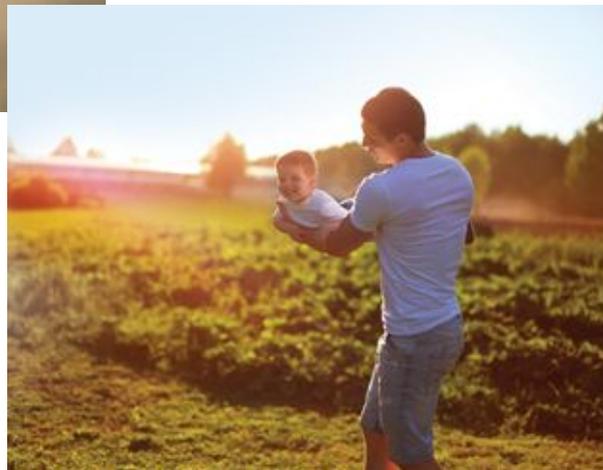




*Transforming  
lives for stronger  
communities*

# Royal Commission into Mental Health Productivity Commission Consultation



# **Royal Commission into Mental Health Productivity Commission Consultation Family Life Submission - April 2019**

## **Introduction**

Family Life welcomes the opportunity to share from our practice, research and vision to propose recommendations for consideration by the Royal Commission into Mental Health Productivity Commission.

As an independent community service organisation, Family Life exists to create capable communities and strong families where children can thrive. Our submission seeks to illustrate the potential to strengthen purpose, productivity and progress in mental health interventions for best outcomes for children, families and communities.

## **Purpose**

Our paramount concern is the best interests of children, and their families.

A systems view is essential to achieving holistic interventions to address complex mental health issues. Ensuring that interventions occur early will support prevention of intergenerational transference of health issues. Current mental health interventions are often siloed and not informed by a systemic lens to bring into focus the best interests of children and their families. For example, adult mental health services may not focus on an individual client as a parent, and therefore may not attend to the family dynamics impacted as a result of parental mental illness or indeed impacting on the illness. When a diagnosis is provided, and functioning is considered, consideration may not be given to parenting function and capacity. Interventions must be designed to adapt for the complexity of needs which must be met by the whole system.

The filicide research undertaken by Family Life<sup>1</sup>, focuses on preventing situations where children are at risk of lethal harm, and demonstrates a need to be aware of the relationships around the child, and the parents, to better inform our assessments and interventions for serving the best interests of children. The universal health system is an essential identification point for parents with a chronic or emerging mental illness who can escalate, when unsupported, to killing their children.

We propose that the focus of the Productivity Commission includes exploration of opportunities to strengthen service and systems integration within and beyond the current formal mental

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<sup>1</sup> Cavanagh (2017) Chapter 12 Why Parents Kill Children: Understanding Filicide, Brown, Tyson and Fernandez Arias.

health service system to adapt evidence based community programs to strengthen and invest in early intervention and joined up services provided in ways which are responsive to people's needs and not stigmatising to use.

Family Life recommend a more holistic community based response to mental health issues. This response should be more systematically owned and driven by community and the not-for profit organisations that serve the community, striving to reduce problems and enhance resilience for children and quality of life for adults.

## **Family Life Overview**

Family Life is an independent, community service organisation with a well-established footprint on the Bayside Peninsula, Victoria, through 49 years of service delivery in the region. Family Life have offices based in Sandringham, Cheltenham, Frankston and Tootgarook and have outreach offices in Dandenong and Sunshine. To achieve our vision of capable communities, strong families and thriving children, Family Life provide holistic, therapeutic and practical services, support and community connections. Our long connection to the local community has enabled an extensive network of community partnerships and connections, that are leveraged to enhance outcomes for clients.

Counselling, family support, mental health services, parenting support, therapeutic and educative groups, are core skills and expertise for Family Life staff.

Family Life deliver a large suite of state and federally funded services including generalised counselling, Family and Relationship Counselling, specialised family violence work (Women, Men and Children), Family Dispute Resolution and Mediation, post separation services, Children's Contact Services, Parenting Orders Program, School Focused Youth services, Integrated Family Support Services, Family violence services, Adolescent family support services, High risk infant work and extensive group and community supports.

Beyond our suite of counselling services Family Life also deliver the Mental Health support program SHINE (see below) and the Connect program. This program reflects the first step in mental health intervention under the stepped care model for Dandenong. Peer support is offered to people from diverse cultural backgrounds with the aim of earlier intervention for mental health issues, delivered in culturally appropriate ways in multiple languages.

Through long term delivery of these programs all Family Life teams, are adept at internal referrals and joint case work to ensure the client is able to access a suite of programs relevant to their presenting needs and case plan.

Case services are enhanced by place based community programs including residents and trained volunteers providing visibility, friendship and support for isolated families. Community programs are further integrated with Social Enterprise Opportunity Shops for practical assistance and a PeopleWorx skills building and employment pathway program.

This is a model of integrated and holistic service response working across universal, secondary and tertiary service systems with wrap around community support. Family Life's approach was most recently recognised and cited as a model for future consideration within the federal government program for Family Law Reform. Our community engagement expertise also led to the successful attainment of a national award winning Collective Impact initiative in Cardinia Shire to reduce family violence; called Together We Can.

### **Family Life - Approach to Mental Health**

Family Life subscribe to a biopsychosocial model of health which acknowledges that determinants of health and well being reside within our environment and not solely within individuals. Understanding that trauma and precipitators to mental ill health, such as loneliness, are experienced and held in community illuminates trauma as a key predisposing and perpetuating factor to mental illness. If communities can be empowered to operate as Trauma Informed Communities then individuals and families at risk of mental illness are likely to develop greater resilience or are likely to be better supported through any decline by their protective communities. Investment in community would therefore equate to lower expenditure and reliance on individualised schemes of mental health intervention.

Family Life have successfully utilised Collective Impact to mobilise communities towards a common goal. This community based intervention has been tested and documented within the Australian communities we operate and can be replicated with a mental illness prevention lens. Our Connect program reflects this community orientation by bringing peer support and volunteers on board to support mental health recovery. This has been especially important within the multi-cultural community Connect is provided and the service is offered in multiple languages. Strong local community consultation and advocacy promotes inclusion in this initiative.

Family Life has delivered the federally funded Family Mental Health Support Service, under the banner SHINE for over 10 years across Dandenong and Casey, and previously Bayside, Kingston, Frankston and the Mornington Peninsula, supporting the wellbeing of children and young people aged up to 18 years of age. The program prioritises support for young people who identify as Indigenous or from CALD backgrounds. This complete pilot program was not refunded by the Federal Government despite the evidence of need and impact.

The reduced SHINE program now offers a combination of group programs, short term and intensive case management services for children and young people who are at risk of, or affected by, mental illness. SHINE supports parents to reduce stress and enables young people to reach their potential. SHINE has been delivered in metropolitan, suburban and regional contexts with a high degree of efficacy. With partners, we work holistically, to support trauma recovery and strengthen mental health and wellbeing. We have been able to continue the pilot program at Doveton College and consolidate the evidence of promising practice. (Doveton College evaluations include citations of the program value and impact).

Family Life have a clinical governance model implemented by a team of senior mental health clinicians. This provides oversight and allows for complex case support to ensure individuals who experience mental health issues are supported by our Family Life system while we enable community change and advocate for broader systemic interventions.

In providing this submission we ask consideration be given to our extensive expertise developed over many years which is freely shared for optimised impact and public benefit. We have subject matter expertise related to mental health and systems knowledge to support reform.

### **Scope - Early Intervention and Prevention includes consideration of the following issues and recommendations**

Family Life has identified a number of key mental health issues in the communities we serve that can be helpfully scoped into the the productivity commission's recommendations to support subsequent reform. This document reflects a summary of our recommendations and we welcome the opportunity to detail these further.

Issues affecting Mental Health in the communities we serve:

- Social Isolation contributes to long term mental illness and reduces efficacy of individual interventions.
- Disconnected services and service streams lead to misaligned intervention and missed opportunities to get help to people in need.
- Gendered economic disadvantage, particularly in women aged over 50, prevents access to well resourced and evidence informed supports.
- Trauma operates at multiple layers of the community with intersections at the individual, family and community level.
- Narrow formulation of mental health issues contributes to criterion based interventions which serve to “gate keep” and that are not holistic and have limited efficacy.

**Family Life recommend the Productivity Commission consider:**

#### **Social Outcomes**

- Recommendation 1: Community role in Mental Health interventions. Family Life propose that the evidence be applied to strengthening community capacity to enhance the felt security of individuals. Community support can be better mobilised as a core component of primary mental health interventions.
- Recommendation 2: Promising Practice and new digital strategies be applied to better connect services to improve accessibility and meet the needs of vulnerable clients. Funding models support integration of services to realise the aim of securing well designed and resourced services that find clients rather than expecting those

experiencing the problems to be able to seek help. New Collective Impact and Leadership frameworks enable more effective collaboration for such work.

- Recommendation 2a. Multi disciplinary teams are invested in as critical to success in holistic mental health interventions. Practice frameworks for these teams consider evidence informed practice as a step away from expensive and often ineffective EBPs that do not target the multiplicity of client mental health issues.
- Recommendation 3: Interventions are designed to translate evidence into practice and provide what is needed to promote mental health for infants and their families.
- Recommendation 4: Whole of family and systemic intervention tackles prodromal mental health issues. Volunteer and peer support models are integrated with formal interventions.

### **Economic Outcomes**

- Recommendation 5: Specific interventions target economic disadvantage and social isolation in marginalised cohorts, for example women aged over 50.
- Recommendation 6: Community capacity building interventions are invested in and used to support people with disadvantaged access to training to develop skills that enhance workforce readiness. Partnerships with stakeholders such as local business are critical.
- Recommendation 7: Individual targeted interventions are enhanced when connected to Place Based Social Enterprise and Collective Impact initiatives, which leverage community assets to provide services for local communities while offering employment to local people.

We believe that we have a unique opportunity to inform and support testing of increased focus for prevention and early intervention. Further information guiding these recommendations is captured in the submission below.

Our teams at Family Life are available to meet further with members of the Royal Commission, and look forward to further discussion to assist with progressing the Commission, our recommendations and outcomes of this review.

**Alison Wainwright**  
**Deputy Chief Executive Officer**

**5th April 2019**

**Recommendation 1: Community has a role in Mental Health interventions. Family Life propose that the evidence be applied to strengthening community capacity to enhance the felt security of individuals. Community support can be better mobilised as a component of primary mental health interventions**

Clients accessing the mental health system for support will typically experience an intervention that is discordant with the community setting. Community can be a key resource for individuals with mental health issues but is undermined by interventions that sit outside of the community.

**Trauma Informed Communities**

Family Life has invested substantially in international evidence based models of trauma support to ensure they are able to offer best practice service provision to families. Family Life have a team of specialist trauma practitioners who have undergone professional training in the Neurosequential Model of Therapeutics (NMT) through the Child Trauma Academy, USA. Pioneered by Dr Bruce Perry, a child psychiatrist and neuroscientist, the NMT was developed to support assessment and intervention with traumatised children and families where presenting concerns include developmental delays and behavioural challenges in children, family fragmentation and mental health symptomatology. The model allows for the completion of a metric to identify areas of developmental compromise across the domains of sensory integration, relational capacity and cognitive and regulatory capacity. This is supported by the development of a tailored therapeutic response to support recovery and resilience.

While increased knowledge of trauma is essential, application to community interventions is key to sustained mental health recovery. Since 2015 Family Life has implemented our Hopscotch Program and a developed a Theory of Change which supports trauma recovery for clients, based on NMT. These come together in our whole of agency trauma healing framework, the Hopscotch framework. This has been applied to a variety of community based interventions.

**Here4U**

Family Life has developed Here4U, a trauma informed, community support and advocate program that promotes gender equality and community inclusion.

Here4U is a family violence bystander intervention program that trains volunteer participants to recognise when family violence may be occurring and respond appropriately. The program coaches and empowers participants to be leaders in their communities, responding to attitudes perpetuating violence against women. Given the correlation between family violence and compromised mental health, this program has the potential to impact community health and wellbeing.

Here4U equips participants with tangible strategies and resources to challenge behaviour norms that contribute to a violent culture.

Here4U provides support to:

- women and children experiencing/recovering from family violence
- men's behaviour and attitude change
- Engagement with the broader community to challenge social norms that perpetuate violence against women
- Engagement with the broader community in prevention of elder abuse and support people experiencing abuse
- social shift towards gender equality

Such programs should be adopted into the primary prevention landscape for mental health interventions.

**Recommendation 2: Promising Practice and new digital strategies be applied to better connect services to improve accessibility and meet the needs of vulnerable clients. Funding models support integration of services to realise the aim of securing well designed and resourced services that find clients rather than expecting those experiencing the problems to be able to seek help. New Collective Impact and Leadership frameworks enable more effective collaboration for such work**

How hard is it for someone in a depressive episode to get to a service and ask for help?

An integrated service response includes shared responsibility for identifying those who might benefit from timely assistance and support. This includes therapeutic services working in close alliance with universal services such as schools and hospitals. Such integrated services need to become the norm rather than the exception in order to promote health and well being as well as early intervention in the onset of illness and problems.

At Family Life's Family Relationship Centre we have joined up state and federally funded services to ensure better access and outcomes for clients who attend the centre. The FRC's 'no wrong door' approach plays a key role in triaging families who present with a wide range of complex needs. Integration of Family Law, Family Relationship (federally funded) and Family Violence support (state funded) teams at Family Life promotes the visibility of individuals and families in all services and ensures that multidimensional and targeted support services are put in place. This supports families who are at a vulnerable point in their lives to choose the best way forward, and at a pace that meets their needs.

Family Life have identified the period of family separation as a key precipitator to mental illness. Both state and federal specialist family separation and family violence services are on site to provide safe, timely support to separating families. These services include victim survivor women's support group, men's behaviour change programs, and the 'Dad's in Focus' program

that keeps perpetrators of family violence accountable and in view. The Frankston FRC is also colocated with the state funded 'Orange Door' family violence services hub. Families attending the FRC are supported by their allocated practitioner to connect with services that meet their particular needs. This model should be replicated within a mental health intervention context.

## **Case Study**

The family was court ordered to commence supervised time with children's contact services (CCS). The order aimed to promote safe contact between Darren\*, the father and Anna\*, the child following a parental relationship and separation which was characterised by family violence. The family elected to access the Bayside CCS due to no wait times. Anna was transported to CCS by her Mother, Mary\*.

Both parents signed off on a Service Agreement prior to commencing, confirming their agreement to work within service recommendations and focus on safe boundaries and the child's best interests. The family was supervised for a period of 2 years on a fortnightly basis, focussing on safe handover, child focussed visit preparation and parental coaching.

When the family experienced unexpected financial hardship the case was referred to the Frankston Government Funded CCS. However once the situation changed the family 'stepped up' to Bayside CCS, and the case was ultimately transitioned into unsupervised time by the Family Court.

During the CCS intervention both parents were referred into integrated state and federally funded services to ensure they developed approaches to parenting which continued to prioritise the needs of the child and family safety. Both parents accessed the Parenting Orders Program (POP) and the father engaged with the Men's Behaviour Change Program. Anna was able to verbalise her needs and hopes as part of the POP program and this informed how CCS was facilitated and ongoing feedback to the parents. The families intervention was informed by the Parenting Under Pressure program and Mary and Anna accessed this as longer term case support.

The intervention ensured case conferencing with legal aid and responded to the considerations outlined by the Magistrates Court and Family Court orders while facilitating safe communication between family members. This integrated intervention was built up from the needs of the child, it focussed on parenting skills while ensuring that Darren developed accountability for his behaviours. Anna was able to have safe contact with her father, while the parents were able to transition into a sustainable parenting plan.

Through this connected service system no element of the family or system experienced mental health decline.

\*All names have been changed to protect the privacy of the family.

## **Child and Parent Centre for Excellence**

The Child and Parent Centre presents an innovation led by Family Life in partnership with The Royal Women's Hospital, The Alfred Hospital, The Australian Childhood Foundation, Bayside City Council and Swinburne University. Our goal is to establish a centre for excellence which brings the best evidence and new technologies to enabling better outcomes for vulnerable children and parents. The innovation draws together health and social services expertise into one seamless service delivery model. Services will be supported by real time data collection and analysis and new technologies to provide timely, quality responses to the diverse children (0-4) and families who come to the health and social services precinct through self and specialist referrals.

Over the past two years Family Life has led discussions, co-design and planning to progress the partnership work for an innovative approach to optimise the expertise and resources clustered on the Bluff Road Sandringham precinct. Our work is now progressed to seeking expert building design and planning expertise to translate the service vision into a physical structure. We need a place where children and families will feel welcome, cared for and able to engage in the services needed to resolve a range of issues from life stage transitions to complex, intergenerational trauma and vulnerabilities.

It is Family Life's intention to construct a new multi-level building on 199 Bluff Road Sandringham owned by Family Life and zoned for public purpose use. The building on 199 Bluff Road will need to provide for therapeutic child and family services enabled by new technologies and service innovations which support research and knowledge translation for efficient and effective work to solve problems and promote wellbeing.

Service partners are currently progressing with the integration of health and social services to improve outcomes with unborn children and infants at risk for harm and statutory intervention. This work aligns to delivering on the Victorian Government Roadmap for Reform, with a particular focus on Reform Directions 1 and 2 to improve the access for vulnerable children and families to universal services, and targeted wrap around services to heal trauma and prevent problem progression into high cost health and welfare services, including child removal and out of home care.

**Recommendation 2a: Multi disciplinary teams are invested in as critical to success in holistic mental health interventions. Practice frameworks for these teams consider evidence informed practice as a step away from expensive and often ineffective EBPs that do not target the multiplicity of client mental health issues**

The success of joined up service delivery in the provision of multidimensional interventions targeting a multiplicity of needs rests on skilled practitioners from different professions integrating their practice within a common framework. Family Life have achieved this in the aforementioned projects and in our Family Violence Trauma Intervention 'Strength2Strength'.

Key enablers of this success include the adoption of a common elements approach into practice frameworks, strong collaboration and partnership and skilled program management.

Family Life recommend a review of Evidence Based Programs under this Commission. Further review of the mental health sector should interrogate the reliance on EBPs and the impact of this on missing perpetuating factors of mental illness.

### **Recommendation 3: Interventions are designed to translate evidence into practice and provide what is needed to promote mental health for infants and their families**

Working from a child centred, trauma informed and developmentally sensitive position provides families with greater insight about the impacts parental illness and trauma have on the child and promotes case planning, therapeutic interventions and co-parenting decision making to occur from the lens of determining what is in the best interests of the child.

Family Life recommend that programs targeting infant and family mental health be invested in as primary mental health interventions. These holistic but specialised interventions enable infant and parent mental health support to be cached within a broader suite of supports.

#### **Community Bubs Model**

Community Bubs is a philanthropically-funded program run by Family Life that supports families in the community to ensure babies thrive and develop in a safe and supportive environment. This Family Life innovation applies evidence and best-practice research in a 12-month program to assist families where parents might be struggling with parenting or experiencing complex issues such as homelessness, family violence, and drug and alcohol issues. The families may be at-risk of child protection removing children from their care.

Community Bubs was established in 2004 and is a privately funded initiative made possible through the generosity of the Cybec Foundation and Cabrini Health. Community Bubs was initially a three year demonstration project to trial an intensive community-centred support model for parents and infants with high needs.

The model uses the Victorian government's definition of vulnerability (Victoria's Vulnerable Children - Our Shared Responsibility Strategy 2013–2022), which defines children and young people as vulnerable 'if the capacity of parents and family to effectively care, protect and provide for their long-term development and wellbeing is limited'.

The Community Bubs Program is an evidence-informed program and incorporates the following key theories of practice:

- Systems Theory
- Attachment Theory
- Strengths Based Practice

- Trauma Informed Approach

Case management programs such as Community Bubs should be recognized through the Productivity Commission as therapeutic and organised within the early intervention and primary intervention scope of mental health work.

#### **Recommendation 4: Whole of family and systemic intervention tackles prodromal mental health issues**

At a local, state and federal level we invest in family support programs and separately in mental health recovery. Family Life recommend that the Productivity Commission reframe whole of family interventions as key enablers of mental health support. Subsequent investment in the upskilling of the family support workforce to provide, or lead care teams who provide, family support and also targeted mental health intervention would reduce net cost to society.

This approach would recognise models of family support as early intervention for mental illness and more appropriately equip the system to effectively engage with mental illness. This approach targets the family and social systems around an individual rather than working with the individual in isolation.

Engaging a whole of family approach in interventions supports the build of social capital for vulnerable individuals, equipping them with supports to manage mental health decline. This also enables families to be better equipped to support decline. Family Life engages volunteers and peer support mentors in its family and mental health support programs. This means an intervention can draw on the lived experience of the community to support individual change.

#### **Recommendation 5: Specific interventions target economic disadvantage and social isolation in marginalised cohorts, for example women aged over 50**

Population and economic data is highlighting that there are new groups and communities experiencing health and social difficulties as a result of change, disruption and increasing vulnerability. Family Life recommend a review of cohorts considered marginalised in Australia and the interventions designed to respond early to disrupt pathways to chronic illness and exclusion.

For example, the evidence of increasing homelessness amongst women over the age of 50 prompted Family Life to explore how women in this age group were faring in communities we serve. Our research explored intersectional factors that determine levels of vulnerability and wellbeing for this cohort and included community consultation and needs assessment. Risk factors were identified for the cohort which include asset division, unexpected life events, including “health shocks”, reliance on rental accommodation, social isolation and poor access to transport.

Our research explored the drivers, determinants and outcomes of wellbeing in this age group, and through this process, protective factors were identified. These include financial knowledge, retaining control over financial affairs, home ownership, social connection, positive social attitudes, values about gender roles and an improved social understanding of ageing.

Our research concluded that a program focusing on social connection may provide the most effective opportunity to quickly contribute to positive outcomes for women. A growing body of research appears to strongly support the association between social connection and longevity, health-related outcomes, and wellbeing. It appears to mediate numerous intersectional factors which impact on financial wellbeing, and plays a protective role.

This curiosity to test the data has led to an innovation, Family Life Catch Up4Women project. Codesigning with the women impacted, we are aiming to strengthen the quality of life and financial security of older women (aged 50+) by improving social connectedness, access to and awareness of the resources and services available to them. The Catch Up program brings women together to learn, socialise and support each other, and facilitate engagement with specialist advice and resources. General learning is proposed through coaching or mentorship to develop a plan customised to each individual's circumstances.

The supports for those most at risk of insecurity and homelessness need is expanding and we must ensure that women know how to connect to such supports. We must check that services and resources are "user friendly" and provided in the most helpful way possible. We need to help women Catch Up with what they need and to know how to do that, and increase opportunities for women to socialise and Catch Up with others to strengthen their wellbeing and quality of life.

Our research determined that women can literally "catch up" on information about finances and planning for future aging, and can "catch up" with each other to discuss that information and planning. Social connectedness is highly correlated with well being. Maintaining and expanding such connections may be one of the most important things women can do to strengthen security and well being as they age and to realise the opportunities to promote wellbeing in themselves and others.

Our approach:

- Evidence based model, assumptions articulated
- Addressing gaps and projected population-level risks
- Based upon socio-neurological, and socio-ecological theory and evidence
- Utilises a population-based public health prevention, life-course approach
- Co-design, co-production and testing of implementation pilot
- Multi-sectoral, community led approach.
- "It takes a village to age gracefully"

Two 'arms' of the initiative:

- Primary prevention, whole of population, national level.
- Secondary prevention, targeted/high risk population, local level. Testing of implementation outcomes and program outcomes; model development.

Aligned to outcomes set by:

- United Nations (UN) Sustainable Development Goals 2020
- World Health Organization (WHO) Active Ageing Policy Framework
- Australian National Health Performance Framework
- Victorian Public Health and Prevention Framework
- Neurosequential Model of Therapeutics (NMT)

The approach to the generation and roll out of Catch Up can be applied to other marginalised cohorts and/ or rolled out more broadly to target earlier intervention for mental health issues.

**Recommendation 6: Community capacity building interventions are used to support people with disadvantaged access to training to develop skills that enhance workforce readiness. Partnerships with stakeholders such as local business are critical**

Supported economic connection through employment, provides opportunities for connection, relational health and wellbeing for people with a lived experience of mental health difficulties. Further investment should be made into programs that provide an integrated package of support to enable employment and/ or return to study. Volunteering is an important social prescription that supports wellbeing, reduces social isolation, builds social capital and confidence, all supporting the opportunity for economic productivity.

In 2003, Family Life piloted a program for young people experiencing homelessness, who were struggling to find employment, with no work experience and no support network. This pilot saw 20 young people participate in Family Life's Peopleworx program, with 90% securing ongoing employment. Over the past 15 years, over 1000 disadvantaged, unemployed people have participated in PeopleWorx, with many moving to employment, further education and volunteering.

Our understanding of the interconnection between trauma, social barriers to employment and economic vulnerability has evolved. As part of that Family Life has developed an enhanced model, Peopleworx 2.0

PeopleWorx 2.0 is unique in that it seeks to support disadvantaged youth into employment through a multi faceted approach:

- Peer mentors to build participant resilience, mitigate social isolation and maintain participant engagement.

- Trauma informed assessments with referral into wrap around supports to mitigate barriers to employment.
- Practical psycho-education to grow employability.
- Partnership with business and embedding PeopleWorx within a community through work experience at diverse, local workplaces.

Programs such as Peopleworx 2.0 require investment. Vulnerable community members require this intersection of social and employability services to experience success in training. This investment must be supported by community that take ownership of the intervention, thus local organisations are essential drivers of success. Family Life recommended that investment in specialised training programs co-occurs with investment in Recommendation 1, community capacity building and strong partnership with business.

**Recommendation 7: Individual targeted interventions are enhanced when connected to Place Based Social Enterprise and Collective Impact initiatives, which leverage community assets to provide services for local communities while offering employment to local people.**

Family Life have established social enterprise in the communities in which we operate to support economic participation and growth. Our social enterprises bring on board paid and volunteer locals to deliver a service for the community. Beneficiaries identify with a local brand and receive services at a lower cost. Our beneficiaries, volunteers and staff build social capital through participation and report reduction in loneliness and enhanced wellbeing. They also build skills that enable personal advocacy, self determination and entry or re-entry to the workforce. Family Life ensure that its Social Enterprise is embedded within our broader Creating Capable Communities (CCC) approach.

CCC, developed iteratively since 1998 by Family Life, provides an approach to systemic community change which has been tested in multiple communities. CCC adapts trauma theory into practical community activities which build on community strengths and empower community members to lead change. CCC is a product which comes with a suite of initiatives, including a tested Collective Impact approach, which can be scaled to diverse communities.

Early developmental experiences create a very literal template of associations for the child's brain about what humans are and how to relate with other people. Children who have adverse experiences from an early age have difficulty forming secure attachment relationships and experience disadvantage in all domains of functioning. This develops a prototype for social relationships which is carried across the lifespan, meaning behaviours become intergenerational.

Therefore, any community intervention targeting trauma needs to enhance relational health. Complimentary prevention initiatives should aim to work at the systemic level to ensure that later intervention occurs within community settings that are considered safe by the child and family.

Community empowerment aims to step in and provide relational attunement and visibility in the absence of safe and capable primary caregivers, here prevention leads to direct intervention. Factors such as the social value placed on relational closeness and self-reliance, available time to play, social fear or anxiety, lack of community commons and uptake of online communities all have an impact on scope for social capital. By empowering and focussing on the strengths of community and all its individuals we are able to separate and externalise the issues or problems and harness resilience and resources at each level to ensure a sustainable model of change. Community action inherently targets the social systems around the individual and these social supports ameliorate the long-term symptoms of trauma particularly when the perception of social supports is strong. To do so, community action requires stronger governance, collective focus and an outcomes focus.

Collective Impact is an advanced form of collaboration which brings together different sectors for a common agenda to contribute to solving large complex problems. Complex systems change requires leadership from various partners: government leaders, funding agencies, schools, hospitals, the private sector, the not-for-profit sector, community organisers and more. Collective Impact is based on the premise that existing approaches to creating social impact are ineffective for progressing positive change to reduce complex social issues and a different approach is needed when addressing complexity (such as that created through intersectionality).

Family Life conceptualise community interventions from a "place-based approach". A place-based approach is implemented at the local level and focuses on addressing the collective issues of community members through interventions aimed at the social and physical environment rather than individuals or families.

Collective Impact provides a structure and conceptual framework for multisectoral collaboration. Family Life were the backbone organisation for the 'Together We Can' project. The project established collaborations across various sectors of the community and supported community-led action to prevent family violence. Important work was done in the areas of peer support for elder abuse, youth inclusion and respect at schools and in sport, bullying, gender equity in sport, food security and social connection, bystander action, and celebrating diversity, trauma-informed practice and various other areas. Diverse sectors collaborated through training and events and included business, education, media, legal, faith-based, cultural groups, health, community organisations, and sport and recreation.

It is estimated that Together We Can reached 5000 people in the community and Cardinia Shire have reported a 23.7% reduction in police family violence reports over the past three years. The only local government able to report such a change. The value of this impact can be articulated in costs of policing saved and health benefits delivered through increased safety. No dollar value however is as meaningful as the lives saved and children protected from the lifetime effects of trauma.

This provides the imperative for investment in place based collective impact interventions for community change. Such interventions should be complimented by local social enterprise which provides for the needs of that locality and empowers local people to deliver services that target this need.

## **Conclusion**

This submission outlines our vision for more holistic family and community focused systemic interventions to be included as early and primary mental health intervention. Integrated practice and the opportunities available to achieve this through effective partnership are likely to have a great impact on therapeutic growth for individuals and families.

Bringing services together into an integrated model allows for early intervention around issues that lead to mental health distress and direct resources to better practice and better outcomes. Better recognising those services that do prevent mental illness or who work on the cold front of mental illness, without this acknowledgment, would enable a more equipped workforce and stronger client outcomes.

Our recommendations at the commencement of this submission outline our proposal and if considered, developed and enacted are likely to reduce the net cost of mental health in our community.

We acknowledge and appreciate the contributions of many colleagues across Family Life for this submission.