prevent and Respond to Child Sexual Abuse* and fails to fully implement the Royal Commission into Institutional Responses to Child Sexual Abuse's vision for independent, authoritative leadership.

The proposal is to establish the National Office for Child Safety (NOCS) as a non-corporate Commonwealth entity with an independent statutory head, created through enabling legislation. The new authority would lead and coordinate delivery of the *National Strategy*, manage a national complaints and incident reporting function, set and monitor safeguarding standards, and drive comprehensive data collection and evaluation. It would engage directly with priority cohorts, including First Nations children, children with disability, LGBTIQ+ children, and those in institutional and out-of-home care, ensuring that policy, prevention, and response measures reflect their lived experience and specific needs.

Funding Requirements

The National Office for Child Safety (NOCS) will be established as a single, lean authority of 25 ASL, using shared corporate services (finance, HR, ICT and property) to minimise overheads while concentrating effort on core functions: policy and coordination; national safeguarding standards and monitoring; a trauma-informed complaints and referral service; and a unified national data and insights capability. Investigations and statutory enforcement will remain with existing regulators and police; the Office will triage complaints, make warm referrals, coordinate multi-agency responses, track matters to resolution, and use system-level data to drive improvement. Survivor engagement, workforce capability building and sector outreach will be embedded from day one, with annual public reporting to Parliament on performance, trends and compliance.

While the preferred model remains a lean authority of 80–100 ASL, a sensitivity scenario has been prepared to illustrate costs if the Office were established at a substantially smaller scale (25 FTE). This scenario maintains core statutory and coordination functions, with heavier reliance on shared services, noting that fixed corporate and accommodation costs remain the responsibility of the hosting department (currently the Attorney-General's Department).

Annual operating cost – 25 FTE (indicative)

Line Item	Value
Staff cost (25 FTE @ \$0.18m fully loaded)	\$4.5m
Shared services (≈12% of staff costs)	\$0.54m
ICT, systems and cyber	\$1.09m
Data platform & analytics	\$0.44m
Complaints service & CRM	\$0.16m
Survivor engagement & outreach	\$0.11m
Travel & stakeholder engagement	\$0.08m
Legal, audit & assurance	\$0.19m
Accommodation & property	\$0.20m
Total (25 FTE):	\$7.3m

Notes and assumptions

- Staff costs based on fully-loaded FTE rate of \$0.18m; sensitivity bounds at \$0.17m (≈\$7.02m p.a.) and \$0.19m (≈\$7.58m p.a.).
- Non-staff OPEX scaled from the lean (80 ASL) model; shared services proportionally higher at small scale.
- Establishment and fixed corporate costs (HR systems, payroll, property leases) remain absorbed by the host department.

Outcomes

Although the *National Plan to End Violence against Women and Children* explicitly includes “women and children,” its levers remain high-level and distributed, leaving no child-specific outcome framework, lead line of accountability, or national complaints/oversight mechanism. The *First Action Plan* continues as a cross-government roadmap rather than a program with ring-fenced, measurable deliverables for children and young people (for example, a mandated national safeguarding standard with enforcement, a trauma-informed complaints pathway, and a single, transparent national dataset). In practice, responsibility is dispersed across portfolios and jurisdictions, so interventions for children risk remaining fragmented and largely invisible in reporting, relegating young people to systems designed around adult victim-survivors rather than their developmental, safety and recovery needs.

A critical component of the authority’s remit will be structured collaboration with the Department of Education to ensure that safeguarding standards are consistently embedded across all early childhood and school settings. The outcomes of this partnership should include joint development of guidance, information-sharing arrangements, and coordinated compliance monitoring. Importantly, the authority must also be supported with regulatory levers such as enforceable undertakings or civil penalties where providers fail to comply with nationally mandated child safety obligations. This approach ensures that the authority’s oversight complements, rather than duplicates, the Department of Education’s responsibilities, and that children benefit from consistent protections regardless of service setting.

Priority Area One: Gender-Based Violence

Independent Judicial Commission

Recommendations

- Implementation of ALRC Recommendations for FCFCOA on guidelines, independent oversight, and transparent judicial appointments.
- Immediate establishment and resourcing of a federal judicial commission.
- Sustained investment in ongoing education and feedback, with a specific focus on systemic family violence and child safety risk factors.

Risk Factors

Ensuring judicial impartiality is fundamental to upholding public confidence and procedural fairness in family law matters, particularly for women and children navigating complex Family Court and Child Support Agency (CSA) allegations. Recent landmark research by the Australian Law Reform Commission (ALRC, 2021) calls for targeted procedural and institutional reforms to address real and perceived judicial bias within the Family Court system, an imperative for cases involving heightened gendered power imbalances, family violence, and economic abuse (ALRC, 2021, pp. 2–8, 29–31).

Policy and Practice

The Best Practice and ALRC Recommendations in the Family Law Context include:

- Transparent disqualification procedures: the ALRC recommends the Federal Circuit and Family Court of Australia (FCFCOA) adopt clear, public guidelines on judicial disqualification, modelled on best practice from New Zealand and developed with feedback from affected cohorts, ensuring consistent handling of alleged bias, including in CSA-related cases and recurrent family violence (ALRC, 2021, Recommendation 1, p. 9).
- Independent decision-making: disqualification applications before a single judge should be transferred to a different judge, formalised in practice directions to prevent self-assessment and encourage confidence in court impartiality (ALRC, 2021, Recommendations 2–3, pp. 9–10).

- Accessible appeals and complaint mechanisms: the creation of streamlined interlocutory appeals for disqualification, and the establishment of a federal judicial commission independent from courts, are core reforms ensuring litigants—including those whose cases traverse child support, family violence, and economic abuse—can raise concerns without penalty or chilling effect (ALRC, 2021, Recommendations 4–5, pp. 10–11).
- Institutional and social bias safeguards: continual judicial education, regular user feedback, and transparent judicial appointment/diversity reporting are necessary to combat institutional and cultural biases that disproportionately affect women and children (ALRC, 2021, Recommendations 7–14, pp. 11–13).

Outcomes

Robust funding and implementation of these reforms will dramatically improve procedural justice and public trust for women and children in the federal court system and, when coupled with NOCS as a statutory authority, create an integrated, best-practice oversight architecture (ALRC, 2021).

Priority Area Two: Unpaid and Paid Care

Economic Security for Carers

Recommendations

- Introduce superannuation payments for those taking time out of the workforce to provide care.
- Change the definition of 'Carer' in the *Fair Work Act 2009 (Cth)*, to include people beyond the employee's immediate family or household members.

Risk Factors

Superannuation

Women approaching retirement age (60-64) have approximately \$52,000 less in superannuation than their male peers (Australian Tax Office, 2025).

Reasons for the retirement gap are well documented – women are employed in lower-paid occupations and are more likely to be in insecure or casual work where the risk of superannuation underpayment is higher. Women are also more likely to take time out of paid employment to undertake care work, including caring for children and/or relatives and community members with disabilities or who are ageing. The 2025-26 Budget rightly prioritised 'flexibility' for carers to work 100 hours in paid employment monthly but ignored retirement security, perpetuating poverty cycles for women.

Economic Impacts for Marginalised Communities

The economic impacts of unpaid care work are especially pronounced for women with compounding forms of marginalisation. For example, more than two in five primary carers identify as disabled themselves and at least one in three carers are from culturally and linguistically diverse (CALD) backgrounds. (ABS, 2022; Carers Australia, N.D.). The AHRC review highlights that systemic racism intersects with gendered care responsibilities to exacerbate health inequities (Demant et al 2025). Carers from racialised communities often report discrimination in service access, further compounding the financial and health penalties of long-term unpaid care. Additionally, outreach through multicultural and community networks is essential, as awareness of entitlements and supports remains low among carers from migrant backgrounds. Aboriginal and Torres Strait Islander women provide extensive unpaid care, for people, community, Country and culture (Klein et al, 2024), and 17% provide unpaid care, which is significantly higher than female primary carers in the general population (12.8%) (ABS, 2022).

Women in rural, regional and remote parts of Australia also face substantive caring responsibilities due to limited options for in-home support services and the high out-of-pocket expenses involved (Hussain et al, 2018).

The economic impact of this unpaid work is evident, given that Aboriginal and Torres Strait Islander women also face the highest gender pay gaps in Australia (Jobs and Skills Australia, 2025) – translating to lower or absent superannuation at retirement age. Only 71% of Aboriginal and Torres Strait Islander women have any superannuation, compared with 86% of women from the broader population (ASFA, 2024). The gap between the superannuation balances of these two groups is also stark – in 2022, First Nations women had average balances of \$59,839, compared with \$119,342 for non-Indigenous women (ASFA, 2024). Similarly, Women with Disabilities Australia's consultations for this submission suggested that women with disabilities over the age of 55 could have more than \$100,000 less superannuation than women without disabilities. Consultations with migrant and refugee women also showed that multicultural women in the care workforce often face unsafe or culturally insensitive environments, with limited recognition of their cultural and ceremonial needs. Flexible work, cultural leave, and fair pay were raised as urgent reforms to address these issues.

The Carer Payment

The retirement gap widens further for Australia's 1.2 million primary carers – 72% of whom are women (ABS, 2022; AIHW, 2023). The Carer Payment is a means-tested income support payment designed for people who provide constant care to someone due to disability, old age, or severe illness.

In June 2025, approximately 326,000 people receive the Carer Payment, with 78% receiving the full rate due to asset and income thresholds, and almost all (90%) having no earnings outside of the payment (Department of Social Services, 2025). Women are more likely to be reliant on the Carer Payment as they approach retirement age – women aged 35 to 64 currently represent 49% of Carer Payment recipients – and have less time to restore their super balance (Department of Social Services, 2025). It is also women currently approaching retirement age that face the largest superannuation gaps, as policy and legislative changes begin to impact the super balances of younger women. These women also face increasing and significant rates of poverty (Coates, Bowes, Moloney, 2025). The average amount of time spent on the Carer Payment is around seven years, with approximately a quarter of carers receiving the payment for more than ten years (Department of Social Services, 2025). If a woman earning the average taxable income of \$60,100 disengaged from paid employment for seven years to undertake an unpaid caring role, it is likely she would lose at least \$65,000 in superannuation.*

*This figure assumes a 3.5% growth in wages, 12% superannuation guarantee and conservative 6% annual investment return.

The impact of this loss would compound over her lifetime, even if she did return to paid employment. In 2022, Carers Australia estimated that carers lose approximately \$175,000 in superannuation by age 67. Carers who are disengaged from paid work for extensive periods to undertake care work lose closer to \$500,000 in retirement savings (Furnival & Cullen, 2022).

Collectively, the 291,550 people receiving no earnings while on the Carer's Payment could miss out on around \$19 billion in superannuation over seven years. These figures highlight the significant long-term implications for carers, who are unable to build retirement savings due to their reduced capacity to engage in substantive paid employment.

As well as detrimental on an individual scale, the loss of potential superannuation represents a significant future strain on Government expenditure through the Age Pension system as unpaid carers reach retirement age. Carers Australia calculates that a reduction in superannuation balance at age 67 of \$175,000 would increase eligibility for age pension by about \$20,300 per year, which would equate to an average lifetime increase in expenditure on the Age Pension for each carer of about \$279,500 (Furnival & Cullen, 2022).

Superannuation tax reform

Alongside important superannuation tax concession reforms, the Government must address the real risk of poverty in retirement for women who have stepped out of the workforce to care for others. The Government estimates they will raise an extra \$2.3 billion in revenue in the first full year of the proposed superannuation tax increase on earnings over \$3 million, and \$40 billion over the next decade. This recouped revenue would be best spent on a system that ensured unpaid carers, the majority of whom are women, are able to retire with dignity.

Policy and Practice

Many women, and especially women from multicultural backgrounds and Aboriginal and Torres Strait Islander women, carry significant caring responsibilities that extend beyond their immediate families, encompassing elders, extended kin, and community members. These culturally grounded practices of collective care are essential to community wellbeing and resilience, yet they remain largely invisible in mainstream employment policies. Under the *Fair Work Act 2009 (Cth)*, paid carer's leave is currently restricted to caring for an immediate family member or household member, excluding many culturally significant relationships. To ensure equitable access to paid leave, we recommend amending the definition of "carer" in the *Fair Work Act 2009 (Cth)* to include individuals beyond the employee's immediate family or household.

This change would better reflect the lived realities and responsibilities of diverse women and support their ability to balance work and culturally embedded caregiving responsibilities without financial penalty or job insecurity.

Funding Requirements

The Government should consider funding an annual \$750 superannuation contribution on the Carer's Payment for eligible recipients (who receive no other earnings). This mechanism should be evaluated three years after establishment to determine the impact on the retirement balance of carers, with a focus on the impact on the superannuation gender gap.

The inclusion of an annual \$750 superannuation contribution on the Carer's Payment for eligible recipients (who receive no other earnings) would cost the Australian Government approximately \$989.9m over four years.

Comparatively, the Carer's Payment currently costs the Australian Government approximately \$8.3billion, with the cost projected to reach \$9.3bill in 2028-29 (Portfolio Budget Statements 2025-26: Social Services Portfolio). The direct cost of adding superannuation to the Carer's Payment would be approximately \$1billion per year.

Line item	Amount	Notes
Annual \$750 superannuation contribution on the Carer's Payment for eligible recipients		
Superannuation payment on Carer's Payment – direct cost	\$970.5m (over four years)	Based on steady 3% growth in number of recipients with no earnings
Systems build and ongoing administration and compliance costs	\$17m (over three years)	Mirroring systems administration and compliance costs for Government-funded PPL*
Communication update	\$1.4m (over two years)	Mirroring communications package for Government-funded PPL
TOTAL	\$988.9 (over four years)	

*Costs mirror those required for administration of PPL, however unlike PPL recipients, it is likely that some unpaid carers will not have superannuation accounts which will produce further administrative burdens.

Detailed assumptions:

- **Rate of payment:** Annualised superannuation payment is the same whether the recipient is partnered or not.
- **Recipient counts:** Steady 3% growth in eligible recipients (receiving no earnings – regardless of full or partial rate).
- **Administrative and implementation costs:** based on comparable DSS/Services Australia projects – new systems build, integration with ATO, fund validation:
 - One-off IT/systems build and rollout: \$15m.
 - Ongoing administration and compliance: \$1.5m per annum for two years.
 - Superannuation investment return: Steady 6% return per annum.

Outcomes

\$750 annual superannuation contribution on Carer's Payment

For a person who takes ten years out of the paid workforce at age 40 to be a carer, an annual \$750 payment could increase their superannuation balance at 67 by at least \$26,000. The impact would be even more significant for younger carers – a 25-year-old that takes 10 years out of the workforce could increase their superannuation balance by \$64,000. These figures assume no other contributions, prior to or after receiving the Carer's Payment. This is the case for many unpaid carers, but obviously not all carers.

Priority Area Two: Unpaid and Paid Care

Child Support Reform

Recommendations

- De-link child support from family payments.
- Mandate annual tax returns and close loopholes.

Risk Factors

The child support system is frequently weaponised as a tool of financial abuse against single mothers. The Blackbox Report highlights how the system enables economic control and manipulation, disproportionately impacting women (Cook et al, 2024). Financial abuse occurs through withheld payments, systemic loopholes, and coerced debt imposition, necessitating urgent reform.

Four in five (80%) separated mothers report that their former partner has used the child support system to commit financial abuse (Commonwealth Ombudsman, 2025). Three in five (71%) of women in child support agreements expect no payment or often significant underpayments from their ex-partners (Cook et al, 2025).

One critical flaw in the system is the linkage between child support and Family Tax Benefit Part A (FTBA) through the Maintenance Income Test (MIT). The MIT reduces FTBA by 50 cents per dollar of child support owed above a modest threshold, even if payments are not received. This allows the non-primary carer to manipulate payments, creating economic instability for women and children.

Non-resident parents often exploit income reporting loopholes to minimise child support obligations. Strategies include underreporting earnings, using business structures to obscure income, and avoiding tax returns (Cook et al, 2024). These tactics deprive children of financial support and place undue burden on mothers.

Child support arrears and government debt recovery processes further entrench financial abuse. Retrospective adjustments can lead to Family Tax Benefit overpayments being clawed back from mothers, even when child support remains unpaid. This penalises women while allowing non-compliant payers to escape consequences (Cook et al, 2024).

Policy and Practice

The child support system is designed to ensure financial stability for children of separated parents. Currently, 1.1 million children in Australia are supported by the formal system (Commonwealth Ombudsman, 2025).

De-linking child support and family tax benefits by abolishing the Maintenance Income Test will prevent financial abuse by ex-partners, increase income for the poorest families, and simplify the system for single mothers and their children.

Requiring both parents to file annual tax returns and eliminating indefinite provisional income will strengthen compliance, ensure fair child support contributions, and restore trust in the system. Implementing these reforms would protect women from economic coercion and uphold children's right to financial stability. The Australian Government must act decisively to prevent the continued weaponisation of child support and ensure the system fulfils its intended purpose—supporting children and their primary caregivers.

Priority Area Two: Unpaid and Paid Care

Early Childhood Education and Care

Recommendations

- Invest in ECEC workforce by supporting culturally responsive training that recognises the needs of migrant and refugee families alongside pay rises in the *Children's Services Award* beyond the two years of the Worker Retention Payment.

Risk Factors

Universally affordable and accessible early childhood education is desperately needed in Australia. In 2024, almost half of women (47%) who did not have a job were unavailable to start work because they were caring for children (ABS, 2024). This is a significant increase since 2023, when less than a third (31%) of women who did not have a job were unavailable for work because they were caring for children. In 2024, a quarter (24%) of Australian regions were classified as childcare deserts – meaning there were more than three children for every place in an early childhood education and care service (Hurley et al, 2024). Additionally, consultations with migrant women reported limited awareness of childcare subsidies and long waiting times, with high costs forcing many into unpaid care or reliance on extended family.

AMWA consultations further highlighted that culturally appropriate and responsive childcare is critical. For many migrant and refugee families, childcare is not only about affordability and hours, but also about cultural safety — including food, language, and practices that affirm children's identities. Without these options and a culturally trained workforce, families are often forced to opt out of services that could otherwise support women's workforce participation.

More than 268,000 people work in the ECEC sector, and the vast majority (91%) of these workers are women (Department of Education, 2024). In 2023, the average weekly earnings for early childhood educators and carers was \$816, well below the national average of \$1,439, and well below the average earnings of security guards, truck drivers or mechanics, despite similar qualification requirements (Jobs and Skills Australia, 2024). Two thirds of those employed in this sector work part-time (ACECQA, 2023).

Workers in ECEC are more likely than the average Australian worker to be on a fixed term contract, to be paid at minimum award rates, and to have a second job to make ends meet (Jobs and Skills Australia, 2024). ECEC workers provide an essential and valuable service, and are entitled to rewarding, secure, and meaningful jobs.

Additionally, migrant and refugee women are overrepresented in non-professional care occupations, including child carers, personal care assistants, and aged and disability carers. For many migrant women who arrive on dependent visas, difficulties in skills recognition processes compounded with lack of local experience, and workforce discrimination leads to 'easy entry' into the care sector, but without opportunities for further career progression (Eastman, et al, ND).

Funding Requirements

Modelling indicates that there is a current shortfall of around 21,000 qualified staff to meet existing demand, with a further 18,000 qualified staff required to meet estimated unmet demand in services not yet established and another 18,000 staff required to realise and implement current ECEC and expanded preschool policies (Jobs and Skills Australia, 2024). Without a strong, well-paid and supported ECEC workforce with suitable opportunities for career progression, many Australian families will not be able to access quality and affordable care, and many people – women in particular – will not be able to work the hours or the jobs they want to.

Priority Area Three: Economic Equality and Security

Fair Tax Reform

Recommendations

- Include a gender impact assessment of taxation, including tax expenditure and high effective marginal tax rates for women in the Women's Budget Statement.

Risk Factors

Despite being one of the richest countries in the world, with some of the highest incomes per person, Australia collects very little tax revenue in comparison to other countries in the OECD (The Australia Institute, 2024). Of the 38 countries in the OECD, only eight have lower tax to GDP ratios than Australia. We urgently need more revenue to resolve growing wealth inequality, care for our aging population and provide support services for people who have experienced gender-based violence. However, our tax system currently rewards wealth accumulation and speculation over employment and more productive forms of investment, and it is primarily men that benefit from Australia's biggest tax expenditures.

Policy and Practice

The Tax Expenditure and Insights Statement (2024) outlines the discrepancies in these benefits. For example, in 2021-22:

- Women made up 47% of recipients of the capital gains tax (CGT) discount but received only 42% of the benefits.
- Women were 50% of recipients of concessional rates of taxation on superannuation earnings but received only 39% of the share of total benefit.
- Women made up 50% of the claimants of rental deductions (including negative gearing) but received only 42% of the share of total tax reduction.
- Women made up 48% of work-related expense claimants but saw only 36% of the share of total tax reduction.

Women receive a smaller share of the benefits because they earn less money over their lifetimes and are more likely to take time out of the paid workforce to care for children, family members with disabilities, and ageing relatives. At the same time, women are less likely to have secure housing, and less likely to have sufficient superannuation or savings to retire with dignity.

Outcomes

The Government's proposed tax concession reform on very large superannuation balances is welcome and an example of a reform with a gender and budget positive impact. Similar reforms are needed in relation to other tax expenditures, such as the capital gains tax discount. Countries that collect more tax can spend more on public services and have citizens that are healthier, safer and have higher incomes.

Priority Area Three: Economic Equality and Security

Social Security Reform

Recommendations

- Reform the mutual obligations system.
- Abolish partner-income tests for Disability Support Pension recipients.
- Raise thresholds to allow recipients to work more (including Work Bonus and for Disability Support Pension).

Risk Factors

Australia's social security system is not fit for purpose. Instead of providing a secure foundation, current settings too often entrench disadvantage, particularly for women, who are more likely to rely on income support at points across their lives (Department of Social Services, 2025). Rates remain below the poverty line, forcing women to choose between essentials such as rent, bills, or food. Mutual obligations and the targeted compliance framework continue to operate in punitive ways that punish poverty rather than support pathways out of it and often fail to account for cultural and caregiving contexts.

Partner-income tests penalise women for relationships and create structural disincentives to independence. At the same time, restrictive thresholds for the Disability Support Pension and other payments discourage workforce participation and penalise those who attempt to increase their earnings.

Outcomes

Reform must begin with raising rates of income support and removing barriers that actively entrench poverty. Abolishing partner-income tests, lifting the Work Bonus threshold, and modernising income thresholds across payments would restore fairness and dignity to the system. These changes are not only matters of adequacy, they are investments in workforce and community participation. Redesigning these obligations to be culturally safe, flexible, and supportive would better enable migrant and refugee women and women with disabilities to access income supports without compounding stress and disadvantage.

Priority Area Three: Economic Equality and Security

Workforce Participation and Support

Recommendations

- Transition pathways out of segregated employment for people with disabilities ensuring fair pay and superannuation.
- Skills recognition for migrant and refugee women: financial support of \$2,000-\$5,000 to remove cost barriers for overseas skills and qualification recognition and a national skills recognition portal with specific advice for migrant and refugee women.
- Fund targeted employment services for women.

Risk Factors

Too often women seeking to re-enter the workforce face systemic obstacles: the high costs of skills recognition, inadequate access to tailored employment services, and limited pathways out of segregated employment. Skills recognition grants of \$2,000–\$5,000, backed by a national portal providing women-specific advice, would remove immediate cost barriers and unlock economic participation. Similarly, funding targeted services to sit alongside Workforce Australia would provide the kind of wrap-around, trauma-informed support required to address long-term unemployment. Together, these reforms would create and support genuine opportunities for women to participate fully in Australia's economy and society.

Policy and Practice

Transition pathways out of segregated employment for people with disabilities ensuring fair pay and superannuation

The transition away from segregated employment must be deliberately co-designed and led by people with lived experience of disability to ensure it is inclusive, effective, and rights based. Support options must reflect the diversity of disability experiences, rejecting a one-size-fits-all approach. During this transition, existing supported and segregated employment settings, such as Australian Disability Enterprises (ADEs), should be reimaged to provide meaningful pathways into open employment.

This includes embedding skill-building opportunities and robust support systems. ADEs must be required to develop individualised employment plans for every worker, identifying their goals, strengths, and support needs, and outlining clear, supported pathways to fair and fulfilling work. These plans should also include career development and progression opportunities, ensuring that people with disability can access the same employment rights and opportunities as others.

Supported employment settings within ADEs, where sub-minimum wages and limited pathways to open employment reinforce inequality, are closely linked to systemic violence, abuse, neglect, and exploitation of people with disability. The continued use of segregated employment settings—sanctioned by state policy—enables these harms to persist, disproportionately affecting people with intellectual disability.

Currently, 70% of over 25-year-olds working in ADEs have an intellectual disability (Wilson et al, 2022). Women with intellectual disability face compounded disadvantage due to gendered assumptions about care roles and “low skill” labour (Women with Disabilities Australia, 2025). Despite this, fewer than 1% of ADE workers transition to mainstream employment (National Disability Insurance Agency, 2023). While Recommendation 7.32 of the Disability Royal Commission calls for an end to segregated employment by 2034, we urge immediate action to dismantle these inequities.

The Government should consider the following policy mechanisms:

- Establish a Ministerial Implementation Working Group as recommended by Inclusion Australia to provide evidence-based policy advice and options relating to Disability Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability Recommendation 7.31.
- Co-design transitional pathways into open employment.
- Mandate the development of individualised employment plans for all ADE workers during the transitional period, as recommended by Inclusion Australia.
- Develop systems to support people with disability and their families and supporters with the transition from segregated employment.

Supporting Migrant and Refugee Women into Skilled Work

Despite a skills shortage, almost half (44%) of permanent migrants in Australia are working below their skill level (Jiang and Nguyen, 2024). Though women migrate at the same rate as men, they are 1.2 times more likely to be underutilised (SSI, 2024). This is because they are more likely to be secondary applicants in the skilled stream, making up only 25% of primary applicants, and due to intersecting forms of discrimination and culturally specific caring responsibilities and expectations (ABS, 2021). Migrant women continue to face excessive costs, delays, and inconsistent processes in having overseas skills recognised. These barriers force many out of their professions, undermining economic security and workforce participation. Barriers to recognising overseas qualifications also take a toll on women’s confidence and mental health, with many reporting loss of professional identity and prolonged periods in insecure, low-paid work.

Funding Requirements

The Government should consider funding the following policy mechanisms to support migrant and refugee women into skilled work:

- Skills recognition grants for women: financial support of \$2,000-\$5,000 to women to remove cost barriers for skills and qualification recognition.
- National skills recognition portal with specific advice for women.

Line item	Amount	Notes
Skills recognition grants for migrant and refugee women		
Grant funding	\$3.2m (over two years)	Supporting approximately 500 women per year
Administration	\$0.105m (over two years)	(3% of base)
Monitoring and evaluation	\$0.175m (over two years)	(3% of base)
TOTAL	\$3.48m (over two years)	

Line item	Amount	Notes
National skills recognition portal with specific advice for women (\$3.8m over four years)		
Portal build	\$0.63m (in the first year)	Including research, design, development and test
Communications package	\$0.04m (ongoing, per year)	
Ongoing administration, communications and maintenance	\$0.82m (ongoing, per year)	Budget for five staff plus tech maintenance costs
Total 2026-27	\$0.63m	
TOTAL (ongoing)	\$0.86m	

Outcomes

If the approximately 620,000 permanent migrants whose skills are currently being underutilised were working to their full potential, there would be a \$9 billion economic uplift in the Australian economy each year, and an additional \$70 billion additional GDP over ten years (SSI, 2024). See 2025-26 pre-budget submission from Settlement Services International (SSI) for further detail on costings. We also support SSI's calls for a national skills recognition ombudsman and employment pathways hubs.

Targeted Employment Services Reform

Workforce Australia are not equipped to meet the support needs of women with complex barriers to employment, including those who have experienced long-term unemployment, poverty, marginalisation or violence. We propose \$14 million in grant funding for community services to provide targeted wrap-around support alongside employment services.

Case Study: Inclusive Work Program

Overview

The Inclusive Work Program (IWP) is a preemployment program run by the GoGo Foundation that breaks the cycle of disadvantage for women and nonbinary people with complex barriers to entering or re-entering the workforce. Alongside employment support and foundational work skills, the program builds wellbeing, social and confidence skills and tailors supports to each participant. For example, several of the participants in the program have dental health issues caused by poverty or domestic violence that act as a significant barrier to employment and the program organises for these participants to receive dental services where possible. The IWP is mapped against Certificate II in Community Services.

Three in four participants in the IWP are parents, 15% are Aboriginal or Torres Strait Islander, 20% have English as a second language, and 80% are long-term unemployed. Almost two in three (60%) of program participants have experienced domestic and family violence.

Cost

- \$800,000 per annum to cover staff and program costs – this includes approximately \$13,500 per participant.

Impact

Over three years, the IWP has supported more than 100 women through the program. Approximately 70% of program graduates are employed 12 months after completing the program, and four in five (80%) program graduates have improved wellbeing and confidence. There is potential government savings of \$400,000 per woman in avoided income support payments.

Priority Area Three: Economic Equality and Security

Housing and Homelessness as a Gendered Issue

Recommendations

- Release and implement the *National Housing and Homelessness Plan*.
- Expand and integrate services specific to women, including mental health, legal, and cultural supports.
- Prioritise tailored interventions for DFV survivors and young women, and especially First Nations and rural populations.
- Invest in intersectional, gender-responsive, and culturally informed data collection for more effective policy response.

Risk Factors

2025 research demonstrates that homelessness in Australia is a deeply gendered and intersectional issue, with domestic and family violence (DFV) established as a leading driver of women's and young people's homelessness (Wendt et al., 2025; Ng et al., 2023). While overall homelessness rates have remained relatively steady since 2016 due to population growth, the absolute number and rate of homeless women have increased, especially among single mothers and young women, and First Nations women remain particularly overrepresented (Ng et al., 2023).

A 2025 peer-reviewed qualitative study highlights that young women's homelessness commonly arises from cumulative trauma and financial abuse linked to DFV, intersecting with childhood adversity, poverty, social isolation, and precarious housing markets. These young women face numerous barriers to safe and sustainable housing, often resulting in heightened exposure to further violence and mental health risks (Wendt et al., 2025). The study stresses the urgent need for services that deliver not just material support and accommodation, but relational, emotional, and cultural safety particularly for women from Aboriginal, Torres Strait Islander, and culturally diverse backgrounds.

Quantitative data analyses from the UNSW City Futures/YWCA Australia partnership confirm that female lone parents outnumber male lone parents in every state among the homeless population, and that nearly half of all people experiencing homelessness are under 25, with girls and young women at highest risk. First Nations women are almost ten times more likely to be homeless than their non-Indigenous peers, and non-citizen and disability communities also face disproportionate rates of both homelessness and marginal housing (Ng et al., 2023).

Policy and Practice

Despite some improvements in awareness, and new government initiatives, significant gaps persist:

- A chronic shortage of gender-appropriate, trauma-informed accommodation and support services,
- Systematic undercounting and “hidden homelessness” among women and gender-diverse people,
- Major data gaps around the experiences of trans, gender-diverse, and young women-led households, impeding precise policy targeting (Ng et al., 2023).

Both academic and lived-experience literature stress the critical need for policy integration, tailored interventions (especially in rural, remote, and First Nations contexts), and better data collection to support the diversity of experiences underlying gendered homelessness (Ng et al., 2023; Wendt et al., 2025).

For women on temporary visas and others leaving violence, safe housing is only the first step towards rebuilding their lives. Without sustained access to financial security, culturally safe mental health care, and pathways into employment, many remain trapped in cycles of precarity that undermine their safety and independence. Governments must invest in long-term, trauma-informed recovery programs and support survivor-led, bicultural, and faith-based initiatives that can provide ongoing stability and prevent re-victimisation.

Likewise, women with disability are more likely to experience intimate partner violence (36%), compared to 21% of women without disability, 15% of men with disability and 7% of men without disability (Sutherland, ND). This highlights the importance of funding refuge accessibility as a core DFV response. Many women fleeing violence are themselves disabled or caring for disabled children; without accessible refuges they face an impossible choice between returning to harm or remaining in unsafe, unsuitable settings (including hospitals or motels).

Governments must fund capital upgrades (step-free access; larger rooms; hoists; sensory-friendly spaces; accessible bathrooms; secure storage for equipment) and ongoing operations (on-call Auslan and interpreters; Easy Read information; assistive technology; transport; flexible brokerage; disability-literate casework and respite). Services must allow longer stays and tailored safety planning for families with disability, recognising care complexity and the time required to stabilise supports. Investing in accessible refuges prevents re-victimisation, reduces crisis cycling, and delivers better outcomes for women and children with disability.

Priority Area Four: Health

Improving access to gender-responsive and intersectional healthcare

Recommendations

- Embed chronic health response into the healthcare system.
- Fund accessible, community-lead health rights education and advocacy support with a particular focus on migrant and refugee women.
- Professionalise interpreting pathways and ensure trauma-informed and culturally responsive training for interpreters in health care settings.

Risk Factors

Women across our communities experience structural barriers to healthcare and throughout our consultations overwhelmingly reported long delays for appointments, high costs and inaccessible specialist services. Women are more likely to live with multiple chronic health conditions, which are often underdiagnosed and expensive to manage (AIHW, 2023). This is especially true for Aboriginal and Torres Strait Islander women (AIHW, 2024), and women with disabilities, with three in four (75%) respondents to Women with Disabilities Survey reported living with one or more chronic conditions. In order to ensure the healthcare system is responsive to gendered health issues and provides women with increased access to information, diagnosis and treatment services, chronic health responses must be a priority.

Policy and Practice

Embed Chronic Health Response into the Healthcare System

We proposed that the Government establishes gender-responsive foundational supports for chronic health conditions by 2026, and direct 30% of foundational support funding to address disability connected to conditions with gendered prevalence.

Foundational supports funding is critical to ensuring that people with disability can access the everyday supports they need to live independently, participate in community life, and maintain wellbeing. These supports—including peer networks, community navigators, advocacy services, and accessible information—are often non-clinical but essential, bridging gaps in formal systems and enabling people to exercise choice and control.

Without sustained investment in foundational supports, people risk falling through the cracks of mainstream and specialist services, particularly those who are not eligible for the NDIS. A robust, inclusive foundational supports system is key to achieving equity, preventing crisis, and building resilient communities.

The Government must direct 30% of foundational support funding (including from the Information, Linkages and Capacity Building program) to address disability connected to conditions with gendered prevalence, including autoimmune conditions, long COVID, chronic fatigue syndrome, fibromyalgia and lymphoedema. This must be accompanied by the embedding of episodic disability pathways that include mobile outreach teams for rural and remote communities, dedicated funding pools to support individuals during flare-ups, and mandatory training to eliminate gendered diagnostic bias.

Reform NDIS access criteria to address access issues related to episodic and chronic health conditions.

Despite the gendered pattern of chronic health conditions, adults with chronic conditions account for 56,000 declined NDIS requests, over half of people deemed ineligible from the Scheme's inception to 2022 (Piantedosi et al, 2025). The proportion of declined requests is now estimated to be closer to 75%.

There is an urgent need to implement trauma-informed, flexible assessment processes that recognise the fluctuating nature of chronic health conditions and autoimmune disorders. By addressing the current trend in which three out of four (75%) declined NDIS access requests relate to chronic health conditions, these measures would promote equitable access for women and gender-diverse people, regardless of condition type.

Accessible, community-led health rights education and advocacy support

Funding accessible, community-led health rights education and advocacy is essential to addressing systemic inequities in health outcomes and delays in diagnosis, particularly for women from marginalised communities such as women with disabilities, Aboriginal and Torres Strait Islander women, and culturally and linguistically diverse (CALD) women. These groups often face compounded barriers to accessing healthcare, including discrimination, lack of culturally safe services, and limited awareness of their rights.

Community-led initiatives ensure that education and advocacy are grounded in lived experience, culturally relevant, and responsive to local needs such as the *Health in My Language bi-cultural health educator* initiatives supporting migrant and refugee women. Investing in these supports empowers women to navigate complex systems, advocate for their health, and participate in shaping services that reflect their realities. Disability Representative Organisations, ACCHOs, and Multicultural Health Centres must be funded and equipped to deliver community resources, guides and healthcare advocacy.

Delayed diagnosis of chronic reproductive health conditions, including endometriosis and chronic pelvic pain, has specific and documented impacts on women from CALD backgrounds, who often face additional barriers such as stigma, limited access to interpreters, and lack of culturally safe care. As new initiatives are proposed, such as the endometriosis and pelvic pain clinics, it is essential that they embed cultural safety from the outset.

AMWA's consultations revealed that people from CALD backgrounds face delays, confidentiality risks, and inadequate support in health and domestic violence crisis systems due to limited, poorly trained, or unavailable interpreters. Current reliance on family members or unaccredited interpreters raises liability concerns and undermines both safety and quality of care (Crimmins, 2019; Cho, 2025). We recommend increased investment in training, subsidies, and accessible entry points into the interpreting workforce, including targeted accreditation pathways for capable community members who require upskilling. This should be paired with improved communication to health and social care professionals on how to engage interpreters, and with workforce development strategies that expand supply to meet demand in metropolitan, regional, and rural areas.

In collaboration with the Department of Home Affairs, the Government should professionalise interpreting pathways, ensure trauma-informed and culturally responsive training for interpreters in health care settings, and subsidise accreditation to address cost barriers. By doing so, the system can move away from ad-hoc, AI, or informal substitution models and ensure safe, reliable, and culturally competent language support for all Australians.

Women with disabilities likewise face distinct barriers in reproductive and maternal healthcare, including communication barriers and diagnostic overshadowing. Diagnostic overshadowing occurs when clinicians attribute new symptoms to a person's existing disability and miss or delay separate diagnoses. Services should embed disability competence and accessible communication as standard practice; provide reasonable adjustments where appropriate, access to female clinicians, funded interpreters (including Auslan as well as other languages); offer Easy Read and plain-language information; enable a support person and support for decision-making where desired; and partner with DRO's to co-design policy and training. Governments should resource these improvements and monitor outcomes to ensure care is safe, equitable and trusted. Design and implementation should be co-designed with multicultural communities and women with disabilities so that diagnosis and treatment pathways are accessible and trusted. Without these safeguards, inequities in reproductive and maternal health will persist, with CALD women and women with disabilities continuing to experience poorer outcomes and delayed care.

It is also important to note that any digital health reforms risk widening inequities for multicultural women and women with disabilities if accessibility and cultural relevance are not embedded from the outset. Many women report that health apps and online services are confusing, culturally irrelevant, or inaccessible, leading to disengagement and mistrust. To ensure digital tools support, rather than exclude, migrant and refugee women, and women with disabilities, governments should invest in digital health literacy programs co-designed with multicultural communities, alongside translation, accessibility, and trust-building measures that enable equitable participation.

Case Study: Health in My Language

The *Health in My Language* program, delivered by the Multicultural Centre for Women's Health (MCWH), is a national initiative designed to improve health literacy among migrant and refugee women across Australia. The program recruits, trains, and coordinates bicultural women's health educators who deliver free health education sessions in participants' own languages. These sessions cover topics such as sexual and reproductive health, cancer screening, and navigating the health system, ensuring the information is accessible, culturally appropriate, and safe. By providing health information in multiple languages, the program empowers women to make informed decisions about their health and wellbeing and helps break down barriers related to language and culture.

Health in My Language has delivered health education to almost 65,000 migrant and refugee women and community members in over 30 languages. During this same period, 89 Bilingual Health Educators have been trained to be part of the workforce. Independent evaluation of Health in My Language – Sexual and Reproductive Health Project found it was effective for producing positive outcomes for migrant and refugee women. Almost all participants in the program (91%) reported being 'very satisfied' with the clarity of the education sessions, and 90% were very satisfied that the sessions met their language and cultural needs. The bilingual health educators reported strong satisfaction with the training they received through the program. Almost all (98%) of participants in HiML's most recent cycle said they would share the information they learnt with others, while 94% said they would talk to their healthcare provider about sexual and reproductive health.

Total cost for the continuation of the Health in My Language Program:
\$25.7 million (over four years).

Funding Requirements

The Water Well project is a nationally recognised health promotion initiative that equips healthcare professionals with the skills and confidence to deliver culturally responsive health education to communities from migrant, refugee, and asylum seeker backgrounds.

Through structured training and ongoing support, Water Well fosters a workforce that is not only clinically competent but also deeply attuned to the diverse needs of Australia's multicultural population. By facilitating community-led health education sessions, the project strengthens health literacy, builds trust, and promotes equitable access to care, while simultaneously enhancing the cultural competence of the health sector. We strongly recommend continued funding for the Water Well project, with further funding for expansion of reach and independent evaluation.

Line item	Amount	Notes
Continued Funding of Water Well		
Basic operations	\$0.4m (per year)	Budget for 3 FTE.
Expanding training and mentoring for volunteer healthcare professionals,	\$0.2m (per year)	Including online training modules.
Expansion of reach across Australia	\$0.4m (per year)	
Independent evaluation	\$0.2m	In 2027-28.
TOTAL	\$1.2m	

Outcomes

Evaluation of the Water Well project demonstrates clear effectiveness and reach within migrant, refugee and asylum seeker communities in Australia. Almost all participants (98%) reported learning something new and that the sessions improved their ability to manage their health and 95% expressed increased confidence in seeking help from healthcare providers. The majority of healthcare care professionals (89%) reported gaining a better understanding of the obstacles diverse communities face in accessing healthcare, and almost all (97%) agree that their confidence interacting with CALD communities improved through the program.

Priority Area Four: Health

Reproductive rights and care

Recommendations

- Universal and targeted access to contraceptives.
- Nationalised access to period products.

Risk Factors

In 2020, there were almost 200,000 unintended pregnancies in Australia, with an average cost of \$36,384 per pregnancy – 91% of direct costs and 23% of indirect costs of those pregnancies are paid by governments (HTAnalysts, 2022). This includes public health costs, welfare, education, abortion, and the out of home care system. Women in rural settings are 1.4 times more likely to experience an unintended pregnancy (HTAnalysts, 2022). The Australian Government has begun addressing these figures with the roll-out of long-acting reversible contraceptive training centres. At the same time, one in five Australians have reported not being able to afford period products at some point in their lives, with one in five high school students missing school because they couldn't afford products (Knight, 2022).

Policy and Practice

Universal and targeted access to contraceptives

International examples show that free contraception is associated with a decrease in unintended pregnancies – in Finland, the abortion rate decreased by 16% when free contraception was introduced (Gyllenberg et al, 2018). A modest 10% reduction in unintended pregnancies in Australia would likely save governments approximately \$720 million annually, and an investment of \$320 million per year would result in a social return on investment of 2.25:1.

Proposal

The Parliamentary Budget Office estimates direct costs would be \$1.2bn over four years. This would be approximately \$320 million per year, including \$250 million per year to make TGA approved non-PBS contraceptive items free and would also include departmental management funding (Parliamentary Budget Office, 2025).

Nationalise Access to Period Products in Public Buildings

The Federal Government should fund the provision of free period products in public buildings, including schools, hospitals, libraries, and transport hubs, to promote menstrual equity, public health, and social inclusion. Access to period products is a basic necessity, yet many people, particularly those experiencing poverty, homelessness, or crisis, face barriers to managing menstruation with dignity (Knight, 2022). By ensuring products are freely available in public spaces, the government can reduce stigma, support women and gender diverse people's participation in education and work, and improve health outcomes. This initiative would particularly benefit women and girls from marginalised communities, including those with disabilities, Aboriginal and Torres Strait Islander women, and culturally and linguistically diverse populations. Federal leadership is essential to ensure national consistency, reduce geographic disparities, and embed menstrual health as a public policy priority.

Funding Requirements

Free period products in all public schools and public facilities, including hospitals, libraries and transport hubs. Existing programs in Victoria and the ACT have had strong uptake and should be replicated nationally, to complement the Government's current programs in remote Aboriginal and Torres Strait Islander communities.

This would come at a cost of \$124.5 million over four years, including implementation and administration costs, dispenser replacement, refilling and maintenance costs and communications packages.*

Outcomes

Reducing period poverty has the potential to significantly improve students' educational engagement, health outcomes, and future opportunities. By providing access to free period products and menstrual support, schools can reduce absenteeism linked to lack of supplies – Share the Dignity found that close to one in five (19%) high school students in Australia often or sometimes stayed home because they couldn't afford period products (Knight, 2022). A study examining access to free period products in the United States found a significant reduction in missed school and appointments when participants were provided with free period products (Massengale et al, 2024).

*Based on the Australian Greens proposal costed by the Parliamentary Budget Office in 2025.

Priority Area Four: Health

Mental health

Recommendations

- Embed community-lead peer-support alongside professional mental health and allied health supports to ensure inclusivity and accessibility.

Risk Factors

To ensure mental health services are truly inclusive and accessible, they must be intersectional, community-led, place-based, and co-designed. An intersectional approach recognises how overlapping identities, such as gender, race, disability, sexuality, and socioeconomic status, shape individuals' experiences of mental health and access to care.

Community-led models empower those with lived experience to guide service design and delivery, fostering trust and relevance. Place-based strategies respond to the unique cultural, geographic, and social contexts of communities, ensuring services are locally grounded and responsive. Co-design embeds collaboration between service users, providers, and stakeholders, promoting equity, dignity, and effectiveness. Young migrant and refugee women in particular face acute mental health challenges compounded by racism and settlement stress but often lack culturally safe peer supports in schools and community settings.

Addressing this requires the expansion of youth peer-led mental health programs and culturally safe school-based wellbeing services, alongside broader recognition of “guardian” and family definitions to ensure youth wellbeing frameworks reflect diverse realities and prevent long term disadvantage. Together, these principles create systems that are not only more just, but more impactful in addressing diverse mental health needs.

Case Study: Embrace Multicultural Mental Health

The Embrace Multicultural Mental Health program is a national initiative that aims to improve the cultural responsiveness and inclusivity of Australia's mental health and suicide prevention systems. Delivered by Mental Health Australia and funded by the Department of Health and Aged Care, the program provides tailored resources, translated information, and community-developed tools to support people from culturally and linguistically diverse (CALD) backgrounds. Through its national framework and knowledge hub, Embrace strengthens service provider capacity and promotes equitable access to mental health support across diverse communities. This is a clear example of a framework that works well and could be tailored for other community groups.

Policy and Practice

The *Culture Care Connect* program, led by NACCHO, is a community-driven initiative that integrates culturally responsive suicide prevention and holistic aftercare across more than 30 Aboriginal Community Controlled Health Organisations (ACCHOs). Central to the program is the upskilling of a locally employed workforce—over 100 individuals—through trauma-aware, healing-informed training and tailored support in suicide prevention and social and emotional wellbeing (SEWB). By embedding cultural sensitivity and community empowerment into service delivery, the program strengthens local capacity, reduces stigma, and fosters resilience. This approach aligns with the *National Agreement on Closing the Gap*, particularly Outcome 14, aiming for a significant and sustained reduction in suicide among Aboriginal and Torres Strait Islander peoples.

Funding Requirements

\$150 million to support the continuation and expansion of the *Culture Care Connect* program for an additional four years.

This includes:

- Maintaining the current 30 CCC Community Controlled Suicide Prevention Networks (CCSPNs) and 8 affiliates, and 37 aftercare services until June 2029 (94.9 FTE are currently funded until June 2025).
- Expansion of the program to an additional 30 CCSPNs over four years.
- Employing an approximate additional 100 FTE across the country, including in remote and regional areas of Australia, increasing the workforce by approximately 50 per cent to 195 FTE across the program.

- Inclusion of additional funding to support up to 40 postvention services through an expression of interest process for CCSPNs and aftercare service sites.
- Bolstering workforce capacity and capability through flexible suicide prevention and social and emotional wellbeing training options.
- Developing a National Aboriginal and Torres Strait Islander Workforce Wellbeing Strategy.

Outcomes

Through the establishment of Community Controlled Suicide Prevention Networks and aftercare services, *Culture Care Connect* (CCC) has provided early intervention, crisis response, and postvention support tailored to local needs. Over 100 Aboriginal and Torres Strait Islander staff have been employed and trained in trauma-aware, healing-informed practices—creating a sustainable, culturally grounded workforce embedded within communities. This has reduced barriers to care, built trust in services, and fostered local leadership in suicide prevention.

Independent evaluations and community feedback indicate that CCC's integrated model has:

- Increased access to culturally safe aftercare and Social Emotional Well Being services in areas previously underserved.
- Reduced stigma surrounding mental health and suicide through community-led education and advocacy.
- Enhanced community resilience by strengthening cultural identity and peer support networks.
- Improved workforce capability through specialised training, mentoring, and wellbeing initiatives that prioritise the mental health of front-line workers.
- Aligned with national priorities, including Outcome 14 of the *National Agreement on Closing the Gap*, which commits to reducing suicide rates among Aboriginal and Torres Strait Islander peoples.

The proposed \$150 million investment to continue and expand the program over four years will ensure continuity of current services and allow for significant national scaling—doubling the number of community networks, adding 100 new roles (for a total of 195 FTE), and supporting up to 40 new postvention sites.

Priority Area Five: Leadership, Representation and Decision-Making

Fostering Women's Leadership

Recommendations

- Co-design and develop a package of leadership programs for women who are currently underrepresented in leadership positions, with comprehensive wrap around supports for culturally diverse and First Nations women.

Risk Factors

Grass-roots, co-designed women's leadership programs are vital because they are shaped by the lived experiences and needs of the communities they serve. Generic leadership programs often fail to address racism, discrimination, and systemic exclusion. Tailored programs for multicultural women, backed by wrap-around supports (such as childcare, mental health services, and peer/alumni networks), are needed to build sustainable leadership pipelines. These programs foster genuine inclusion by centring diverse voices, particularly those often excluded from mainstream leadership pathways, and create space for culturally relevant, responsive approaches to leadership development. By empowering women to lead within their own communities, they strengthen local networks, build collective capacity, and drive meaningful, sustainable change from the ground up.

Multicultural women contribute significant unpaid time in volunteering, advisory, and committee roles, demonstrating leadership and community commitment. Yet this civic leadership is rarely recognised in pathways to paid leadership – a consistent theme in AMWA's consultations. Greater recognition of volunteering and community leadership as valid leadership experience in recruitment and progression, coupled with investment in mechanisms that bridge grassroots leadership into formal board and executive pathways, is essential to building inclusive and sustainable leadership pipelines.

Workplace reforms to ensure culturally safe environments that sustain women's progression after program completion are also necessary. The Federal Government should invest in leadership programs for multicultural women that include comprehensive wrap-around supports, recognising that generic programs fail to address intersectional barriers such as racism, workplace discrimination, and systemic exclusion.

Wrap-around supports should include psychological services, childcare, flexible delivery options, alumni communities of practice, and workplace anti-racism, anti-harassment, and anti-bullying training to ensure safer career environments. Co-design with women of colour and grassroots multicultural organisations should be embedded to ensure programs are strengths-based and responsive to community needs. Long-term federal funding is critical, not only to scale proven models nationally but also to build sustainable leadership pipelines that deliver on the *Working for Women Strategy* and Australia's commitments to gender equality and multicultural equity.

The following are examples of impactful grass-roots leadership programs for women and gender diverse people.

Policy and Practice

Women of Colour Executive Leadership Program (Women of Colour Australia)
The *Women of Colour Executive Leadership* program (WoC ELP), developed by Women of Colour Australia (WoCA), is the first and only program of its kind in Australia, specifically designed by and for women of colour. It provides tailored leadership development, executive coaching, and peer support to address systemic underrepresentation of women of colour in leadership across sectors. The program was initially funded by the Victorian Government for three years (2022-25). The program includes five leadership modules and personalised executive coaching on courageous leadership, authentic communication, allyship, adaptive change, and inclusive workplace cultures.

Women of colour remain severely underrepresented in leadership roles across corporate, government, and community sectors. This absence is driven by systemic barriers, with 60% reporting ongoing workplace discrimination and harassment (Women of Colour Australia, 2022). Existing leadership programs often fail to address the intersectional challenges faced by women of colour, highlighting the urgent need for tailored pathways that reflect their lived experiences and unique strengths.

Proposal

\$1.5M over three years (2026–2029) to scale nationally, support 50+ participants annually, and embed outcomes into federal gender equality and multicultural frameworks.

Since 2023, over 40 women of colour—including First Nations women, LGBTQIA+ individuals, women with disabilities, and those from regional areas—have completed leadership training. All participants reported improved leadership skills, with 94% feeling more confident navigating workplaces as women of colour. Impressively, 70% went on to secure promotions or expand their influence within 12 months of completing the program.

Disability and Gender Leadership Program

Women with Disabilities Victoria (WDV) runs the *Disability and Gender Leadership* program, incorporating the *Enabling Women Leadership* program and the *Youth Experts* program.

The program's impact extends beyond the individuals who engage in it and has systemic societal impacts, as graduates apply their expertise to advocate for disability inclusion, access, and rights in the communities they live in. In addition, this program provides government with a diverse range of skilled and supported lived experience disability and gender advocates.

The *Enabling Women's Leadership* program is a free, highly sought after peer-led leadership and advocacy program that empowers women and gender diverse people with disabilities to build and utilise their leadership skills. Developed by and for women and gender diverse people with disabilities, the *Enabling Women Leadership* program delivers curated modules and mentoring in an inclusive disability environment that builds essential leadership skills, knowledge, and confidence. The program supports 30 participants annually through two rounds of eight four-hour workshops. Participants are also matched with mentors who can guide and support them to reach their individual learning and leadership goals.

In addition, Women with Disabilities Victoria runs Local Leadership Hubs as vital networks for women and gender diverse people with disabilities across Victoria. These hubs operate in Geelong, Bendigo, and Outer Eastern Melbourne, with an additional hub available online. By offering hubs online and in person, WDV enables increased involvement in the hubs by providing more ways to access the program.

Each hub hosts monthly, disability-led events facilitated by Hub Liaison Officers. These events are free and open to all, providing safe and inclusive spaces for participants to share experiences, learn about their rights, practice advocacy, and explore leadership opportunities. Beyond hosting events, Hub staff actively engage with their local community to promote disability inclusion and rights. This may involve participating in local government disability advisory bodies or representing the needs of women and gender diverse people with disabilities at family violence service coordination meetings.

By offering both a safe space for connection and empowerment and working externally to make communities more inclusive and accessible, the Hubs play a dual role. They not only reduce isolation and build individual confidence but also drive systemic change—making women and gender diverse people with disabilities more visible and valued within their communities.

Proposal

- Based on current costs for Victoria, it would cost \$3.4m to scale nationally, and would include:
 - \$463,000 for WDV's Disability and Gender Leadership program, incorporating Enabling Women and Youth Experts.
 - \$464,000 for the Local Leadership Hubs, including 3 physical hubs and one online and community engagement work.

If both programs are funded, the cost would be reduced as there would be less management oversight cost. **Total cost: \$878,591**

Funding and expanding WDV's *Disability and Gender Leadership* program as a national, peer-led model is a cross-cutting investment. Its impact rests on the long-standing, place-based relationships that state and territory organisations (like WDV) have built with women and gender-diverse people with disability, local services and government. Resourcing these trusted networks builds leadership (skills, confidence, visibility and civic participation) and prevents violence (reducing isolation, strengthening rights literacy, and creating disability-led pathways for early help-seeking and disclosure).

Graduates develop the skills and confidence to enter paid employment and/ or step into community and advisory roles. Likewise, the hubs offer sustainable mechanisms for ongoing community engagement, embedding change locally and making services and decision-making more inclusive. The success of this program requires scaling proven, community-rooted practice, rather than the development of separate stand-alone pilots.

MUSTER (National Rural Women's Coalition)

The *MUSTER Leadership* program, run by the National Rural Women's Coalition (NRWC), is a flagship initiative designed to empower women from rural, regional, and remote (RRR) Australia. This selective program brings together a cohort of women who are committed to growing their leadership capacity, deepening their understanding of governance and the federal political system, and giving back to their communities through volunteer-led projects.

The *MUSTER Leadership* program is delivered over six months through a mixed format that includes a four-day residential, webinar sessions, and report writing. A key component of the program is a volunteer project designed and implemented by each participant in their local community. These projects aim to increase rural women's leadership and participation in community life, ultimately strengthening rural communities through enhanced representation and engagement.

Proposal

- \$650,000 over 5 years for 12 participants from rural, regional and remote Australia, including facilitators, accommodation, travel, administration, coordination, and program evaluation.

Independent evaluation of the MUSTER program found it increases confidence, political and leadership knowledge, builds connections, fosters mentoring, and creates direct access to policy leaders, enabling effective community advocacy.

Graduates go on to lead in volunteer projects, industry, entrepreneurship, boards, and politics, with each investing back into their communities, creating an immeasurable ripple effect of positive impact.

Mentoring Program for Women Leaving Prison

The Women's Justice Network (WJN) operates a specialised Mentoring Program designed to support women and girls exiting the criminal justice system. This gender-responsive initiative pairs trained female volunteer mentors with mentees—women who have recently been released from custody or are at risk of incarceration—to provide social, emotional, and practical support during their reintegration into the community.

Mentoring relationships are built on trust, respect, and shared goals, and are tailored to each mentee's needs. Activities may include assistance with housing, employment, education, legal matters, and emotional wellbeing. The program is not case management or counselling, but rather a supportive relationship that empowers women to make positive life choices and build resilience.

Proposal

- Expand the WJN's program federally, funded through the National Justice Reinvestment Program.
- Focus on regions where female population in prisons is especially high – QLD, WA, NT and SA.
- WJN estimates \$10,000 per woman per year to operate the program, current avg daily population of women in prison is 3,296.
- WJN wants \$2m per year from NSW gov to operate in NSW.

Operating primarily across Sydney and regional NSW, WJN's program has demonstrated strong outcomes, with 93% of participants who engaged for a year or more not returning to custody. Mentors receive training, ongoing supervision, and support from WJN staff, and are encouraged to foster a sense of belonging and community connection for their mentees.

These outcomes include:

- Nationally, 43% of people released from prison return within two years (this data is not broken down in relation to gender) – higher for Aboriginal and Torres Strait Islander people (Productivity Commission, 2025).
- Cost of incarceration – state, territory and federal governments spend \$6.8 billion on incarceration annually (Institute of Public Affairs, 2025).

PACE Leadership

The *Participate, Advocate, Communicate and Engage (PACE) Leadership* program is an evidence based, community-led initiative developed by the Multicultural Centre for Women's Health in 2009. The *PACE* program aims to strengthen the way migrant and refugee women and gender diverse leaders take the lead within their workplaces, communities and everyday lives.

By redefining idea of leadership, *PACE* opens spaces for migrant and refugee women and gender diverse people to participate within their own spheres of influence and feel empowered to create lasting change in their lives and communities. The program builds migrant and refugee women and gender diverse people's capacity to:

- Participate in the workforce, civic and community life,
- Advocate on issues that concern them to make positive change,
- Communicate leadership qualities and skills, and
- Engage with issues and others in the community for the purposes of providing ongoing support to other migrant women.

Proposal

- Provide ongoing funding to MCWH to deliver *PACE Leadership* nationally and to resource and sustain the *PACE Leadership* network.
- **Total cost over four years: \$3.6 million**

To date, almost 500 women and gender diverse people have participated in *PACE Leadership*. All participants of *PACE Leadership* are linked into the *PACE* network, a community of migrant and refugee women and gender diverse people who are leaders, advocates and change makers in their communities. *PACE* network provides a platform for ongoing connection, professional development and engagement.

Priority Area Five: Leadership, Representation and Decision-Making

Diversity and Intersectionality in Government

Recommendations

- Legislate disability representation quotas for government boards and committees and APS positions (with specific targets for intellectual disability).
- Ensure reporting under the *APS CALD Employment Strategy* disaggregates data to capture migrant and refugee women's representation in APS leadership and decision-making roles.

Policy and Practice

To ensure federal leadership structures reflect the diversity of the communities they serve, we urge the adoption of targets and reforms modelled on the *APS Culturally and Linguistically Diverse (CALD) Employment Strategy*. For example, the APS has committed to increasing CALD representation in senior leadership to 24%, recognising discrimination in promotion pathways, and embedding cultural capability in recruitment and progression criteria (Australian Public Services Commission, 2024).

Embedding such commitment in federal governance and board appointments — with clear accountability and reporting — would strengthen representation for migrant and refugee women across decision-making spaces.

Legislation should establish clear public-sector targets and quotas, so representation is standard rather than incidental. An APS disability employment target of 15% should be set, with at least 3% of roles designated for people with intellectual disability. Employers with more than 100 staff should also be required to track and report their disability employment figures. These settings respond to current exclusion (only 5.1% of APS employees disclose disability) and to wider labour-market gaps for women with disability (lower employment and full-time participation, and persistent segregation in ADEs). Together, targets and transparent reporting create real jobs, open progression pathways, and lift visibility across government boards and committees.

Funding Requirements

This is primarily a policy and accountability lever. Costs arise from upgrading reporting systems, providing reasonable adjustments, and improving accessible recruitment and onboarding. These are offset by existing programs and can be supported by a modest uplift to employer assistance (for example, expanding and promoting JobAccess to agencies and candidates).

Outcomes

Clear targets and public reporting embed real jobs and real opportunities for people with disability, set a benchmark for the broader labour market, and build a pipeline into senior leadership. These interventions are critical for developing quality policy and service design. The approach also reduces reliance on segregated employment by creating accessible government roles with progression, and it aligns with national economic-justice priorities.

Closing Statement

By committing to these evidence-based, inclusive reforms, the government can close longstanding gaps, drive transformative change, and advance gender equality for all. Investing in the priorities set out here will deliver lasting social and economic benefits, ensuring that every woman and gender-diverse person in Australia has the opportunity to live safely, participate fully, and contribute to a stronger, fairer nation.



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Appendices

Appendix A: Costing and Methodology

Social Return on Investment (SROI): Methodology (Budget-Wide)

Purpose and scope

This section shows the value created by the National Women's Alliances' budget package across five areas:

1. gender-based violence, 2) care (paid and unpaid), 3) economic equality, 4) health, and 5) leadership and representation.

It supports the Government's *Working for Women Strategy* and the *National Plan to End Violence Against Women and Children*. We use a careful, Treasury-style approach so results are realistic and easy to audit.

How we map the investments

- We group each measure under the portfolio that would deliver it (for example DSS, AGD, Health, Education, PM&C, Housing/HAFF, Jobs and Skills).
- We compare new funding to today's funding levels (the "do-minimum" baseline).
- Every dollar sits in only one category, so we do not count the same benefit twice.

Examples of what sits where

- Gender-based violence: recovery services, safe housing and crisis or transitional accommodation, technology-facilitated abuse responses, justice and frontline training, safety nets for women on temporary visas.
- Care: superannuation for carers, child support reforms, targeted early childhood education and care (including rural and remote), leave that recognises culturally embedded caregiving.
- Economic equality: gender impact assessments of tax and transfer settings, higher income support rates, removal of punitive means tests, gender-responsive housing and homelessness policy.
- Health: universal contraception access, reproductive care pathways, trauma-aware mental health care, First Nations suicide-prevention scaling.
- Leadership: APS and board targets or quotas, tailored leadership programs for under-represented women, intersectional data and frameworks.

Where the evidence comes from

We use credible Australian sources: Australian Institute of Criminology, Productivity Commission, Australian Human Rights Commission, ABS, AIHW and peer-reviewed evaluations.

- If several studies exist, we use a middle value for the main result and a lower and upper value for testing.
- We adjust numbers so we do not count the same saving in more than one place (for example health savings appear only once).

How the calculation works (in practice)

For each item we do three steps:

1. record the funding amount,
2. apply the best-fit SROI ratio from the evidence,
3. calculate the benefit (funding multiplied by the ratio).

We then add up the benefits across all items and all five priorities.

Typical central ratios we use (conservative):

- GBV recovery services: about 4 to 1.
- Early resolution, alternative pathways and tech-abuse prevention: about 3 to 5 to 1.
- Care (super for carers and ECEC access): about 2.5 to 4 to 1.
- Economic equality measures: about 2 to 3.5 to 1.
- Health (universal contraception and trauma-aware mental health): about 3 to 7 to 1.
- Leadership pipelines and targets: about 1.5 to 2.5 to 1.

If evidence is mixed, we use the lower number. We use the middle only for proven, scalable programs.

Settings that keep the numbers sensible

- Discount rate: We present results in today's dollars using 3 to 5 percent (central case 3.5 percent).
- Time horizon: 10 years for people-focused outcomes (health, care, leadership). 5 to 7 years for operational efficiencies in justice and GBV.
- Participation and productivity: We include conservative gains from reduced absenteeism and turnover and increased hours worked where supported by evidence.
- Fiscal impacts: We track avoided costs in health, justice, housing and income support.
- Equity lens: Results are reported by cohort (First Nations, disability, migrant status, rural and remote, young people).

Making sure the credit is fair

- Deadweight: we remove outcomes likely to happen anyway.
- Attribution: we share results across Commonwealth, states and community partners where they contribute.
- Displacement: we adjust if savings in one place raise costs elsewhere.
- Drop-off: we reduce benefits over time to reflect that some effects fade.

A simple worked example (central case)

- GBV: A\$250m at 3.5 to 1 → A\$875m.
- Care: A\$200m at 3.0 to 1 → A\$600m.
- Economic equality: A\$180m at 2.5 to 1 → A\$450m.
- Health: A\$150m at 4.0 to 1 → A\$600m.
- Leadership: A\$40m at 2.0 to 1 → A\$80m.
 - Total (undiscounted): about A\$2.61b.

After removing deadweight and similar effects (about 20 percent in total) and discounting at 3.5 percent, the benefits still clearly exceed costs, with a program benefit-cost ratio above 2 to 1.

Testing how sensitive the results are

We test:

- Ratios: use the lower end of each range for a “low case”.
- Uptake: raise or lower expected participation by 20 percent.
- Timing: delay benefits by 12 to 24 months for workforce or leadership reforms.
- Discount rate: re-run at 3 percent and 5 percent.

We present a small table or chart that shows how each change affects results.

Data, monitoring and evaluation

- Data sources: ABS, AIHW, AHRC, program management systems and independent evaluations.
- Equity indicators: access, quality, safety and outcomes by cohort and location.
- Transparency: publish assumptions and an item-by-item map of costs and benefits.
- Evaluation: plan for both process and impact evaluations and set decision points for scaling.

Guardrails and caveats

- This is a whole-of-budget model, not tied to any single inquiry.
- Ratios are evidence-based and adjusted to avoid double counting.
- Results include both direct budget savings and wider social benefits, consistent with public-sector cost-benefit practice.
- For newer areas (for example some leadership programs), we use pilot settings and scale up only when results are verified.

Appendices

Appendix B: Consultation with Members

Working with Women Alliance

A total of 120 individuals responded to the survey, representing every state and territory. The vast majority of respondents were women, with only two men and three non-binary participants. All adult age groups were well represented; however, two-thirds of respondents were aged over 45. Nineteen participants reported speaking a language other than English at home, with Italian, Arabic, and Cantonese being the most common languages.

In addition to the survey, the consultation process included a series of targeted deep-dives and discussions with key stakeholders and community representatives in our membership over 850 individuals and organisations. These sessions provided rich qualitative insights that complemented the survey findings, helping to capture diverse perspectives and lived experiences across regions and demographics.

The consultation and engagement work is further supported by two standing Policy Advisory Committees and four specialist Working Groups focused on Gender-Based Violence, Economic Equality, Child Support Reform, and Reproductive Rights. These structures ensure that policy positions are informed by evidence, expertise, and lived experience, and that emerging issues can be explored through ongoing collaboration across the sector.

Australian Multicultural Women's Alliance

AMWA has engaged with over 25 organisations working on women's health, women's education and employment, and women's safety, including small CALD organisations as well as larger multicultural peak bodies, specialist advocacy organisations, and service providers. In addition, AMWA has participated in focus group discussions with community members through a women's advisory committee at FECCA, as well as individual one-on-one consultations with multicultural women with lived experience and insights on women's safety, career progression, housing discrimination and skills accreditation.

National Aboriginal and Torres Strait Islander Women's Alliance

Twenty individuals participated in the NATSIWA survey, with 90% identifying as First Nations. Among the participants, 35% reported living with a chronic illness, while an additional 20% live with both a chronic illness and a disability. A significant majority—85%—have experienced gender-based violence, and 55% are primary carers for children.

Women with Disabilities Australia

Seventy-nine individuals responded to the survey, all identifying as women or gender diverse people living with disabilities. Of these, over 10% (nine respondents) identified as gender diverse, non-binary, or agender, and a similar proportion identified as culturally and linguistically diverse (CALD). More than three-quarters (60 respondents) reported living with at least one chronic health condition, while over 45% (36 respondents) identified as LGBTQIA+SB. Additionally, over 15% (36 respondents) live in rural or remote areas. Notably, only one respondent identified as Aboriginal or Torres Strait Islander.

Appendices

Appendix C: Available Program Evaluations and Costings

Wisdom in Practice Program

The Victoria-based Wisdom in Practice program has demonstrated its effectiveness in embedding lived experience into the professional development of frontline family violence workers through a structured reverse mentoring model. A fully costed model of a national pilot program of this initiative is available on request.

National Youth-Based Text Service for Intimate Partner Violence

The success of Lifeline Australia's SMS-based crisis intervention pilot provides strong domestic evidence that text services are not only effective, but essential in reaching under-served groups. In Sweden, the national youth service, *ungarelationer.se*, offers confidential chat support, relationship education, and a quiz to help youth identify abusive dynamics. A fully costed model of a comparative text service for Australia is available on request.

HECS-HELP Forgiveness Scheme

The Australian Government could invest \$57.1 million over five years to establish a HECS-HELP debt forgiveness program for graduates who commit to at least four years in the social services sector. A fully costed position paper on this policy is available on request.

Women on Visas Leaving Violence Pilot

The Temporary Visa Holders Experiencing Violence Pilot has been successful in filling a service gap where previously, 2.8 million temporary visa holders in Australia were ineligible for government support. The pilot was intended to fill a service gap for people on temporary visas who have specific needs and restrictions on their eligibility for government support when fleeing domestic violence. A fully costed model of a national pilot program of this initiative is available on request.



NATIONAL WOMEN'S ALLIANCES

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