



McAuley Community Services for Women

A ministry of the Sisters of Mercy

McAuley Community Services for Women

Background

- McAuley is a **specialist women's agency** providing safe housing, education, employment and children's programs for women and their children who are escaping family violence and for women who are homeless.
- McAuley provides both **prevention and response** programs.
- Its annual budget is \$3 million, 40% of which is funded through **community, philanthropy and corporate giving**.
- **600 women and children are assisted** each year.
- **80 beds** for women and children in women only accommodation, safe, clean.
- Only two agencies in Victoria focus solely on women: Bethlehem and McAuley.
- McAuley's programs cost considerably less to run than other services.

Key Concerns with the Re-commissioning of mental health community support (MHCS)

- New funding arrangements are overlooking the experience and diversity in approach by specialist services, such as McAuley Community Services for Women.
- Women who are homeless, with a mental illness are largely out of sight, out of mind and either couch surfing at family and friends, living in cars or in specialist housing services such as McAuley House: there are only two services solely meeting women's needs (which are different to men's) in Victoria. These services should be supported and funding made available to build each organisation's capability.
- Mental health funding has failed to understand the expert knowledge of specialist agencies: the one size fits all is not the best approach for vulnerable people nor is it sustainable in the longer term.
- Government agencies appear to be retreating further into their silos in the face of, so called, diminishing budgets i.e. the recommendation to the Department of Health through the NOUS report was to sell its housing infrastructure and leave the provision of housing for people with severe mental health to Housing Associations (who do not have adequate stock to supply existing demand.)

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Family Violence

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Recommendations:

1. *Commissioning approaches and alternative models*

Refer '[Commissioning for outcomes and co-production – a practical guide for local authorities](http://www.neweconomics.org/)'

'Commissioning for outcomes and co-production' discusses all of the areas of concern laid out by the Department of Health for the need to embark upon a wholesale re-commissioning of community mental health services, e.g. value for money, well-being, prevention, co-design, outcomes etc.

With the State Government having set the ambitious and courageous course of leading a more collaborative approach to service development through the Service Sector Reform, the MHCS process was a disappointing and damaging return to the 'old way' of purchasing services. If we were not ready to attempt a new approach, we should have held back the re-commissioning until we were further down the track. In the meantime there was plenty of 'low hanging' fruit that could have been tackled in the short term to improve outcomes for clients, specifically:

- A statewide data base that enabled us to collect useful statistics
- An outcome measures tool that helps the service system analysis and compare what works
- Building partnership capabilities in organisations and workforce
- Centralised collection and dissemination of what recovery practices and approaches work and why with regular public forums (in conjunction with a relevant university)
- Reduction of 'red tape' through the application of universal standards across government departments (specifically DHS and Department of Health)
- 'Collapsing' funding streams into one flexible fund per organization with renegotiated outcomes

2. *Consultations missing elements – focusing on people with complex needs and taking into account the role of place and holistic approaches*

The mental health re-commissioning consultation failed to fully take into consideration or map the availability of social and capital assets that exist for people living with mental illness who are also homeless and social and economically disengaged. Such infrastructure, like housing and community inclusive programs, sit across 'systems' boundaries - homelessness and mental/health in particular, and work in a holistic manner, addressing multiple needs simultaneously.

- Possible improvement: Gather statewide, specialist agencies and peer support workers together for a more detailed mapping and discussion of need.
- This approach would be consistent with all of the adopted Service Sector Reform principles

3. Procurement – working against partnerships

In direct contrast to the Service Sector Reform principles, the mental health re-commissioning applied an expensive and cumbersome two part competitive tender process. At the very minimum, a first stage approach could have been an invitation to interested providers to submit an Expression of Interest. Those selected from this process could have gathered and, given sufficient time, jointly contributed to the service design (which is the aim of Services Connect)

- 'Commissioning for outcomes and co-production' uses the term 'alliance contracting' which is described as *"reducing the adversarial nature of contracts and developing a collective ownership of the service without needing new organisational forms"*.
- This approach would be consistent with Service Sector Reform principle of 'shared governance'