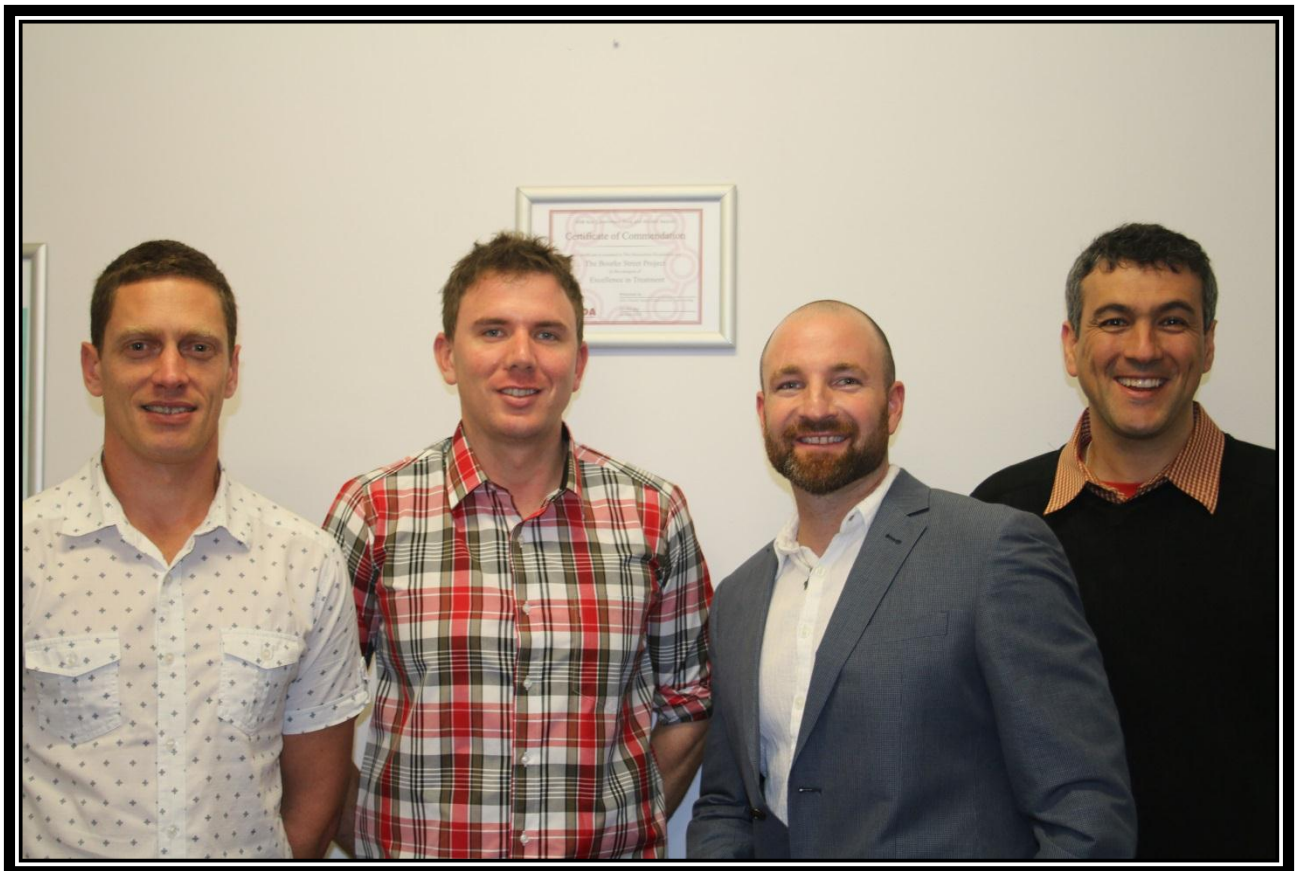




The Haymarket Foundation Inc. Annual Report 2013 – 2014





HAYMARKET FOUNDATION PROJECTS 2013-2014

HAYMARKET CLINIC

The Haymarket Clinic was established in 1974 by Dr. Charles Blower. It is a primary health care and welfare service for inner city homeless people and its main objective is the provision of free medical services to homeless and disadvantaged men and women. The majority of the client group have mental health and AOD issues. The clinic's values encompass health promotion, harm reduction and health education. It is staffed by doctors, nurses and welfare staff, who provide a holistic service to clients. In addition, the clinic provides services such as a secondary needle and syringe program, showers, toilets, mail collection, vitamins and referral to welfare and drug & alcohol services. It is funded by the Commonwealth Department of Health and Ageing.

ALCOHOL AND OTHER DRUGS COUNSELLING SERVICE

Alcohol and Other Drugs Counselling Service is a project funded by the Commonwealth Department of Health & Ageing through the NGO Treatment Grants program. A clinical psychologist provides one to one counselling for psychological issues, mainly around AOD addiction, and runs relapse prevention groups. He also provides clinical supervision to case workers in all Haymarket Foundation services.

ENHANCED CAPACITY PROJECT

The aim of this project is to increase the capacity of Haymarket Foundation staff to work with clients who have co morbid AOD and mental health issues, through identified training and established linkages with other service providers. It is funded by the Department of Health & Ageing.

THE HAYMARKET CENTRE

The Haymarket Centre provides accommodation for homeless men and women, aged over 18 years, who have complex issues, including AOD addictions, mental illness and/or challenging behaviours. Clients are assessed on admission, Intensive case management is provided, and referrals are made to appropriate services. The aim of the service is to link clients with suitable services, and establish pathways to permanent housing. The service employs 15 staff, and is funded by the NSW Department of Community Services as a specialist homeless service.

THE AOD/HIV INTEGRATED CARE SERVICE

This program provides four beds in a residential Stabilisation Unit located within the Haymarket Centre. The aim of the program is to stabilise clients with current drug &/or alcohol use and to promote their medication compliance and address health and housing issues. Clients accessing this service must be referred through the Aids Dementia and HIV Psychiatry Service (ADAHPS), a state wide service. To gain admission, clients must be HIV positive, homeless, have a current AOD addiction, and one other complex need. e.g. mental illness. Clients are co- case managed by workers within the Stabilisation Unit by ADAHPT (Aids, Dementia and HIV Psychiatry Team), the HIV Community Teams, and the Bobby Goldsmith Foundation. The project is funded by (South Eastern Sydney Illawarra Area Health Services) and referral to it must be through ADAHPT by calling 02 9382 8600.



BOURKE STREET PROJECT

This service provides accommodation and a living skills program to 19 men who have completed a drug & alcohol rehabilitation program, and require further support to return to a drug free lifestyle. Clients must be clean/sober for at least 30 days to be considered for admission. Counselling, group therapy, case management and living skills programs are provided for clients, and the length of stay is 9 to 12 months. The service is located in Darlinghurst, Sydney, and is funded by South Eastern Sydney & Illawarra Area Health Service.

ICIS AND COMMON GROUND PROJECTS

The Haymarket Foundation is a member of the Inner City Homeless Coalition, a partnership with Mission Australia, Wesley Mission, The Salvation Army and St Vincent de Paul. The Coalition is involved in the Inner City Integrated Services Project, providing packages of support to clients in a Housing First Project; and is also involved in the provision of support by the Camperdown Support Services at Common Ground, a Housing First Initiative at Camperdown. Common Ground provides 102 one bedroom and studio apartments, 52 of which are for formerly homeless clients. The other units are for low income tenants who require affordable housing.

EASTERN BEACHES SOBERING UP CENTRE

Background:

Three Sobering-up Centres were trialled for 12 months as part of the NSW Government's election commitment to tackle alcohol-related anti-social behaviour. One of these, The Eastern Beaches Sobering Up Centre (EBSUC), was based in Randwick and operated by the Haymarket Foundation.

Eastern Beaches Sobering Up Centre

The EBSUC began operations on the 5th July, 2013 and concluded them at the end of June 2014. The property was refurbished to ensure that it would fit its purpose with appropriate security, privacy, and safety considerations.

The EBSUC was an alternative to Police cells for intoxicated people 18 years and over, who presented a potential danger to themselves or others. It offered a safe, supervised place to sober up. The EBSUC was also an alternative to being intoxicated on the streets, risking being in and accident or assaulted.

The EBSUC was intended to relieve Police and Ambulance services of the burden of trying to get intoxicated people off the streets, as well as to provide a better environment for the intoxicated person to recover in.

The Haymarket Foundation was accredited to operate the Sobering Up Centre with staff that were highly trained and experienced. In the cases when a client may have been admitted to the EBSUC more than once, or if staff were concerned with regards to on-going problem substance abuse, Haymarket Foundation staff were in a position to assist with:

- On-going education, and/or support around addiction issues,
- General information and support around the effects of alcohol and other drugs on physical and mental health and
- Harm minimisation strategies.



Standard operating hours were: 11pm-11am Friday and Saturday nights. The EBSUC would also operate on special events days such as public holidays (with hours that varied depending on the special event).

The EBSUC was a customised facility which provided:

- A safe place for up to 12 intoxicated persons.
- An alternative to police custody.
- A focus on harm minimisation with overnight support for clients recovering from alcohol and possibly other drug intoxication.
- Highly trained and experienced AOD workers.
- Separate male and female rooms and facilities.
- Scheduled regular observation and monitoring of clients.
- Safe storage lockers for client possessions.
- Shower and toilet facilities.
- Laundry facilities.
- Disabled access.
- Food on leaving.
- Brief intervention prior to leaving where the client would be provided with an Exit Pack with information and/or referrals to appropriate treatment services.
- A follow up service would be provided should the client wish further support.



BOARD OF DIRECTORS

The Haymarket Foundation Board Of Directors



Chairman

The Hon Kevin R Rozzoli, Dip Law

Kevin has been Chairman since 1987 and a Director since incorporation in 1976. He was Chair of the National Drug and Alcohol Research Centre from 1989 to 2010. He is actively involved in many organisations and projects including as a board member of NSW Law and Justice Foundation and NSW Public Interest Advocacy Centre. Both these organisations focus on helping the socially and economically disadvantaged in our community. Kevin was a Member of the NSW Legislative Assembly from 1973 to 2003 and Speaker of the Parliament from 1988 to 1995.



Deputy Chairman

Richard Boyer

Richard has a background in the executive management of public companies, strategic planning and information technology. He has primarily worked in the wool, computer services and financial services industries in Sydney, and has been involved with education and community services in his local area. He was appointed a Director in October, 2007.



Treasurer

Lesley Butt, Dip Social Sciences (Community Welfare), Post Graduate (Housing) Sydney University

Lesley has 20 years of experience in Community Services; mainly with Mission Australia in various management roles. She is currently Mission Australia Regional Leader for Central Sydney, with services including housing support and employment training services. Prior to her work in Community services, Lesley worked in New Zealand & Australia in the Telecommunications & Transport Industries. Lesley was appointed a Director in April, 2007.



Company Secretary/CEO

Kay Elson, Post Graduate (Housing) Sydney University

Kay has 30 years of experience working in the homelessness sector, mainly in the Sydney Metropolitan area. Previous roles include Accommodation Operations and Project Management with Mission Australia, overseeing a variety of rebuilding and modelling changes; and Senior Policy Officer with the NSW Department of Community Services. Kay has been a member of various government reference groups and working parties. She was appointed a Director in August



2004. She resigned July 2006, and was appointed Director, Company Secretary and Chief Executive Officer in November, 2006.



Director

Dr Lucy Burns, MPH, PhD.

Dr Burns is presently a lecturer at the National Drug and Alcohol Research Centre. Dr Burns has a long history of working in the health field, starting out as a Registered Nurse, working as a Nurse Educator and Researcher. Her education and research programs have primarily been in the drugs and alcohol and dual diagnosis fields, and she brings this expertise and experience to the Board. Lucy was appointed a Director in August 2004.



Director

Associate Professor Stephen Wilson, MBBS, PhD, FRACGP, FAFRM, (RACP), Dip Sports Medicine (Lon)

Associate Professor Wilson is the Director of Population Health program at St. Vincent's Hospital. He is also a specialist rehabilitation physician working with the ambulatory orthopaedic arthroplasty service at the Mater Hospital in North Sydney, and is a consultant to the St Vincent's Homeless Health service. Associate Professor Wilson's teaching and research interests include the development and provision of integrated community health care, multidisciplinary care and more effective medical communication. Professor Wilson brings his medical expertise, particularly in homelessness health, to the Board.



Director

Patricia Bramble

Trish has been working in Community Services for the last 23 years; this includes disability and juvenile justice. Previous positions she has held have included the responsibility of regional and rural services within NSW. The development of staff and restructure of services to work within good practice framework has been a significant component. Trish has been on the Board of Homelessness NSW and has been the NSW representative to the National Board, Homelessness Australia for six years holding Executive positions.



Director

JOHN SHEAHAN SC

John Sheahan has been in practice as a barrister since 1984, and has been a senior counsel since 1997. His principal areas of practice are corporate law, competition and banking and finance. In 2004 he was Counsel Assisting the Special Commission of Inquiry into certain transactions involving James Hardie. He is a past President of the Public Interest Law Clearing House (now Justice Connect), and a member of the board of governors of the Law and Justice



Foundation. . In 2014 he was appointed a member of the Takeovers Panel.

**National Australia Bank
Bentleys**

**BANKERS
AUDITORS**



Directors Meetings

The number of Directors meetings and the number of meetings attended by each of the Directors of the Company during the financial year are as follows:

DIRECTOR'S MEETINGS		
Director's Name	Number Of Meetings Attended	Number Of Meetings Held
Kevin Rozzoli	10	11
Lucy Burns	7	
Richard Boyer	9	
Lesley Butt	6	
Kay Elson	11	
Stephen Wilson	9	
Patricia Bramble	10	
John Sheahan	7	

The Company is limited by guarantee and does not have any issued shares.

Directors Interest on Contracts

No Director has an interest, whether directly or indirectly, in a contract or proposed contract with the Company.



Chairman's Report

It has been a turbulent year for the sector during which the New South Wales Government introduced its *Going Home Staying Home* reforms. This has created major changes to the delivery of homelessness services. Although intended to reorganize services to provide the highest quality services for the best possible price, this has not necessarily been the case. The homelessness problem is highly complex and the reallocation of resources and the introduction of new partnerships have, in some cases, ignored the value of long experience while at the same time overestimating the capacity of some of the new partners to deliver on the ground.

The Haymarket Foundation was advised that one of its major services providing crisis intervention for those in most critical need would not be funded. This would have left our clients without any alternative service. This gap in care was ultimately recognized by the Department of Family and Community Services resulting in the service being refunded, albeit with somewhat less funding than was required to maintain the service at the most desirable level, but enough to allow us to continue while we explore other avenues to meet the gap.

Despite the efforts of government and the welfare sector many factors beyond their immediate control have seen a steady increase in homelessness and an increase in those sleeping rough around the city. While the theory of what the government is trying to do is commendable the dramatic reduction in crisis services leaves the most vulnerable even more so. The Haymarket Foundation remains the only service caring for these people.

As the new structure of services settles down I am sure there will need to be a readjustment of the nature and delivery of services under the new partnership model so as to ensure 'the highest quality services for the best possible price' are delivered.

In recognition of the high standard of service offered by the Foundation we were, at the end of our first four year period of accreditation, re-evaluated by the Australian Council on Healthcare Standards and accredited for a further four years at the highest possible level. The accreditation process continues to support a working paradigm within the Foundation that contributes to higher and higher standards of care.

Reports elsewhere in this document give the detail of our programs, the success of which we owe to the dedicated and continued commitment of each and every one of our employees and the excellent overall supervision of the Board

I must again pay tribute to the outstanding leadership of our Chief Executive Officer, Kay Elson who retires at the end of the reporting period. During her period as CEO she has merged a group of relatively individual services into a single, fully integrated program that has afforded a remarkable level of success with our clients and further enhanced our reputation in the homelessness field.

Last year I identified the decline in crisis beds as of increasing concern. With the increase in numbers of homeless persons comes an increased challenge to provide places for those in need of our services and our strategic goal to provide increased accommodation has taken on an even greater imperative. The Board will give this detailed consideration during the coming year.

My thanks go to all our dedicated team, in the Clinic, The Haymarket Centre, Bourke Street Project and the other smaller services and partnerships with which we are engaged. The work of the team leaders of each of our programs has been exceptional. I constantly appreciate the patience, understanding and



compassion they bring to our organisation. They are a great asset. Their achievements could not be better expressed than in a recent letter from a one of our ex-clients in which he said,

'I'm writing to thank you for the time and effect you all put into pointing me in the right direction. I was living at the Haymarket Centre when I gained employment. I'm even happier to report, I'm now full time employed and have moved into a new position. My life is finally back on track. When I left your centre, I had found a place to live and now live in a new apartment within the same building and have signed a two year lease. I'm keeping on top of my rent, bills, medication and life in general and it's all thanks to the guidance from the team.'

As always I would like to record my appreciation for the continuing support of our funders for without their support we could not continue. I also thank the other agencies that work with us for the cooperation which is crucial in this complex area of care.

Finally I thank my fellow board members whose understanding of the crucial difference between policy and fiscal oversight, and interference with operational functions, facilitates smooth and efficient management. This is crucial to the stability and efficacy of the organization. Once again we are able to go forward confident we can continue to meet the needs of one of the most challenging groups in society.



The Hon. Kevin Rozzoli AM
Chair
31 August 2014



TREASURER'S REPORT

Cash balance at the beginning of the financial year was \$678,094 and at the end of the financial year was \$389,594.

The reduction of \$288,500 was mainly the result of carrying out building renovations for the Eastern Beaches Sobering Up Centre from the grant monies that were received in June 2013, as mentioned in last year's Treasurer's Report.

The Haymarket Foundation Ltd. has reported a surplus of \$129,470 for the financial year ended 30 June 2014.

This surplus was due to the grant Income (both Government and Non- Government), which increased from \$3,421,096 in June 2013 to \$4,185,927 in June 2014.

Total income difference for the year ended 30 June 2014 was \$888,279, which was higher than the previous year (\$4,609,614 in 2014 compared to \$3,721,335 in 2013).

As in previous years there was an increase in the wages for the welfare and allied health employees. This resulted in total wage costs increasing from \$2,508,628 in 2013 to \$2,877,754 in 2014.

The difference in total expenses for the year ended 30 June 2014 were \$817,778, which is more than in the previous year (4,480,144 in 2014 compared to \$3,662,366 in 2013). This includes the building renovation cost of \$215,454 for the Sobering Up Centre.

This is a great result considering the current and future challenges facing the homeless sector with respect to funding.

I would also like to take this opportunity to thank Christine Kumaradas and Linda Porter for their hard work and effort, in managing the administration and financial matters of The Haymarket Foundation throughout the year.



Christine Kumaradas




Lesley Butt
Treasurer



Linda Porter



Chief Executive Officer's Report

The 2013/14 year has been a difficult one for the staff and management of the Haymarket Foundation.

Changes to the tendering process for Specialist Homelessness Services through the Going Home Staying Home Reforms created an atmosphere of uncertainty throughout the sector, and really impacted on the Foundation. After a rigorous tendering process we were informed that we were not successful in receiving funds for the Haymarket Centre, and consequently it would need to close. Fortunately, after many negotiations we have been refunded, but at an amount of 25% less than previous years. I wish to thank the loyal staff of the Haymarket Centre, and the Manager, Darryn O'Brien and Team Leader Jamie Rullis, for their patience and commitment to the organisation and clients during this unsettling time.

We received funding for two new services which will commence shortly: The Sydney Homelessness Intervention Service in partnership with Mission Australia, YWCA NSW, and The Salvation Army; and the Inner City Rapid Response Homelessness service in partnership with the YWCA NSW.

After a successful survey by the Australian Council of Healthcare Standards we have received a further four years accreditation (2014-2018). My thanks go to all the staff who worked so hard to achieve this success, with special thanks to Valda Allen, our Quality Co-ordinator, without whose dedicated work this achievement would not have been possible. Two projects commissioned during the year have documented the framework of the models of two services; The Bourke Street Project and the HIV/AOD Project. These documents demonstrate the uniqueness of these two programs.

I wish to thank the managers of the Centres, Michele McCarthy and Darryn O'Brien, and Team Leaders Jamie Rullis and James Hurford, who continue to support me so well, and work tirelessly in leading their teams to provide excellent quality services to the clients.

The staff members of the Haymarket Foundation are, of course, the cornerstone which makes this a great organisation, and I sincerely thank you for the work you do in assisting the complex clients who come to us for assistance.

Thank you to the administrative team, Christine Kumaradas and Linda Porter for all your hard work behind the scenes. The Foundation could not function without you.

Once again I thank Carlos Duarte, our Clinical Psychologist for being our go-to IT person, and for collating this Annual Report.

The Board of the Haymarket Foundation is made up of a group of wonderful men and women who give up their time to steer the organisation through good and difficult times! Thank you for all your support throughout the year.



I am retiring from the organisation in August, 2014, and I thank you all for giving me a very fulfilling seven years! May the next person to sit in this role have as much satisfaction and fun as I have had.



Kay Elson

Kay Elson
Chief Executive Officer



QUALITY COORDINATOR

Introduction

The past 12 months have proved one of the most challenging in the history of The Haymarket Foundation, primarily because of the threat to survival of The Haymarket Centre, due to changes in the State Governments funding of Specialist Homeless Services. Further details are provided elsewhere in the Chairman's and Chief Executive Officer's reports.

This year also saw the closure of the Eastern Beaches Sobering-Up Centre (EBSUC). The Australian Council on Health Care Standards (ACHS), at the request of the government, had developed specific standards for the accreditation of these services. Pre-Survey data had been submitted to ACHS and the necessary evidence compiled. A week before the scheduled survey, The Haymarket Foundation was advised the Centre was to close and the survey was suspended. The Haymarket Foundation believes it would have successfully met the criteria for accreditation had the survey proceeded.

Accreditation Status

The Haymarket Foundation successfully completed its second organisational-wide survey under the ACHS Evaluation of Quality Improvement Program EQIP5 Standards on June 17th 2014. The Haymarket Clinic, Bourke Street Project and Alcohol and Other Drug Counselling Service (AOD Counselling Service) were surveyed. The Haymarket Centre and its related projects were not surveyed because at the time of the survey, the closure of the service was imminent.

The Haymarket Foundation successfully maintained Marked Achievement (MA) ratings in all Standards and Criteria. There was only one low priority recommendation, relating to consideration of the integration of medical/case management records of clients that share the different internal services

The following are excerpts from the surveyors' report:

The Haymarket Foundation is a high performing organisation in regard to the provision of a high standard of service to a client group that is marginalised and difficult to engage. Significant funding challenges have also been faced by the organisation in the last 12 months and in spite of this the organisation has maintained its commitment to and achievement in service improvement. The Haymarket Foundation is congratulated in its achievements in regard to both the services it provides and to the clear commitment it has to ensuring that those services are of the highest standard. There were a number of criteria in which the organisation could have achieved EA ratings if benchmarking and external comparison of the services had occurred. The organisation is encouraged to do this if it wishes to achieve EA ratings at the next survey.

Clinical Function

The Haymarket Foundation provides care to the community that is of a high quality and is supported by a range of assessment and care planning processes. It provides a range of services to a client group that is difficult to engage and to keep engaged in receiving health related services. As a result, the organisation has developed a number of creative and innovative responses to the way in which health services are provided. There is a



commitment to the evaluation of the way in which these programs contribute to the health status of the client group

The inherent difficulties of engaging the client group that accesses the Haymarket Foundation are acknowledged and the organisation is congratulated for the way in which it collects relevant information in a non-threatening and respectful way.

A number of improvements have been made to the assessment frameworks since the last survey; the work done by the Clinic staff to implement Cycles of Care for key health conditions (diabetes, hepatitis B and C) seen in the client group is an excellent initiative. The Clinical Psychologist conducts an assessment of clients who are referred for psychology services. It was also clear that staff at the Bourke St project conduct ongoing assessments of the needs of the residents in that program to ensure the program is meeting their needs.

Evaluation of the care planning process is embedded in the Haymarket Foundation quality system. Results for evaluations are reported to relevant committees and groups with changes made to the processes as required.

There is a strong culture of being able to use practices that are based on evidence and that will produce outcomes for clients of the service. The organisation is congratulated for having such an obvious commitment to improvement of services through evaluation.

Because of the robust quality management framework in place at the Haymarket Foundation, the treatment setting is assessed for each client at presentation and on an ongoing basis. The organisation supports a number of people who would otherwise have to attend other services for treatment by accommodating their health care needs in the Clinic. For example, the service provides a medication administration service for those people who have been assessed as being at risk of non-compliance or who are not able to travel to other services for this treatment. Similarly, the Clinic provides a range of treatment types that wouldn't normally be available in a clinic environment but is provided at the service because clients wouldn't otherwise receive treatment. The organisation is congratulated for its commitment to providing a safe medication service that is of a high standard for its client group.

The infection control system in place at The Clinic is of a very high standard - the systems and processes that are in place would not be out of place in a tertiary hospital but are still relevant to the service profile of the organisation.

Evidence was provided of innovative approaches employed by the Haymarket Foundation to engage its clients in service planning and evaluation. The surveyors were impressed by the commitment shown to involving its consumers in the way in which the service operates and the way in which it asks clients what they think without them thinking this is what is happening.

Support

There was sound evidence throughout the Haymarket Foundation of the governing body leading the organisation with the objective of improving performance thereby ensuring the



effective management of clinical and corporate risks. There was very clear evidence that risk management is conducted in an integrated manner with the aim of improving all aspects of service delivery. There were numerous examples of initiatives being developed and implemented as part of continuous quality improvement systems that were understood and embraced by the staff at the Haymarket Foundation.

There was clear evidence of the organisation's management of its workforce with regard to service need as well as the preparation and support of staff in the performance of their individual duties to ensure client needs are being met by appropriately qualified and experienced staff.

The organisation has sound systems in place to manage incidents' and data collected with respect to incidents are analysed, trended and improvements made where any shortfalls have been identified. There was also solid evidence that these changes are communicated effectively throughout the organisation. Given the population that the Haymarket Foundation services the potential risks are high, but their proactive management of these risks has seen very few incidents arising.

Corporate

There was very sound evidence throughout the Haymarket Foundation that the governing body leads the organisation's strategic direction in a proactive manner by planning ahead and addressing any issues from a governance perspective as they arise. The organisation has very clear corporate governance structures which are underpinned by sound policies and procedures. The strategic plan clearly articulates the intent of the organisation and this is further reinforced by a closely aligned operational plan. There was clear evidence of the governing body evaluating its progress and adjusting activity to better meet client needs.

The organisation clearly demonstrates sound leadership and management with respect to staff and clients, whereby staff were clear about their professional responsibilities and clients being clear about the environment in which they can expect to receive services. The organisation maintains a safe environment for staff. Clients receive service delivery in a safe environment, where confronting behaviour is managed in a proactive manner and in many instances de-escalated before it develops into an incident.

There was strong evidence that the Haymarket Foundation has emergency and disaster management protocols to address any unforeseen events.

Awards

The National Network of Drug Agencies (NADA) Non-Government Organisation Awards for 2014

The Bourke Street Project submitted its project in the Excellence in Treatment Category. Although it was not successful in winning the award, the project so impressed the judges, that it was the only category to receive a Certificate of Commendation. Great credit is accorded to James Hurford, the Senior Case Manager and Josh Rosenthal, Case Manager, for this success and Ms Kay Elson, CEO, for her leadership of this team. The award was presented by the Commissioner of the NSW Mental Health Commission at the NADA Conference dinner on Monday 12 May 2014 at The Grace Hotel.



Major Quality Improvement Projects

1. Review of the Data Management Framework

Dr Susan Hudson of Speak Listen Health Consultancy Services was invited by the CEO, to review the organisation-wide data collection and provide a framework for future management. The intention of this review was “to provide support and advice that allows Haymarket staff to take greater ownership of the data they collect”; and to provide a process that promotes increased integration of data reporting into daily work practices for the purposes of improving the care of the clients. The timeliness of data feedback to the practitioner and the measurement of client outcomes, were important aspects of this review.

The findings of the review suggested that the Haymarket look to consolidate much of the informative data collected, simplify it while maintaining its integrity and most importantly, ensure that it is accessible to staff in a meaningful way. The model proposed was a “feedback loop”, whereby client outcome measures together with client experience feedback of the service/program in which they are engaged and the documenting of the client’s journey through the service are all reviewed in a collaborative manner with staff.

2. The Bourke Street Project – Review, Evaluation and Proposed Model of Care

In 2013 Ms Kay Elson, the CEO, contracted external consultants Dr Susan Hudson, Speak Heal Listen Consulting and Dr Allison Salmon, Allison Salmon Consulting, to evaluate the Bourke Street Project (BSP) with a view to determining the nature of the BSP model; articulating a theoretical framework; and if warranted, publishing the findings for the benefit of the sector.

The consultants have now completed their expert and comprehensive review. They came up with very exciting internal and external recommendations. In short they consider the BSP model is “unique and innovative and publication of this service model should be of value to the sector”. They consider a “Recovery Capital Model” the best fit for the Bourke Street Project Framework and have suggested exploring partnership with Professor David Best who first articulated this model. The implementation of the recommendations is to proceed in the near future.

3. Safety Climate Surveys 2013 and 2014

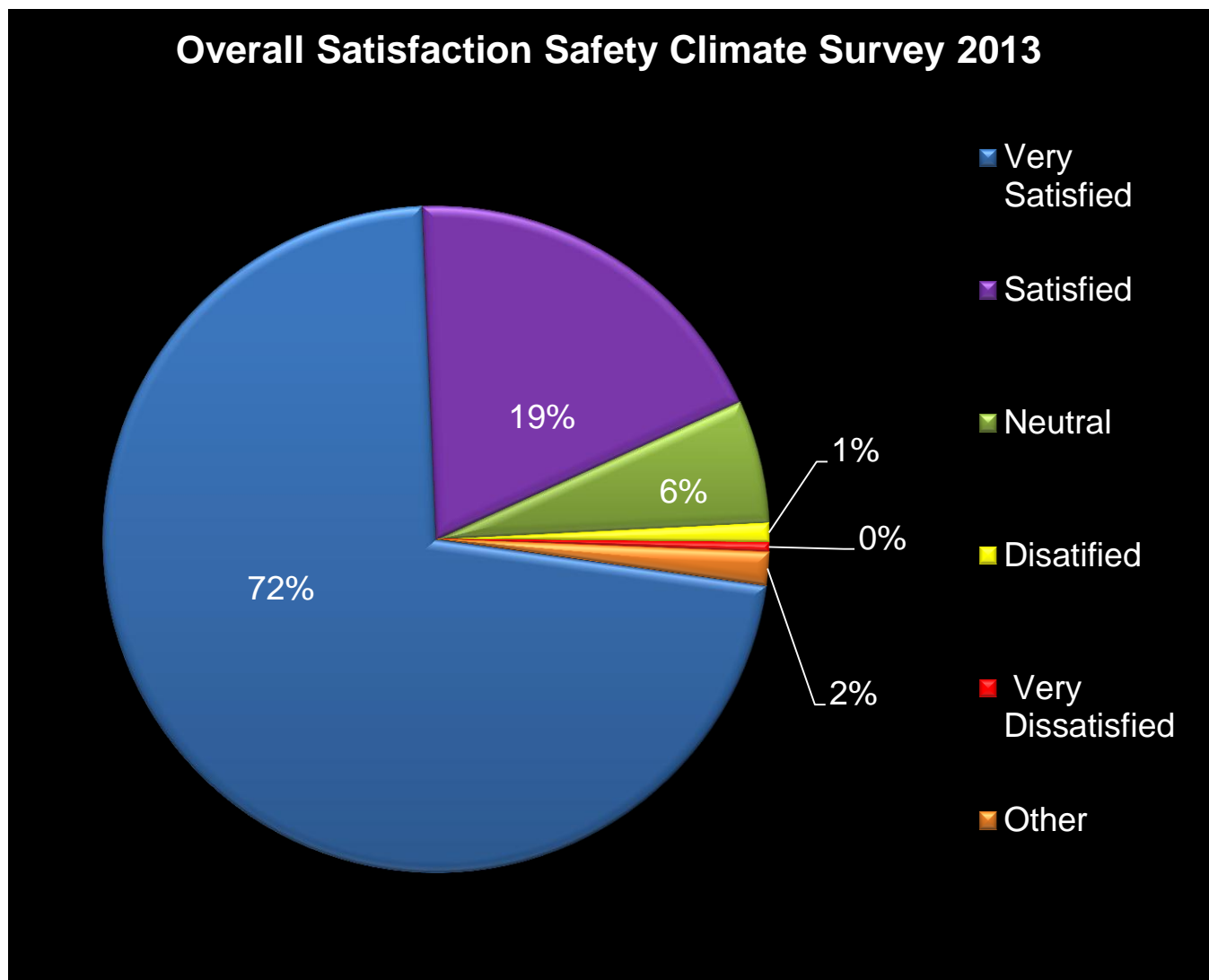
The Haymarket Foundation as part of its governance responsibilities is strongly committed to ensuring the safety of its clients and staff. Through its planned risk management initiatives, the education of its staff and its responses to reported incidents or potential incidents, it has endeavoured to optimise the safety of its practices and reduce the risks of the physical environment.

“Safety culture” or “safety climate” is a new concept commonly defined as *‘the product of the individual and group values, attitudes, perceptions and patterns of behaviour that determine a team or organisations commitment to safety management.’*¹ It has arisen out of attempts to understand the environment in which major disasters such as Chernobyl and the Piper Alpha explosions occurred. Assessment of the safety culture or climate of our organisation

¹ INSAG (International Nuclear Safety Advisory Group) (1991) Safety Culture, 75-INSAG-4:1-44 as quoted in Healthcare Improvement Scotland (2012) An Introduction to Safety Climate, p.2).



was therefore critical, given the high risk nature of our services and the non-purpose built physical environment.



Two surveys were conducted in September 2013 and March 2014 utilising the internationally recognised evidence-based tool, developed by Sexton and Helmreich of the University of Texas. The second survey was an extension of the first, this time looking at teamwork within the safety environment. Dr Lucy Burns, Board Member and *Senior Lecturer, National Drug and Alcohol Research Centre (NDARC), University of Sydney* offered to assist with the second survey because of the complexity of the data base that needed to be developed and the interpretation of comparative data. Ms Elizabeth Whittaker, Research Officer within NDARC kindly volunteered her services.

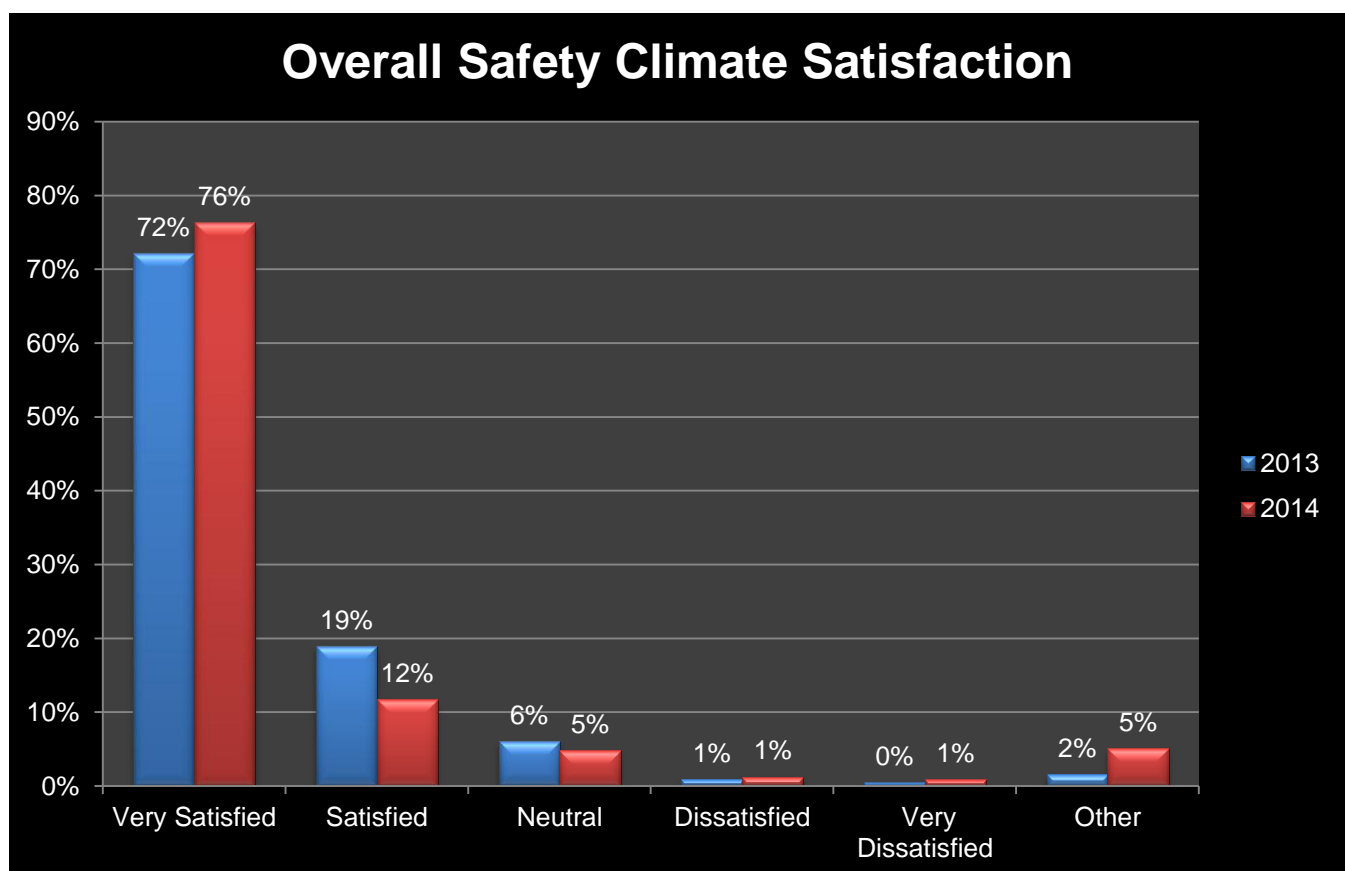
The response rate was excellent (81%). The 2013 survey focused on the perceptions of the individual staff member. The second survey in 2014 focussed on teamwork and the safety climate, the majority of staff (76%) were very satisfied with the overall safety climate of the organisation, followed by those who were “satisfied” (12%), “neutral” (5%), “other” (5%),



“dissatisfied” (1%) or “very dissatisfied” (1%). The proportion of staff members that were “very satisfied” had increased slightly from 72% in 2013.

Improvements in perceptions of responses to errors, communication of safety concerns, appropriate briefing practices and guideline adherence were evident between 2013 and 2014. Areas where future improvements could be made were in regards to whether respondents felt they would feel safe as a client within the organisation and whether the leadership was driving the organisation to be safety driven; both these categories received slightly lower positive responses between 2013 and 2014.

Additional questions in the survey were added in 2014 to enquire about topics such as performance feedback and staff coordination. Staff members predominantly felt positive about staff communication and collaboration. However, a minority of respondents felt they were unable to express disagreements with other staff members adequately.



Other Quality Activities

This organisation continues its dynamic program of planned quality initiatives in all service areas. Each service regularly reports the results of its scheduled activities to the Quality and Compliance Committees monthly and provides a written report to the Board. Client feedback on services continues to be high; audit results show high compliance with no major areas of deficit and the strategies to measure the outcomes of care continue to show progress.



At an organisation level credentialing, the monitoring and trending of incidents and complaints; the evaluation of Board and committee performance and of policies are also essential components of the planned quality improvement activities.

Pivotal to the achievement of the standard of quality and risk management within this organisation is the engagement of the Board, the leadership of Ms Kay Elson, the Chief Executive Officer and the managers of each service. Without their commitment, collaboration and expertise we would not achieve and sustain what we have done. Given the size of our organisation and our limited resources, we have an enviable reputation within the sector. As one surveyor commented in their report “the systems and processes that are in place would not be out of place in a tertiary hospital”. (Ref.p.17 in respect to Criterion 1.5.2 Infection Control). High praise indeed!

Special Tribute to the Chief Executive Officer

In concluding my report I wish to pay tribute to Ms Kay Elson, Chief Executive Officer, on the eve of her retirement. Kay has been peerless in her leadership of the ACHS accreditation and quality improvement programs within this organisation. It was Kay who persuaded the Board in 2009 to change accreditation providers and opt to go with the Australian Council of Health Care Standards, a very brave initiative given the heavily health orientated nature of ACHS and the fact that no other homeless organisation had attempted to do so. The organisation had well established governance and clinical processes in place before the ACHS partnership. ACHS provided the impetus to formalise these processes to recognised national standards.

To facilitate this project it was Kay, who in the same year proposed the first appointment of a part time Quality Coordinator (myself), to establish a quality improvement system and to lead the ACHS Accreditation process. With Kay’s unqualified support we:

- Established a Quality and Safety Committee, which meets monthly;
- Educated the managers and later the rank and file staff into accreditation, quality management and risk management;
- Held workshops to interpret the ACHS Standards and Criteria and relate them to community services;
- Conducted Gap Analysis and implemented Action Plans with Timeframes to address the deficits;
- Developed Operational and Quality Management Plans;
- Established a Fire & Other Emergencies Subcommittee under the Chairmanship of Ms Linda Porter (who is also retiring) and instituted comprehensive Fire Safety Procedures and annual education of staff;
- Developed a Best Practice Model of Incident Management, based on that of NSW Health;
- Developed audit and evaluation processes for all quality activities;
- Articulated a framework for Governance: Quality, Safety and Risk Management;
- Developed and implemented a Risk Register;
- Developed and implemented a framework for Policy Development, Implementation and Evaluation;
- Wrote, implemented and evaluated no less than 14 Clinical and 38 Corporate policies;
- Established a Company (T) drive to provide access to all staff on all organisation-wide policies, plans and quality reports and to ensure the currency and security of such documents;



- Developed and implanted a Disaster Management Plan to ensure business continuity;
- Introduced credentialing for all health practitioners;
- Reviewed all Human Resources processes within the organisation to enhance the staff's expertise to care for their clients; funding the ongoing education of staff for their role performance; and ensuring annual performance appraisal.

All the above was achieved within a mere 18 months of Kay's decision to 'go' with ACHS. The outcome of this incredible period of intense activity resulted in our first successful ACHS Organisational Survey in July 2010! This achievement is eloquent testimony of Kay's vision and collaborative leadership. These foundations have allowed us to continue our success. For this I thank you and salute you.



Valda Allen
Quality Coordinator



Haymarket Foundation Clinic

The Haymarket Foundation Clinic's prime objective is the provision of medical, nursing and welfare services to the homeless and disadvantaged people of Sydney. Most of the medical conditions we treat are related to and/or exacerbated by complex medical problems such as, mental illness and/or addiction and by social problems such as, homelessness, poverty and isolation. In addition to medical and nursing services the clinic also offers a needle and syringe program, showers, toilets, vitamins, mail collection and brief interventions by welfare staff such as assisting client's to access crisis accommodation, detoxification units and rehabilitation. Patients are not required to make appointments to access the services of the medical and nursing team. Many homeless and disadvantaged people lead chaotic lives and often have great difficulty in keeping appointments. This provides a service which is sensitive to the needs of the community we serve.

New Programmes:

General Screening Tool.

In the past year we have developed a general health screening tool for patients who attend the nurses' clinic. The objectives of our screening tool are to identify, and refer to the doctors, for further investigation and management, patients with hyperglycaemia and hypertension. We also identify overweight or underweight patients and offer assistance with healthy eating or healthy weight loss plans. We measure height, weight, waist circumference, blood pressure, calculate body mass index, and have a simple test to help identify macular degeneration. We have just completed an audit and evaluation of this screening tool and have made seven key improvements which include;

- A policy and procedure for advice re healthy eating and healthy weight loss based on the National Health and Medical Research council guidelines.

- We have purchased an electronic spirometer for the nurses' clinic and developed a procedure for the nurses to take spirometry when indicated, for example for those patients with a history of tobacco or marijuana smoking, asthma, chronic obstructive airways disease or other lung disease. This will diagnose patients with chronic obstructive respiratory disease (emphysema).

- Improved accuracy of waist measurement by developing a procedure where the measurement is always taken 40cms below the supraclavicular fossa.

Cycles of Care for Diabetes, Hepatitis B, Hepatitis C and Hypertension.

The doctors have developed cycles of care to better monitor and manage the complex care for our patients who have diabetes, hypertension, chronic hepatitis B and chronic hepatitis C.

The diabetic cycle of care includes recording;

- 6 monthly; height, weight, waist circumference, body mass index, blood pressure, pedal pulses and monofilament score,

- Yearly; Haemoglobin a1C, total cholesterol, high-density lipoprotein, low-density lipoprotein, smoking history, specialist diabetic clinic review, discussion and referral to diabetic educator or dietician re healthy diabetic diet, medication review, self-care and activity level,

- 2 Yearly; eye check at specialist diabetic clinic.

The hepatitis C cycle of care records;

- 6 monthly liver function tests and alpha-fetoprotein



Annually; fibroscan and comments on specialist review and treatment.

The hepatitis B cycle of care records;

6 monthly; liver function tests and alpha-fetoprotein

Annually; hepatitis B virus DNA , anti-viral medication.

The hypertension cycle of care includes recording:

4 Monthly; blood pressure, weight, body mass index,

Yearly; total cholesterol, high density lipoproteins, low density lipoproteins, triglycerides, creatinine, smoking history, cardiovascular risk score and medication review.

Harm minimisation and Self-care:

Needle and Syringe Program:

The clinic provides a needle and syringe program (NSP). This program runs under the auspices of the Kirketon Road Centre which is a South Eastern Sydney Illawarra Area Health Service. In the past year we have dispensed 33,502 needles and syringes and 5,172 condoms and the NSP has been accessed on 3,672 occasions. Our community service staff engage clients when appropriate giving health promotion and safe using messages as well as referral to the clinic's medical/nursing staff. Staff also engage clients when appropriate to refer to detoxification units and rehabilitation.

We completed a two week survey in February which looked in detail at our secondary Needle and Syringe program. This de-identified information is part of the NSW Health needle and syringe enhanced NSP data collection. Data was collected from 157 clients over the two week period.

Findings of Note;

The most commonly used drug was Heroin (44%) followed by Methamphetamine (21%), Cocaine (10%) Pharmaceutical Opioids (7.7%), Methadone (2.5%), Subutex/Buprenorphine (2.6%) and other drugs (12.2%). Clients reported in the previous month they injected drugs: More than three times on most days (23%), two to three times most days (23%), once a day (26%), more than weekly but not daily (13%), less than weekly (10%) , did not inject in the last month (5%).

Smoking Cessation Program:

This is the fourth year the clinic has run a dedicated smoking cessation program. Smoking rates are very high in our patient group. In Australia between 17 and 21 % of the population smoke but the prevalence of smoking is much higher among disadvantaged groups. The rate of smoking among people with mental illness is between 60-80%. All clinic staff have attended a smoking cessation education program which was run by the Cancer Council. Nicotine replacement therapy (NRT) patches are available on the Pharmaceuticals Benefits Scheme at a subsidised cost for a maximum for 12 weeks per year. Clients see our doctor for an assessment and to be issued a prescription for NRT patches which they purchase themselves at a cost of \$5.90 per month for a subsidised maximum of 3 months per year. Then clients see the nurse weekly for adjunct NRT therapy such as nicotine gum and/or nicotine inhalers and for support with smoking cessation. In total over the past four years we have enrolled 97 patients in our smoking program. Of these 31 successfully stopped. We know of two patients who have restarted smoking but we presume the recidivism rate is higher. We are pleased by these figures as most smokers take several attempts before they are successful and the most disadvantaged smokers face multiple barriers to quit smoking which makes their journey both difficult and complex.

**Immunisation:**

This past year we have administered 117 vaccinations for influenza. We continue with our Hepatitis A and Hepatitis B vaccination program. Since July 2013 we have administered 31 1st doses of Hepatitis A vaccine and 13 2nd and final doses of Hepatitis A vaccine. We have given 31 1st doses of Hepatitis B vaccine, 20 2nd doses, 16 3rd doses of hepatitis B vaccine. We have given 12 Boostrix (diphtheria, tetanus and pertussis (whooping cough) and 4 Pneumovax vaccines.

Brief intervention counselling relating to addiction, lifestyle, social problems and mental health pathology:

All the clinic staff have an emphasis on promoting drug and alcohol detoxification, rehabilitation and gambling counselling if appropriate for the clients.

Our clients may be referred to the Haymarket Foundation's clinical psychologist or the clinical team may refer clients to St. Vincent's mental health.

Our community service staff engage in brief intervention counselling and provide brief interventions such as organising crisis accommodation for clients and referring clients to specialist homeless outreach services, to legal services, to government departments such as Centrelink, and to services which provide free food. Community service staff and nursing staff, when required, help clients navigate problems with bureaucracy such as reading and explaining letters if there are problems with literacy and comprehension.

Provision of personal hygiene including showers and haircuts.

The clinic has provided 4,145 showers in the past year. The nurses have given several clients haircuts where there have been problems of extremely matted hair with lice.

Donations:

We have a wonderful relationship with our local school, SCEGGS Darlinghurst. The staff bring food from their tuck shop to the clinic on a daily basis for our clients. Several times a year classes of years 6-9 bring home baking to the clinic which is always a great hit. This winter the students of year 11 knitted 70 scarves for our clients. Most of the students had to learn to knit. Many of their mothers helped as did some very experienced knitters who work in the SCEGGS library. Our clients were delighted to receive the scarves and it means more to them to know the students of SCEGGS have made them by hand.

The library in our reception area remains very popular. We receive donations of approximately two boxes of books three times a year from the Benjamin Andrew Footpath Library. Staff and friends of staff often donate books and magazines. Clients can help themselves to books and magazines and do not have to return them. Some clients do diligently bring back all their library books but most do not.

Client Feedback:

The client feedback form consists of three questions regarding: clients overall level of satisfaction with the service, satisfaction with the medical and nursing services, and satisfaction with the welfare and other services provided. Each question is presented in the form of a rating scale (e.g. 1= very satisfied, 5=very unsatisfied), which requires clients to circle the most appropriate rating and there is designated space for additional feedback and suggestions. A



detailed report on client feedback is generated every 6 months. The most recent report was from November 2013 until April 2014. Below is a snapshot of client satisfaction with the service. Twenty six clients gave written feedback. Twenty-three of the clients who participated were very satisfied with the overall level of service provided, one client somewhat satisfied, and two were neutral. Two out of the twenty-six clients provided feedback relating to the overall level of satisfaction with the Haymarket Foundation Clinic. The comments received were positive. Examples: *'very good staff'*, *'very necessary, not just for street people'*, *'thanks for being understanding'*, *'can't improve on perfect'* and *'very pleased with medical services'*.

Quality Improvement:

The Haymarket Foundation was awarded a full four year Accreditation in July 2014.

Statistics July 2013-June 2014:

Number of Clients Seen By Community Service Workers	19,808
Consultations with Medical Staff	1,998
Consultations with Nursing Staff	2,731
Number of Showers	4,353
Number of Vitamins Given	3,789
Episodes of Mail Collection	5,961
Number of Occasions Needle and Syringe Program Accessed	3,672
Number of Syringes Dispensed.	33,502



Michele McCarthy

Michele McCarthy
Nurse Unit Manager.



The Haymarket Centre

The Haymarket Centre restructured last year to align ourselves to the future requirements of the Going Home Staying Home reform (GHSH). However when the tender process commenced we soon realized that there were no packages that were similar to the current crisis high support accommodation we provide. We were informed that we would not be refunded and commenced the process of closing. After much lobbying which involved support from the local members and numerous letters from the CEO reinforcing the value of our services we were refunded for another 3 years. I would like to thank the Board, CEO, and Haymarket Centre staff for their support and patience during this difficult time.

The Walter and Eliza Hall trust have again been supportive in assisting our people in setting up their new home. They provided \$7,500 to 15 clients this year. These funds provide brokerage for new white goods and debt management. We thank them for all their support.

We provided a Community BBQ every Friday this year and had a good attendance rate. The residents and people living in housing nearby are regular attendees. This activity gives us the opportunity to engage those who may need support to maintain their housing thus reducing the risk of them becoming homeless again. We rely on the generosity of Oz Harvest and Food Bank to assist us in keeping costs down. Oz Harvest brings us donations of food on a daily basis, and we are grateful for the contribution they make, as without them our food costs would be significantly higher.

Maddocks Legal Services have also been very generous with their time, money and resources. They funded and staffed the Centre's Christmas party for two consecutive years and provided grants and pro-bono legal advice which has been a valuable resource to us and our clients. We look forward to meeting them all again at this year's Christmas celebrations.

Redfern Community Health Centre plays a vital role in assisting people who present with symptoms of mental illness. They provide a clinic at the Haymarket Centre, which is convenient for our clients as it provides ease of access to psychological and psychiatric interventions. In addition, outside of our clinic times, referrals are made directly to Redfern.

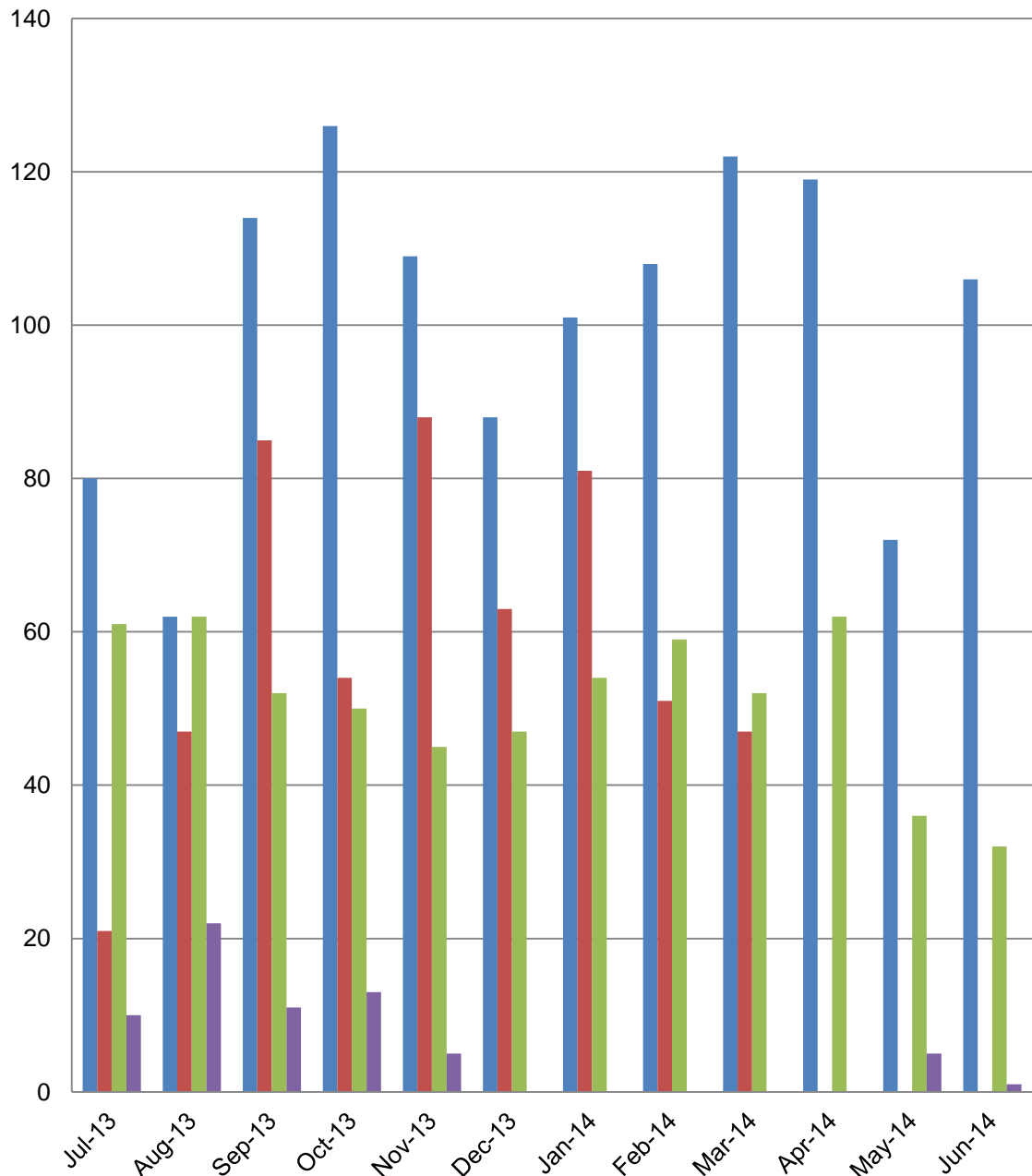
In 2013-2014 The Haymarket Centre monthly data collection showed we provided accommodation and assistance to 175 individuals, these numbers are lower this year, due the GHSH reform and the uncertainty of whether the Haymarket Centre would continue to operate.

The Chart below shows the number of new clients that accessed our service, and also clients that are turned away each month, due to no bed being available. There are a number of reasons why client numbers, as well as turn-aways, have fluctuated over the course of the financial year:

- Clients who were not able to access a bed upstairs in the hostel due to mobility issues and their vulnerability must use a bed downstairs. If none is available downstairs then they must be offered alternative accommodation.
- The change in seasons when the population is most transient.
- Due to changes highlighted above the Haymarket Centre was scheduled to close thus staff stopped taking new referrals in the last 6 months of the year.



- We continued to take referrals into the HIV AOD Program and the Post release program as the plan was to refer these clients on to other accommodation once the Haymarket Centre closed.
- Client's numbers dwindled due to the GHSR reform and clients found it difficult to get a bed in the Sydney metropolitan area.



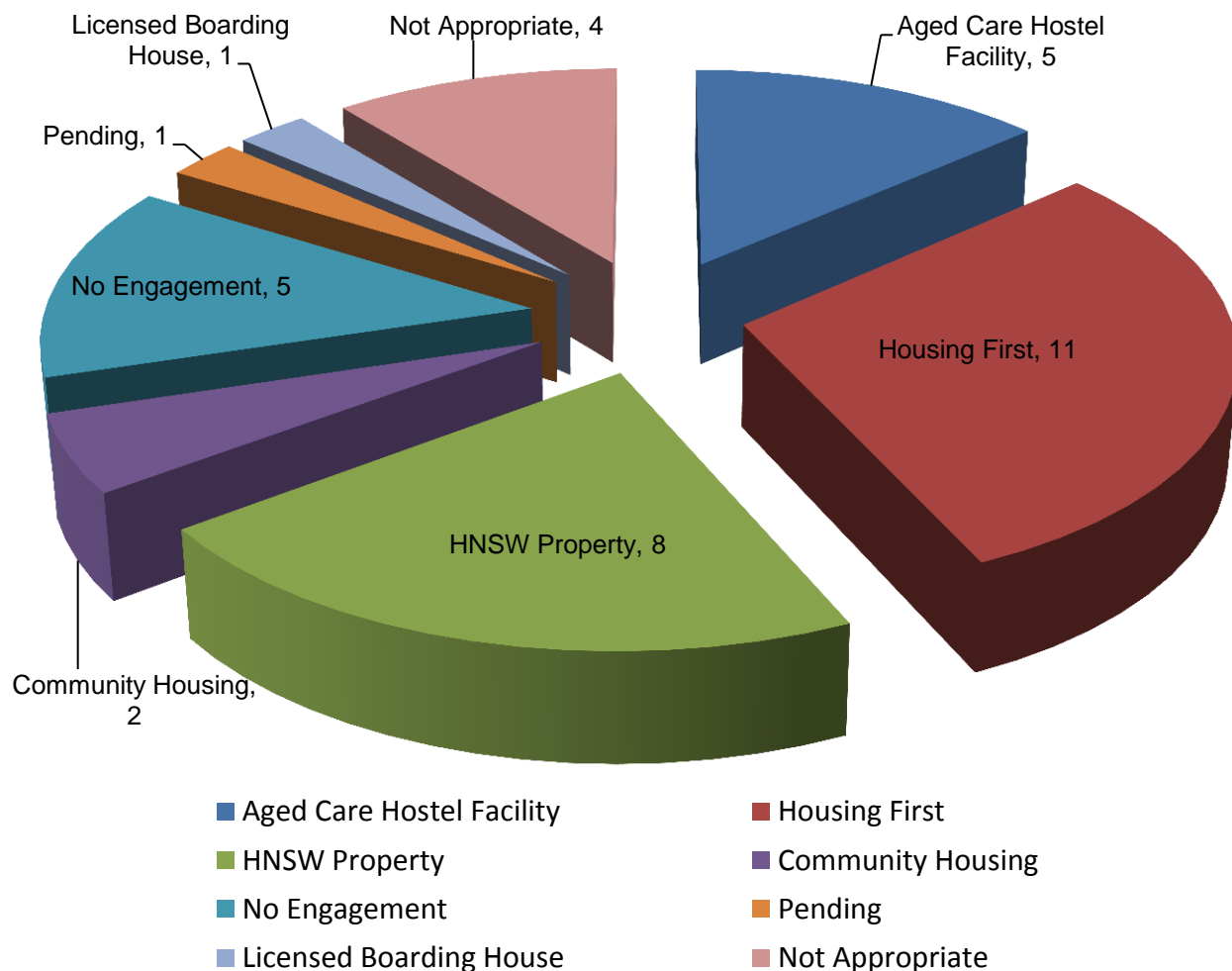
	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14
Turnaways 2013	80	62	114	126	109	88	101	108	122	119	72	106
Turnaways 2014	21	47	85	54	88	63	81	51	47	0	0	0
New Clients 2013	61	62	52	50	45	47	54	59	52	62	36	32
New Clients 2014	10	22	11	13	5	0	0	0	0	0	5	1



The Mercy Foundation has been generously providing funding to Haymarket Foundation clients for Brokerage for Neuropsychological Assessments (BNA). We have engaged in a partnership with Advanced Psychological Treatment Services, (ANTS), who provide the neuropsychological assessments for our clients. We would like to thank Jamie Berry and his Staff at ANTS for giving of their time and their patience with our clients throughout the year. Their dedication and professionalism has changed the lives of those clients that were assessed and found to have an acquired brain injury.

Of the 35 referred clients, 26 completed a Neuropsychological Assessment. The majority of these that were assessed went on to get housing (as a direct result of the assessment recommendations as well as the reports provided by Haymarket Foundation case workers). Four (4), referrals were not appropriate as they didn't meet the criteria and five (5) didn't engage at any stage thus dropping out. Considering the complexity of the clients and the years they have been homeless we feel that the program has been a great success and we wouldn't have seen these outcomes if there wasn't the opportunity to provide such assessments.

Neuropsychological Assessment Housing Outcomes





The pie graph above shows the outcomes of the total number of clients referred to the neuropsychological assessments program since its inception.



Darryn J. R. Bruce.

The Manager
The Haymarket Centre



The AOD/HIV Integrated Care Program

Commencement of the HIV/AOD Integrated care program began in April 2009, with 113 potential clients having been identified and 63 referred to the program. Fifty eight (58) clients were male, Three (3) were transgender and two (2) were female. A total of:

- Fifty one (51) clients have become residents within the program;
- Thirty (30) clients are currently in housing and receiving support and
- Eight (8) clients have re-entered the stabilisation program since the 1st of July 2013. This may occur under two types of circumstances. Firstly, when a client exits the program prior to being stable with respect to AOD issues and secondly when a client loses tenancy after exiting the program.

In this financial year, 13 clients were supported by the program. Nine (9) clients have been housed with four (4) of these, being referred to appropriate support services. It is important to note that throughout the life of this project the statistics show that 70% of the clients that were housed were able to sustain their tenancies permanently. This is extremely encouraging as it highlights the success of the project.

Medication compliance rates for the stabilisation program have continued to be high with the average for the past year being 90%. The emphasis of the programme is the stabilisation of a client's HIV health related issues. Thus there is a strong focus on compliance with client's taking of anti-retroviral medications, as a way of lowering viral loads and thus resulting in better physical health outcomes. For example a client who entered the program was commenced on a HIV trial medication and experienced a rapid decline in his viral load which became undetectable within 2 months.

Integrated Care Program Partners

- **The Bobby Goldsmith Foundation**
- **ADAHPT (Aids, Dementia and HIV Psychiatry Team)**
- **Positive Central (South/South West Area Health Services)**
- **HIV Community Team (South Eastern Sydney IIAWARRA Area Health Services)**

The Haymarket Centre case managers have visited services promoting the integrated care program. In addition they have also attended regular interagency meetings (social workers working with people who have AIDS and The HIV interagency). This is done in order to exchange information and to stay abreast of all the developments in the field. The table below lists the government and non-government services that have assisted our clients with the number of referrals and occasions of service delivered in 2013-2014.

Sexual Health Services	Allied Health Services	Alcohol or Drugs/Dual Services	Legal Services /Aid	Medical Interventions/ Services	Housing/ Community Support Services
ACON 50	O'Brien Centre 5	Langton Clinic 20	Legal Aid 3	Optometrist/ Dentist/GP 14	Housing NSW 30
Ankali 1	Prince of Wales Hospital 9	Rankin Court 15	Trustee & Guardian NSW – Financial 62	Taylor Square Medical Centre 7	Community Housing Providers 4



Sexual Health Services	Allied Health Services	Alcohol or Drugs/Dual Services	Legal Services /Aid	Medical Interventions/ Services	Housing/ Community Support Services
HIV AIDS Legal Centre (HALC) 2	RPA Hospital (Drug Health) 1	KRC 34	Trustee & Guardian NSW- Public Guardian 50	The Haymarket Clinic 6	Centrelink 40
Multicultural HIV & Hep C Service 1	RPA Hospital 14	Smart Recovery 2	Probation & Parole 6	HIV Outreach 4	Connections 3
Sex Workers Outreach Project (SWOP) 3	St Vincent's Hospital 12	Narcotics Anonymous 2	Births Deaths & Marriages 1	Positive Central 15	Mission Beat 35
The Albion Centre 19	Sydney Hospital 1		Police 6	Poets Corner General Practitioner 10	Red Cross 1
ADAPTS 8	Redfern Community Mental Health 3			Kings Cross Medical 4	Foster House 2
					Gender Centre 1
					Twenty 10 7
					Buckingham House 2

Feedback surveys are given to clients through fortnightly resident meetings. Clients are encouraged to complete the feedback surveys which are then evaluated and collated into a report on a monthly basis. These reports are then reviewed by the Quality Committee as well as the Haymarket Foundation board of directors. The results of the client feedback are also discussed with staff and senior management regularly in order to improve service provision. A comprehensive grievance process is also in place for clients and they are informed about it on admission, should they wish to make a complaint during their stay.

The information that follows in the table below refers to the thirteen clients who accessed the program during 2013/2014.

Country of Birth:

Eleven clients were born in Australia with one each from New Zealand and Ireland.

Episodes by Gender:

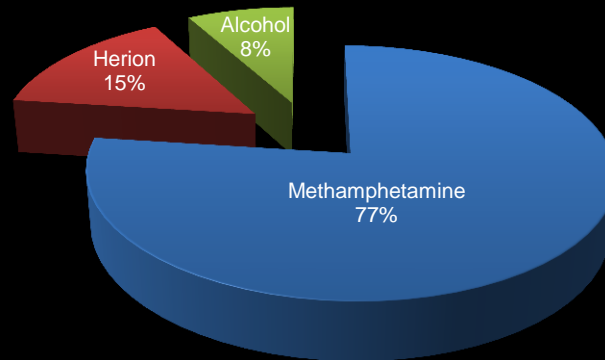
We had eight clients identifying as male, two as female and three as transgender. The program has the facilities, the capability and capacity to accommodate clients irrespective of their gender identity.

Indigenous Status:

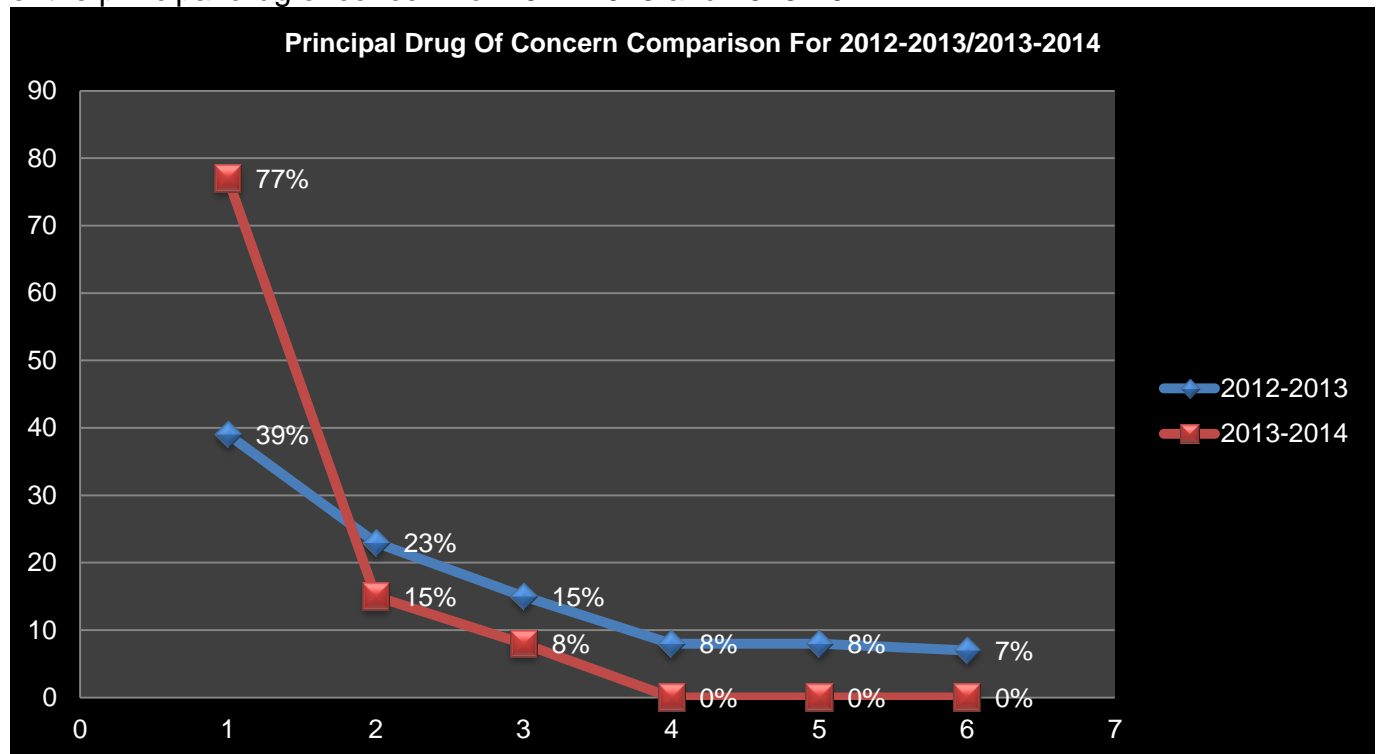
Twelve per cent of the clients identified as Aboriginal and Torres Strait Islander. These clients were easily able to access appropriate services such as Aboriginal Medical Service and Aboriginal Legal Service if they required.

Principal Drug of Concern:

Methamphetamine (in the form of Ice) was the most abused drug (77%) followed by Heroin (15%) and Alcohol (8%). Please refer to the chart below.



It is important to note that There has been a significant rise in methamphetamine use from 39% in 2012 – 2013 to 77% in 2013-2014. Heroin use decreased by 8% with alcohol also decreasing by 8%. Clients prescribed Methadone and misusing drugs increased by 16%. All of the current clients in the programme are nicotine users. Refer to the chart below for a comparative analysis of the principal drug of concern for 2012-2013 and 2013-2014:



During this reporting period eight clients re-entered the program. Prior to returning a client is reviewed. This review involves looking at the client's bio-psychosocial history as well as all information regarding previous admissions. This is done in order to prevent repetition and also to prevent attempting interventions that have not previously worked. In addition this process is aimed at looking at the whole as a way of trying to understand the client in order to assist client with strategies that address primary mental and physical health concerns. This is imperative for establishing sustainable positive outcomes with an individualised client centred approach. The project also takes a no retreat approach once the client is readmitted. This is due to the complex nature of the issues the client presents complicated by a long history of alcohol and other drug



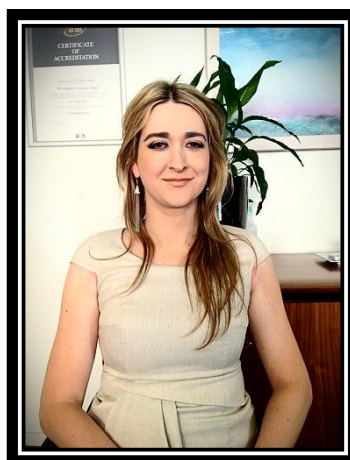
use and poor physical health. Due to HIV status, of clients, case workers in the project continue to emphasise (to the clients) the importance of harm minimisation and encourage discussion relating to high risk behaviours. They also focus on the here and now by getting the client to look at “where they are at”.

Good service provision and client support starts with competent staff. This is addressed by:

- The fact that the staff working in the program have a variety of experience and tertiary qualifications in Community Services, mental health or related disciplines.
- The fact that the staff working in the program are required to undergo criminal history checks.
- The Haymarket Foundation continuing to employ a consultant to assist the project with data collection and to provide monthly clinical supervision for case workers.
- Engaging University of Technology, Sydney nursing student placements to assist case workers with their case loads. Students placed at the project are also required to have security checks, immunisation checks and are supervised by the Team Leader and the University appointed supervisor.

The table below is the latest monthly report from the Client, Advice and Review Group (CARG). You will note that each agency provides feedback on current clients on a monthly basis and that there is a running total of statistics at the top of the page.

	Potential	Referrals	Declined	Residents	Outreach	Re-Enter	Residents @ Month End	Waiting List
Month of June	1	0	0	4	9	0	3	0
To date	123	66	2	51	40	19		



Jamie Rullis
(Team Leader)



Inner City Integrated Services

The Inner City Integrated Services (ICIS) is a housing first program that began in 2011, it was re-funded and operated for three years and officially ended on the 30th October 2014.

Referrals as in previous years were received from services in the inner city for medium to high need complex clients who required housing and support. In the last twelve month the program aimed at:

- Placement of client into Social housing properties,
- Case management of clients with complex needs in order to provide them with better supports,
- Integration of clients back into the community by referring them to mainstream services,
- Referring clients to community based support systems in order to assist them with maintaining their independent accommodation.

Fortnightly meetings chaired by the leading agency (The Salvation Army) allowed case workers, managers and other Stakeholders to discuss client's progress, systemic issues as well as share information for a more integrated and holistic service delivery.

The Haymarket Foundation ICIS case workers continued to maintain links with various services around in the city of Sydney in order to provide enhanced support for our clients. ICIS clients have various complex needs ranging from:

- Alcohol and other drug use (AOD),
- Mental health issues,
- Poor education levels,
- Limited social and living skills,
- Trauma and abuse (both past and present) and
- Financial difficulties.

Due to these complex needs ICIS project case workers have links with:

- Health,
- Housing,
- Trustee and guardian,
- Mental health clinics,
- Psychiatric and psychological services,
- General practitioners,
- Centrelink,
- Legal aid,
- TAFE NSW,
- Hospitals and other
- Crisis accommodation services.

Since 2011 the ICIS has established memorandums of understandings with several community housing providers such as:

- Bridge housing,
- Women's housing company,
- Link housing,
- St George housing and



- Mission Australia housing.

Unfortunately with limited housing stock most of these providers were not able to participate in the last round of the program. Only St George Housing and Mission Australia housing were thus able to assist clients of the project. Clients that didn't meet the suburb location requirements of these two agencies had to wait for offers from NSW housing/Housing NSW.

Successes

The following is a list that highlights the achievements of the ICIS project:

- Brokerage for clients meant that their properties were “set up” with a housing package consisting of furniture and essential household items.
- Family Community Services (FACS) provided an assistance fund. This appointed each service with \$20,000.00 to be spent on clients for things like travel, education, psychological services, recreational items, groceries and much needed clothes as well as hygiene products.
- All seven clients in the most recent round were housed and are still maintaining their tenancies.
- Clients have been able to adhere to their case plans with ongoing assistance of The ICIS case workers. Overall they have all been able to obtain support in the areas applicable to their individual needs, achieve their goals and in turn have been able to make considerable progress.
- One client was invited to be the guest speaker for this year's CEO sleep out. This client was also interviewed on Channel Ten's program Studio Ten which focused on homelessness. In addition to this this client also took part in a radio interview on triple M on homelessness.
- Two current clients began attending TAFE and both report that they are succeeding and on their way to completing their respective courses.
- Four clients have reported that they managed to either drastically reduce or cease all AOD use. This is very encouraging as they all report that they are doing well in their attempts at sobriety and recovery.

Challenges and systemic issues

The following is a list that highlights the obstacles experienced by clients and staff of the ICIS project:

- Lack of housing options with community housing and the lack of housing available from NSW housing meant long waiting times for clients. This undermines one of the cornerstones of this project which is the “housing first” approach. This in turn weakens the project as a whole as it is unable to be realised in its true form.
- Extensive amount of paperwork required for ICIS clients to obtain housing eligibility. It was at times difficult to understand what NSW housing was expecting from clients in regards to documentation. This in turn resulted in undue stress for the client. Cumulatively there were times when clients disengaged because they were “dissatisfied” with the process and the long waiting periods for their housing application to be processed.



To address the issues of limited housing options and lack of housing ICIS project case workers liaised with NSW Housing regularly to enquire about future vacancies so we could give our clients progress reports on waiting times.

Extra support and assistance was obtained from the lead agent, the Salvation Army With, to assist with the issue of excessive paperwork.

FIGURES FOR 2013-2014	
Number of referrals made:	7
Number of referrals accepted:	7
Number of clients exited to date:	1
Reason for client exiting: Client didn't engage after being housed thus exited early without ongoing support as client was not open to accepting assistance.	
Number of clients housed:	7
Number of clients due to be exited with ongoing support:	4
Number of clients due to be exited without ongoing support(due to it being unnecessary as the client is completely independent):	2



S. George

Samantha George
(Caseworker)



Bourke Street Project

Introduction

The Bourke Street Project (BSP) has, again this past year, continued to self-evaluate and improve in assisting men over the age of 18yrs (with co-occurring mental health issues), to move away from substance addiction and gambling. Clients entering the program do so for nine months with the option of participating in aftercare and the Alumni community. The BSP directly responds to the huge gap awaiting clients leaving residential rehabilitation. A great testament to the continued improvements at The BSP this past year was:

- Gaining four years of accreditation with the Australian Council of Healthcare Standards (ACHS). This is the second time that BSP has received accreditation from ACHS.
- Receiving a commendation from the New South Wales (NSW) Network of Alcohol and Other Drug Agencies (NADA) for Excellence in Treatment (Figure 1).



Figure 1

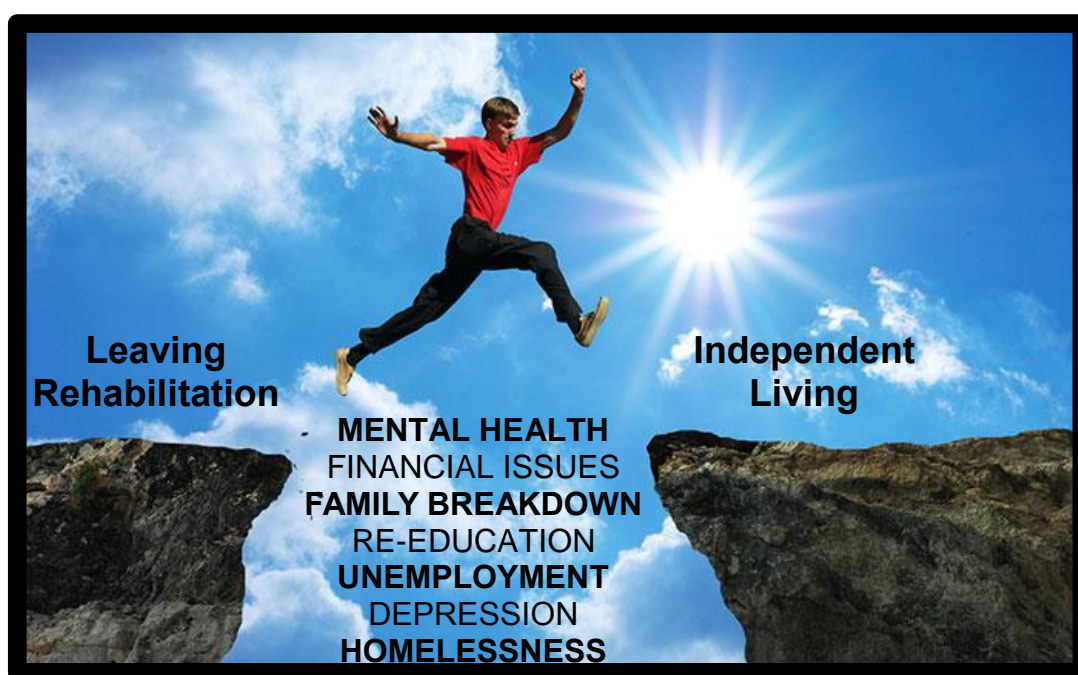
There were two areas of focus in this reporting period, the first being the setting-up of the new premises in Newtown, which increased the program bed numbers to 23. The second was beginning work with external consultants (Dr Suzi Hudson and Dr Alison Salmon), to conduct a review of the program and the community at BSP. This work was aimed at aligning the BSP and work it has achieved since 2009 to a theoretical model, which in turn will provide both direction,



structure and an evidence base to the service. This is discussed under the heading Independent Review later in this report.

Process and Program

The Bourke St Project recognises that detoxification and rehabilitation are important primary interventions, and thus part of a much larger journey. The NSW Health (2007) Drug and Alcohol Treatment Guidelines for residential settings highlight the extensive range of issues and areas of need that occur because of and coupled with drug and alcohol addiction. These issues include, and are not limited to, homelessness, job loss, family and marital breakdown, physical health, trauma history, mental health, abuse and domestic violence, education, criminality, psychological and interpersonal functioning, a lack of healthy peer support, community and leisure activity. These are the kinds of difficulties that face clients entering BSP.



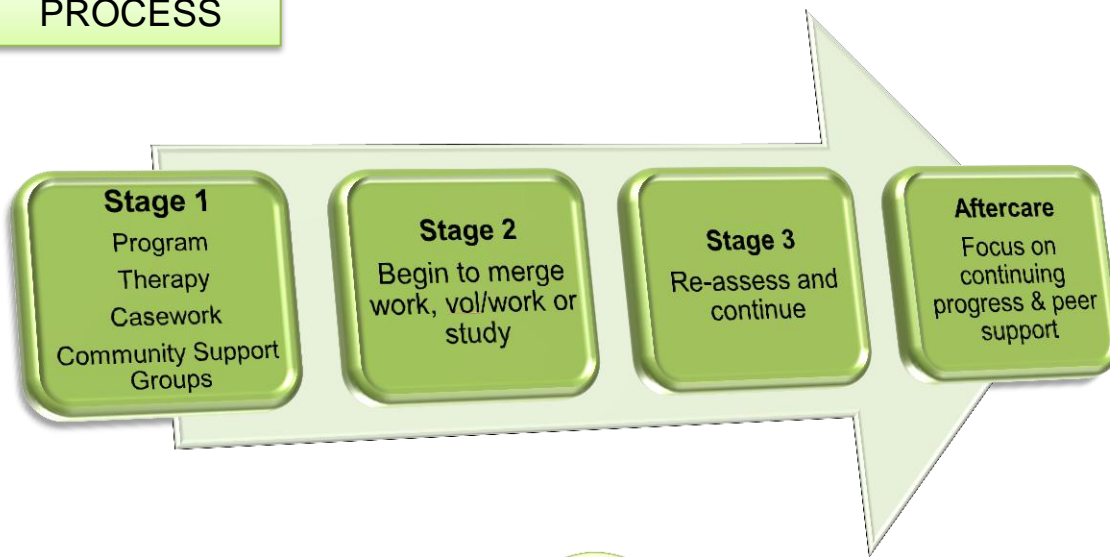
Each individual's recovery and journey at BSP is different and thus requires varying levels of support. Despite the clients having differences in many areas the project encourages a focus on positives and similarities. Clients are also reminded to be mindful of themselves, their community and their ongoing efforts to maintaining sobriety.

The BSP community is based primarily around **process** and **program** (see diagrams below). Clients assist and accommodate one another initially through sharing the compulsory aspects of stage one. The clients in first Stage are required to attend daily community based support groups with other residents in addition to the in house program requirements. Residents most commonly attend, Alcoholics Anonymous and other twelve step related groups or, SMART Recovery meetings. BSP clients attend a compulsory Tuesday check-in group where attendance (of meetings) and participation (in meetings i.e. service positions) is discussed. After Stage one and upon entering stage two the clients are encouraged to begin study, to work and to focus on other goals. The focus therefore shifts to balancing these new tasks with continued community participation.

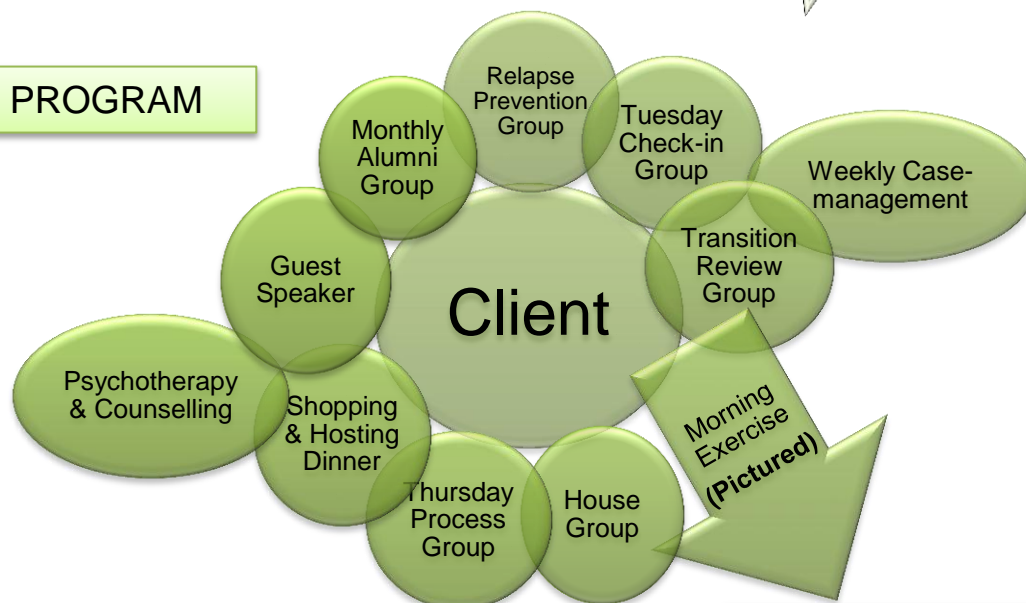


Upon entering stage three clients are afforded the opportunity to reflect on their goals, progress and to take new steps to facilitate independent living (e.g. Full time work or study). Once clients have completed stage three they are ready to enter the aftercare houses. In order to do this they need to have a firm plan for private rental or living independently after leaving BSP. The residents in the aftercare houses should also demonstrate leadership in the program by supporting other clients in earlier stages. For example new clients are most often accompanied to meetings in the community by aftercare or Alumni clients.

PROCESS



PROGRAM



Clients continue to respond well toward the morning exercise program. This is an opportunity for staff and clients to focus on topics such as sleep hygiene, diet, exercise and how these affect mood. This is done in a way that compliments the psycho-education components covered by other groups within BSP. Clients are encouraged to use diaries to record their behaviour patterns, their mood, thoughts, ideas and needs. This allows them to keep track of where they are at daily and or weekly.

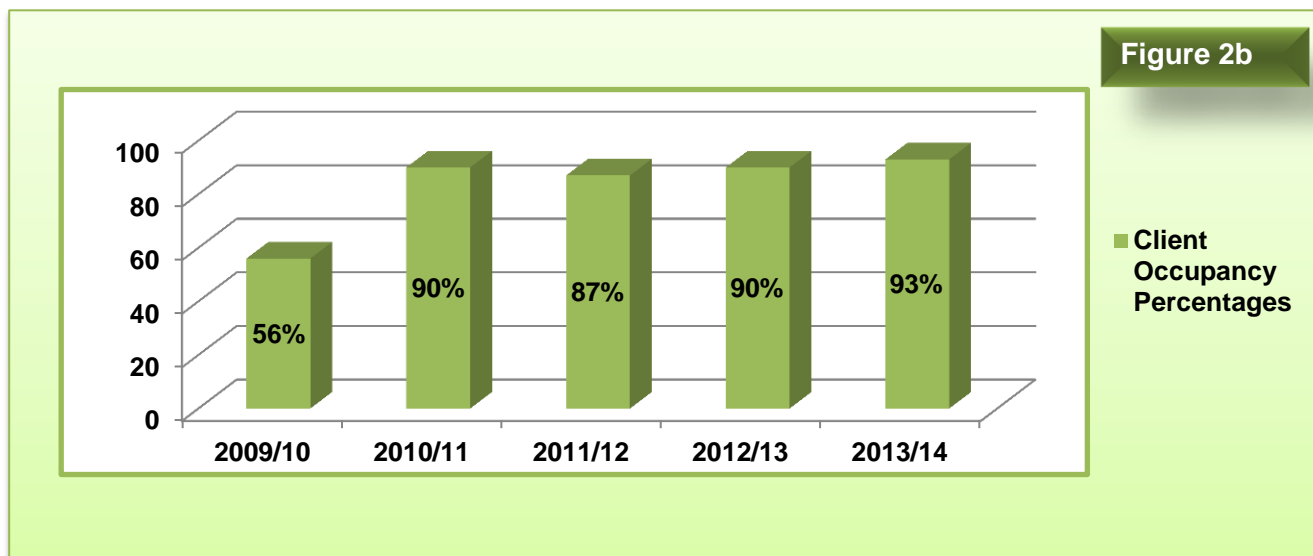
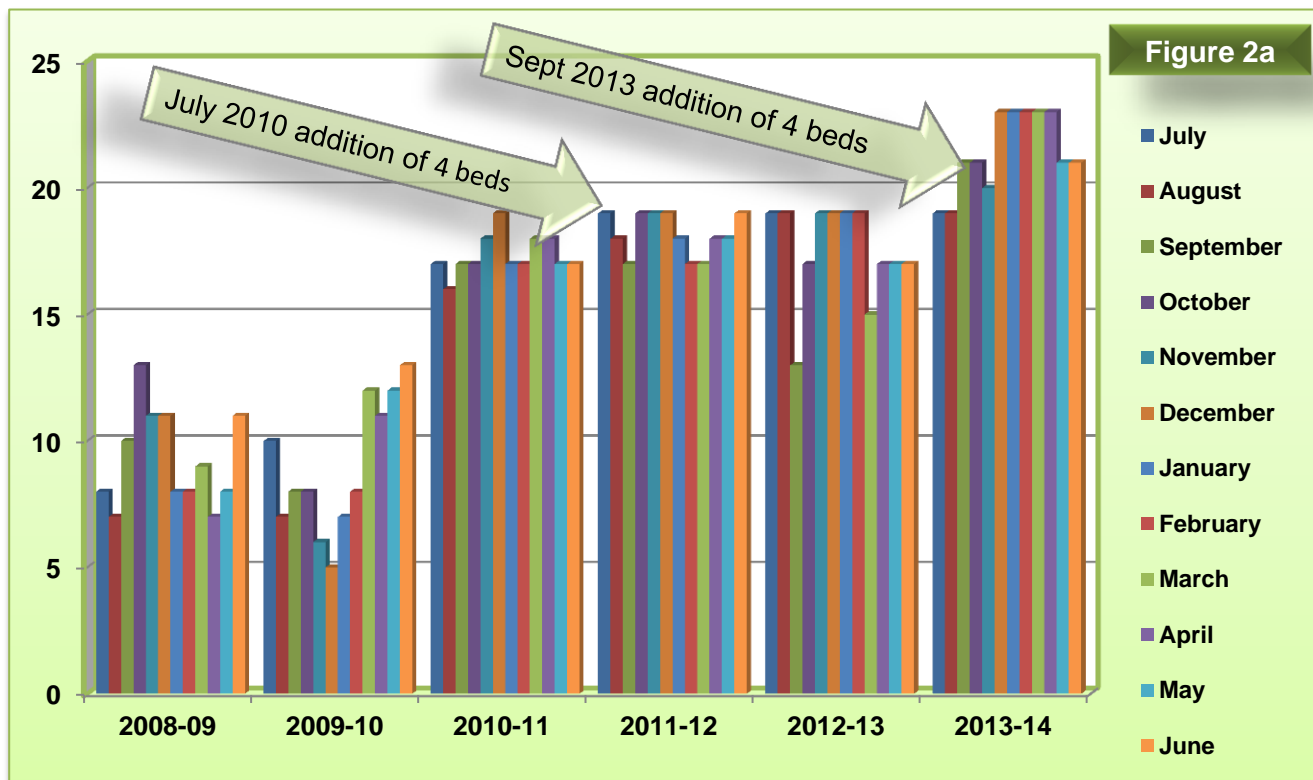




Vital Statistics

General Service goals for this reporting period were to continue to review our vital statistics which demonstrate;

- Our service being used to its capacity – 23 beds (Figure 2a & 2b).
- Recording the amount of clients accessing the service (Figure 3).
- Raising the clients average time spent in program (Figure 4).
- Lowering number of incidents involving relapse (Figure 5).



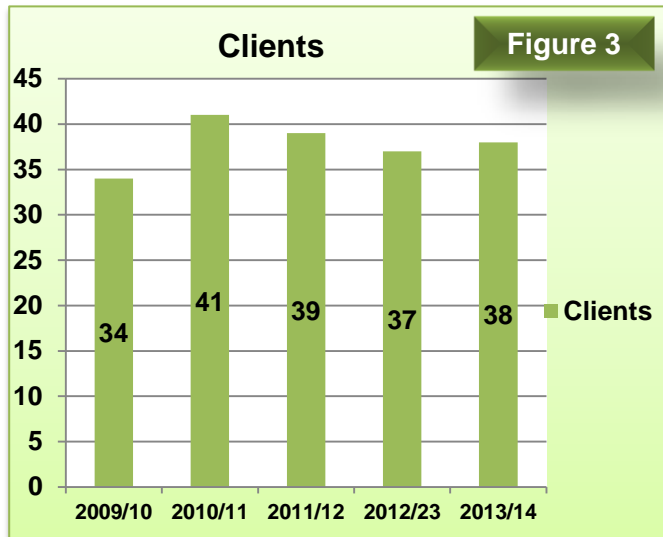


Figure 3 shows that 38 clients resided at the BSP service for the 2013/14 period. This doesn't include clients returning as part of the alumni community or clients seen/assessed prior to admission. This graph clearly shows an average of 39 clients accessing the service annually. This statistic however, should be looked at in context with the average number of days (Figure 4), clients are staying in order to provide a more accurate understanding of clients accessing the service.

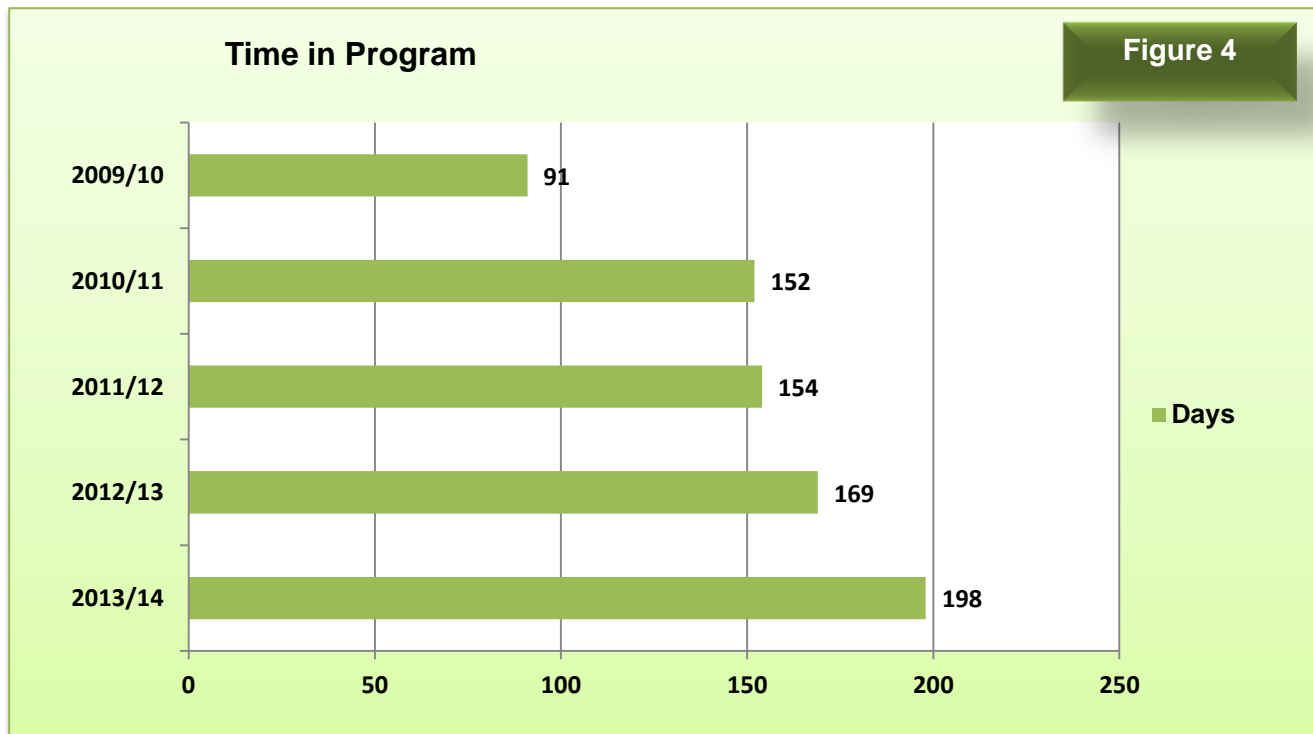


Figure 4 displays the average number of days per client for the 2013/14 period as 198. This is again significantly higher than last year and previous years. This number has continued to rise along with the number of beds or volume of clients accessing the program. Note that these statistics need to be looked at in conjunction to the statistics on capacity (Figures 2a & 2b) as together they highlight that more clients are using the service and staying for longer which in turn reflect on the success of the BSP.

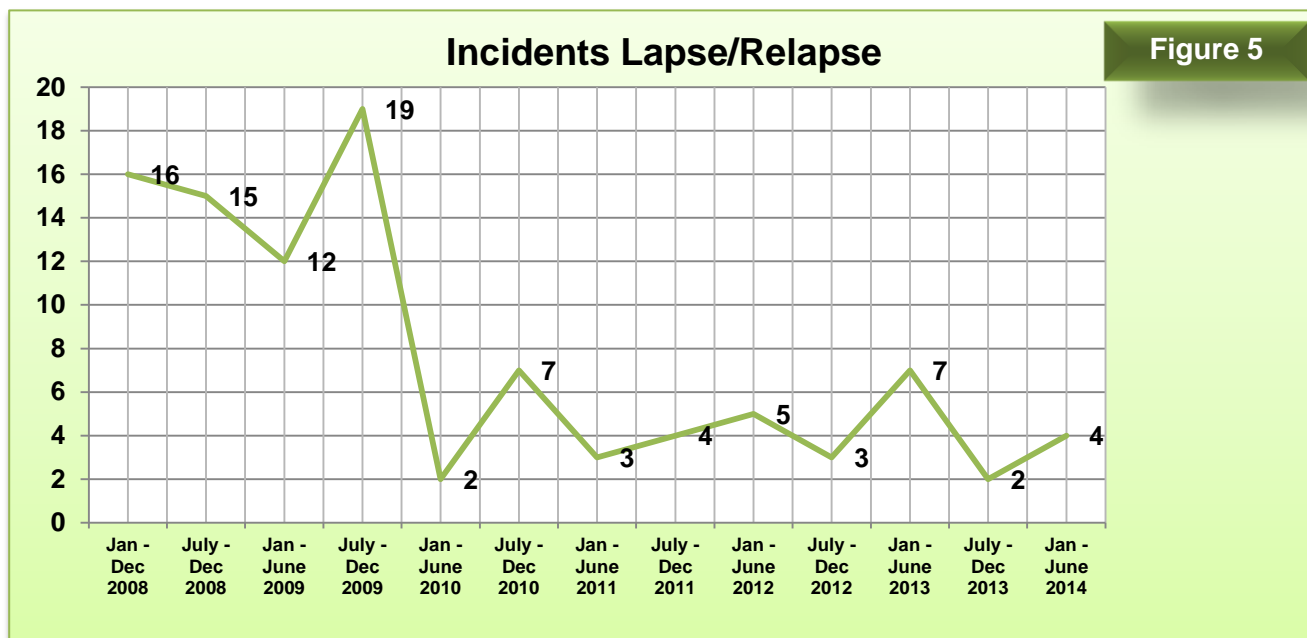


Figure 5 Shows that the number of relapses from July 2013 to June 2014, at BSP was six. This is the lowest number of relapses ever and seems to correlate with the increase in clients' length of stay. The BSP aims to assist clients individually when they lapse or relapse in order to get them to focus on ongoing recovery and sobriety. The focus is always on assisting the client collaboratively by using a team approach to the intervention. Any decision made concerning clients requires input from both the case management team as well as from the client concerned. Nearly all residential services who refer clients into the BSP maintain contact with client long after they are admitted. This gives clients added and often necessary support as there is an ongoing level of continuity of care which is encouraged by the BSP case management team. This is a key aspect that is addressed at each client's admission process. The project also stresses ongoing support for clients that have left and this assists in preventing relapses.

Further to the goals mentioned above, the BSP also aims to improve networks with other (at times concurrent), service providers, as well as with residential rehabilitation services such as Glebe House, Foundation House, WHOS, William Booth and Kedesh that refer to the project. This networking assists with:

- Arranging service visits, to provide information to both the service being visited as well as to their clients who may in future want to access BSP.
- Providing feedback to other services on their referred clients.
- Arranging of interagency sport, recreation and social days.
- Hosting guest speakers from various social support groups, agencies and the community at large.

Three achievements that highlight standards maintained by the BSP are:

- A four year Marked Achievement accreditation with the Australian Council of Healthcare Standards.



- A commendation from the sector peak body NADA for Excellence in Treatment (Figure 1) above.
- A four bed increase in service capacity without any change to staff or funding.

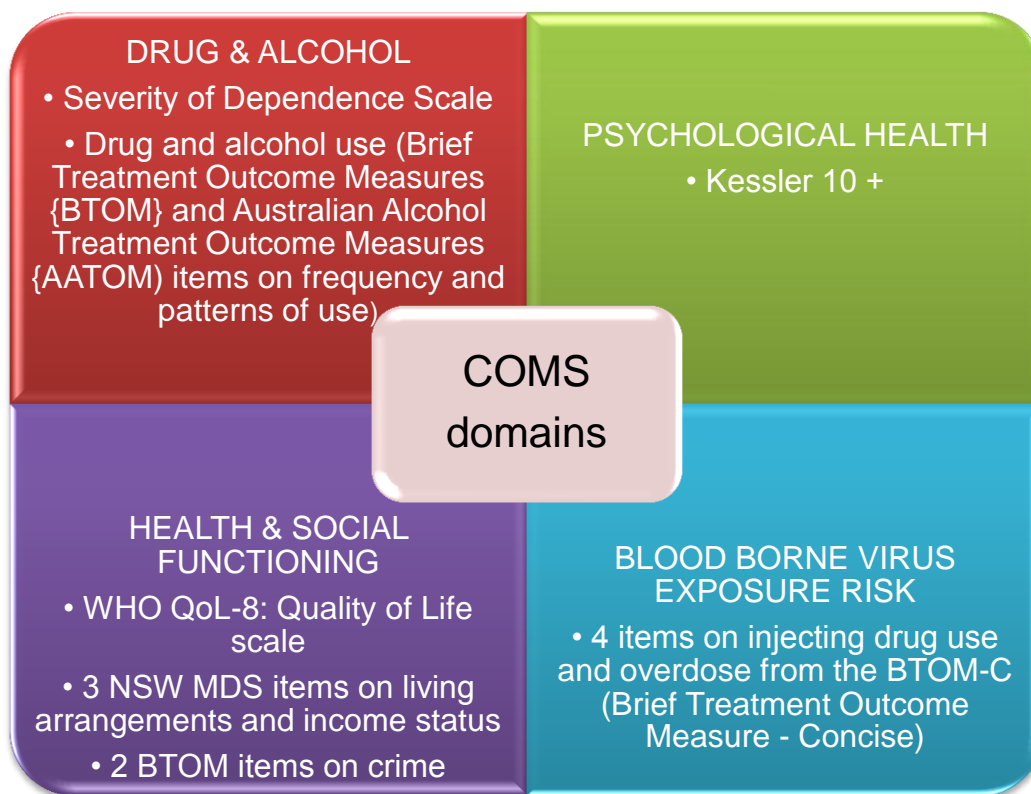
In Figure 2a & 2b the statistics are taken from monthly service reports and these reflect the number of clients in program at the end of each month. During the past year the service has been full (23 beds) for at least half the recorded months. The client occupancy percentage for this last reporting period has been **93%**, which is slightly higher than the previous year. Note the addition of 2 properties to BSP in July 2010 and Sept 2013 to cope with increasing demand for the service. Vacancies are often caused by major property maintenance and aligning client admission dates with their exit from the referring service.

Outcomes

NADAbase

BSP uses the NADAbase which is the combined NADA database for National and NSW Minimum Data Sets for Alcohol and Other Drug Treatment Services (N/MDS) and Client Outcomes Measurement System (COMS). It provides a comprehensive system of client data

collection and reporting.



The COMS is used with our clients at initial intake and assessment to establish and seek primary needs, track and improve outcomes. This tool is made up of four domains; Drug and Alcohol, Psychological Health, Health and Social Functioning, and Blood Borne Virus Exposure Risk see diagram below. The data collected via this tool is based on

the client's perspective.

Data is collected in accordance with the Haymarket Foundation's Client Outcome Measures Policy and Procedure.



The NADabase and its inbuilt COMS tool is detailed and comprehensive, looking specifically at identifying risk patterns and service gaps to achieve sustainable outcomes for clients with long term and severe mental health and drug and alcohol issues. We enter information into COMS one week after the client is admitted, and then every three months as well as at the end of the client's stay at BSP. The data collected provides case workers with information on the various domains described above. This allows changes and progress in any of these areas to be displayed in a graph format. This is extremely useful as it allows the information to be presented to a client visually, representing issues that may

Figure 6.1

need to be addressed. In addition this information also charts the client's progress over a specific period of time. What follows are some examples of

information the NADabase outcomes measures provides. This provides staff with information which allows interventions and treatment plans to take place. In Figure 6.1 a client's drug and alcohol use is measured and presented in the Severity of Dependence Scale () which demonstrates the client's perception of their substance abuse issues.

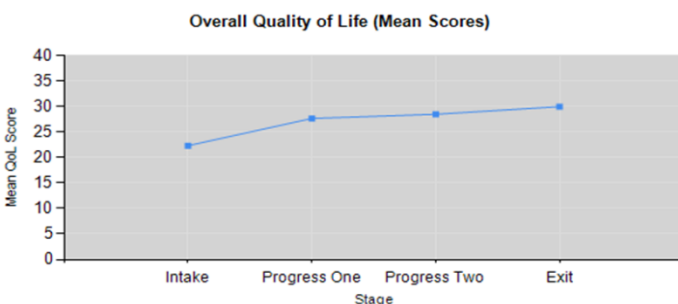


Figure 6.3

measures quality of life across the following domains; general or overall quality of life, overall perception of health, physical life, psychological life, social relationships and quality of living environment.

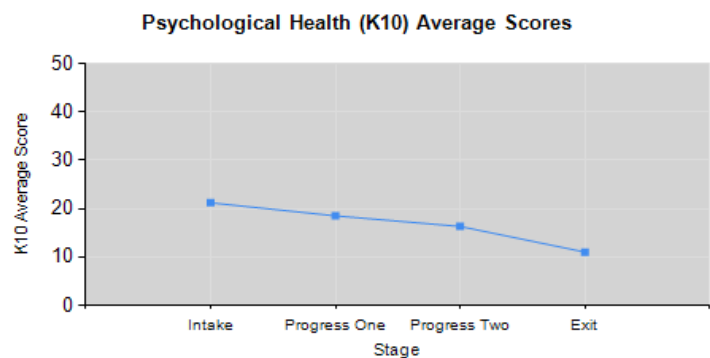


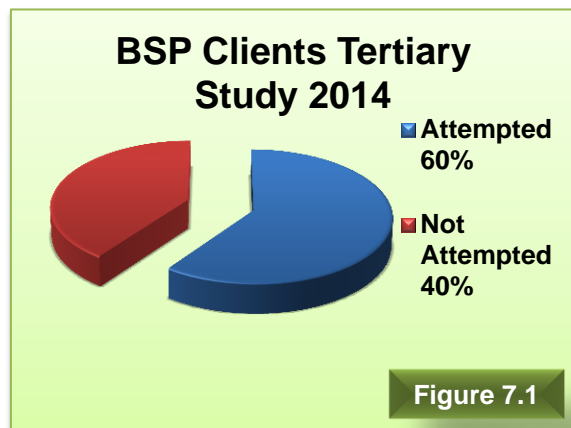
Figure 6.2

The Kessler 10 (Figure 6.2) gathers information of a client's psychological health status. If a client's mental health is over a 30 score the clinical psychologist is notified and the client is referred for a session in order to ascertain what interventions may need to be implemented. Health and Social Functioning is reviewed in the overall quality of life scale scores (Figure 6.3). This



Additional Outcomes

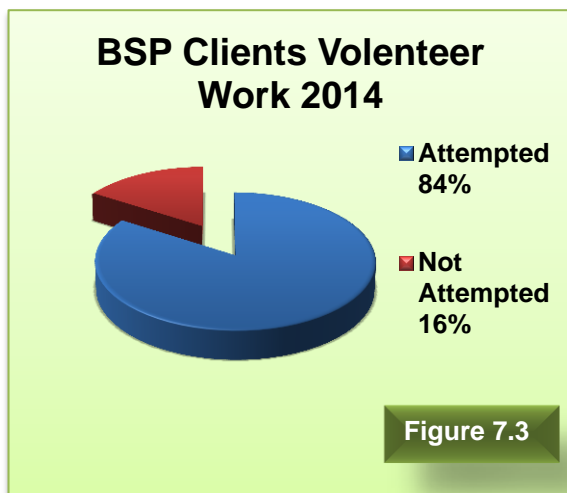
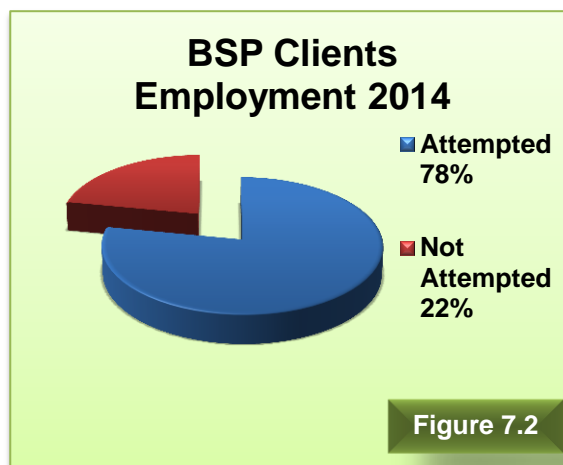
Figures 7.1, 7.2 and 7.3 denote levels of BSP clients participating in Tertiary Study, Employment and Volunteer work for this period. Clients at the Bourke St Project must, after completing Stage one of the program, begin to look at the idea of integrating employment, study and volunteer work into their lifestyle. This is usually achieved in conjunction with their caseworker as well as their individual one on one counsellor. Often it may also involve discussions with peers in the various in house groups that clients attend. In addition to this, clients are also able to attend free career counselling sessions at tertiary institutions, TAFE NSW and employment/job seek agencies.



On the rare

occasion where a client is unable to get employment for whatever reason that client is usually encouraged to find and engage in volunteer work. The BSP strongly emphasises the importance of finding employment as a way of preparing the client for independent living.

Note that in Figure 7.2, 78% of clients were able to gain employment and in Figure 7.3, 84% of clients



participated in volunteer work. This is extremely encouraging as it shows that the BSP is achieving the outcome of guiding clients towards being able to work, pay rent and live independently.

For the first time in 2014 data was also collected with respect to clients engaging in studies. Studying empowers clients as it makes them more marketable in the job market at large. This data shows that 60% of clients in the BSP attempted to study. In future data will also be collected that will show the numbers

of clients that successfully complete the studies they began whilst at BSP.

The data in the figures 7.1, 7.2, 7.3 serves to demonstrate the effectiveness of the BSP.

Independent Review

Over the past year an Independent review of The Bourke Street Project was conducted by Dr Suzi Hudson and Dr Alison Salmon, in collaboration with the BSP Case Management Team. The aim was to present to The Haymarket Foundation a coherent summary of the Bourke Street Project (BSP), with the aim of supporting any future publication or presentation of BSP service



delivery model. The aims and objectives of the BSP were refined, as were intervention logistics and components. Importantly, the BSP was conceptualised in a summarised, visual model. Dr's Hudson and Salmon surmised in their final report that the BSP model itself is "unique and innovative" and gels best with a Recovery Capital concept. A visual model mapping service delivery based on their review of BSP was developed and future publication of this mode of service delivery was recommended as being of value to the sector.

Recovery Capital philosophy is explained in Dr's Hudson and Salmon's Interim report as being a "*process rather than end state*". They cite Grandfield and Cloud (1999)² as first describing the term 15 years ago quoting Recovery Capital as "*the breadth and depth of internal and external resources that can be drawn upon to initiate and sustain recovery from alcohol and other drug problems*".

Further recommendations were made to the Case Management Team in how to approach adopting the BSP model with the concept of "Recovery Capital". This project was invaluable and was finalised too recently to report more thoroughly. This will be a large part of our future direction and future reporting.

The Future

The Bourke Street Project currently has use of a property in Randwick until December 2014. Clients who would otherwise be homeless are able to stay whilst waiting for admission. This property is only temporary, however further testament to our primary goal of assisting as many clients as possible toward independence. A report on the use of the premises, client outcomes and other statistics will be available in 2015.

Brightworks Film Company has produced, as part of their Lifeblood Project, a promotional feature on the Bourke Street Project (Figure 8). The Lifeblood Project is a collection of short documentaries. These video's focus on small charities and organisations doing great work. This is a wonderful visual demonstration of what is achieved collectively by clients, Alumni



and staff participating at BSP. This video will be available on the Haymarket Foundation Website.

Figure 8

Summary

In the past year the BSP has been extremely successful and it is important to acknowledge those who have had such a valuable contribution in making this a prosperous time.

² Grandfield, R and Cloud, W. (1999), Coming Clean: Overcoming Addiction Without Treatment. New York, New York University.



It is with both gratitude and heartfelt sadness that we bid our CEO Kay Elson farewell. The BSP is indebted to her for all the change she has encouraged and overseen.

Mrs Valda Allen, our quality co-ordinator is credited for her assistance in preparing and guiding the service to achieving accreditation with ACHS, as well as assisting us in making the submission for the NADA awards for which we received a commendation. Thanks also to Dr Suzi Hudson and Dr Alison Salmon for their, insight, guidance and their assistance in the independent review. To Cameron Darcy and his team at Brightworks, for their professional and ardent promotional video, thank you.

The BSP Case Management team {Kay Elson (CEO), Carlos Duarte (Clinical Psychologist), Josh Rosenthal, Simon Reid and James Hurford (Caseworkers) along with Steve McGinnes (Psychotherapist) and Robyn Zeller (Counsellor)} are to be commended for all their hard work commitment and motivation that makes the project a constant accomplishment.

Lastly I would like to acknowledge the Alumni Community who volunteer time and effort unconditionally, providing a powerful and invaluable element, thus allowing the BSP to evolve into a community.



James Hurford
Senior Caseworker



Alcohol And Other Drugs Counselling Service

The Haymarket Foundation Alcohol and Other Drugs Counselling Service is in its eleventh year of implementation. The present psychologist was appointed mid-March 2007 working three days a week. In November 2007 the psychologist was appointed full time. Counselling and psychotherapy services have thus been expanded with the psychologist being available for Haymarket Foundation clients for five days a week. An alcohol and other drug relapse prevention group for Bourke Street Project clients, (initiated by the psychologist) continues to run at the Haymarket Clinic on Mondays. In addition to this group two other groups are run under the auspices of psychological services by external counsellors for Bourke Street Project clients. These are:

1. A long term psychotherapeutic group focusing on relationship issues is run by Mr. Steve McGinnes (counsellor).
2. A fortnightly art therapy group, run by Ms Robyn Zeller (counsellor).

Placement of psychology students, at the Haymarket Foundation, has taken place for a number of years now. However the psychologist has endeavoured to get students with a higher qualification to come and complete their field placements at the Haymarket Clinic. It is for this reason that only students that are registered to complete a Masters' Degree (in clinical or counselling psychology) are accepted for field placements. To assist with this the psychologist has been offered and accepted a Honorary Associate position at Macquarie University. This thus enables the psychologist to supervise Master's degree students from this university, thus enabling these students to come and conduct their field placements at the Haymarket Foundation Clinic. The Australian College Of Applied Psychology (ACAP) has also continued to send post graduate students to come and complete their required fieldwork placement at the Haymarket Foundation. This project, initiated by the psychologist, has been successful in that it has increased psychological services rendered to clients of the Haymarket Foundation.

The activities carried out by the psychologist at the Haymarket Foundation are;

- Ψ Individual psychotherapy,
- Ψ Group psychotherapy,
- Ψ Family and couple psychotherapy,
- Ψ Assessment and referral,
- Ψ Case management,
- Ψ Case management support,
- Ψ Psycho-education,
- Ψ Training Haymarket Foundation staff on issues relating to:
 - Mental health,
 - Case management,
 - The Dual Diagnosis Capability In Addiction Treatment Index (DDCAT).
 - Applied Suicide Intervention Skills Training (ASIST). The Haymarket Foundation psychologist is an accredited/registered ASIST facilitator.
- Ψ Crisis intervention,
- Ψ Debriefing Haymarket Foundation staff after a crisis,
- Ψ Drafting policy,
- Ψ Drafting documents relating to psychological services,



- Ψ Obtaining feedback from clients with respect to services rendered by the psychologist and under the auspices of psychological services,
- Ψ Drafting group programmes,
- Ψ Supervising case managers from the Bourke Street Project as well as from the Haymarket Foundation Centre,
- Ψ Supervising University students, training Haymarket Foundation staff on issues relating to mental health and or case management,
- Ψ Attending Australian Council On Healthcare Standards quality and safety meetings,
- Ψ Interviewing candidates (as requested by CEO), for certain vacant positions within the Haymarket Foundation,
- Ψ Submitting monthly and quarterly reports and statistics (for the Haymarket Foundation Board and to The Commonwealth), on services rendered by psychological services,
- Ψ Attending regular self supervision, for self-development and
- Ψ Assisting with information technology issues and problems that arise at the Haymarket Clinic.

As part of his duties the psychologist also liaises with:

- Ψ Alcohol and other drug rehabilitation centres in order to facilitate the referral and placement of clients.
- Ψ Organisations in the mental health field as well as in the alcohol and other drug field in order to improve service offered to clients presenting at the Haymarket Foundation.
- Ψ Staff and students from Australian College Of Applied Psychology in order to get psychology students to be placed at The Haymarket Foundation, to assist with therapeutic interventions.
- Ψ Staff from various Medical and Mental Health Services in order to refer, and discuss the case management of, clients.
- Ψ Various general practitioners, and specialists (i.e. psychiatrists) in order to refer, and discuss the case management of, clients.
- Ψ Various Haymarket Foundation sections (Clinic and the Haymarket Foundation Centre) in order to refer, and discuss the case management of, clients.

On average psychotherapy/counselling is only sought by clients when they are experiencing a crisis in their lives. The psychotherapeutic service is available five (5) days a week at Palmer Street (Darlinghurst). The service provides a consistent and continual support for all clients that wish to attend on a regular basis. The psychotherapeutic intervention is not only focused on supporting clients during difficult/challenging times in their life, but it is also an opportunity to develop and empower self through self exploration and understanding. Clients that present for psychological services are usually self-referrals, however some referrals also come from; Bourke Street Project, Haymarket Foundation Centre, Haymarket Foundation Clinic, general practitioners in the surrounding areas, St Vincent's Hospital and other Non-Government Organisations.

The following are the statistics for psychological services for the reporting period (1st July 2013 to 30th June 2014). These are represented in the light blue column on the far right hand side. Note that the statistics for the same reporting periods, 1st July 2007 to 30th June 2008, 1st July 2008 to 30th June 2009, 1st July 2009 to 30th June 2010, 1st July 2010 to 30th June 2011, 1st July 2011 to 30th June 2012 and 1st July 2012 to 30th June 2013 are in the blue, red, green,



purple, orange and pink columns respectively. These are included for purposes of comparison and trending. Please note that next to the current reporting statistic (in the light blue column) there are the following symbols:

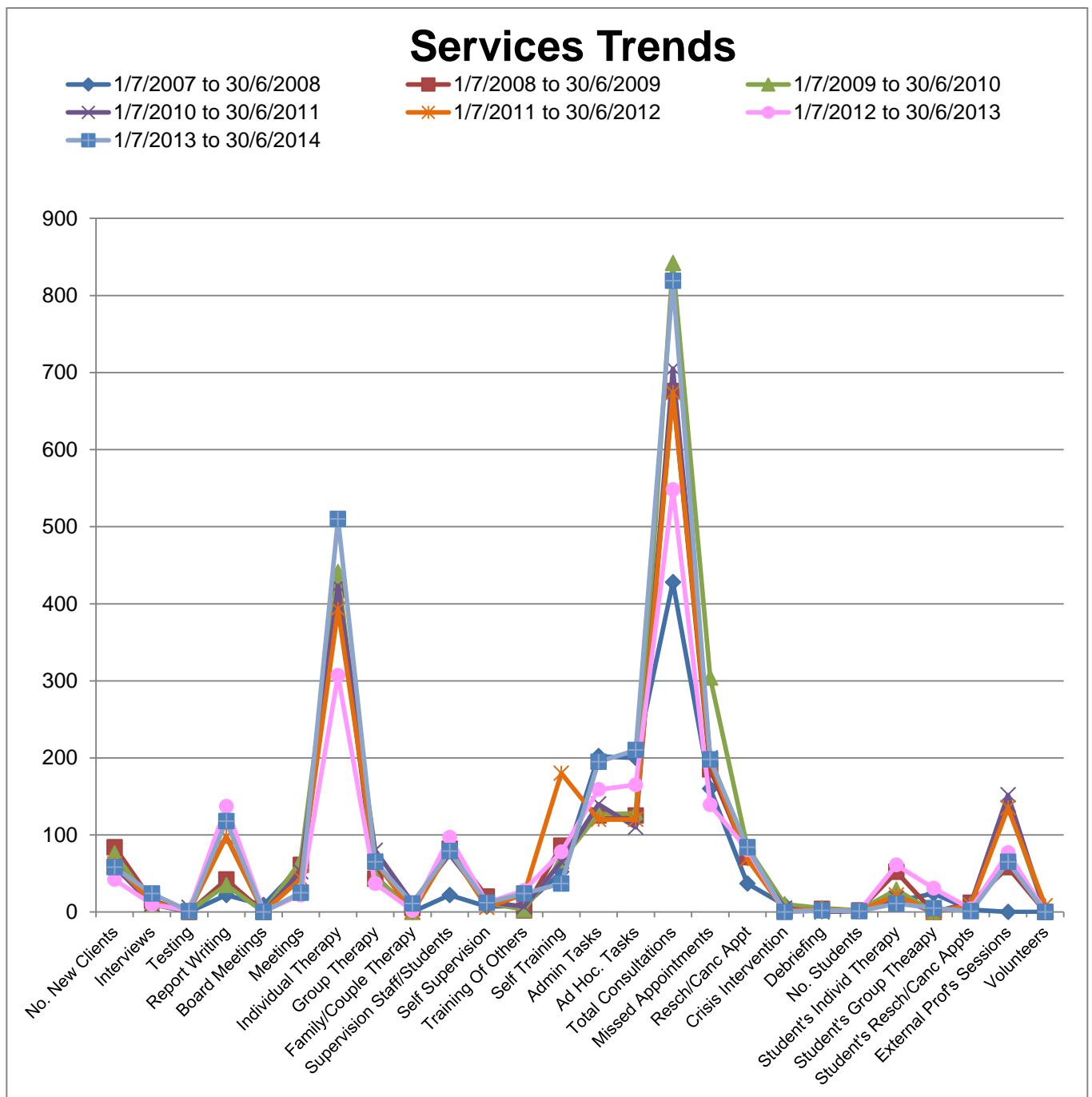
- ↑ (this denotes an increase in numbers as compared to the previous reporting period).
- ↓ (this denotes a decrease in numbers as compared to the previous reporting period).
- ↔ (this denotes a no change in numbers as compared to the previous reporting period).

Services	01/07/2007 To 30/06/2008	01/07/2008 To 30/06/2009	01/07/2009 To 30/06/2010	01/07/2010 To 30/06/2011	01/07/2011 To 30/06/2012	01/07/2012 To 30/06/2013	01/07/2013 To 30/06/2014
Number of New Clients For Reporting Period	65	84	76	59	62	42	58 ↑
Interviews	10	15	10	10	13	10	24 ↑
Testing	0	0	1	6	1	2	1 ↓
Report Writing	22	42	35	98	98	137	118 ↓
Board Meetings	9	0	0	0	0	1	0 ↓
Meetings	60	61	66	52	43	22	25 ↑
Individual Therapy (attended consults only)	423	418	441	423	393	307	510 ↑
Group Therapy (attended consults only)	47	43	46	80	66	37	65 ↑
Family/Couple Therapy (attended consults only)	0	5	0	12	0	2	11 ↑
Supervision of Staff/Students	22	82	82	75	80	97	79 ↓
Self Supervision	7	20	12	13	6	12	12 ↔
Training of Others	8	2	3	7	23	28	24 ↓
Training (attending workshops, training or conferences)	52	86	67	65	180	78	37 ↓
Administration Tasks	202	125	127	140	120	159	195 ↑
Ad Hoc. Tasks	200	125	128	110	120	165	210 ↑
Total Consultations (attended /missed/rescheduled/cancelled/staff)	428	676	842	705	674	548	819 ↑
Missed Appointments	160	185	304	200	196	139	198 ↑
Rescheduled/Cancelled Appointments	37	71	84	75	69	81	84 ↑
Crisis Intervention	9	2	10	5	2	0	0 ↔
Crisis Intervention & Debriefing (with Haymarket Foundation staff)	1	4	5	0	3	2	2 ↔
Number Of Students	1	2	2	1	1	1	1 ↔
Student's Individual Therapies	14	52	29	18	22	61	11 ↓
Student's Group Therapies	24	0	0	0	0	31	5 ↓



Services	01/07/2007 To 30/06/2008	01/07/2008 To 30/06/2009	01/07/2009 To 30/06/2010	01/07/2010 To 30/06/2011	01/07/2011 To 30/06/2012	01/07/2012 To 30/06/2013	01/07/2013 To 30/06/2014
Student's (rescheduled/ cancelled/ missed appointments)	3	12	10	11	9	4	1 ↓
External Professionals	0	58	139	152 ↑	135	77	66 ↓
Volunteers	0	0	0	0	8	0	0 ↔

The services trends graph below depicts the trends for the last seven annual reports in order to compare and highlight differences in the various service areas.





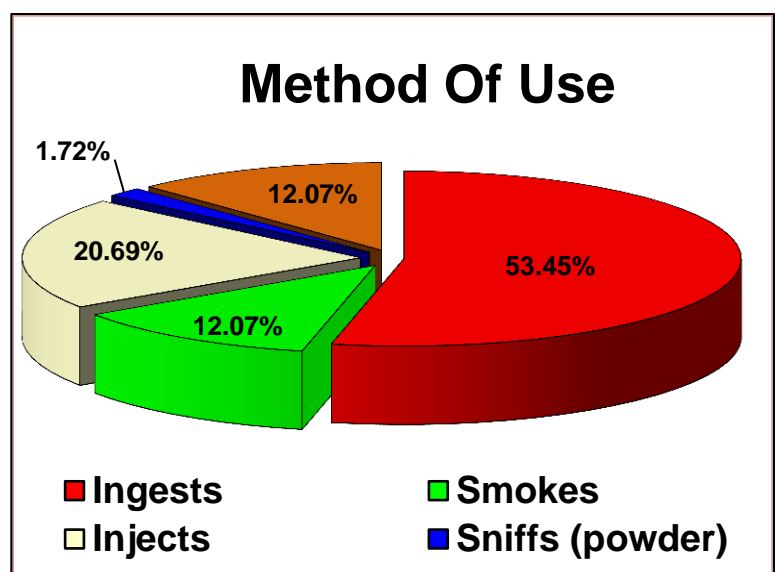
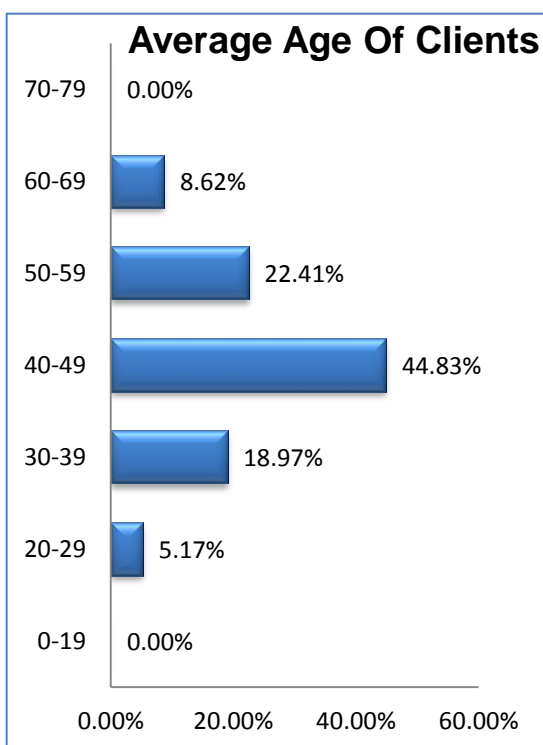
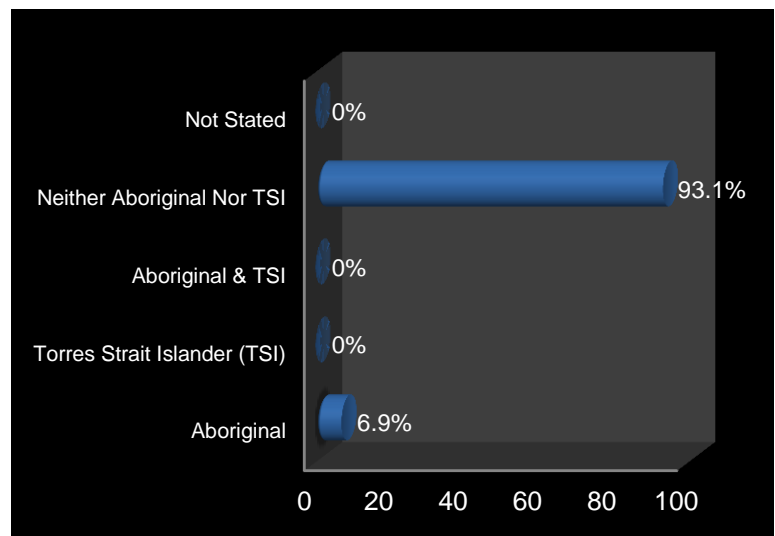
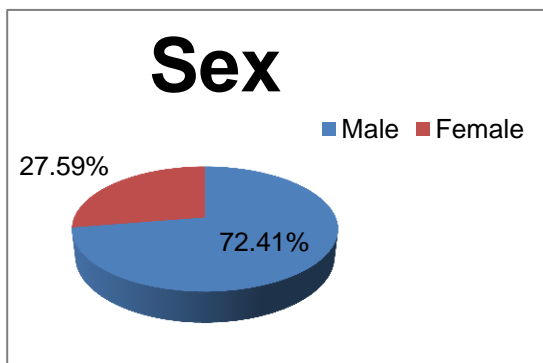
What follows is a summary of the statistics reported in the Services Trends table above for the current reporting period. **Please note that there is an overall increase in the reported statistics.**

1. A total of fifty eight (58) new clients were seen. *This shows a substantial increase in the number of new clients.*
2. The psychologist conducted twenty four (24) interview sessions (i.e. sessions involving interviewing candidates for various positions within the Haymarket Foundation or sessions that had the focus on psycho-education). *This service area shows a more than double increase.*
3. The psychologist conducted one psychometric testing session. *This service area shows a slight decrease.*
4. The psychologist conducted one hundred and eighteen (118) report writing sessions. *This service area shows a slight decrease.*
5. The psychologist attended twenty two (25) meetings. *This service area shows an increase.*
6. The psychologist conducted five hundred and ten (510) Individual psychotherapy consultations. *There is a very substantial increase in the number of individual psychotherapy consultations during this reporting period. This statistic is at its highest ever when compared to the past six reporting periods. It would seem to suggest that the service is clearly needed by the community it is serving.*
7. The psychologist conducted sixty five (65) group therapy sessions. *This service almost doubled compared to the previous reporting period.*
8. The psychologist conducted eleven (11) couple counselling sessions. *This service area shows a significant increase.*
9. The psychologist conducted seventy nine (79) supervision sessions with staff and students. *This service area shows a decrease.*
10. Psychologist attended twelve (12) self supervision sessions. *This service area shows no change from the previous reporting period.*
11. The psychologist conducted twenty four (24) training sessions with Haymarket Foundation staff. *This service area shows a slight decrease.*
12. The psychologist attended thirty seven (37) training sessions (made up of workshops, training and conferences). *This service area shows a decrease.*
13. A total of eight hundred and nineteen (819) consultations were booked (this includes all attended, missed, rescheduled and cancelled consultations). *This function recorded a significant increase. This is the second highest level this statistic has achieved in the last seven reporting periods.*
14. A total of one hundred and ninety eight (198) appointments were not attended by clients. *This function recorded a significant increase.*
15. A total of eighty one (84) appointments were rescheduled/cancelled by clients. *This function recorded a slight increase. It would seem as if the on-going education of clients with respect to rescheduling and cancelling appointments that have been made for them is assisting in limiting the increase of this statistic.*
16. The psychologist conducted no crisis intervention sessions with Haymarket Foundation staff. *This service area shows no change from the previous reporting period.*
17. The psychologist conducted two debriefing sessions with Haymarket Foundation staff, during this reporting period. *This service area shows no change from the previous reporting period.*
18. One student from ACAP, conducted:



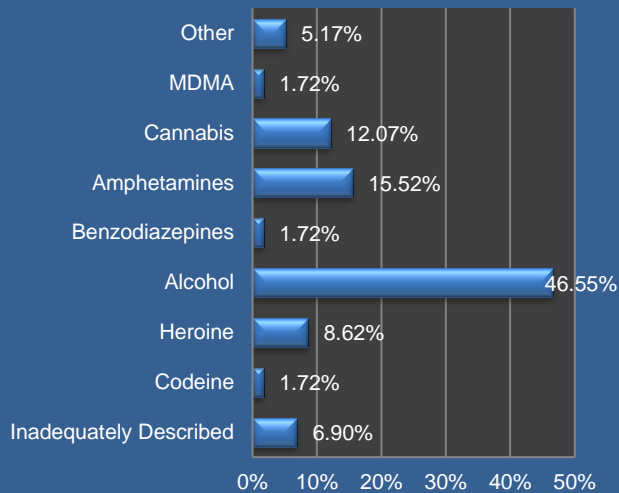
- Ψ A total of eleven (11) individual counselling sessions, with Haymarket Foundation clients. *This service area shows a significant decrease and is due to the fact that the student completed her placement and no replacement student has begun, a field placement at the Haymarket Foundation Clinic.*
- Ψ A total of five (5) group counselling sessions, with Haymarket Foundation clients. *This service area shows a significant decrease for the same reasons highlighted in the previous point.*
- 19. Student from ACAP, had one (1) rescheduled/cancelled/ missed appointment.
- 20. External professionals provided sixty six (66) group sessions consisting of:
 - Ψ A weekly men's process group therapy session for Bourke Street Project clients, run by Mr Steve McGinnes (counsellor).
 - Ψ A fortnightly art therapy group session for the Bourke Street Project clients, run by Ms Robyn Zeller (counsellor).

Other important National Minimum Data Set (NMDS), statistics for the service are listed below as charts:

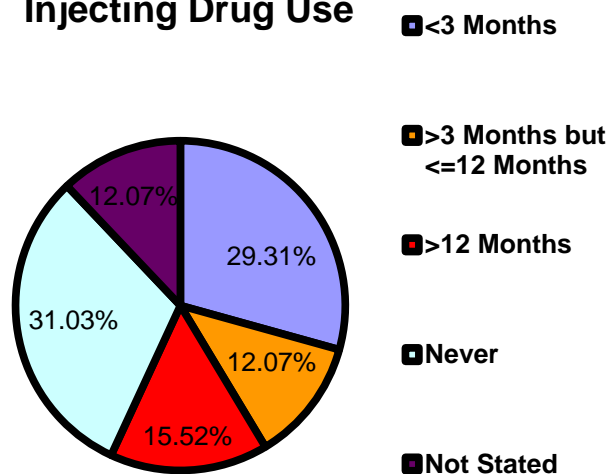




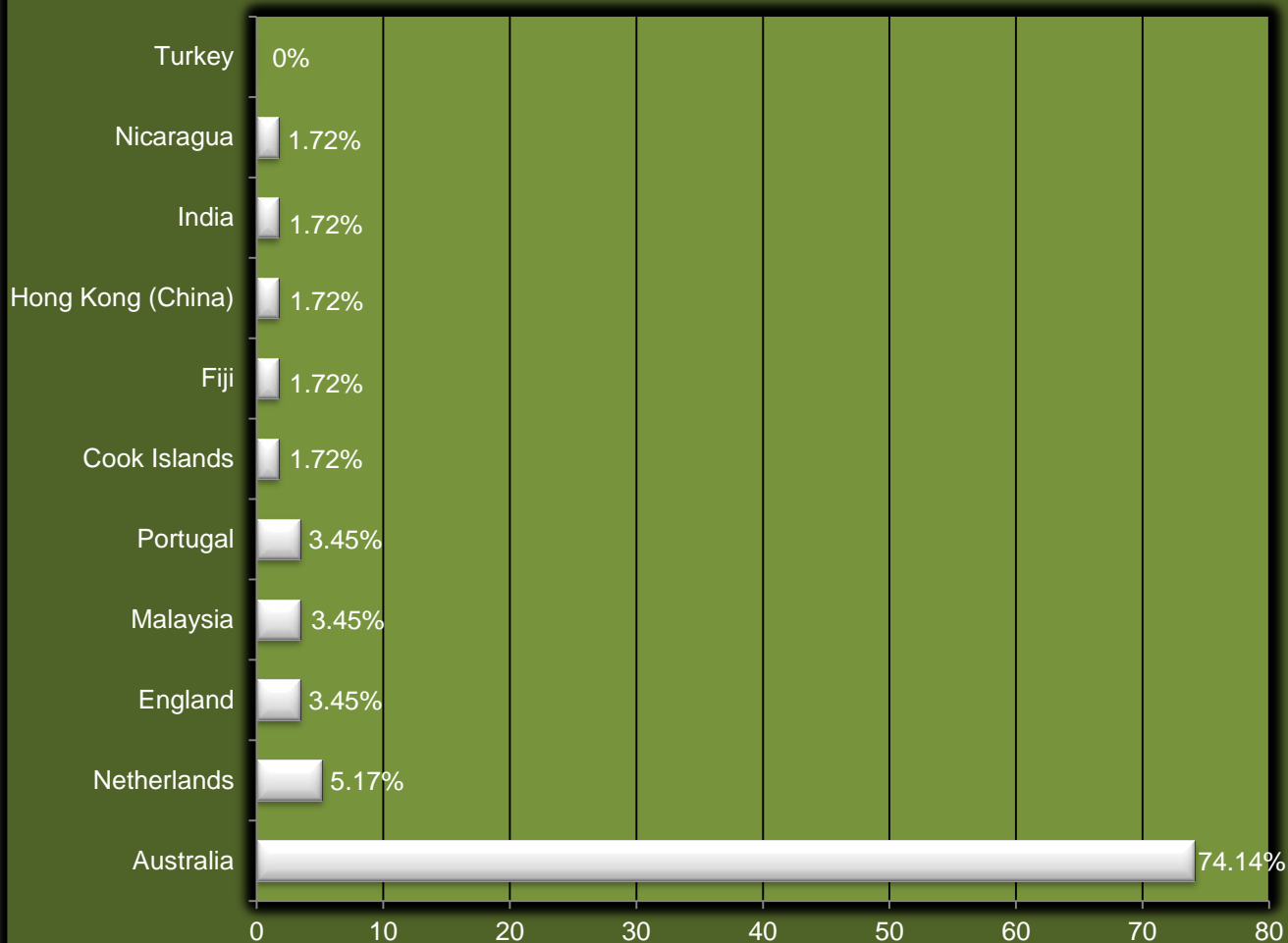
Principal Drug Of Concern



Injecting Drug Use

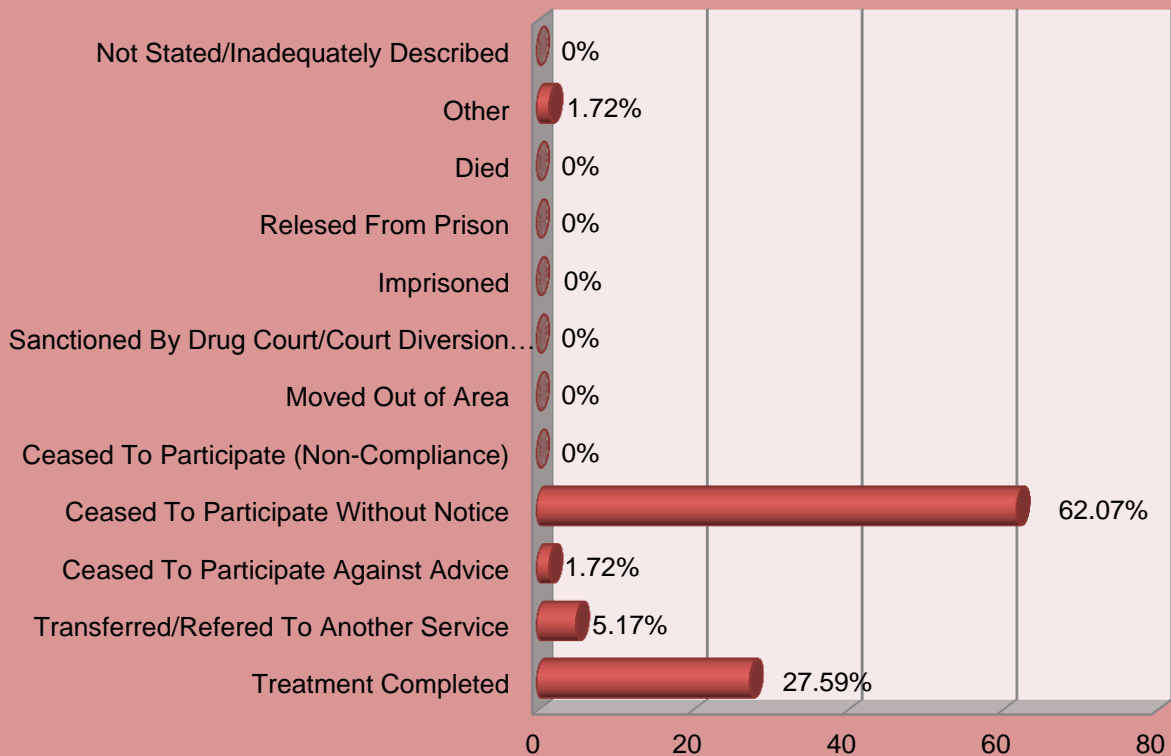


Country Of Birth





Reason For Cessation Of Service



Carlos Duarte
Clinical Psychologist

THE HAYMARKET FOUNDATION LTD

A.B.N. 24 001 397 986

FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2014

1. Director's Report.
6. Auditor's Independence Declaration
7. Statement of Profit or Loss.
8. Statement of Financial Position
9. Statement of Changes in Equity.
10. Statement of Cash Flows.
11. Notes to the Financial Statements.
17. Director's Declaration.
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23. Detailed Income and Expenditure Statement
- Branches

THE HAYMARKET FOUNDATION LTD
A.B.N. 24 001 397 986

DIRECTORS' REPORT

Your Directors present this report on the company for the financial year ended 30 June 2014.

DIRECTORS

The name of each person who has been a director during the year and to the date of the report are:

- | | |
|--|---------------------|
| - The Hon. Kevin R. Rozzoli | - Dr Lucy Burns |
| - Ms Kay Elson (resigned 29 August 2014) | - Ms Lesley Butt |
| - Mr Richard Boyer | - Mr Stephen Wilson |
| - Ms Patricia Bramble | - Mr John Sheahan |

Directors have been in office since the start of the financial year to the date of this report unless otherwise stated.

PRINCIPAL ACTIVITIES

The principal activity of the company in the course of the financial year was:

- Operating the Haymarket Clinic which provides free medical care, health services to disadvantaged persons. The Haymarket Clinic also has a clinical psychologist who provides psychotherapeutic interventions for disadvantaged clients as well as clinical supervision to various Haymarket Foundation staff.
- Operating the Haymarket Centre as a supported accommodation assistance program providing crisis accommodation for people with comorbid mental health as well as alcohol and other drug issues.
- Operating the Bourke Street Project which provides accommodation and living skills for men who have completed a drug and alcohol rehabilitation program.

No significant change in the nature of these activities occurred during the year.

OPERATING RESULTS

The net result of operations for the year was a surplus of \$129,470 (2013:\$58,969 surplus)

KEY PERFORMANCE MEASURES

The company monitors its performances:

- Internally by the use of qualitative and quantitative measures detailed in the Strategic Plan.
- Externally by meeting the objectives laid down by Funding Bodies.
- Externally by maintaining its accreditation status through meeting the Australian Council on Health Care Standards.

THE HAYMARKET FOUNDATION LTD
A.B.N. 24 001 397 986

DIRECTORS' REPORT (continued)

SHORT TERM AND LONG TERM OBJECTIVES

The company's short-term objectives are to:

- Maintain and develop our expertise in working with homeless people with complex needs, particularly those not served by other agencies.
- Provide outreach services to support clients awaiting allocation to long-term housing.
- Extend the Bourke Street Houses Project.
- Ensure skilled staff and strong collaborative partnerships.
- Develop expertise in measuring outcomes of client care and the effectiveness of services.
- Maintain ACHS Accreditation status.
- Increase funding for programs.

The company's long-term objectives are to;

- Grow the services we offer and be innovative.
- Have a more effective organisation.
- Achieve an outstanding reputation for quality and a high profile.

STRATEGIES

To achieve its stated objectives, the company has adopted the following strategies:

- Improve the volume, quality and scope of our services.
- Enhance capacity through up-skilling of staff and strong collaboration with existing and new partners.
- Striving consistently for a high quality, accredited and professional organisation.

THE HAYMARKET FOUNDATION LTD
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DIRECTORS' REPORT (continued)

INFORMATION ON DIRECTORS

The Hon Kevin R Rozzoli, Dip Law

Kevin has been Chairman of the Company for the past twenty three years, and a Director since incorporation.

Experience - He was a Member of the NSW Legislative Assembly from 1973 to 2003. He is also a Member of the NSW Bar.

Special Responsibilities - Chairman

Dr Lucy Burns, MPH, PhD.

Experience - Dr Burns is presently a lecturer at the National Drug and Alcohol Research Centre. Dr Burns has a long history of working in the health field, starting out as a Registered Nurse, working as a Nurse Educator and Researcher. Her education and research programs have primarily been in the drugs and alcohol and dual diagnosis fields, and she brings this expertise and experience to the Board. Lucy was appointed a Director in August 2004.

Special Responsibilities - Director

Mr Richard Boyer

Experience - Richard has a background in the executive management of public companies, strategic planning and information technology. He has primarily worked in the wool, computer services and financial services industries in Sydney, and has been involved with education and community services in his local area. Richard was appointed a Director in October 2007.

Special Responsibilities - Deputy Chairman

Ms Lesley Butt, Dip Social Sciences (Community Welfare), Post Graduate (Housing) Sydney University

Experience - Lesley has 17 years experience in Community Services; mainly with Mission Australia in various management roles. She is currently the Operations Manager, Adult Accommodation Services Sydney. Prior to her work in Community Services, Lesley worked in New Zealand & Australia in the Telecommunications & Transport Industries. Lesley was appointed a Director in April 2007.

Special Responsibilities – Treasurer

THE HAYMARKET FOUNDATION LTD
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DIRECTORS' REPORT (continued)

Ms Kay Elson, Post Graduate (Housing) Sydney University

Experience - Kay has 30 years experience working in the homelessness sector, mainly in the Sydney Metropolitan area. Previous roles include Accommodation Operations and Project Management with Mission Australia, overseeing a variety of rebuilding and modelling changes; and Senior Policy Officer with the NSW Department of Community Services. Kay has been a member of various government reference groups and working parties. She was appointed Director, Company Secretary and Chief Executive Officer in November 2006

Special Responsibilities - Company Secretary/CEO

Associate Professor Stephen Wilson, MBBS, PhD, FRACGP, FAFRM, (RACP), Dip Sports Medicine (Lon)

Experience - Associate Professor Wilson is the Director of Population Health program at St. Vincent's Hospital. He is also a specialist rehabilitation physician working with the ambulatory orthopaedic arthroplasty service at the Mater Hospital in North Sydney, and is a consultant to the St. Vincent's Homeless Health service. Associate Professor Wilson's teaching and research interests include the development and provision of integrated community health care, multidisciplinary care and more effective medical communication. Professor Wilson brings his medical expertise, particularly in homelessness health, to the Board.

Special Responsibilities - Director

Ms Patricia Bramble

Experience - Trish has been working in Community Services for the last 24 years; this includes disability and juvenile justice. Previous positions have included the responsibility of regional and rural services within NSW. The development of staff and restructure of services to work within good practice framework has been a significant component. Trish has been on the Board of Homelessness NSW and has been the NSW representative to the National Board, Homelessness Australia for six years holding Executive positions.

Special Responsibilities - Director

Mr John Sheahan, SC

Experience - John Sheahan has been in practice as a barrister since 1984, and has been a senior counsel for thirteen years. His principal areas of practice are corporate law, competition and banking and finance. In 2004 he was Counsel Assisting the Special Commission of Inquiry into certain transactions involving James Hardie. He is a past President of the Public Interest Law Clearing House, and a member of the board of governors of the Law and Justice Foundation.

Special Responsibilities – Director

THE HAYMARKET FOUNDATION LTD
A.B.N. 24 001 397 986

DIRECTORS' REPORT (continued)

MEETINGS OF DIRECTORS

During the financial year, 11 meetings of directors were held. Attendances by each director were as follows:

	Directors' Meetings	
	Number Eligible to Attend	Number Attended
Kevin Rozzoli	11	10
Lucy Burns	11	7
Richard Boyer	11	9
Lesley Butt	11	6
Kay Elson	11	11
Stephen Wilson	11	9
Patricia Bramble	11	10
John Sheahan	11	7

The company is incorporated under the Corporations Act 2001 and is a company limited by guarantee. If the company is wound up, the Constitution states that each member is required to contribute a maximum of \$100 each towards meeting any outstanding obligations of the company. At 30 June 2014, the total amount that the members of the company are liable to contribute if the company is wound up is \$800 (2013 : \$800).

AUDITOR'S INDEPENDENCE DECLARATION

The lead auditors independence declaration for the year ended 30 June 2014 has been received and can be found on page 6 of the financial statements.

Signed this 10th day of October 2014,

in accordance with a resolution of the Board of Directors.



Director


.....

Director



Bentleys NSW Audit Pty Ltd
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Sydney NSW 2000
Australia
ABN 49 141 611 896
T +61 2 9220 0700
F +61 2 9220 0777
directors@bentleysnsw.com.au
bentleys.com.au

The Haymarket Foundation Ltd
ABN: 24 001 397 986

**Auditor's Independence Declaration under S 307C of the Corporations Act 2001
to the Directors of The Haymarket Foundation Ltd**

I declare that, to the best of my knowledge and belief, during the year ended 30 June 2014
there has been no contraventions of:

- i. the auditor independence requirements as set out in the Corporations Act 2001 in
relation to the audit; and
- ii. any applicable code of professional conduct in relation to the audit.

Bentleys NSW Audit Pty Ltd

A handwritten signature in black ink, appearing to read "Robert Evett".

Robert Evett
Director

Date: *October 10, 2014*



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THE HAYMARKET FOUNDATION LTD

A.B.N. 24 001 397 986

STATEMENT OF PROFIT OR LOSS FOR THE YEAR ENDED 30 JUNE 2014

	<u>Note</u>	<u>2014</u> \$	<u>2013</u> \$
Revenue	2	4,609,614	3,721,335
Employee benefits professional		(2,885,683)	(2,416,685)
Employee benefits administrative		(247,276)	(243,651)
Administration other expenses		(324,345)	(287,145)
Property and occupancy		(830,318)	(507,797)
Service Costs		(146,991)	(158,915)
Equipment		(45,531)	(48,173)
Other		-	-
Current year surplus before Income Tax		<u>129,470</u>	<u>58,969</u>
Income Tax Expense Relating to Ordinary Activities	1 (e)	-	-
Net current year surplus attributable to members of the entity		<u><u>129,470</u></u>	<u><u>58,969</u></u>

STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED 30 JUNE 2014

Net current year surplus	129,470	58,969
Other comprehensive income for the year, net of tax	<u>-</u>	<u>-</u>
Total comprehensive income for the year	<u><u>129,470</u></u>	<u><u>58,969</u></u>
Total comprehensive income attributable to members of the entity	<u><u>129,470</u></u>	<u><u>58,969</u></u>

THE HAYMARKET FOUNDATION LTD

A.B.N. 24 001 397 986

STATEMENT OF FINANCIAL POSITION AS AT 30 JUNE 2014

	<u>Note</u>	<u>2014</u> \$	<u>2013</u> \$
ASSETS			
<u>CURRENT ASSETS</u>			
Cash and Cash Equivalants	4	389,594	678,094
Other Current Assets	5	<u>1,051,220</u>	<u>912,692</u>
<u>TOTAL CURRENT ASSETS</u>		<u>1,440,814</u>	<u>1,590,786</u>
<u>NON-CURRENT ASSETS</u>			
Property, Plant and Equipment	6	<u>2,535,445</u>	<u>2,539,334</u>
<u>TOTAL NON-CURRENT ASSETS</u>		<u>2,535,445</u>	<u>2,539,334</u>
<u>TOTAL ASSETS</u>		<u>3,976,259</u>	<u>4,130,120</u>
LIABILITIES			
<u>CURRENT LIABILITIES</u>			
Trade and Other Payables	7	159,416	183,594
Grants Received in Advance		53,775	364,398
Provisions	8	<u>174,136</u>	<u>161,665</u>
<u>TOTAL CURRENT LIABILITIES</u>		<u>387,327</u>	<u>709,657</u>
<u>NON-CURRENT LIABILITIES</u>			
Provisions	9	<u>104,347</u>	<u>65,348</u>
<u>TOTAL NON-CURRENT LIABILITIES</u>		<u>104,347</u>	<u>65,348</u>
<u>TOTAL LIABILITIES</u>		<u>491,674</u>	<u>775,005</u>
<u>NET ASSETS</u>		<u>3,484,585</u>	<u>3,355,115</u>
EQUITY			
Reserves	10	2,122,413	2,122,413
Retained Surplus	11	<u>1,362,172</u>	<u>1,232,702</u>
<u>TOTAL EQUITY</u>		<u>3,484,585</u>	<u>3,355,115</u>

THE HAYMARKET FOUNDATION LTD

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STATEMENT OF CHANGES IN EQUITY
FOR THE YEAR ENDED 30 JUNE 2014

	Asset Revaluation Reserve \$	Retained Earnings \$	Total \$
Balance at 1 July 2012	2,122,413	1,173,733	3,296,146
Surplus attributable to members of the entity	-	58,969	58,969
Other comprehensive income for the year	-	-	-
Balance at 30 June 2013	2,122,413	1,232,702	3,355,115
Surplus attributable to members of the entity	-	129,470	129,470
Other comprehensive income for the year	-	-	-
Balance at 30 June 2014	<u>2,122,413</u>	<u>1,362,172</u>	<u>3,484,585</u>

THE HAYMARKET FOUNDATION LTD

A.B.N. 24 001 397 986

STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 30 JUNE 2014

	<u>Note</u>	<u>2014</u> \$	<u>2013</u> \$
CASH FLOWS FROM OPERATING ACTIVITIES			
Receipts from donations and other		473,358	386,992
Commonwealth Government Grants		3,777,180	3,644,318
Payments to suppliers and employees		(4,548,142)	(3,574,123)
Interest received		<u>47,206</u>	<u>60,161</u>
NET CASH PROVIDED BY (USED IN) OPERATING ACTIVITIES	12	<u>(250,398)</u>	<u>517,348</u>
CASH FLOWS FROM INVESTING ACTIVITIES			
Proceeds on Sale of Fixed Assets		25,965	-
Payment for Plant and Equipment		<u>(64,067)</u>	<u>(24,209)</u>
NET CASH PROVIDED BY (USED IN) INVESTING ACTIVITIES		<u>(38,102)</u>	<u>(24,209)</u>
NET INCREASE (DECREASE) IN CASH HELD		(288,500)	493,139
Cash at the beginning of the financial year		<u>678,094</u>	<u>184,955</u>
Cash at the end of the financial year	4	<u><u>389,594</u></u>	<u><u>678,094</u></u>

THE HAYMARKET FOUNDATION LTD
A.B.N. 24 001 397 986
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2014

The financial statements cover The Haymarket Foundation Ltd as an individual entity, incorporated and domiciled in Australia. The Haymarket Foundation Ltd is a company limited by guarantee.

The financial statements were authorised for issue on 10 October 2014 by the directors of the company.

NOTE 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The directors have prepared the financial statements on the basis that the company is a non-reporting entity because there are no users who are dependent on its general purpose financial reports. These financial statements are therefore special purpose financial statements that have been prepared in order to meet the requirements of the Corporations Act 2001. The company is a not-for-profit entity for financial reporting purposes under Australian Accounting Standards.

The financial statements have been prepared in accordance with the mandatory Australian Accounting Standards applicable to entities reporting under the Corporations Act 2001 and the significant accounting policies disclosed below, which the directors have determined are appropriate to meet the needs of members. Such accounting policies are consistent with those of previous periods unless stated otherwise.

The financial statements, except for the cash flow information, have been prepared on an accruals basis and are based on historical costs unless otherwise stated in the notes.

Material accounting policies adopted in the preparation of these financial statements are presented below and have been consistently applied unless stated otherwise. The amounts presented in the financial statements have been rounded to the nearest dollar.

Accounting Policies

(a) Revenue

Non-reciprocal grant revenue is recognised in profit or loss when the entity obtains control of the grant and it is probable that the economic benefit gained from the grant will flow to the entity and the amount of the grant can be measured reliably.

If conditions are attached to the grant which must be satisfied before it is eligible to receive the contribution, the recognition of the grant as revenue will be deferred until those conditions are satisfied.

When grant revenue is received whereby the entity incurs an obligation to deliver economic value directly back to the contributor, this is considered a reciprocal transaction and the grant revenue is recognised in the statement of financial position as a liability until the service has been delivered to the contributor, otherwise the grant is recognised as income on receipt.

The company receives non-reciprocal contributions of assets from the government and other parties for zero or a nominal value. These assets are recognised at fair value on the date of acquisition in the statement of financial position, with a corresponding amount of income recognised in profit or loss.

Donations and bequests are recognised as revenue when received.

THE HAYMARKET FOUNDATION LTD
A.B.N. 24 001 397 986

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2014

NOTE 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Cont)

(a) Revenue (cont)

Interest revenue is recognised as it accrues using the effective interest method, which for floating rate financial assets is the rate inherent in the instrument.

Revenue from the rendering of a service is recognised upon the delivery of the service of the customers.

All revenue is stated net of the amount of goods and services tax.

(b) Property, Plant and Equipment

Each class of property, plant and equipment is carried at cost, or fair value less, where applicable, any accumulated depreciation and impairment losses.

(c) Impairment of Assets

At the end of each reporting period, the entity reviews the carrying amount of its tangible and intangible assets to determine whether there is any indication that those assets have been impaired. If such an indication exists, the recoverable amount of the asset, being the higher of the asset's fair value less costs to sell and value in use, is compared to the asset's carrying amount. Any excess of the asset's carrying amount over its recoverable amount is recognised immediately in profit or loss.

Where the future economic benefits of the asset are not primarily dependent upon the asset's ability to generate net cash inflows and when the entity would, if deprived of the asset, replace its remaining future economic benefits, value in use is determined as the depreciated replacement cost of an asset.

Where it is not possible to estimate the recoverable amount of a class of asset, the entity estimates the recoverable amount of the case-generating unit to which the asset belongs.

Where an impairment loss on a revalued asset is identified, this is debited against the revaluation surplus in respect of the same class of asset to the extent that the impairment loss does not exceed the amount in the revaluation surplus for that same class of asset.

(d) Employee Benefits

Provision is made for the company's liability for employee benefits arising from services rendered by employees to the end of the reporting period. Long service leave is accrued in respect of all employees with more than five years service with the company.

Contributions are made by the company to an employee superannuation fund and are charged as expenses when incurred.

(e) Cash and Cash Equivalents

Cash and cash equivalents include cash on hand, deposits held at call with banks and bank overdrafts.

THE HAYMARKET FOUNDATION LTD

A.B.N.24 001 397 986

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2014

NOTE 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Cont)

(f) Income Tax

No provision for income tax has been raised, as the entity is exempt from income tax under Division 50 of the Income Tax Assessment Act 1997.

(g) Economic Dependence

The Haymarket Foundation Ltd is dependent on the Department of Health and Ageing for the majority of its revenue used to operate the business. At the date of this report the Board of Directors have no reason to believe the Department of Health and Ageing will not continue to support the company.

(h) New Accounting Standards for Application in Future Periods

The company has not yet estimated the impact of these pronouncements on its financial statements

	<u>2014</u>	<u>2013</u>
	\$	\$
NOTE 2. <u>REVENUE</u>		
Operating Activities		
Grants Received - Government	4,087,803	3,279,920
Grants Received - Non - Government	98,124	141,176
Donations Received	9,863	50,971
SACS - E.R.O	30,523	12,134
Other	334,848	182,711
	<u>4,561,161</u>	<u>3,666,912</u>
Interest received from:		
National Australia Bank	48,453	54,423
TOTAL REVENUE	<u>4,609,614</u>	<u>3,721,335</u>

NOTE 3. RESULTS FROM ORDINARY ACTIVITIES

Expenses

Amortisation	1,362	1,703
Depreciation - Plant and Equipment	29,927	34,276
Total depreciation and amortisation expenses	<u>31,289</u>	<u>35,979</u>

Auditors Remuneration:

auditing the accounts	34,000	32,400
- other services	2,380	930
Employee Benefits	3,132,929	2,660,336
Rental Expenses	362,530	264,294

THE HAYMARKET FOUNDATION LTD

A.B.N. 24 001 397 986

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2014

	<u>2014</u>	<u>2013</u>
	\$	\$
NOTE 4. <u>CASH AND CASH EQUIVALENTS</u>		
Cash on Hand	770	704
Cash at Bank	388,824	677,390
	<u>389,594</u>	<u>678,094</u>
NOTE 5. <u>OTHER ASSETS</u>		
Interest Bearing Deposits	1,011,884	874,603
Interest Receivable	11,106	9,859
Grants Receivable	5,000	5,000
Security Deposit	23,230	23,230
	<u>1,051,220</u>	<u>912,692</u>
NOTE 6. <u>PROPERTY, PLANT & EQUIPMENT</u>		
Land and Buildings - at independent valuation*	2,400,000	2,400,000
Less Accumulated Depreciation	-	-
	<u>2,400,000</u>	<u>2,400,000</u>
Leasehold Improvements - at cost	16,100	16,100
Less Accumulated Amortisation	10,652	9,290
	<u>5,448</u>	<u>6,810</u>
Motor Vehicles - at Cost	123,222	118,228
Less Accumulated Depreciation	37,258	39,983
	<u>85,964</u>	<u>78,245</u>
Plant and Equipment - at Cost	203,277	205,978
Less Accumulated Depreciation	159,244	151,699
	<u>44,033</u>	<u>54,279</u>
	<u>2,535,445</u>	<u>2,539,334</u>

*Independent valuation carried out by Diamonds/DPC Valuers Pty Ltd on 20 October 2011

THE HAYMARKET FOUNDATION LTD

A.B.N. 24 001 397 986

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2014

	<u>2014</u>	<u>2013</u>
	\$	\$
NOTE.7 <u>TRADE AND OTHER PAYABLES</u>		
Current		
Trade Creditors	44,350	49,655
Other Creditors	65,799	51,699
GST Payable	49,267	82,240
	<u>159,416</u>	<u>183,594</u>
NOTE 8. <u>PROVISIONS</u>		
Current		
Provision for Holiday Pay	113,271	106,113
Provision for Long Service Leave	60,865	55,552
	<u>174,136</u>	<u>161,665</u>
NOTE 9. <u>PROVISIONS</u>		
Non-Current		
Provision for Long Service Leave	<u>104,347</u>	<u>65,348</u>
NOTE 10. <u>RESERVES</u>		
Asset Revaluation Reserve	<u>2,122,413</u>	<u>2,122,413</u>
NOTE 11. <u>RETAINED SURPLUS</u>		
Retained Surplus at the Beginning of the Financial Year	1,232,702	1,173,733
Surplus (Deficit) for the year	129,470	58,969
Retained Surplus at the End of the Financial Year	<u>1,362,172</u>	<u>1,232,702</u>

THE HAYMARKET FOUNDATION LTD

A.B.N. 24 001 397 986

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2014

<u>2014</u>	<u>2013</u>
\$	\$

NOTE 12. CASH FLOW INFORMATION

Reconciliation of cash flow from operations with net current year surplus

Net current year surplus	129,470	58,969
Non cash flows in operationg surplus (deficit)		
Loss on disposal of Plant and Equipment	10,702	10,118
Amortisation	1,362	1,703
Depreciation	29,927	34,276
Changes in assets & liabilities:		
Increase (decrease) in trade and other payables	(24,178)	416,542
Increase (decrease) in grants received in advance	(310,623)	-
Increase (decrease) in provisions	51,470	47,801
Decrease (increase) in other assets	<u>(138,528)</u>	<u>(52,061)</u>
Cash Flows provided by (used in) operating activities	<u>(250,398)</u>	<u>517,348</u>

NOTE 13. ENTITY DETAILS

The registered office of the company is:
165 B Palmer Street
DARLINGHURST NSW 2010

The principal place of business is:
165 B Palmer Street
DARLINGHURST NSW 2010

NOTE 14. MEMBERS' GUARANTEE

The company is incorporated under the Corporations Act 2001 and is a company limited by guarantee. If the company is wound up, the Constitution states that each member is required to contribute a maximum of \$100 each towards meeting any outstanding obligations of the company. At 30 June 2014, the number of members was 8

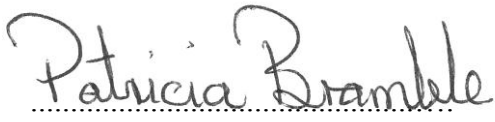
THE HAYMARKET FOUNDATION LTD
A.B.N. 24 001 397 986

DIRECTORS' DECLARATION

In accordance with a resolution of the directors of the company the directors declare that:

1. The financial statements and notes, as set out on pages 7 to 16 , are in accordance with the Corporations Act 2001 and;
 - a. comply with the Australian Accounting Standards applicable to the company; and
 - b. give a true and fair view of the financial position as at 30 June 2014 and of its performance for the year ended on that date in accordance with the accounting policies described in Note 1 to the financial statements.
2. In the director's opinion there are reasonable grounds to believe that the company will be able to pay its debts as and when they become due and payable.

This declaration is made in accordance with a resolution of the Board of Directors:


.....
Director


.....
Director

Signed this 10th day of October 2014.



The Haymarket Foundation Ltd
ABN: 24 001 397 986

**Independent Auditors Report to the Members of
The Haymarket Foundation Ltd**

Bentleys NSW Audit Pty Ltd

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Australia

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F +61 2 9220 0777

directors@bentleysnsw.com.au
bentleys.com.au

We have audited the accompanying financial report, being a special purpose financial report of The Haymarket Foundation Ltd (the company), which comprises the statement of financial position as at 30 June 2014, the statement of profit or loss, the statement of comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, notes comprising a summary of significant accounting policies and other explanatory information, and the directors' declaration.

Directors' Responsibility for the Financial Report

The directors of the company are responsible for the preparation of the financial report that gives a true and fair view and have determined that the basis of preparation described in Note 1 to the financial report is appropriate to meet the requirements of the Corporations Act 2001 and is appropriate to meet the needs of the members. The directors' responsibility also includes such internal control as the directors determine is necessary to enable the preparation of a financial report that is free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on the financial report based on our audit. We conducted our audit in accordance with Australian Auditing Standards. Those standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance about whether the financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the company's preparation of the financial report that gives a true and fair view in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the company's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the directors, as well as evaluating the overall presentation of the financial report.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.



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Independence

In conducting our audit, we have complied with the independence requirements of the Corporations Act 2001. We confirm that the independence declaration required by the Corporations Act 2001, which has been given to the directors of The Haymarket Foundation Ltd, would be in the same terms if given to the directors as at the time of this auditor's report.

Opinion

In our opinion the financial report of The Haymarket Foundation Ltd is in accordance with the Corporations Act 2001, including:

- (a) giving a true and fair view of the Company's financial position as at 30 June 2014 and of its performance for the year ended on that date; and
- (b) complying with Australian Accounting Standards to the extent described in Note 1 and the Corporations Regulations 2001.

Basis of Accounting

Without modifying our opinion, we draw attention to Note 1 to the financial report, which describes the basis of accounting. The financial report has been prepared for the purposes of fulfilling the directors' financial reporting responsibilities under the Corporations Act 2001. As a result, the financial report may not be suitable for another purpose.

Bentleys NSW Audit Pty Ltd

A handwritten signature in black ink, appearing to read "Robert Evett".

Robert Evett
Director

Date: *October 10, 2014*

THE HAYMARKET FOUNDATION LTD

A.B.N. 24 001 397 986

CONSOLIDATED INCOME STATEMENT
FOR THE YEAR ENDED 30 JUNE 2014

	<u>2014</u>	<u>2013</u>
	\$	\$
INCOME		
Revenues from Ordinary Activites		
Grants Received - Government	4,087,803	3,279,920
Grants Received - Non - Government	98,124	141,176
Donations Received	9,863	50,971
SACS - E.R.O	30,523	12,134
Interest Received	48,453	54,423
Other Income	334,848	182,711
	<u>4,609,614</u>	<u>3,721,335</u>
EXPENSES		
Employee benefits professional		
Salaries	2,415,156	2,084,695
Superannuation	215,322	180,282
Provision for Holiday Pay	7,158	22,332
Workers Compensation	144,583	50,375
Agency Staff	30,017	16,701
Clinical Supervision	1,758	1,637
Provison for Long Service Leave	44,311	25,470
Staff Recruitment	2,350	1,056
Staff Training	25,028	34,137
	<u>2,885,683</u>	<u>2,416,685</u>

THE HAYMARKET FOUNDATION LTD

A.B.N. 24 001 397 986

CONSOLIDATED INCOME STATEMENT
FOR THE YEAR ENDED 30 JUNE 2014

	<u>2014</u>	<u>2013</u>
	\$	\$
EXPENSES (Cont)		
Employee benefits administrative		
- Salaries	225,703	223,758
- Superannuation	21,573	19,893
	<u>247,276</u>	<u>243,651</u>
 Administration other expenses		
Audit Fees	36,380	33,330
Bank Charges	1,644	1,445
Brokerage Costs	54,650	60,539
Consultants Fees	82,664	63,290
Computer Expenses	32,242	20,139
Equipment Leasing	2,567	2,808
Fringe Benefits Tax	8,573	6,755
Insurance	22,874	23,035
Legal Fees	93	600
Motor Vehicle Expenses	16,639	21,171
Postage and Telephone	27,489	24,190
Printing and Stationery	15,794	13,920
Smoking Cessation	713	1,377
Subscriptions	11,305	5,396
Sundry	9,577	7,738
Travelling Expenses	1,141	1,412
	<u>324,345</u>	<u>287,145</u>
 Property and Occupancy		
Cleaning and Laundry	48,659	49,238
Electricity and Rates	80,114	80,111
Quality and Risk	1,549	8,385
Rent	362,530	264,294
Repairs and Maintenance	78,397	50,234
Security	1,446	853
Set up Costs - Sobering Up Centre	9,778	24,014
Building Renovation - Sobering Up Centre	215,454	-
Waste Disposal	32,391	30,668
	<u>830,318</u>	<u>507,797</u>

THE HAYMARKET FOUNDATION LTD

A.B.N. 24 001 397 986

CONSOLIDATED INCOME STATEMENT
FOR THE YEAR ENDED 30 JUNE 2014

	<u>2014</u>	<u>2013</u>
	\$	\$
EXPENSES (Cont)		
Service Costs		
Drugs	11,896	13,878
Medical	26,360	25,112
Other	25,032	33,341
Catering	83,703	86,584
	<u>146,991</u>	<u>158,915</u>
Equipment		
Amortisation	1,362	1,703
Depreciation	29,927	34,276
Loss on Sale of Fixed Assets	10,702	10,118
Low Value Assets Purchased	3,540	2,076
	<u>45,531</u>	<u>48,173</u>
Other		
Refund of Prior Year's Surplus	-	-
Total Expenses	<u>4,480,144</u>	<u>3,662,366</u>
Net Surplus from Ordinary Activities	<u>129,470</u>	<u>58,969</u>