

The Haymarket Foundation



2015

Annual

Report



HAYMARKET FOUNDATION PROJECTS 2014-2015

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 alcohol and other drug (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. The funding for the clinic by the Commonwealth Department of Health and Ageing will end at the end of April 2016. The Foundation is exploring a combination of Medicare and grant-funding for future operations and is working closely with the local health network.

ALCOHOL AND OTHER DRUGS COUNSELLING SERVICE

Alcohol and Other Drugs (AOD) 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 clients with mental health concerns, crisis intervention for mental health emergencies and AOD addiction counselling. The psychologist also runs a weekly relapse prevention group and 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 Family and Community Services as a specialist service for the homeless.

THE AOD/HIV INTEGRATED CARE SERVICE

This program provides four beds in a residential Stabilisation Unit located within the Haymarket Centre. The program is for people with HIV and current drug and/or alcohol issues and aims to stabilise their compliance with medication 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,
- ADAHPT (Aids, Dementia and HIV Psychiatry Team),
- HIV Community Teams, and
- The Bobby Goldsmith Foundation.

The project is funded by South Eastern Sydney Local Health District (SESLHD).

BOURKE STREET PROJECT (BSP)

This service provides accommodation and a living skills program to 23 men who have completed a drug and alcohol rehabilitation program, and require further support to return to a addiction and gambling 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 nine to 12 months. A key feature of the program is the supportive community known as the 'Alumni'. The Alumni is an ongoing peer based support network for current and former program participants. The service is located in Darlinghurst, Sydney, and is funded by South Eastern Sydney Local Health District (SESLHD).

SYDNEY HOMELESS EARLY INTERVENTION SERVICE (SHEIS)

SHEIS is an early intervention outreach case management service that aims to prevent individuals from becoming homeless. The program provides short-term case management and brokerage to clients and is a partnership between Mission Australia and the Haymarket Foundation funded under a Specialist Homelessness Service grant (Family and Community Services).

The Inner City Rapid Response Homelessness Service (RR)

The Inner City Rapid Response Homelessness Service (RR) is an outreach case management service that aims to quickly accommodate people with high and complex needs who have recently become homeless. The service is able to accommodate residents in transitional beds in Potts Point. The RR Service is a partnership between YWCA and the Haymarket Foundation and is funded under a Specialist Homelessness Service grant (Family and Community Services).

BOARD OF DIRECTORS

The Haymarket Foundation



Chairman: The Hon Kevin R Rozzoli AM, 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 is a retired business executive who has spent most of his life working with large financial services companies in Sydney. He has specialised in strategic planning, technology and service management. In addition Richard has worked within his community in areas of mature age education and supporting his local school. Outside work, Richard plays tennis and maintains a strong interest in rural and environmental issues. He was appointed a director of the Haymarket Foundation in October 2009.



Company Secretary: Mat Flynn B. Social Science (Counselling, HRD), Post Grad Cert Policy & Applied Social Research.

Mat has worked in therapeutic, policy, research and management positions across the community sector for more than 15 years. During that time Mat has worked with a range of client groups, particularly care leavers, Indigenous men, fathers and at Mission Australia he was the Area Manager for the Marrickville and Leichhardt region, a role which included leading a number of homelessness services, including the MISHA project, a scattered-site housing first project accommodating and supporting 80 men in western Sydney.



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 and homeless support services (crisis, transitional and permanent housing); youth services including Reconnect, Juvenile Justice, Shopfront Legal, Creative Youth Initiatives (art & music), Wrap-Around service HUB providing over 50 programs including educational, counselling, arts, primary and secondary health; mental health recovery programs including Partners in Recovery, HASI & HASI Plus. Until June 30th 2015 Lesley's role also included three Job Services Australia (JSA) and two Skills for Education and Employment (SEE) sites. 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.



Director: Dr Lucinda Burns, MPH, PhD.

Lucinda Burns is Associate Professor at the National Drug and Alcohol Research Centre at the University of New South Wales. She holds a Master of Public Health, a PhD and a Graduate Certificate in Health Policy. Her research interests are the epidemiology of alcohol and other drug use, with a focus on marginalized populations, such as people who are homeless and pregnant women. She is responsible for management of national drug monitoring systems, and also a team of researchers examining the impact of flexible service provision on homeless people.



Director: Dr Stephen Wilson MBBS, FRACGP, FACRM, FAFRM (RACP), PhD.

Stephen is the Director of Medical Services Silver Chain Group (East Coast), Clinical Associate Professor University of Sydney, Adjunct Associate Professor University of Notre Dame. Stephen has research interests in community health, disability and rehabilitation. He is also a VMO at the Mater Hospital North Sydney and Senior Staff Specialist at Royal North Shore Hospital. Past appointments include roles as Director of Population Health St Vincent's Hospital and head of Department of Rehabilitation North Shore and Ryde Health Service.



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 Sheahn QC

John Sheahan has been in practice as a barrister since 1984, and has been a senior counsel since 1997. 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 to the Takeovers Panel.

National Australia Bank

BANKERS

Bentleys

AUDITORS

DIRECTORS MEETINGS

During the financial year, 13 meetings of directors were held. Attendances by each director were as follows:

DIRECTOR'S MEETINGS		
Director's Name	Number Eligible to Attend	Number Attended
Kevin Rozzoli	13	13
Richard Boyer	13	12
Lesley Butt	13	11
Kay Elson	3	3
Mat Flynn	8	8
Lucy Burns	13	4
Stephen Wilson	13	12
Patricia Bramble	13	11
John Sheahan	13	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

As was the case last year, the sector continues to struggle with the changes brought about by the New South Wales Government's *Going Home Staying Home* reforms. This year cut backs in Australian Government funding under the Mid-Year Economic and Fiscal Outlook (MYEFO) initiatives and the additional strain on the charity dollar has added to the stress. This year we were informed by the Australian Government that funding for the Haymarket Clinic would cease at the end of the 2014/15 fiscal year. The Clinic has always been an anchor for all other services as it has been instrumental in treating complex cases of co-morbidity and thus has made a major contribution in raising health standards of Sydney's inner city homeless population and its contribution is well recognized by allied services as there is no other equivalent service.

The time frame between the announcement and the cut-off date was insufficient to allow us to find alternative funding or to build a model whereby the Clinical service could be self-sustaining. Fortunately after representations were made to the Government a decision was made to provide ten months transition funding for this purpose. We are now investigating alternatives which include extending the range of our services, creating new partnerships and moving from block funding to bulk billing. The future is however still uncertain as specialized clinics such as ours find it difficult to maintain the high standard of care our clients need without gap funding.

Our crisis management unit, The Haymarket Centre, has continued to function with a subsidy from our reserves. The withdrawal of funding for the clinic has meant a further drain on our reserves and with other services under review in the next couple of years the Foundation's future remains at risk. While recognizing the need for governments to achieve savings, the cut back in funds for the most vulnerable sectors of our community seems poor economics. Studies carried out to date indicate the provision of services by not-for-profit organizations delivers a considerable saving for government. Without their intervention increased costs in areas such as health, police and emergency services, courts and corrective services would increase considerably. In the case of the Haymarket this amounts to a saving of \$2 for every \$1 of funding.

Despite the efforts of government and the welfare sector many factors beyond their immediate control contribute to the steady increase in homelessness, and the numbers of rough sleepers. While the theory of what the government is trying to do is commendable the dramatic reduction in crisis services leaves the vulnerable even more so and the Haymarket Foundation makes a vital contribution to those who are most vulnerable.

On a positive note partnerships with which the Haymarket is involved under the *Going Home Staying Home* reforms have been successful with good outcomes for many clients who would otherwise have found themselves back on the streets.

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.

In September our Chief Executive Officer, Kay Elson retired after nine years of great leadership. During her period as CEO she 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. On behalf of the Board and staff I would like to place on record our appreciation of her devoted service and best wishes for a long and happy retirement.

We have been fortunate in the appointment of her successor. Mat Flynn commenced mid November and has vindicated his selection by stepping up to the greatest challenge the Foundation has faced in years. Mat has quickly established himself with the team and it has been a pleasure to work with him.

Last year I identified the decline in crisis beds as one of increasing concern. Turn away figures at the Haymarket Centre due to lack of beds continues to underline the problem. Our strategic goal to provide increased accommodation has taken on an even greater imperative. However, the amount of effort diverted into trying to secure the clinic's future has made it difficult to give the problem the detailed consideration it deserves.

My thanks go to all our dedicated team, in the Clinic, The Haymarket Centre, Bourke Street Houses 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.

As always I would like to record my appreciation for the support of our funders. However, it is vital that this support continues, for the reasons I have mentioned above. I also thank the other agencies that work with us. This cooperation 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. Despite the problems we face we are hopeful that we will be able to continue to meet the needs of one of the most challenging groups in society.



The Hon. Kevin
Rozzoli AM

Chair

31 August 2015

TREASURER'S REPORT

Cash balance at the beginning of the financial year was \$389,594 and at the end of the financial year was \$295,275.

The reduction of \$94,319 was mainly the result of the reduction of funding for the Haymarket Centre.

The Haymarket Foundation Ltd. has reported a deficit of \$382,586 for the financial year ended 30 June 2015.

This deficit was due to the reduced grant income as well as the quarantining of all potential staff entitlements. Grant income decreased from \$4,087,803 in the 2014 financial year to \$3,823,402 in the 2015 financial year.

Unlike previous years there was a decrease in the wages for the welfare and allied health employees. This resulted in total wage costs decreasing from \$2,877,754 in 2014 to \$2,717,167 in 2015.

The Foundation's expenses for the year ended 30 June 2015 was \$4,205,988, a decrease of \$274,156 from the previous year (\$4,480,144).

This is a good 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 for her hard work and effort in managing the administration and financial matters of The Haymarket Foundation throughout the year.



Christine
Kumaradas
Finance
Coordinator

A handwritten signature in black ink, appearing to read 'Lesley Butt'.



Lesley Butt
Treasurer

Chief Executive Officer's Report

It has been a great honour for me to join the Haymarket Foundation this year. It is a significant time in the history of the organisation and although it has been a period filled with substantial challenges, I have enjoyed working with the team and am ever humbled by the collective impact that we as an organisation have on the lives of the most vulnerable in Sydney.

I can only imagine what Charles Blower's original caravan was like, parked in the Haymarket some 39 years ago: a relatively small resource that set about meeting the needs of the most marginalised in the community. What remains from those humble origins is a legacy of professionalism and genuine care for the most disadvantaged in the city. As custodians of this legacy I would like to acknowledge the Foundation's Board, whose members maintain that focus on our clients and have furnished me with their expertise and support across the year. Our Chair, Kevin Rozzoli AM, in particular has provided support and been a strong advocate for the Foundation and the extension of funding for our clinic.

As we take stock of the year just gone, it is important for us to acknowledge the Foundation's successive leadership over time: Board members, CEOs and staff who have shaped the organisation into its current form. I'd like to particularly mention the outgoing CEO Kay Elson, whose custodianship of the organisation saw many great achievements - perhaps none greater than saving the Haymarket Centre from closure in 2014 when funding cuts threatened the end of this vital crisis accommodation service.

Over the course of the last 12 months we have seen what a catastrophe it would have been for Sydney if the Centre had been closed. The Haymarket Centre is one of only two services able to accommodate homeless people outside of business hours in the city. I would like to thank Darryn and Jamie and all of the Centre team who have not only re-established crisis operations but have implemented two new outreach services, the SHEIS and RAPID programs. These outreach services greatly add to our organisational capacity, allowing us greater pathways to achieve outcomes for those with whom we work. Darryn and Jamie and the team have maintained a positive culture in the midst of a period of great change. Today the Centre remains an important service in the inner city network providing valuable capacity for homeless men, women and transgender people.

As the Centre re-established operations, 2015 was the clinic's turn to face a threat to funding, when Federal Government reforms led to a decision to end the funding of the clinic in Palmer St, which has been in operation in the same location since 1988. After the announcement at the end of 2014, the Foundation made many representations at all levels of government as well as to other community services agencies and individuals. The overwhelming feedback from all of these meetings was that there is a clear recognition of the value of the work of the clinic, a clear desire for the service to remain. Although ongoing grant funding is not being made in the current environment, a last minute reprieve by the Federal Government was provided and the clinic is currently funded up until April 2016. We are grateful for the Government's confidence and their support of the clinic, and will use this period to develop a sustainable model of operations into 2016 and beyond.

Sadly, this funding process was finalised too late to avoid the departure of our valued nursing team: Michele McCarthy, Pam Cunningham and Fran Cullen. For many years Michele and her team had provided an outstanding level of care to the patients of the clinic. The Foundation commends their contribution to the organisation and wishes them well into the future. Throughout this tumultuous time the expert medical care provided by our medical team has continued, with Dr Clark and Dr Stern continuing their great work. One of the great strengths of the clinic is the way that the doctors, nurses and welfare staff work together to provide holistic care to those who attend the clinic. I would like to pay tribute to Dr Clark, Dr Stern and our welfare team, Bhushan and Michael, who have displayed a high degree of professionalism and compassion during this difficult time and continue to put the patient at the heart of what they do. As the clinic moves into a new phase, we will hold on to the accumulated knowledge of our staff as we do everything that we can to ensure that this most valuable service remains into the future.

The theme of change has been prevalent throughout the organisation. The Bourke St Project (BSP) has continued to evolve, moving from strength to strength. I have appreciated the experience and dedication of the Bourke street team. The team has successfully maintained a strong culture in the program ensuring the community is vibrant and strong. One of the things that I have most impressed me with is the strong sense of community typified by the Bourke St Alumni. The Alumni of BSP has been a cornerstone for program participants – they have modelled the benefits of recovery and opened doors to program participants to a different way of being. I look forward to this facet of the program growing as it seems to be a significant part of the program's success to date.

During the year Josh Rosenthal moved on from the organisation, and it was heartening to see the response from our Bourke St community who were happy for his new appointment and sad to see him go. Josh had a wonderful ability to bring people together and was a most astute drug and alcohol worker. As much as the community missed Josh they welcomed Simon Reid into the post. Simon has brought a great deal of integrity and energy to his post and has complemented James well to provide the community with leadership and support. During the year Darryn O'Brien expanded his portfolio to include the Bourke St Project and has contributed a great deal of wisdom and experience to the team. In combination with the Foundation's psychologist, Carlos Duarte, the Bourke St team has significant experience and expertise providing a world-class drug and alcohol intervention supporting men into a life of recovery.

In addition to his role as psychologist, I would like to acknowledge Carlos' role in again compiling the Foundation's Annual Report. Carlos has a wonderful attention to detail and ability to contribute his clinical skills across the organisation. We are fortunate to have a practitioner of his ilk working with us.

Valda Allen has also provided a great stability on site supporting the team to stay on track with our accreditation requirements. Valda has been responsible for maintaining our organisational standards across the board. Finally I would acknowledge Christine Kumaradas who has provided outstanding support to the CEO's office, with an ability to work through a significant workload whilst maintaining an admirable attention to detail.

The year ahead does hold many challenges. The changing funding landscape means that we may need to work in new ways. The way in which public monies are distributed has changed and there is broad uncertainty across the sector. Within this environment, there are also opportunities. The Haymarket Foundation has a rich history of service excellence, a culture of professionalism and compassion and a team with a high level of knowledge and skills. As long

as we hold our patients, our clients and the residents with whom which we work at the centre of what we do, we will continue to not only survive as an organisation but to grow and prosper.



QUALITY COORDINATOR

Introduction

The extraordinary challenges mentioned in The Haymarket Foundation's 2014 report have continued for this year. No sooner had we received the good news that The Haymarket Centre would continue to be funded – albeit with a change to the model of care and reduced staffing – than we were then informed that the Federal Government was withdrawing funding for The Haymarket Clinic after forty years of service to the homeless. When alternate sources of funding proved unsuccessful, and The Clinic was well advanced with its decommissioning – including the referral of patients to other services, redundancies for its expert nursing staff - and a month before the designated date of closure we received notice that funding would be continued until April 2016, so we could develop a sustainable model of operations into the future. Further details are provided elsewhere in the Chairman's and Chief Executive Officer's reports.

Accreditation

The National Framework for Homelessness Services (NQF)

The Department of Family and Community Services (FACS) introduced these new standards in April this year. Implementation of these standards will be mandatory for the next funding round in 2016. At this stage accreditation will be an in-house Self-Assessment process based on the Specialist Homelessness Services Standards (SHS). We are required to have started reviewing our practice against the SHS Quality Framework by October this year and to be compliant with the NQF Standards in June 2017.

Fortunately for us, it is possible to be accredited with both the Australian Council on Health Care Standards (ACHS) and the FACS National Quality Framework, provided we meet those standards specific to SHS, which are required by FACS. ACHS is compliant with all the NQF Standards with the notable exception of Standard 5 Service System.

In the near future a Gap Analysis of the NQF Standards and the SHS Best Practice documents will be conducted and an Action Plan developed to address any deficits to ensure we can meet the requirements of our funding body.

Australian Council on Health Care Standards (ACHS) Accreditation

The Haymarket Foundation successfully completed its second organisational-wide survey under the ACHS Evaluation of Quality Improvement Program EQuIP 5 Standards on June 17th 2014. It is now preparing for Periodic Review of the Mandatory Standards in June 2016. This 2016 survey presents particular challenges to the organisation because:

- The Haymarket Centre was not part of the previous survey because of its pending closure at the time of the last survey, so it needs to be reviewed against all three levels of criteria, within each standard, and not just the final level of "Major Achievement";
- The quality activities of the Clinic were suspended early this year, due to its pending closure. Clients and patients were re-allocated to other services and all three nursing staff offered redundancy, which they accepted.

- Finally, changes in personnel particularly with the loss of Ms Michele McCarthy, Nurse Unit Manager, with 25 years of experience. Fortunately the two part-time medical officers, Dr Michael Clark and Dr Jerome Stern are staying on staff.

Major Quality Improvement Projects

In 2014 Dr Susan Hudson of Speak Listen Heal Consultancy Services was invited by the then CEO, Ms Kay Elson to work with staff in selected service areas and articulate models of care and the review of the data management framework. These initiatives have continued in 2015 under the aegis of the new CEO Mr Mat Flynn and have now reached the final stages of implementation.

1. Models of Care

For those readers who may not be familiar with this term, it is appropriate that some explanation is given, since even among adherents there is considerable “ambiguity” as to what is meant. A model has been defined as,

‘a descriptive picture of practice which adequately represents the real thing’ (Pearson and Vaughan 1986, p.2). That is, an idea that can be explained by using symbolic and physical visualisation. It can also be used to facilitate thinking about abstract concepts and the relationships between them (Marriner 1986)...

a model of care is an overarching design for the provision of a particular type of health care (community) service that is shaped by a theoretical basis, EBP and defined standards. It consists of defined core elements and principles and has a framework that provides the structure for the implementation and subsequent evaluation of care. Having a clearly defined and articulated model of care will help to ensure that all health (community services) professionals are all actually ‘viewing the same picture’; working toward a common set of goals and, most importantly, are able to evaluate performance on an agreed basis. (Ref. Davidson P., Halcomb, E, *et al* (2006) Australian Journal of Advance Nursing, Beyond The Rhetoric: What Do We Mean By A ‘Model Of Care’?, Vol. 23, Mo.3, pp 47-53.

Models of Care have been developed for the following services:

- Bourke Street Project – Recovery Capital Model.
- HIV/AOD Integrated Care – A Risk Environment Theoretical Framework complemented by a Client-Centred and Strengths-Based Approach.
- The Haymarket Centre Model.

Each of these models details key aspects of the client journey and the data captured at each stage, to inform practice and to monitor and measure client outcomes. These outcome measures are evidenced-based from the NADA Outcomes Data suite. More comprehensive details will be provided elsewhere in the reports of these particular services.

2. Trauma Informed Practice

Early this year a decision was made to adopt a Trauma Informed Care approach to practice in the three key programs of The Haymarket Foundation: HIV/AOD Integrated Care, The Haymarket Centre and the Bourke Street Project. This approach reflects trends within the

community services sector and is particularly appropriate to the milieu from which many of our clients have come.

In order to embed Trauma Informed Practice within the organisation a comprehensive education program was implemented at every level within the organisation, corporate, clinical and non-clinical. This act was accompanied by review of all relevant policies and procedures to incorporate practices. Evaluation of the effectiveness of these measures will be completed within the next few months. Critical to the success of this initiative has been the leadership exercised by Mr Darryn O'Brien the Manager and Ms Jamie Rullis, the Team Leader of The Haymarket Centre.

3. Health Screening Project

This important project was implemented by The Haymarket Clinic Team in 2014 and continued to make major progress in the early part of this year, before the activities of the Clinic were suspended because of its pending closure. Of particular note are the following initiatives implemented by the exceptionally skilled and dedicated nursing staff with the support of the medical staff, utilising a Clinical Practice Improvement Methodology and evidence-based practice:

- Improved accuracy and compliance with screening of patients' waist measurements – now considered to be a key indicator of increased risk in cardio-vascular disease.
- Enhanced identification and referral of patients with hypertension, requiring immediate medical intervention.
- Improved interpretation of blood sugar levels in the recognition of Type 2 Diabetes and referral of patients.
- Extension of registered nurses' (RN) skills in the performance of spirometry for clients with impaired airways.
- Improved compliance with the screening of patients for macular degeneration.
- Formalisation of RN practice in nutrition management.

The focus of these initiatives was to further develop the expertise of the RNs in health screening; optimise patient compliance with repeated screening – a particular challenge for this milieu; and ensure timely and appropriate referral to medical staff and specialist services where indicated. To date, before suspension of the project because of the pending closure of the Clinic, some seventy-nine (79) patients had been recruited into the program, which is an excellent achievement.

The contributions of Dr Michael Clark, Dr Jerome Stern, Sr. Fran Cullen and Sr. Michele McCarthy to the success of this project is gratefully acknowledged. We look forward to the new registered nurses continuing this important work.

Conclusion

The Haymarket Foundation, given its size and resources has an exceptional commitment to quality management. The Quality and Compliance Committee receives monthly reports on some 25 different quality activities throughout the year. In addition, all incidents reports and risk management response are peer reviewed at each meeting; committee performance and policies evaluated.

I wish to acknowledge the leadership exercised by Ms Michele McCarthy, Nurse Unit Manager, The Clinic (now resigned), Mr Darryn O'Brien, Manager and Ms Jamie Rullis, Team Leader of The Haymarket Centre, Mr Carlos Duarte, Clinical Psychologist, Mr James Hurford, Senior

Case Manager, the Bourke Street Project and Mr Mat Flynn, CEO for the leadership they exercise in pursuit of high standards of quality management within The Haymarket Foundation.

M. H. Allen



Haymarket Foundation Clinic

The 2014/15 financial year was a very difficult one for the Haymarket Foundation Clinic. The year was marked by the end of its current funding, and although there was a last minute lifeline, the clinic has suffered significantly as a result of the decision of our long-term funder. The grant to the clinic was cut as one of a number of cuts to the Health Budget in the 2014-2015 Mid-Year Economic and Fiscal Outlook (MYEFO - 2015-2016 year). This was a very difficult time for staff and patients of the clinic who effectively spent six months preparing for closure while hoping for a reprieve. During the difficult time the Doctors, nurses and welfare staff did an outstanding job working in an uncertain environment focusing on what we are all about and that is, of course, our patients.

During first half of the 2015 year the organisation spent a lot of time advocating for the continuation of the clinic, which we conservatively calculate delivers at least \$2 worth of value to the health network for every dollar of public funds received. The overwhelming feedback that we had from meetings with politicians, other organisations and the local health district was that the work of the clinic was valued, was significant and an important part of the service network.

In late June 2015 the Department of Health gave the Haymarket Foundation funds to operate until April 2016, with the view for us to transition into a sustainable model. We are grateful for these funds. However it was too late for our nursing staff who had made alternative arrangements and subsequently left the organisation. We would like to acknowledge Michele, Pam and Fran for their contribution to the Foundation over many years.

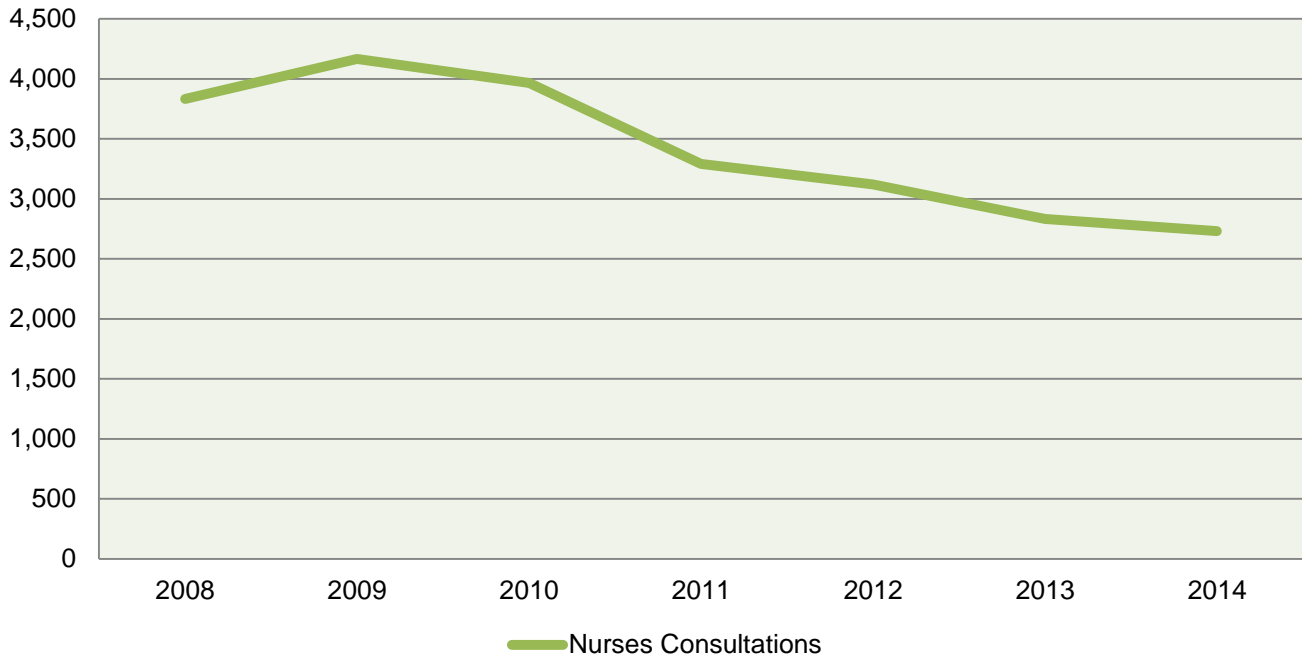
The Work of the Clinic

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 treated 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. The reason for this is that many homeless and disadvantaged people lead chaotic lives and often have great difficulty in keeping appointments. The Haymarket Clinic therefore provides a service which is sensitive to the needs of the community it serves.

After a number of years of decline nursing consultations (Graph: 1) have sharply increased at the clinic. This picture is difficult to see as the operating hours have decreased over time which inflates previous years figures At one point the clinic operated 365 days a year. In addition to changes in operating hours there was a sharp decline in figures for nursing consultations from April to June 2015 when the announcement was made about the possible closure of the clinic. This resulted in many clients leaving the clinic thus skewing the annual data.

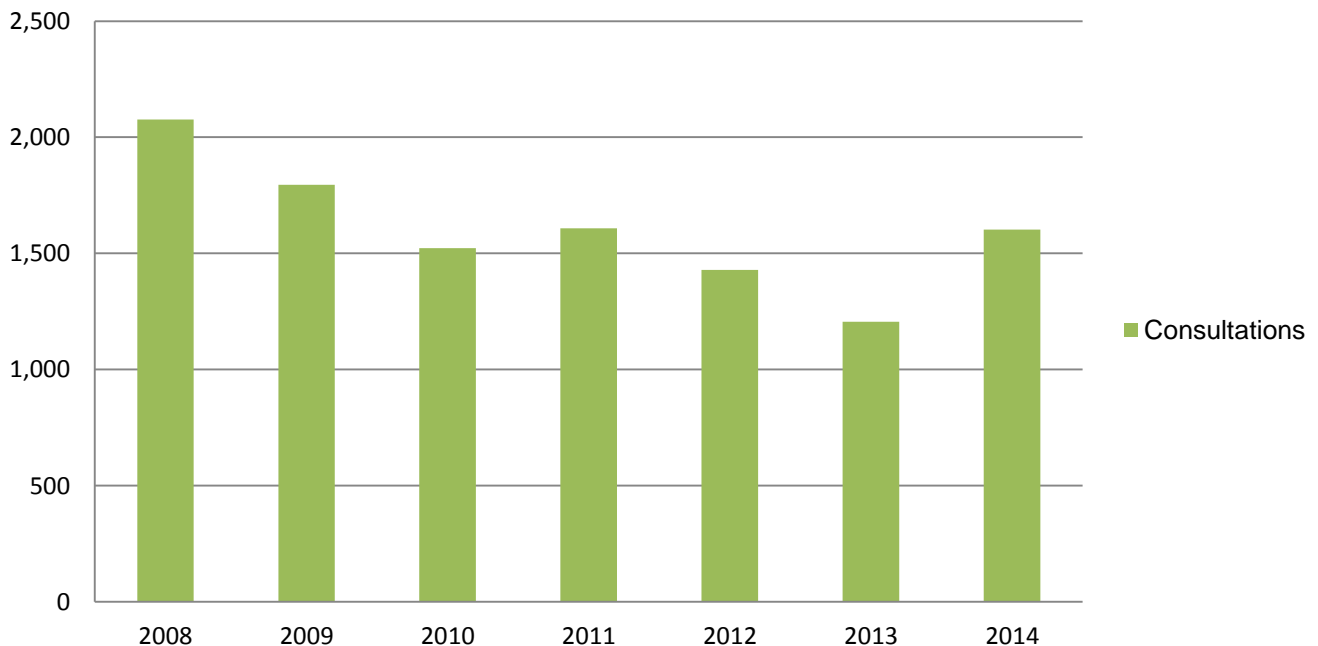
***Over the last 10 years
the clinic has
distributed 445,271
needles and
syringes.***

Graph 1: Nurses Consultations

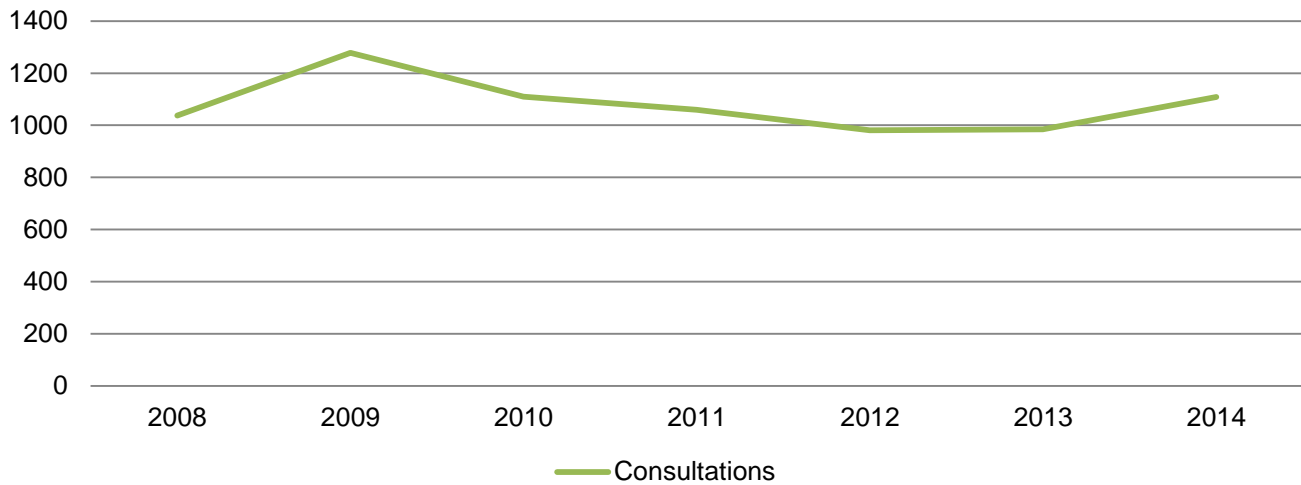


As a means of mitigating the impact of the proposed closure of the clinic to the data we can compare the first half of the financial year (July – December) with the same period in previous years (Graph: 2). By looking at the data in this way we see a sharp increase in patient numbers for the period.

Graph 2: July - December Comparison Nursing Consults

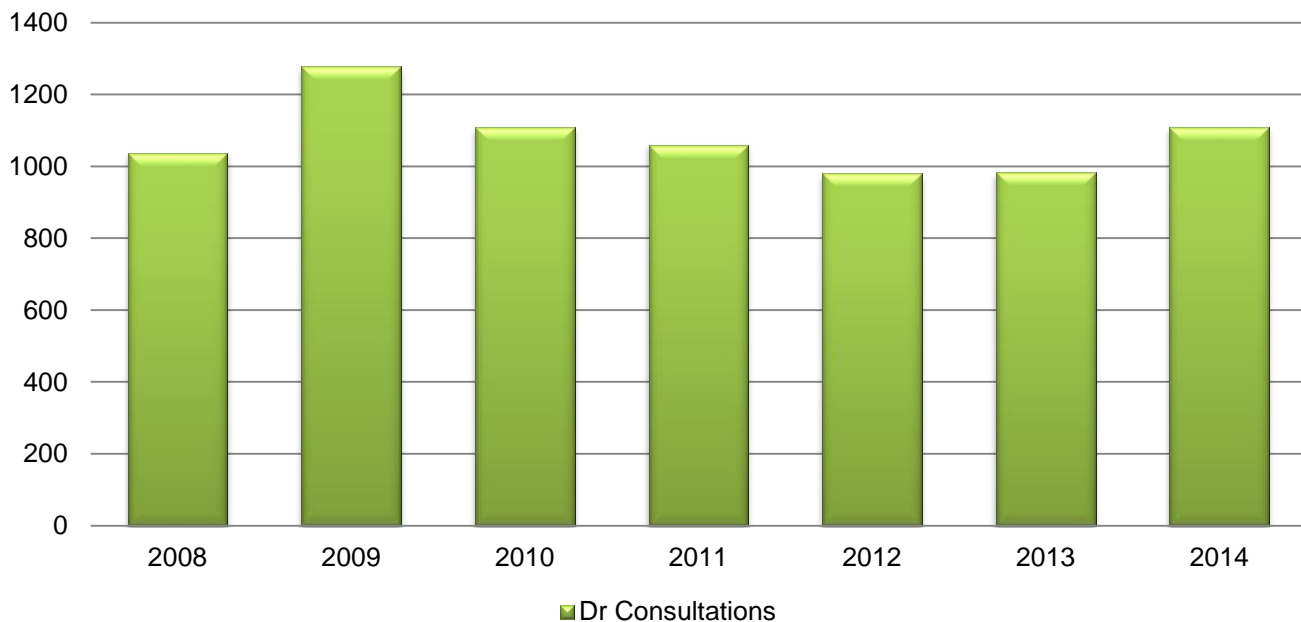


**Graph 3: Annual Doctors Consultations
2008 - 2015**



The annual figures for doctors consultations (Graph: 3) appear to remain stable since 2012, however in the same way as is the case for nursing consultations there was a sharp decline in the numbers of doctors consultations from May to June 2015. If one factors the potential closure of the clinic in and compares only the first half of each year since 2009 you see a sharp increase in the 2015 calendar year (Graph: 4).

**Graph 4: July- December Comparison
(Doctors)**



These figures tell us that after a period of decline the demand for medical services at the clinic increased significantly during the reporting period.

Health Screening and Cycles of Care:

Health screening continued throughout the year with 106 patients participating in the program. The objectives of our screening tool are to identify, and refer to the doctors, for further investigation and management, patients with hyperglycaemia and hypertension.

The diabetic cycle of care has included **23 patients to date.**

Hepatitis B (5) & C cycle of care has included 37 patients to date.

Hypertension cycle of care has included 11 patients to date.

Harm minimisation and Self-care:

Needle and Syringe Program:

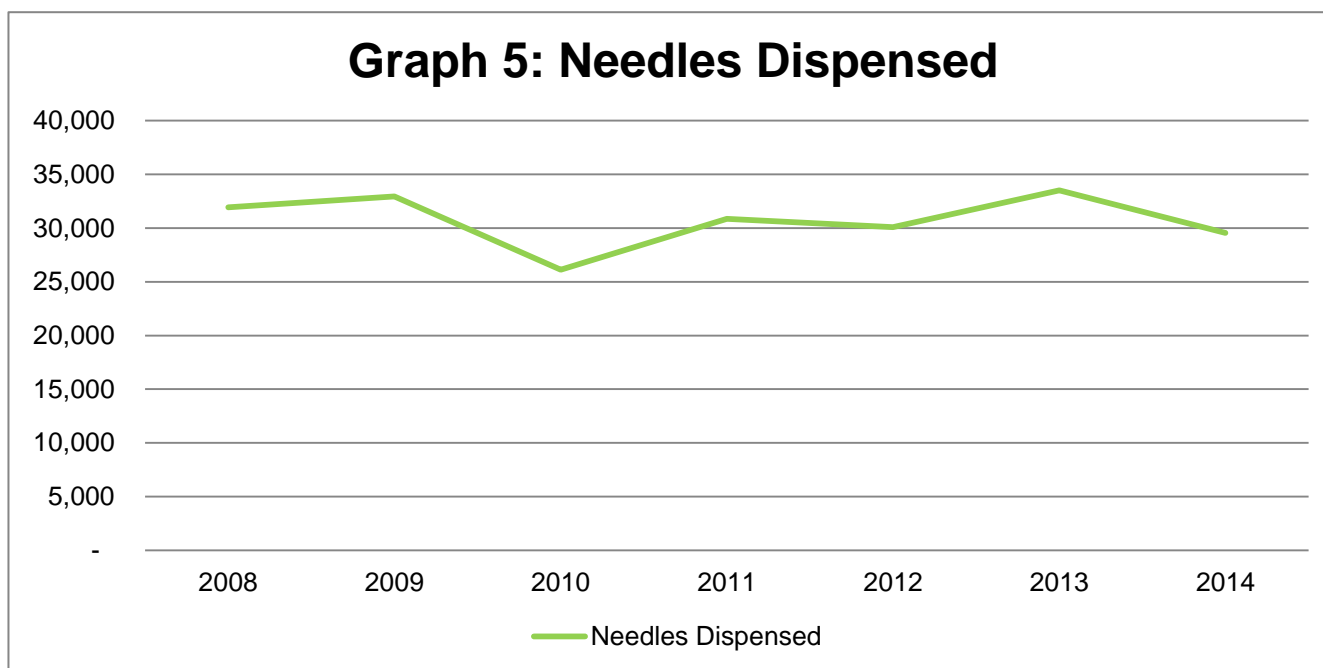
The clinic provides a needle and syringe program (NSP).

This program runs under the auspice of the Kirketon Road Centre which is a South Eastern Sydney Local Health District (SESLHD) Service. In the past year we have dispensed 29,534 needles (Graph: 5) and syringes and 3,742 condoms and the NSP has been accessed on 3,611 occasions. Our community service staff engage clients when appropriate, by giving health promotion and safe using messages as well as referral to the clinic's

medical and nursing staff as well as to the psychologist. Staff also engage clients when appropriate to refer them to detoxification units and rehabilitation.

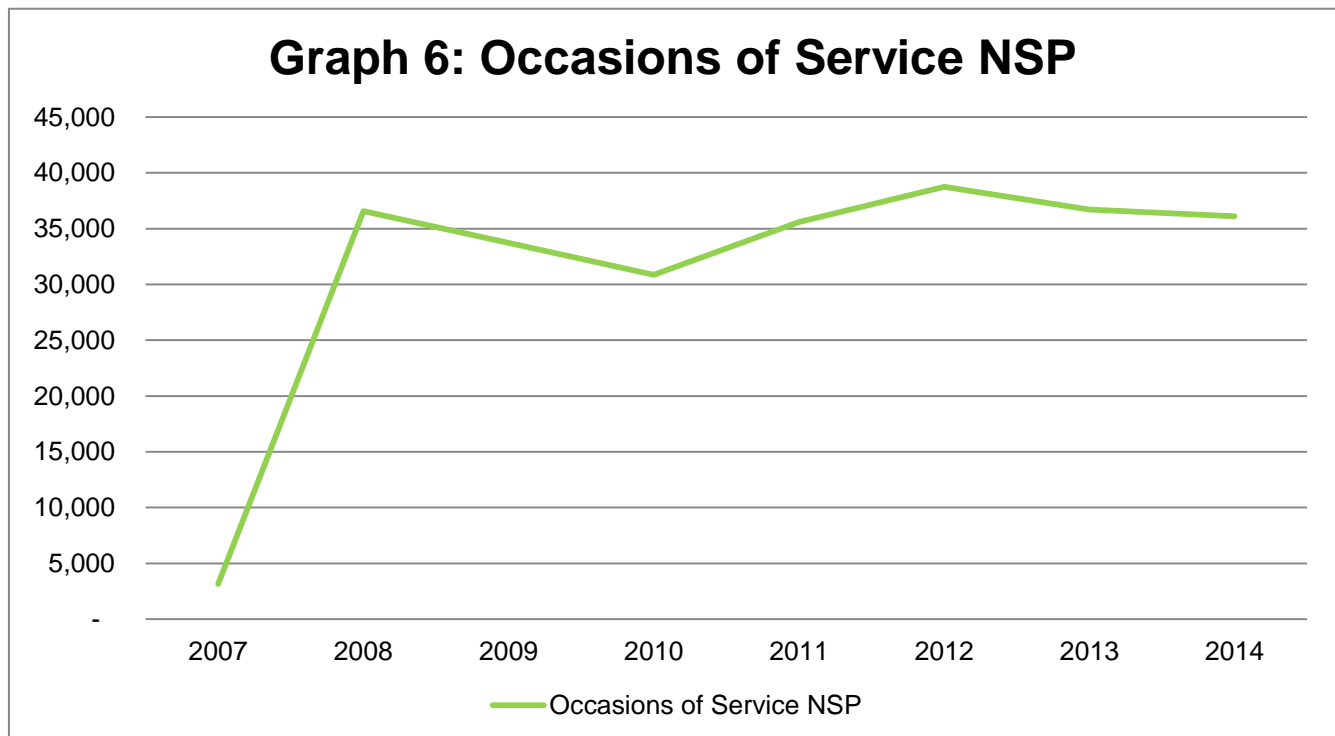
Since 1997 the Haymarket Clinic has had over 88,000 needles returned to the needle exchange program so they can be disposed of safely.

Graph 5: Needles Dispensed



The 2014/15 year sees a decline in needles dispensed from the preceding year(2013) which was the high point for the 5 year period. Graph: 6 below shows the instances of service, that is the number of times needles were distributed to clients (not the number of needles that were collected – it shows a slower rate of decline. Together the graphs indicate that there has been a real decline in the number of needles and occasions that needles have been collected from the current year to the preceding year. However, the rates of collection and quantity collected have been within a consistent range since 2011. 2010 was the low point of a period of declining use/needle collection, since that time there is not a clear trend. When you look at Graphs 5 and 6 together you see that since 2012 the increase or decrease of the number of needles

dispensed and instances where needles were collected have not been congruent. That is to say in 2014 the number of times needles were collected increased slightly and at the same time the number of needles collected decreased with the opposite true in 2013. Without any change in clinic policy in relation to dispensing needles during this period it is not clear exactly what these figures mean – the only trend one could foresee without any shift in public policy or the demographics of the clinic clientele would be a continuation of the current range that we have seen since 2011 with slight increases and decreases each year.



Smoking Cessation Program:

This is the fifth 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 if appropriate are then issued with 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. Clients then see a nurse weekly for adjunct NRT therapy such as nicotine gum and/or nicotine inhalers and for support with smoking cessation. During the 2014/15 year 21 clients joined the smoking cessation program which is good considering there was uncertainty about the future of the clinic. Since its inception in 2011, 111 clients have accessed the program. Out of these participants 32 clients have given up smoking. These figures are encouraging as most smokers take several attempts before they are successful. In addition disadvantaged smokers face multiple barriers to quit smoking which makes their journey both more difficult and complex.

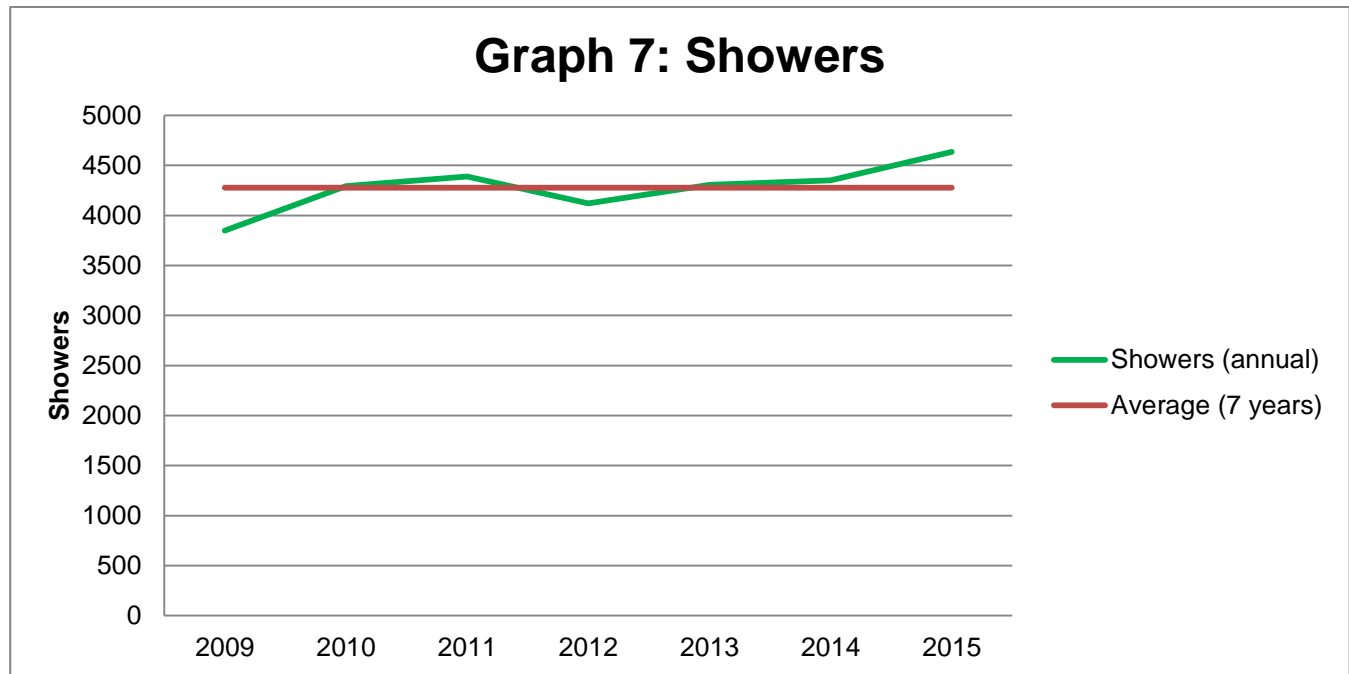
Immunisation:

This past year we have administered 27 vaccinations for influenza. We continue with our Hepatitis A and Hepatitis B vaccination program. Since July 2013 we have administered 41, 1st

doses of Hepatitis A vaccine and 28, 2nd and final doses of Hepatitis A vaccine. We have given 43, 1st doses of Hepatitis B vaccine, 37, 2nd doses, 29, 3rd doses of hepatitis B vaccine. We have given 20 Boostrix (diphtheria, tetanus, pertussis and whooping cough) as well as 10 Pneumovax vaccines.

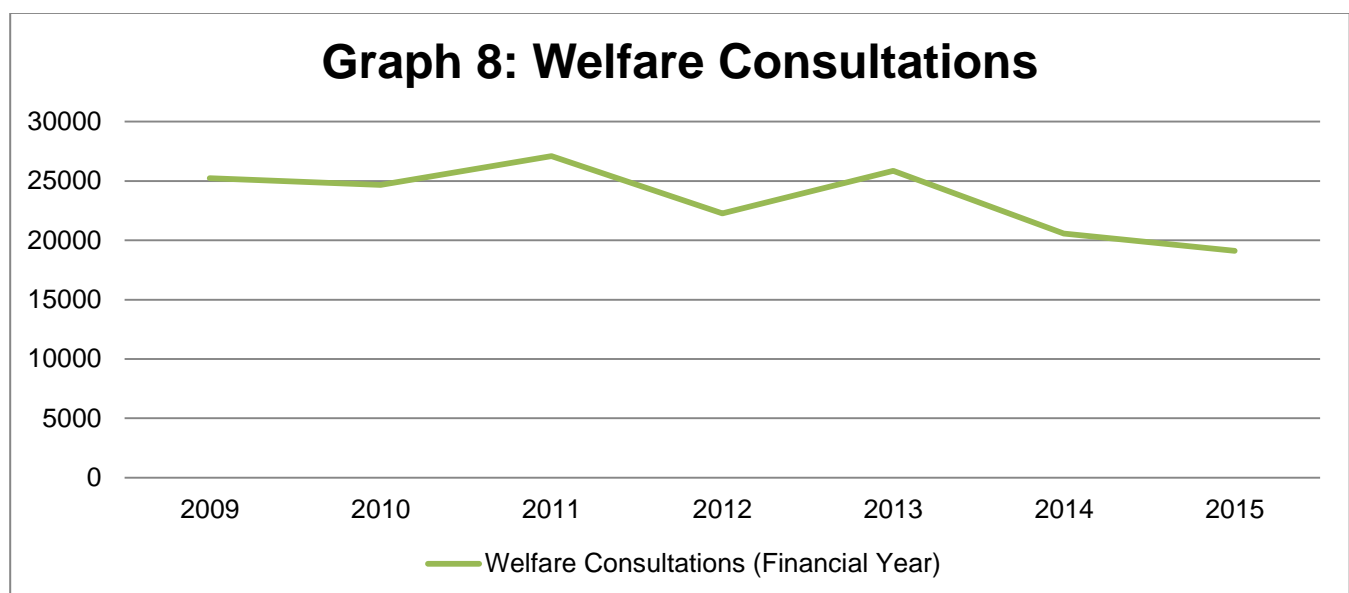
Provision of personal hygiene including showers and haircuts.

The clinic has provided 4,635 showers in the past year (Graph: 7).



Provision of welfare consultations

During the reporting period the welfare staff have provided clients with 19 117 consultations (Graph: 8).



Donations:

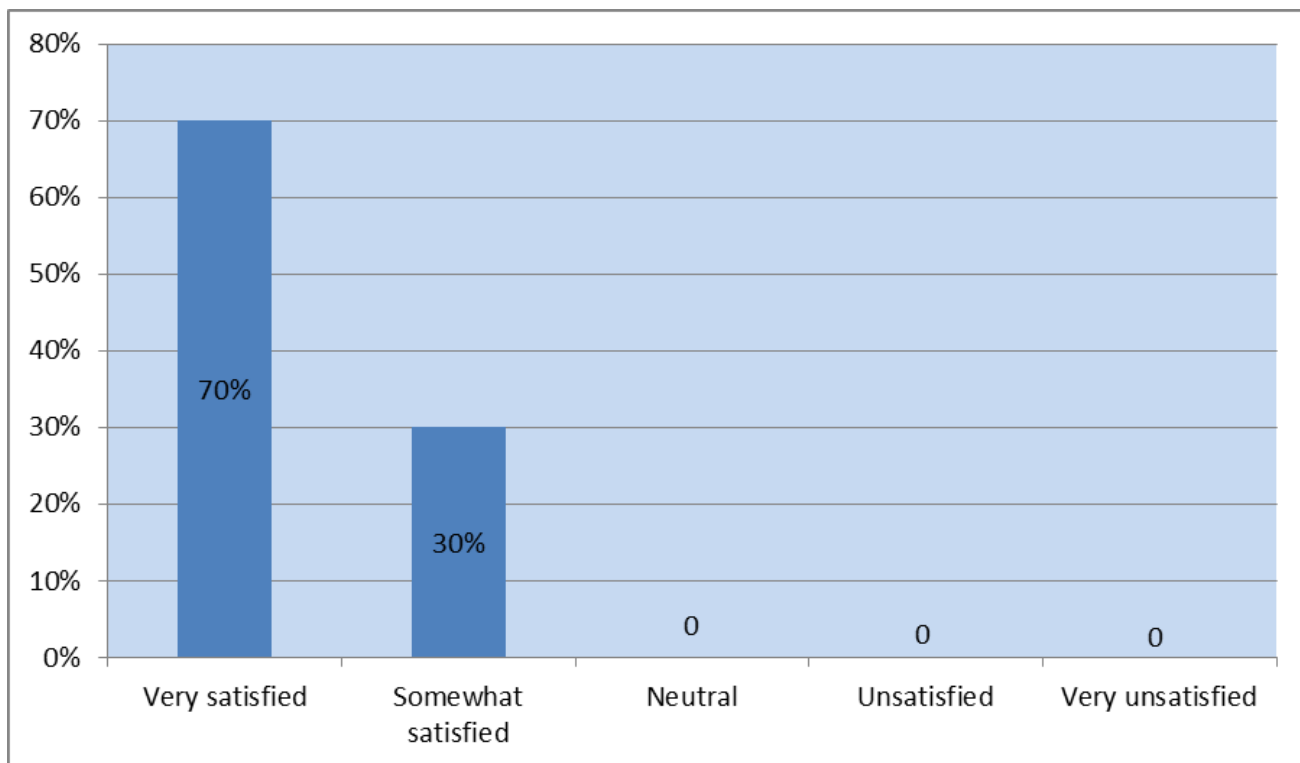
We have a wonderful relationship with our local school, SCEGGS Darlinghurst. Over the year staff brought food from their tuck shop to the clinic on a daily basis for our clients.

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.

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 2014 until April 2015. Graph 9 below is a snapshot of client satisfaction with the service. Ten clients gave written feedback in the time. The feedback received from the clients describes positive feelings and experiences at the clinic. Positive feedbacks included: excellent service, staffs being amazing and very friendly, clients have been always looked after with care and respect, clinic being a very big help and finally splendid facility for homeless community.

Graph 9: Overall Client Satisfaction



Rebecca Jocasta Fitzpatrick



Rebecca
Jocasta
Fitzpatrick
Registered
Nurse

The Haymarket Centre

The Haymarket Centre is operating at full capacity after receiving three year restoration funding as a result of the Going Home Staying Home reform.

We have also been fortunate to have received additional funds from The National Partnership Agreement on Homelessness, (NPAH) which was used to maintain our operational capacity to provide a high quality service for clients with complex needs.

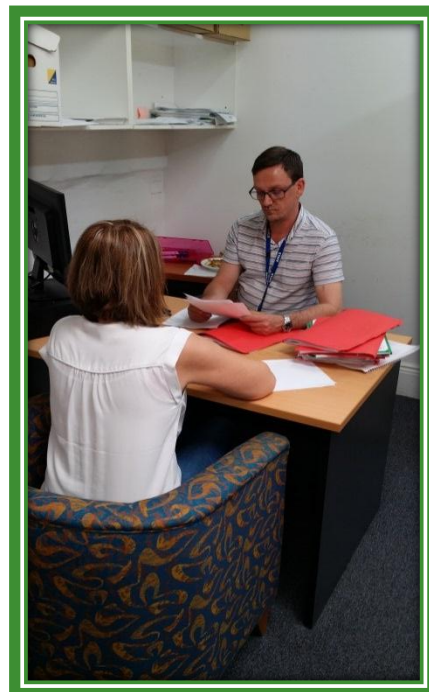
In order to continue to meet the high needs of the clients of the Centre we have moved to a trauma informed practice model. This process began in 2014 when staff received training and we will continue to review policies, procedures and intake documents so that they are aligned with this new model. Trauma informed practice aims to understand and lessen the trauma of those living in our residential care. To compliment these changes we engaged a consultant to assist us to map our model, and to put strategies in place to collect data that is practical, evidence based and useful to the organisation and consumers.

In order to provide pathways to housing and support for people who have a history of long term homelessness we have been involved in a number of pilot programs initiated by FaCS (Family and Community Services). One such pilot is the Collaborative Support Initiative whose membership consists of representatives from Specialist Homelessness Services, health and outreach that meet on a monthly basis to discuss clients with complex needs, who require a collective approach to provide brokerage, housing and support.

Our involvement with the Sydney Women Homeless Alliance (SWHA) has highlighted the needs of women from all ages and backgrounds. The alliance seeks to improve navigation through service systems, co-ordinate services to offer a streamlined approach and provide advocacy.

The Transgender Women's working group under the auspices of SWHA is comprised of representatives from The Haymarket Foundation, Twenty 10, The Gender Centre and The Women's and Girls Emergency Centre. This group hosted the Women's Transgender Forum in May this year. The forum created awareness in the community for access and equity, gender diversity and to educate services and to assist organisations to implement change. The Haymarket Centre provided three beds for Transgender Women.

For the past 12 months the Haymarket Centre has been taking 8 nursing student placements from The University of Technology Sydney, (Fundamentals of Mental Health Nursing programme). We also had 3 (ultimo) TAFE diploma students (completing 240 hours) over the financial year. The students are placed for two week blocks and observe and participate in all



programs run from the Centre. All students have provided positive feedback and have learnt about the complex nature of homelessness. The Haymarket Centre is an invaluable learning environment for the students by including them in all aspects of service delivery.



The Walter and Eliza Hall Trust is a generous organisation that fills the gap when brokerage funds aren't available through other sources. The Trust provided funds to 15 clients this year to assist in purchasing goods when a client is moving into a property, and also clothing, and other items that improve the physical and emotional wellbeing of an individual. We thank the trust for providing the invaluable service.

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. The foodbank is a great resource for purchasing bulk items such as cereal, and other staples that are main ingredients in many of the dishes we prepare on site.

Maddocks Legal services have also been very generous with their time, money and resources. They funded and staffed the Centre Christmas party with festive food, presents, and door prizes. They have also provided several grants—one which we purchased linen for the hostel, the other to continue the brokerage for neuropsychological assessments, an initiative that was originally funded by Mercy Foundation in 2012. Maddocks also provide pro bono legal advice to the Haymarket Foundation.

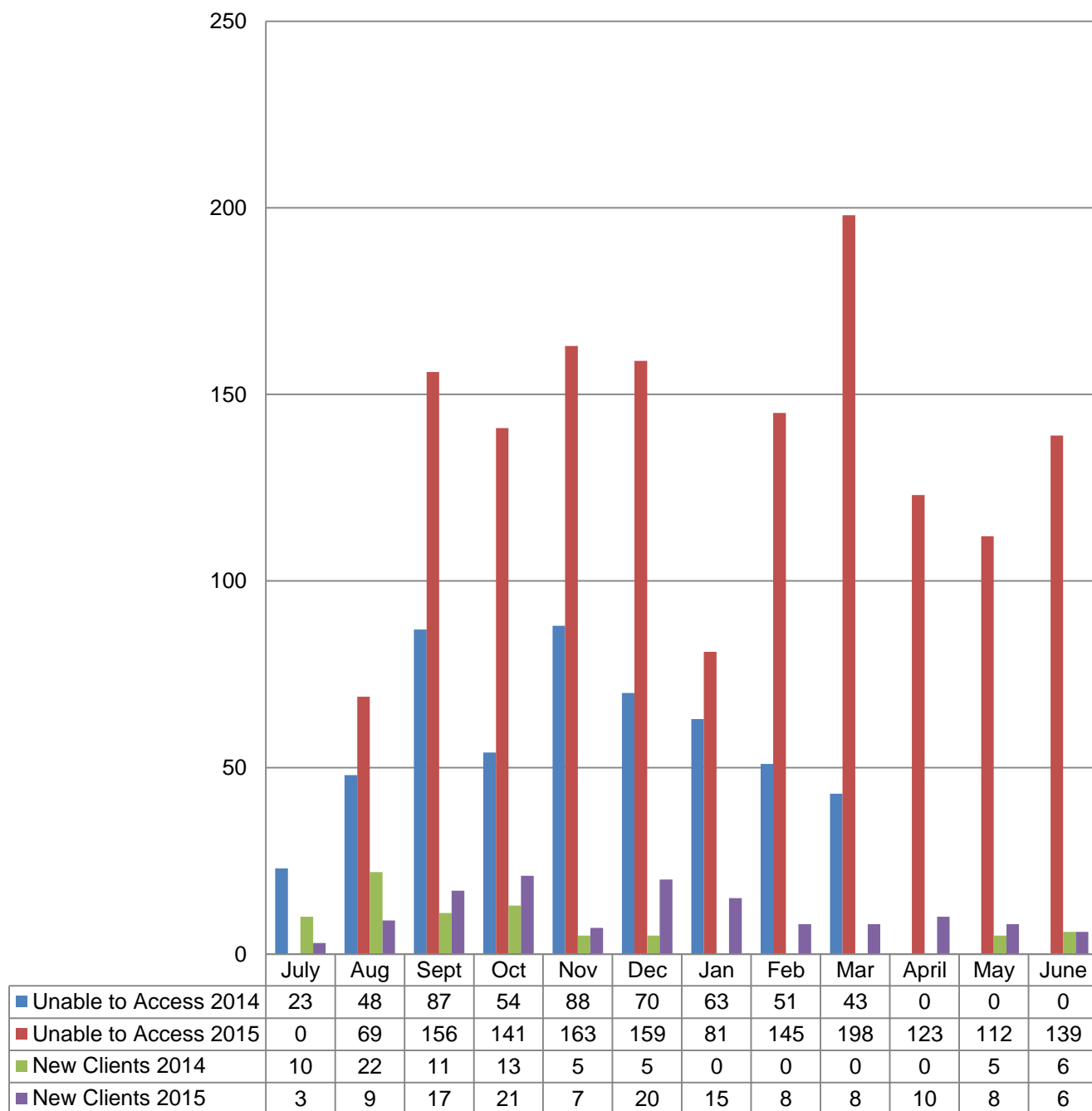
Redfern Community Health Centre plays vital role in assisting people who present with symptoms of mental illness. They provide a clinic at the Haymarket Centre, which is convenient for our clients as it provides ease of access to psychological and psychiatric help. In addition, outside of our clinics times, referrals are made directly to Redfern. These are indicated in the ever increasing volume of referrals relating to mental health reflected in a statistics below. We would like to thank them for the clinics.

We continue to work in partnership with Advanced Psychological Treatment Services, (ANTS), who provide the neuropsychological



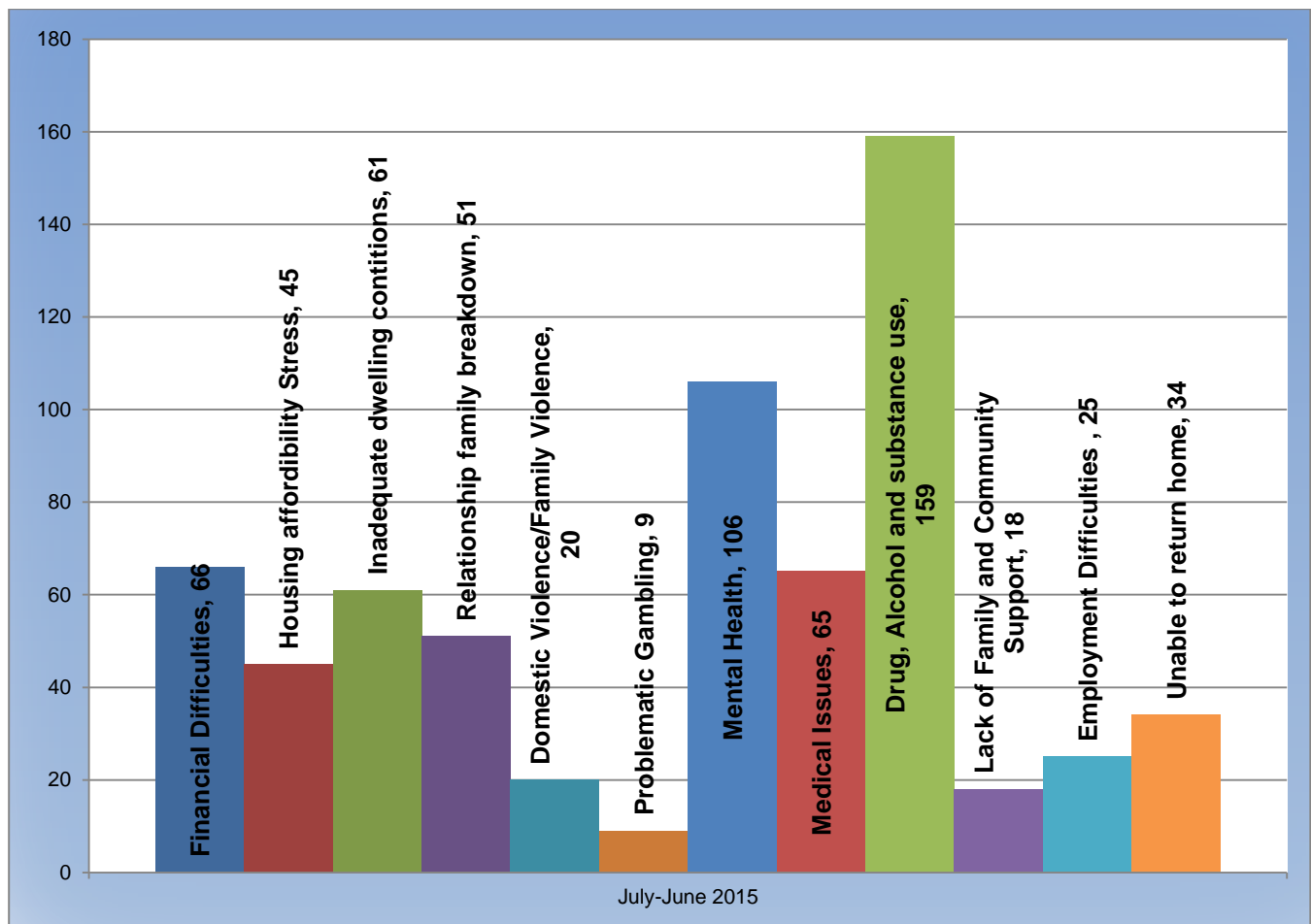
assessments, and are very generous with their time and resources. Maddocks Legal Services have provided the funds to maintain this program and ANTS provide assessments at a discounted rate. We would like to thank Jamie Berry and his Staff for their support throughout the year. Their dedication and professionalism has changed the lives of those with an acquired brain injury.

NEW CLIENTS AND REFERRALS



The graph above shows the number of new clients that access our service, and also clients that were unable to access accommodation due to no vacancies. There are a number of reasons accessibility has fluctuated over the course of the financial years: One reason being the implementation of the Going Home Staying Home (GHS) reform which saw a change in services and upheaval in properties attached to programs. We have a greater number of unmet need in 2015, which is most likely due to service closures and the transition period to new programs. The number of new clients was down in the 2014 financial year between November and June as we were preparing to close the service and only took clients who were accessing the HIV AOD Integrated Services Program. Consistently, clients unable to access our service are offered assistance to find alternative accommodation under the GHS no wrong door policy.

REASON FOR SEEKING ASSISTANCE



The chart above shows the presenting needs of those seeking assistance from us. Clients accessing our service may identify a number of reasons that played a part in them becoming homeless. Our data indicates that the main reason is drug, alcohol and substance use, followed closely by mental health, Medical and Financial issues. Ice use is the current drug of choice amongst our consumers followed by alcohol and prescription medication. The Haymarket Centre takes a harm minimisation approach to assisting clients who are homeless.

The Client Information Management System, (CIMS) collection showed we assisted 184 individuals by providing 5732 occupied bed nights this financial year. This shows that we were able to provide a stable service throughout the Going Home Staying Home reform.

Darryn J O'Brien



Darryn O'Brein
The Manager
The Haymarket
Centre

The HIV-AOD Integrated Care Program

Since 2009 a number of trends have emerged since the HIV/AOD Integrated Care Program began, these will be highlighted below. The program has an integrated approach across the partnerships and this is crucial for the ongoing support that starts as soon as a client first accesses the program. This support from all ongoing stakeholders is fundamental in that it ensures that clients are aware of their ongoing health needs as well as ensures that they are appropriately housed once a client moves back into the community. Dr Suzie Hudson evaluated the program and recognised the specific theoretical frameworks that the program is based on and these will be discussed below.

Client trends and observations

The following trends with respect to clients have been observed since the program has been implemented:

- It is common for clients to leave and re-enter the program.
- Clients often present with cognitive deficits as well as limited insight into how HIV can affects their health. This combined with drug and alcohol use places these clients at high risk within the community.
- Methamphetamine has become the primary drug of choice.
- There are limited housing pathways for this client group which more often than not require semi-supported long term accommodation.
- The ongoing support that continues even when the client has left the program and is in the community, is critical in sustaining favourable outcomes for clients.
- Two theories have emerged as critical in the support of this client group; (1) risk environment theory and (2) trauma informed practice.

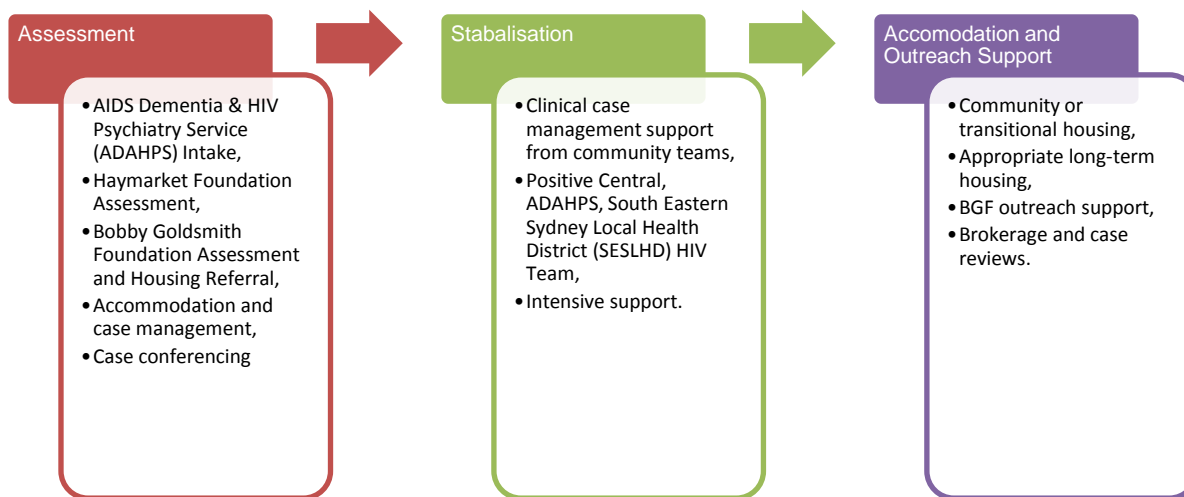
Key principles

The HIV/AOD Integrated Care Program has the following key principles:

- Initial entry and re-entry into the program is uncomplicated as long as client meets the following criteria (1) homeless, (2) HIV⁺, (3) issues with AOD and (4) any other problem (i.e. mental health).
- Close co-operation with all stakeholders prevents a silo approach to client intervention. In addition to this clients are also intensively case-worked on a daily basis.
- Client is supported in the “here and now”.
- Interventions take place from a trauma informed practice perspective with the focus on understanding client’s triggers.
- The program aims to provide a service to clients (i.e. case management) as well as to assist them with access to services in the community (i.e. appointments with health practitioners).
- The program focuses on assessing clients for
 1. Alcohol and drug intervention (harm reduction)
 2. Their mental health,
 3. Cognitive capacity,
 4. Dementia (as a result of HIV) and
 5. Living skills

- Assessments are comprehensive and are repeated often in order to identify co-morbidities as soon as possible.
- The program uses 'risk environment' (diagram 1), framework which promotes an understanding of harm, and harm reduction. This highlights how harm is dependent upon the social context, comprising interactions between individuals and environments.
- The program uses a client centred approach with respect to all interventions and also aims to promote resilience and build self-esteem.
- Client interventions and care are constantly evaluated and monitored in order to meet changing needs.
- When the program is at capacity new clients are placed on the waitlist and at times are temporarily housed at the Haymarket Centre in order to guarantee that they enter into the program once a vacancy exists.

Diagram 1: HIV-AOD Integrated Care Program Referral Pathways



Dr Suzie Hudson Evaluation - The Theoretical Framework of the HIV/AOD Integrated Care Program

The theoretical framework that Dr Suzie Hudson proposed has evolved from her extensive literature review, supervision of staff and consultations with stakeholders. A summary of the framework and theoretical perspectives is below;

- A client-centred (person-in-environment), trauma informed practice and strengths-based approach emphasising resilience building.
- Emphasis on comprehensive assessment, support and advocacy.
- Identifying and addressing the impact of risk environments, social isolation and discrimination.
- Holistic, integrated and responsive interventions, applied with flexibility.

Dr Hudson emphasised the importance of being aware of the difficulties encountered by this client group with their limited insight and capacity to deal with high risk activities. The evaluation emphasised the importance of having skilled staff who constantly keep the focus on harm reduction for their clients.. Dr Hudson points out that risk environment theory is particularly applicable to this client population and the model highlights the importance of easy access/re-access into the program, AOD harm reduction, and building client insights around personal safety. This then links in with improving a client's living skills.

Medication Compliance

Client's medication compliance continues to be high with adherence levels of 95% for clients accessing the stabilisation unit. Staff work with clients to educate them around the importance of taking antiretroviral medication in order to improve health outcomes.

Integrated Partnerships/ Relationships

The main reason for the program's success is the strong relationships, transparent communication and integrated service delivery that exists with other service providers which are also partners. These partners are:

- The Bobby Goldsmith Foundation,
- HIV outreach team from the South Eastern Sydney Local Health District (SESLHD) and Positive Central of the Sydney Local Health District) and
- AIDS Dementia and HIV Psychiatry Service (ADAHPS).

This integrated approach has resulted in:

- Staff and clients being able to overcome the complex challenges experienced by the clients accessing the program.
- The establishing of flexible referral pathways which assist staff as well as clients to achieve goals.
- Staff being aware of the various non-government and health service systems, so that appropriate referral pathways are identified.
- The building of strong networks exists with the following services;
 - ↗ NSW Public Guardian,
 - ↗ Trustee and guardian,
 - ↗ Probation and parole,
 - ↗ Homeless persons legal service,
 - ↗ Neuropsychological team (for ADAHPS assessment),
 - ↗ St Vincent's immunology and ambulatory care,
 - ↗ Taylor Square Medical Clinic,
 - ↗ East Sydney Doctors,
 - ↗ Rankin Court, (stimulant program),
 - ↗ Albion Centre,
 - ↗ The Gender Centre,
 - ↗ Twenty 10 and
 - ↗ NSW.

In this financial year there were 42 potential clients, 24 referrals. Sixteen (16) clients were supported by the program, 8 of these clients re-entered the program with 7 re-entering on more than one occasion.



Jamie Rullis
**Team
Leader**

Sydney Homeless Early Intervention Service

The Sydney Homeless Early Intervention Service (SHEIS) commenced in November 2014, as a new program under the Going Home Staying Home (GHS) reform and is funded by Family & Community Services (FACS). The lead agency is Mission Australia and the other partners are the Salvation Army and Young Woman's Christian Association (YWCA) New South Wales (NSW).

This service's aims and objectives are to provide early intervention and support to clients whose tenancies are "at risk" therefore preventing homelessness in the Inner City of Sydney. This is achieved by addressing issues that are jeopardising tenancies by providing support and referrals. The program also works with those who are in unsuitable and unsustainable housing by assisting them to find a better housing option.



Over the financial year the SHEIS programme had a target of up to 106 clients made up of single men and women. This group is made up of:

- 18 Going home high needs clients and
- 88 clients who are staying home and need support to remain in their tenancies.

The program had brokerage for rent arrears to salvage tenancies and to purchase goods and services. Applications to the program are considered by looking at individual client's income and the urgency of their needs. The tables below represent data for SHEIS for the financial year 2014/15. Note that this data is for eight months of operation between November 2014 to the end of June 2015.

Client Service Provision

The support that SHEIS program offers is short term. If long term support is needed, then the client is linked and referred elsewhere.

Table 1: SHEIS Client Services	
Number of support/brokerage	55
Number general assistance	17
Total	72

Table 1 above highlights that SHEIS supports clients to explore other housing pathways, particularly if they are currently in unsustainable tenancies. The Program has:

- Successfully made referrals for clients, to secure transitional and medium term housing.
- Assisted clients in completing and submitting their Housing NSW. pathways applications, as permanent housing for these clients is vital for long term housing stability.
- Linked clients, who are having issues with rental affordability, to services in their area that can offer financial assistance for food, medicine, medical bills as well as utility bills.

Tenure Type

Table 2 highlights that SHEIS supported a number of clients, moving into permanent social housing properties, with tenancy establishment. As a direct result of this, the programme also assisted with brokerage (Table 1) to purchase essential household items for these clients. Another crucial component has been advocating and liaising with Housing NSW for client's with "at risk tenancies".

Most of our clients are accommodated in the private rental sector; either in flats or boarding houses. We have been able to support many of these clients by liaising with their landlords and advocating on their behalf. Additionally we have frequently paid brokerage for one or two weeks' rent arrears.

Table 2: Housing	
Social housing	28
Boarding house	13
Private rental	28

Referral Sources

Table 3 below highlights the clients that have been referred to the programme throughout the reporting period.

Table 3: Services Referring to SHEIS	
Housing NSW	1
Other Social Housing	2
Self-referral	6
Haymarket Centre	11
Mission Australia	7
Newtown Neighbourhood Centre	29
Redfern Mental Health	1
Other	15
Total	72

Unassisted Referrals

Table 3 below provides a breakdown of the unassisted referrals made by the SHEIS programme:

Table 4: Unassisted Referrals Made by SHEIS	
Not in geographic area	3
Referred to other service	6
Not an appropriate referral	6
No engagement	6
Total	21

1. Challenges and Unassisted Referrals

One of the primary challenges has been the lack of affordable private rental properties in the City of Sydney and the other seven local government areas (Ashfield, Burwood, Canada Bay, Canterbury, Leichardt, Marrickville and Strathfield), which make up the service catchment area. This means that many of the clients that are referred to the programme are in rental arrears due to unaffordable housing (even if they are working). In addition, in some circumstances it may mean that some of the programme's clients who are on Centrelink benefits, particularly Newstart, are unable to afford some boarding houses.

A number of referrals have been for people who are in social housing and want financial assistance with rent arrears. This however is difficult to do as it is not a service offered by the programme. Clients in these circumstances are however referred to other services that are more geared to support them.

An additional difficulty is that many of the referrals come from outside the programmes catchment area. In order to assist as far as possible clients are linked up to other services in the Sydney Metropolitan area who may offer early intervention and tenancy support. This therefore establishes referral pathways, and strengthens inter service relationships for the benefit of common clients.

Partnerships and Referral Pathway

The SHEIS staff have been attending:

- A one stop shop of services at the Newtown Neighbourhood Centre every Thursday afternoon. This has been a major source of referrals and has also proved to be an effective way of networking with other services. The Homelessness Forum arranged by the Exodus Foundation in Ashfield. This has assisted in a team approach to support many clients in the Inner West. The Exodus Foundation has thus also been a source of referrals.

Overall Referrals

Table 5 below provides information on overall referrals accepted and made:

Table 5: Summary of Referrals for 2014/15	
Accepted referrals	72
Unassisted referrals	21

Conclusion

For the 2014-2015 financial year the SHEIS program has met its reporting requirements.




Inner City Rapid Response Homelessness Service

The Inner City Rapid Response Homelessness Service (RR) is a newly funded program under the Going Home Staying Home reform and is partnered with the Young Woman's Christian Association (YWCA). The program supports single men and women who have been homeless for a short period of time and need assistance to solve their immediate housing needs.

The program provides the following assistance to clients:

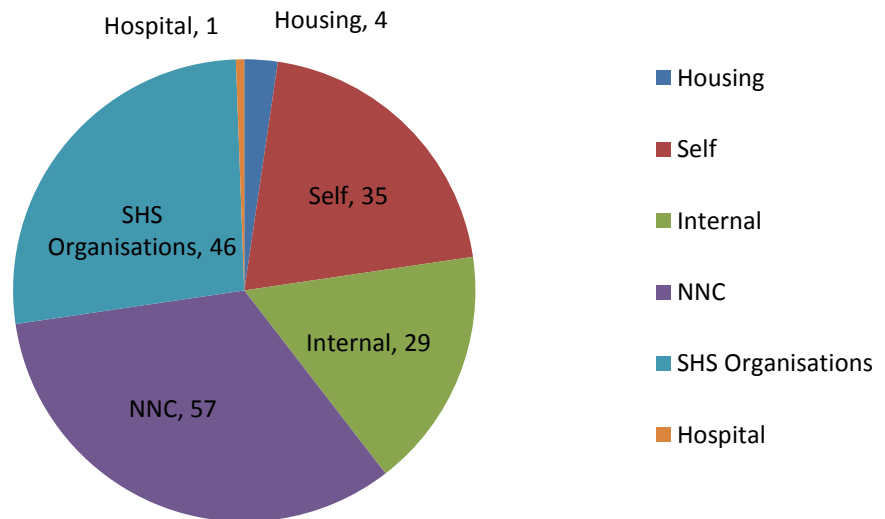
- Immediate crisis support and case management,
- Access to safe, short term transitional housing,
- Referral pathways to long term housing,
- Assistance in completing and submitting NSW Housing applications,
- Referrals to other services to meet their ongoing support needs,
- Reconnection to the community and/or family and
- Brokerage assistance for household items and tenancy establishment.

The RR Service has built strong service links with The Newtown Neighbourhood Centre (NNC) who are the primary source of referrals (refer to figure 1 below). NNC operate a weekly 'one-stop-shop' service hub on Thursdays between 2pm-4pm and RR team along with other services

have a permanent stall set up to receive referrals and assist people on the spot with their specific housing needs. This relationship has also created links with The Boarding House Outreach Project (BHOP) that operates out of the NNC as there is a crossover of the clients that programs support. The RR Service also receives many referrals from:

- Samaritan House,
- Mission Australia,
- William Booth House and
- The Haymarket Centre (internal referrals).

Figure 1: Sources of Referrals for RR Program



The most recent service link for referrals has been New South Wales (NSW) Housing (Strawberry Hills) who initiated a pilot program in July referring clients in temporary

accommodation for short term case management to resolve their immediate housing need. The majority of these referred clients have been assisted by (1) placing them on permanent leases at various boarding houses (2) referring them to other organisations for on-going support.

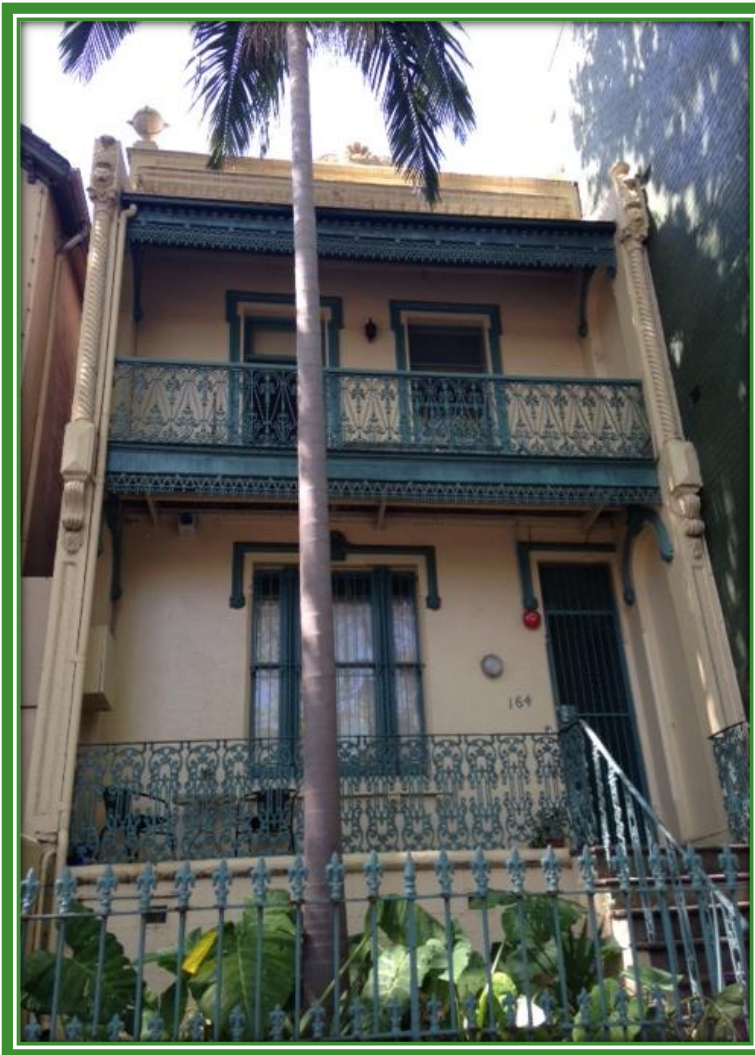
In addition to our outreach case work the RR Service also manages a transitional housing property (six bed women's only house in Potts Point). Clients assigned to this property sign a four month lease with Ecclesia Housing and throughout that time the program assists them to establish a sustainable long term accommodation pathway. RR has been successful in that it has continued to support clients with their urgent housing requirements. The addition of brokerage has also assisted in that it further assists clients in meeting basic needs. The program has achieved the following successes in the reporting period:

- By advocating and liaising with NSW Housing clients have been able to progress to priority housing status. Ten of the program's clients were offered properties and have been able to maintain their tenancy. This is a positive outcome as it has permanently resolved these client's homelessness.
- The program has assisted with finding and facilitating boarding house accommodation for 20 of its clients. This included assisting clients with outreach support, taking them to viewings, completing applications as well as providing brokerage for rental bonds.
- The program provided brokerage for client's basic furniture (beds, fridges, and washing machines) for their new accommodation.
- Due to the fact that the program was able to house clients two of them were able to returned to study at TAFE NSW. Of these one has then gone on to gain part time employment.

Additional successes are reflected in table.

The program has met following challenges in the reporting period:

- The shortage of affordable private rental accommodation for clients on the newstart allowance is a huge challenge for the program. The main reason for this is that the newstart allowance is insufficient for the current high rental prices. This leaves most clients with boarding houses as the only accommodation option.
- A high percentage of female referrals require housing assistance due to the fact that they are fleeing domestic violence. Presently there are no "women only" boarding houses and women's transitional housing vacancies are very limited. This is a huge



challenge as it is very difficult to secure appropriate safe long term housing options for this client group.

- Long term complex homeless clients have also proved challenging to work with under the current RR guidelines. The main reason for this is that such clients require long term case management which RR does not provide.

Table 1 below provides further important data on the RR program.

Table 1: Referrals and Outcomes of RR program for 2014-2015	
Accepted Referrals to date (see figure 1 above):	172
Unassisted referrals to date:	33
Clients cases closed due to outcomes being achieved:	159
Current clients still being supported:	13
All client contact (whether by phone or face to face):	1630
Brokerage requests accepted to date:	45

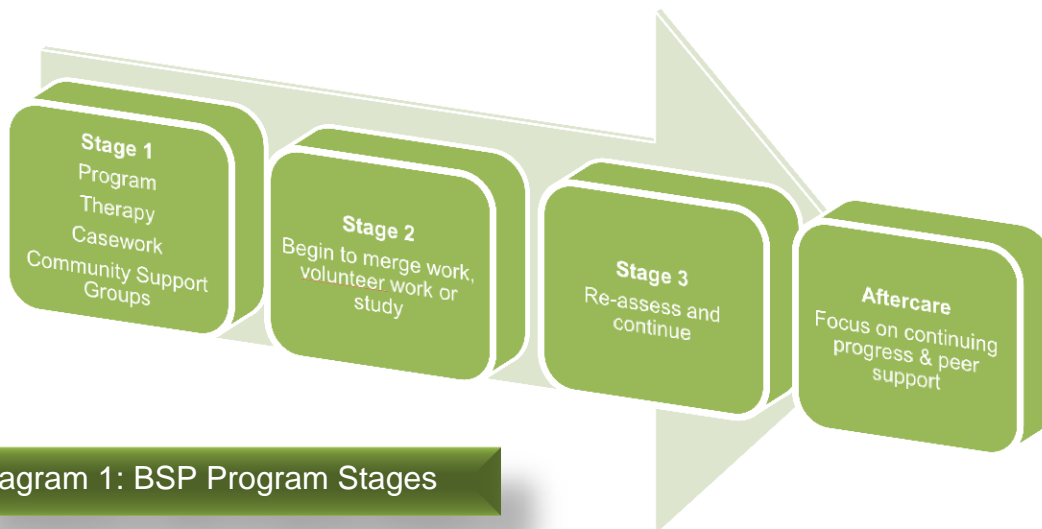
S. George



**Samantha
George
(Caseworker)**

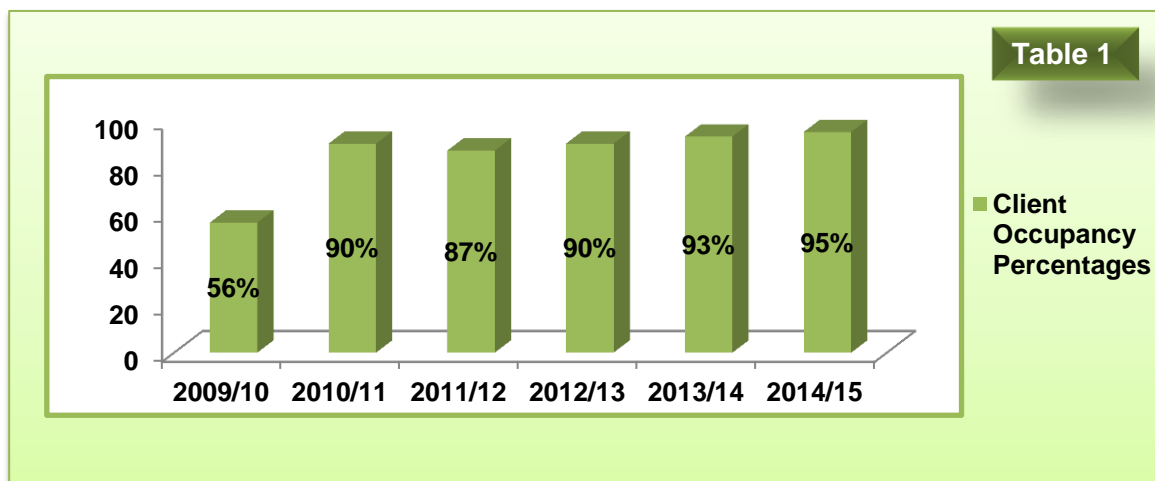
Bourke Street Project

The Bourke Street Project (BSP) provides 23 beds for adult males who are moving away from substance abuse and gambling. Clients are supported through a unique model that combines individual services with the benefits of a peer-based therapeutic community. Clients progress in their recovery journey through structured stages to promote increased independence until they are ready to 'graduate' from the program (Diagram 1).



In the past year, the BSP operated at capacity and met all service delivery targets.

- Over the year 41 clients used the service.
- 20 new clients joined the program.
- Bed occupancy was at 95% of capacity (Table 1).
- The average length of stay in the program was 198 days.
- Each year a high percentage of clients successfully leave the program without relapsing.



After completing Stage 1 of the program, clients at the Bourke St Project are required to start integrating employment, study and volunteer work into their weekly program. All clients are encouraged and assisted to find volunteer work, which fits with the BSP ethos of community

participation. This also benefits their recovery journey as it builds new social connections and relationships, which in turn create structure and meaning into their lives. This year we began recording data around Stage 2 activities, which will be built on in the future to give a more holistic overview of client outcomes.

During this reporting period the following statistics describe client's in stage 2 of the project:

- 60% of clients engaged in study.
- 78% clients who were able to work gained employment.
- 84% of clients participated in volunteer work.

The BSP supports each client to work towards their individual goals for life after graduation. This year over half of the BSP clients completed the program and returned to the community at large to continue a substance free lifestyle. The following are the statistics for clients graduating from the program:

- 12 clients graduated from the program.
- 5 of these clients entered the private rental market.
- 5 clients returned to their families.
- 2 clients were accepted into supported housing

The Bourke Street Project Model – Program and Processes

The BSP draws on the concept of 'Recovery Capital' within our program structure and approach to case work. 'Recovery Capital' aims to maximise internal and external resources and processes that encourage and sustain recovery from substance use (Grandfield and Cloud, 1999). The program model is illustrated below in diagram 2.

Diagram 2: BSP Program



The BSP uses a framework of evidence based practice to inform program activities. The 2002 Australasian Therapeutic Communities Association report *Towards better practice in therapeutic*



communities (Gowing et al, 2002) highlights leisure activities, in particular organised sport, as critical for physical fitness, developing the sense of community and team work, and transitioning to a substance free lifestyle. Therefore all clients are encouraged to participate in morning exercise, and nearly all clients have voluntarily engaged in the Brightside exercise program (provided by YMCA in the form of free gym access and support as a recovery mechanism

for people with a mental illness). Many BSP clients also participate in weekend community sports fixtures and events.

Psychological support is a major part of BSP, and aims to not only address immediate mental health needs, but also provide psycho-education that is crucial to a client's ongoing recovery. All clients attend:

- A minimum of 12 relapse prevention groups run by Carlos Duarte (clinical psychologist). This group has two components (1) psycho education and (2) group therapy.
- A weekly Tuesday check-in group facilitated by BSP case workers.
- A weekly Thursday process group facilitated by Steve McGuinness, an independent psychotherapist.

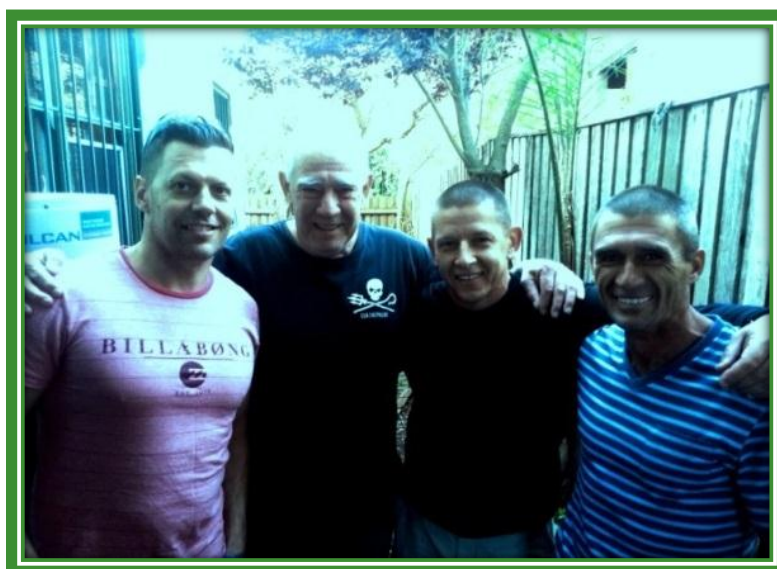
In addition to the abovementioned groups which focus on mental health, the client's social wellbeing is encouraged through weekly community dinners. This is an opportunity for BSP Alumni and current BSP clients to get together, to build links and to share on a social level. This aims to establish a strong sense of community. This sense of community and network building was encouraged further to promote life after BSP, by:

- Arranging for clients to attend a film night at the '3rd Annual Resilience Film Challenge.
- Motivating clients to attend 12 step and or SMART recovery or other therapeutic groups.

Life skills support was provided by BSP case workers more intensively this year after identifying that skills such as shopping, cooking and maintaining a household were lacking within some of the clients. Preparing for the weekly community dinner has been an opportunity for staff to develop these skills within each household.

The Alumni Community

A significant feature of the BSP model is the ability to become involved in the Alumni community after completing the program. Life after BSP with its continued



connection to a supportive community helps ex-clients maintain and consolidate ongoing sobriety. In the past year, the issue of sustainability of the alumni, has been explored as the number of BSP graduates who participate in the Alumni continue to grow. To this effect the BSP Alumni community formed a committee titled 'The BSP Alumni Steering Committee' and began monthly meetings with the Haymarket Foundation CEO and BSP staff. This strategy follows recommendations about staffing and role modelling in the '2007 NSW Health Drug and Alcohol Treatment Guidelines for Residential Settings'. The steering committee provides valuable contribution to the program by continuing to include the voices and involvement of former clients. This input will continue to improve the quality of BSP services and its outcomes.



This year marked the seventh year that the Alumni participated in an annual Christmas event hosted by the Gethsemane community. Many clients and Alumni assist Mr Victor Hitchcock and sister Myree Harris (of the Gethsemane Community based in Petersham) each year in making sure clients from BSP the Haymarket Foundation Clinic and The Haymarket Centre receive gifts, as well as having somewhere to spend and volunteer on Christmas day.

We would like to thank Mr Hitchcock and Sister Harris for their ongoing support of BSP.

Partnerships and Referral Pathways

During this reporting period:

- The BSP case workers have worked closely with Glebe House and Foundation House in order to strengthen the collaboration and coordination between services. This is aimed at encouraging the implementation of a memorandum of understanding (MOU), between the organisations. The MOU will thus facilitate referral pathways and ensure a smoother transition process for clients and staff when clients leave those rehabilitation centres and enter the BSP.
- Several clients were referred to 'Relationships Australia' to help facilitate their return to relationships and families damaged by their alcohol and drug (AOD) use. These processes were a successful complement to the BSP services, and a resource families can draw on in the future.
- Ms Robyn Zeller continued to provide the BSP clients with a fortnightly art therapy group.
- Mr. Steve McGinnes continued to provide a weekly Thursday process group..
- BSP clients continued to regularly benefit from other services of The



Haymarket Foundation, such as access to medical services (nurses and doctors), of The Haymarket Clinic and the Rapid Response service of The Haymarket Centre, which has assisted clients with white goods for independent accommodation.

Measuring Client Outcomes

The BSP measures client outcomes through the use of the Network of Alcohol and other Drug Agencies (NADA) Outcome Measurement System (COMS) surveys. The self-report measures that were selected to include within the surveys allowed BSP to track important information connected to client's treatment experiences.

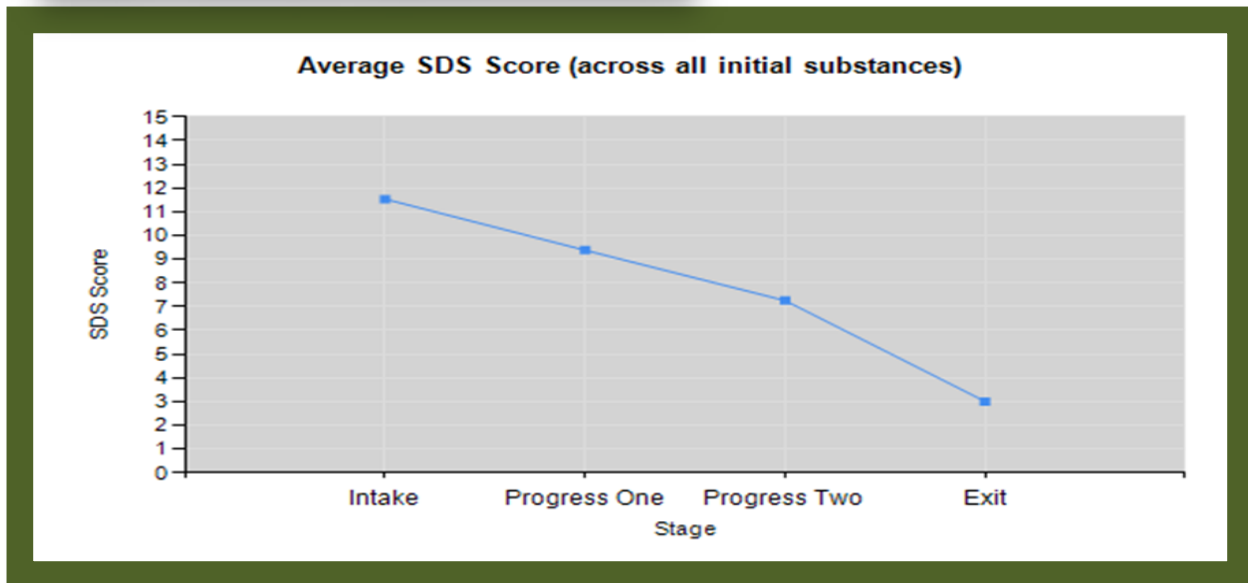
During this reporting period the following data was collected:

- Drug and alcohol use,
- Severity of dependence (SDS),
- Psychological health,
- Health and social functioning (quality of life) and
- Blood borne virus exposure risk taking.

Clients completed surveys at a number of key points in their treatment which provided an on-going understanding of what they were achieving throughout their treatment. In addition this data provided information with respect to which areas of recovery need further attention. Developing data collection has been as significant as case management of clients, as it provided us with evidence based data that strengthens quality improvement activities.

Graph 1 shows that the average SDS scores reduced during the course of the program demonstrating the decrease in the levels of dependence experienced by BSP clients.

Graph: 1 Severity of Dependence Scores



Summary

The BSP has had many successes throughout this reporting period. This is testament to the uniqueness and effectivity of the BSP model. A former BSP participant described his experience as:

"common unity in our basic lifestyle choices. The choices and decisions I've made for myself, for own future, can benefit the best interest of our collective. Looking back the most difficult times connecting with peers coincided with times when I didn't consider

them in any shape or form, I would not have realized this on my own, and until now didn't consider this way of thinking."

BSP will continue to focus and expand on:

- Ways to increase outcomes for clients,
- Inform the program through consumer lead processes,
- Cultivating a sustainable Alumni community to consolidate support for clients in their drive to sobriety,
- Developing the way we gather and use data from the program as evidence of its success.

Our many thanks go to the BSP team: Mat Flynn and Darryn O'Brien (program supervision), James Hurford, Josh Rosenthal and Simon Reid (caseworkers), Carlos Duarte (clinical psychologist), Robyn Zeller (counsellor) and Steve McGinnes (psychotherapist.) Our thanks also to Dr Suzi Hudson and Dr Alison Salmon for their invaluable guidance as external consultants.



Alcohol and Other Drugs Counselling Service

The Haymarket Foundation Alcohol and Other Drugs Counselling Service is in its twelfth year of implementation. The present psychologist was appointed mid-March 2007 working three days a week, in November 2007 the psychologist was however appointed full time. Counselling and psychotherapy services have thus been expanded with the psychologist being available for Haymarket Foundation clients 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 Zellar (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 Master's 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 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;

- Individual psychotherapy,
- Group psychotherapy,
- Family and couple psychotherapy,
- Assessment and referral,
- Case management,
- Case management support,
- Psycho-education,
- Training Haymarket Foundation staff on issues relating to mental health and or case management,
- Crisis intervention,
- Debriefing Haymarket Foundation staff after a crisis,
- Drafting policy,
- Drafting documents relating to psychological services,
- Obtaining feedback from clients with respect to services rendered by the psychologist and under the auspices of psychological services,
- Drafting group programmes,

- Supervising case managers from the Bourke Street Project as well as from the Haymarket Foundation Centre,
- Supervising psychology University students on field placement at the Haymarket Foundation,
- Attending Australian Council On Healthcare Standards quality and safety meetings,
- Attending meetings and forums relating to mental health as well as drugs and alcohol,
- Interviewing candidates (as requested by CEO), for certain vacant positions within the Haymarket Foundation,
- Submitting monthly and quarterly reports and statistics (for the Haymarket Foundation Board and to The Commonwealth), on services rendered by psychological services,
- Attending regular self supervision, for self-development,
- Developing an internal program evaluation for, various groups, supervision as well as, individual counselling with outcomes that are incorporated into program reviews and
- Assisting with information technology issues and problems that arise at the Haymarket Clinic.

As part of his duties the psychologist also liaises with:

- Alcohol and other drug rehabilitation centres in order to facilitate the referral and placement of clients.
- 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.
- 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.
- Staff from various Medical and Mental Health Services in order to refer, and discuss the case management of, clients.
- Various general practitioners, and specialists (i.e. psychiatrists) in order to refer, and discuss the case management of clients.
- Various Haymarket Foundation sections (Clinic and the Haymarket Foundation Centre) in order to refer, and discuss the case management of, clients.

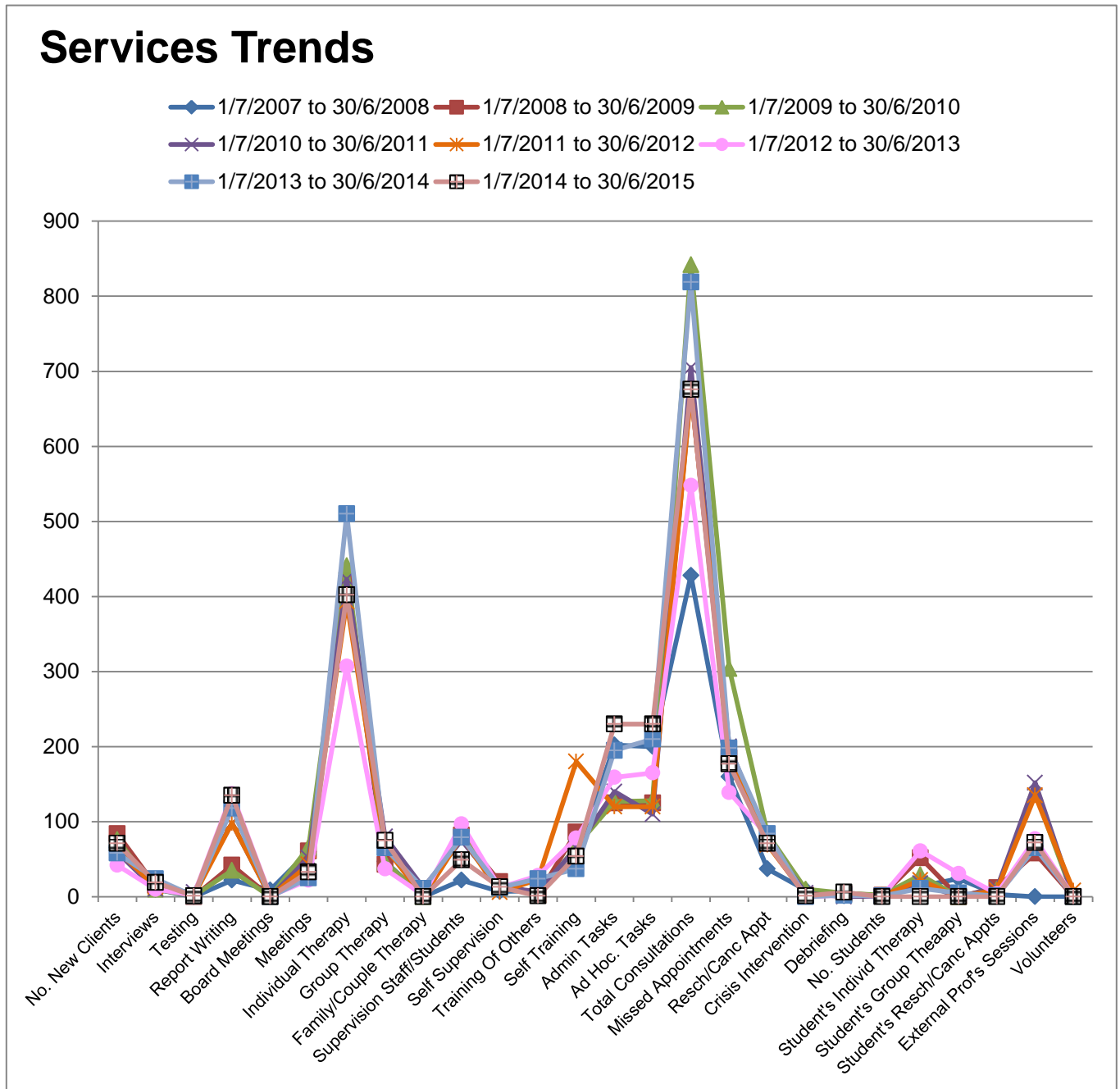
On average psychotherapy/counselling is only sought by clients when they are experiencing a crisis in their lives. The psychotherapeutic service is available five (5) days a week at Palmer Street (Darlinghurst). The service provides a consistent and continual support for all clients that wish to attend on a regular basis. The psychotherapeutic intervention is not only focused on supporting clients during difficult/challenging times in their lives, 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 2014 to 30th June 2015). These are represented in the peach coloured 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, 1st July 2012 to 30th June 2013, and 1st July 2013 to 30th June 2014 are in the blue, red, green, purple, orange, pink and light blue columns respectively. These are included for purposes of comparison and trending. Please note that next to the current reporting statistic (in the 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	01/07/2014 To 30/06/2015
Number of New Clients For Reporting Period	65	84	76	59	62	42	58	71 ↑
Interviews	10	15	10	10	13	10	24	19 ↓
Testing	0	0	1	6	1	2	1	1 ↔
Report Writing	22	42	35	98	98	137	118	135 ↑
Board Meetings	9	0	0	0	0	1	0	0 ↔
Meetings	60	61	66	52	43	22	25	33 ↑
Individual Therapy (attended consults only)	423	418	441	423	393	307	510	402 ↓
Group Therapy (attended consults only)	47	43	46	80	66	37	65	75 ↑
Family/Couple Therapy (attended consults only)	0	5	0	12	0	2	11	0 ↓
Supervision of Staff/Students	22	82	82	75	80	97	79	49 ↓
Self Supervision	7	20	12	13	6	12	12	13 ↑
Training of Others	8	2	3	7	23	28	24	1 ↓
Training (attending workshops, training or conferences)	52	86	67	65	180	78	37	54 ↑
Administration Tasks	202	125	127	140	120	159	195	230 ↑
Ad Hoc. Tasks	200	125	128	110	120	165	210	230 ↑
Total Consultations (attended/missed/rescheduled/cancelled/staff)	428	676	842	705	674	548	819	676 ↓
Missed Appointments	160	185	304	200	196	139	198	177 ↓
Rescheduled/Cancelled Appointments	37	71	84	75	69	81	84	71 ↓
Crisis Intervention	9	2	10	5	2	0	0	1 ↑
Crisis Intervention and Debriefing (with Haymarket Foundation staff)	1	4	5	0	3	2	2	6 ↑
Number Of Students	1	2	2	1	1	1	1	0 ↓
Student's Individual Therapies	14	52	29	18	22	61	11	0 ↓
Student's Group Therapies	24	0	0	0	0	31	5	0 ↓
Student's (rescheduled/cancelled/ missed appointments)	3	12	10	11	9	4	1	0 ↓
External Professionals	0	58	139	152 ↑	135	77	66	72 ↑
Volunteers	0	0	0	0	8	0	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.



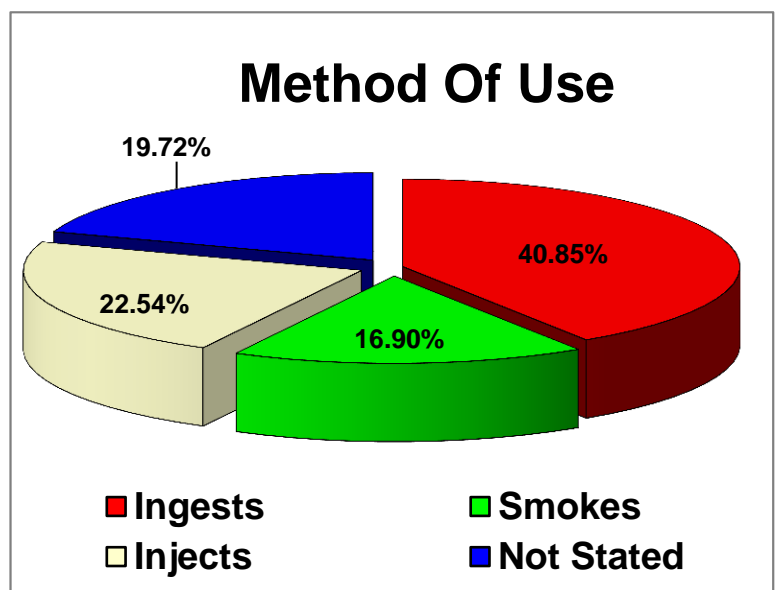
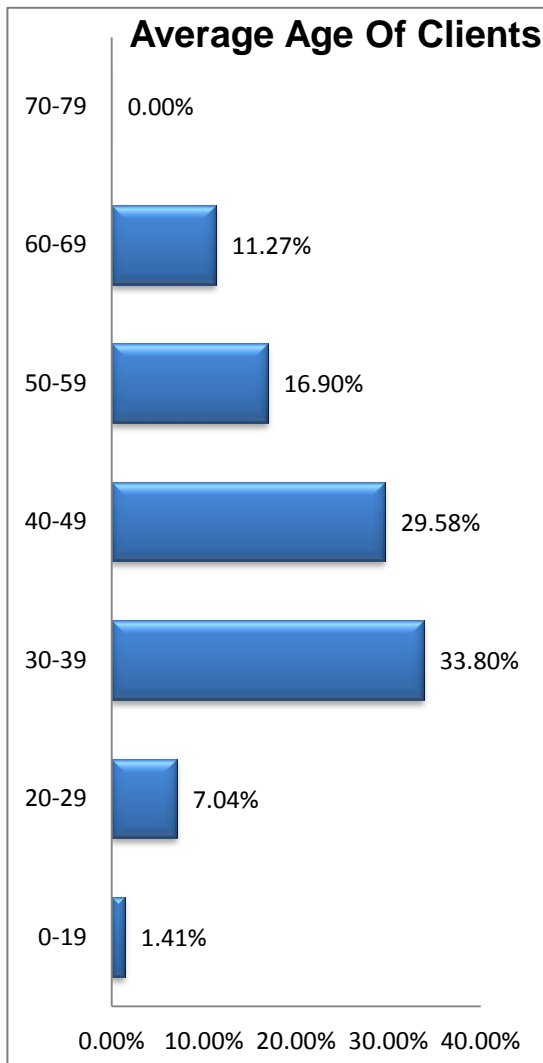
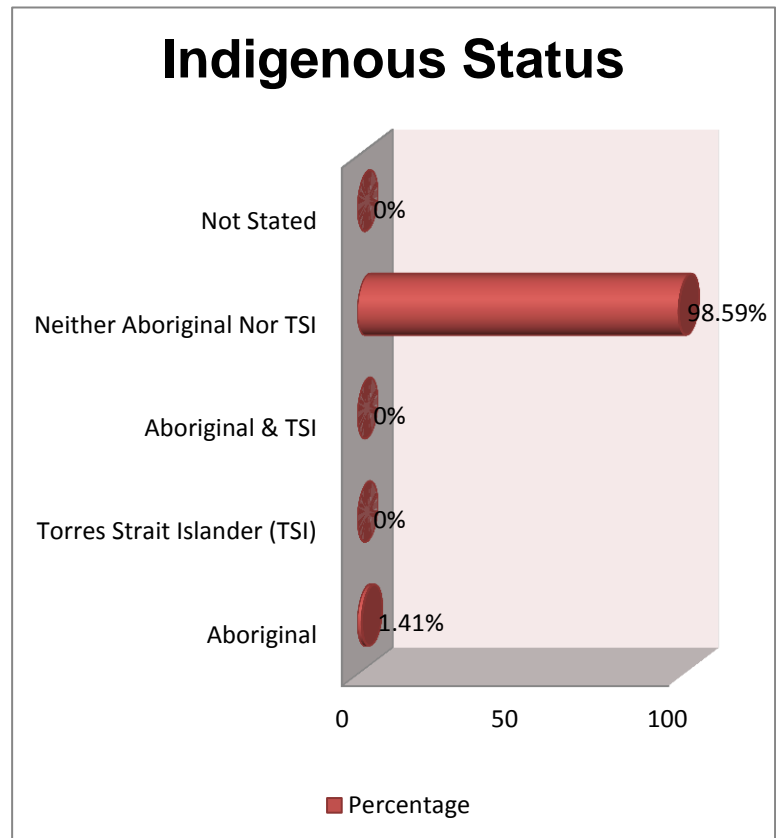
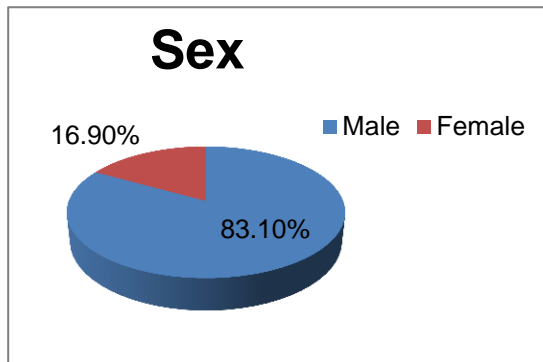
What follows is a summary of the statistics reported in the Services Trends table above for the current reporting period. **Please note that there is an overall increase in the reported statistics.**

1. A total of seventy one (71) new clients were seen. **This shows a substantial increase in the number of new clients.**
2. The psychologist conducted nineteen (19) 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 slight decrease.**
3. The psychologist conducted one psychometric testing session. **This service area shows no change from the previous reporting period.**

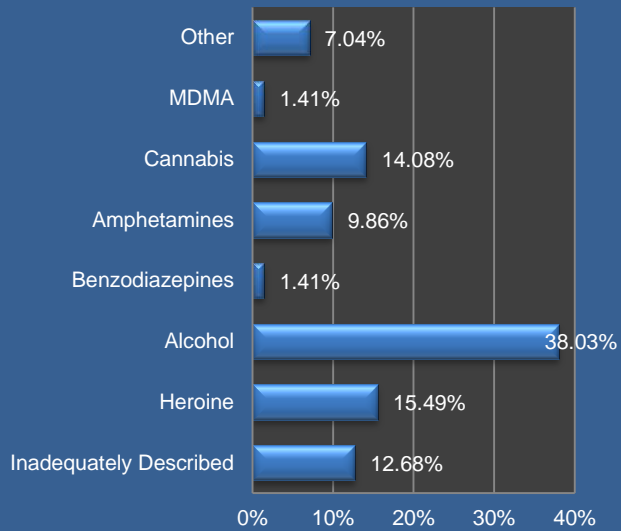
4. The psychologist conducted one hundred and thirty five (135) report writing sessions. *This service area shows a substantial increase compare to the previous reporting period.*
5. The psychologist attended thirty three (33) meetings. *This service area shows an increase.*
6. The psychologist conducted four hundred and two (402) Individual psychotherapy consultations. *There is a substantial decrease in the number of individual psychotherapy consultations during this reporting period. This statistic was most certainly affected by the fact that the Haymarket Foundation Clinic was due to close in July of 2015. It is important to note that as from March 2015 clients of the clinic were aware of the closure and thus were not attending as usual.*
7. The psychologist conducted seventy five (75) group therapy sessions. *This service statistic increased significantly when compared to the previous reporting period.*
8. The psychologist conducted no couple counselling sessions. *This service area shows a decrease.*
9. The psychologist conducted forty nine (49) supervision sessions with staff and students. *This service area shows a decrease and is due to the fact that some Haymarket staff members get external supervision which is not conducted by the Haymarket Foundation psychologist.*
10. Psychologist attended thirteen (13) self supervision sessions. *This service area shows a slight increase.*
11. The psychologist conducted one (1) training session with Haymarket Foundation staff. *This service area shows a substantial decrease and is caused by:*
 - *The psychologist no longer being eligible to train staff in Applied Suicide Intervention Skills Training.*
 - *The psychologist no longer being required to train staff to use the Dual Diagnosis Capability In Addiction Treatment tool (DDCAT).*
12. The psychologist attended fifty four (54) training sessions (made up of workshops, training and conferences). *This service area shows an increase.*
13. The psychologist conducted two hundred and thirty (230) administration task sessions.
14. The psychologist conducted two hundred and thirty (230) ad hoc. task sessions.
15. A total of eight hundred and nineteen (676) consultations were booked (this includes all attended, missed, rescheduled and cancelled consultations). *This function recorded a significant decrease caused by the fact that the Haymarket Foundation Clinic was due to close in July of 2015.*
16. A total of one hundred and seventy seven (177) appointments were not attended by clients. *This function recorded a significant decrease.*
17. A total of seventy one (71) appointments were rescheduled/cancelled by clients. *This function recorded a slight decrease.*
 - *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.*
18. The psychologist conducted one (1) crisis intervention session with Haymarket Foundation staff. *This service area shows an increase.*
19. The psychologist conducted six (6) debriefing sessions with Haymarket Foundation staff, during this reporting period. *This service area shows a slight increase from the previous reporting period.*
20. Due to the imminent closure of the Haymarket Foundation Clinic no students from ACAP, were accepted to conduct their field placements.
21. External professionals provided seventy two (72) group sessions consisting of:

- A weekly men's process group therapy session for Bourke Street Project clients, run by Mr Steve McGinnes (counsellor).
 - A fortnightly art therapy group session for the Bourke Street Project clients, run by Ms Robyn Zeller (counsellor).
22. Other important National Minimum Data Set (NMDS), statistics for the service are listed below as charts:

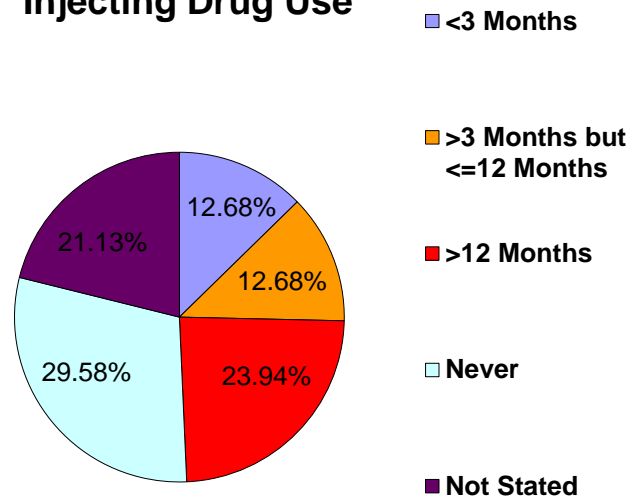
Other important National Minimum Data Set (NMDS), statistics for the service are listed below as charts.



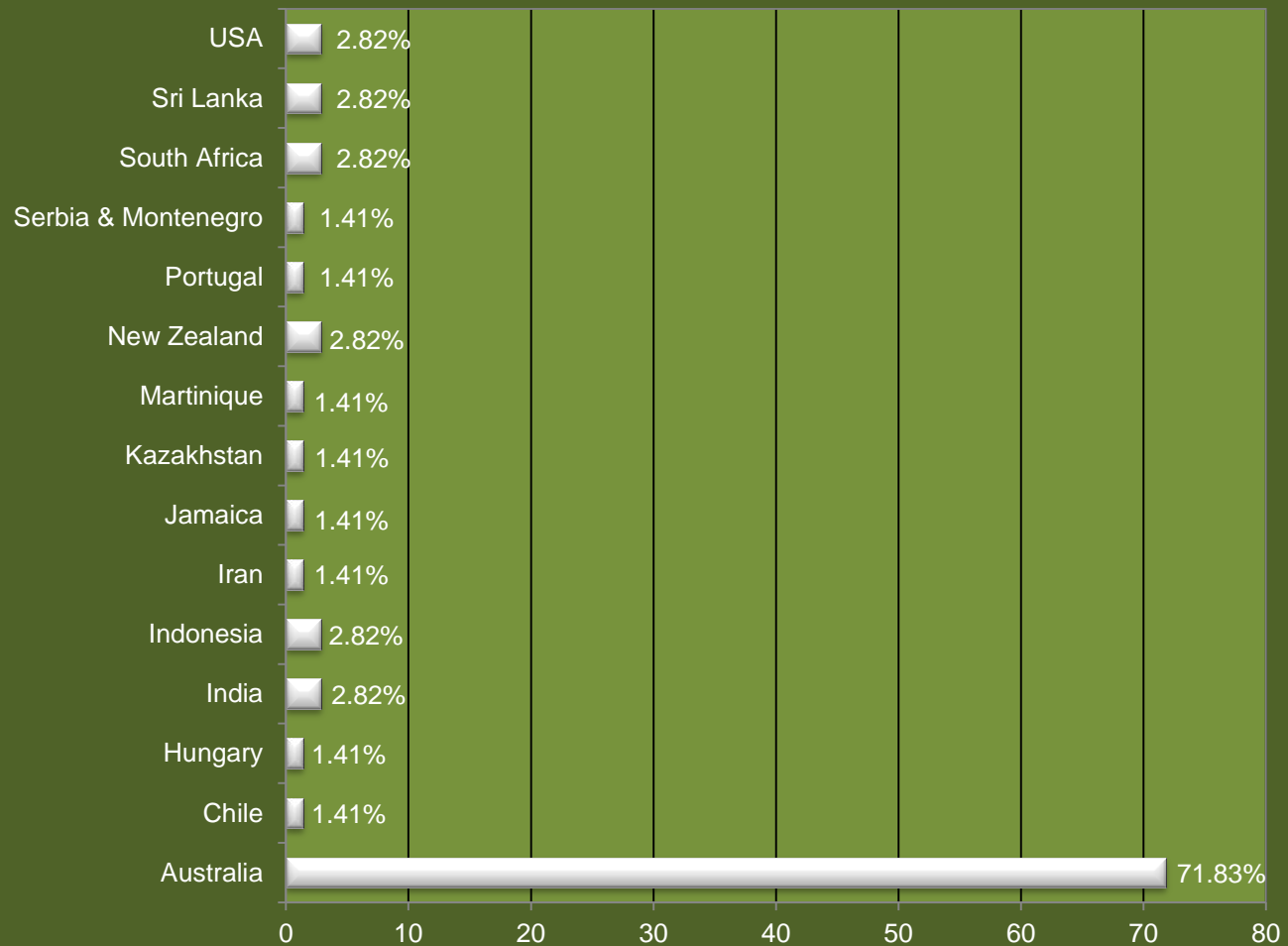
Principal Drug Of Concern



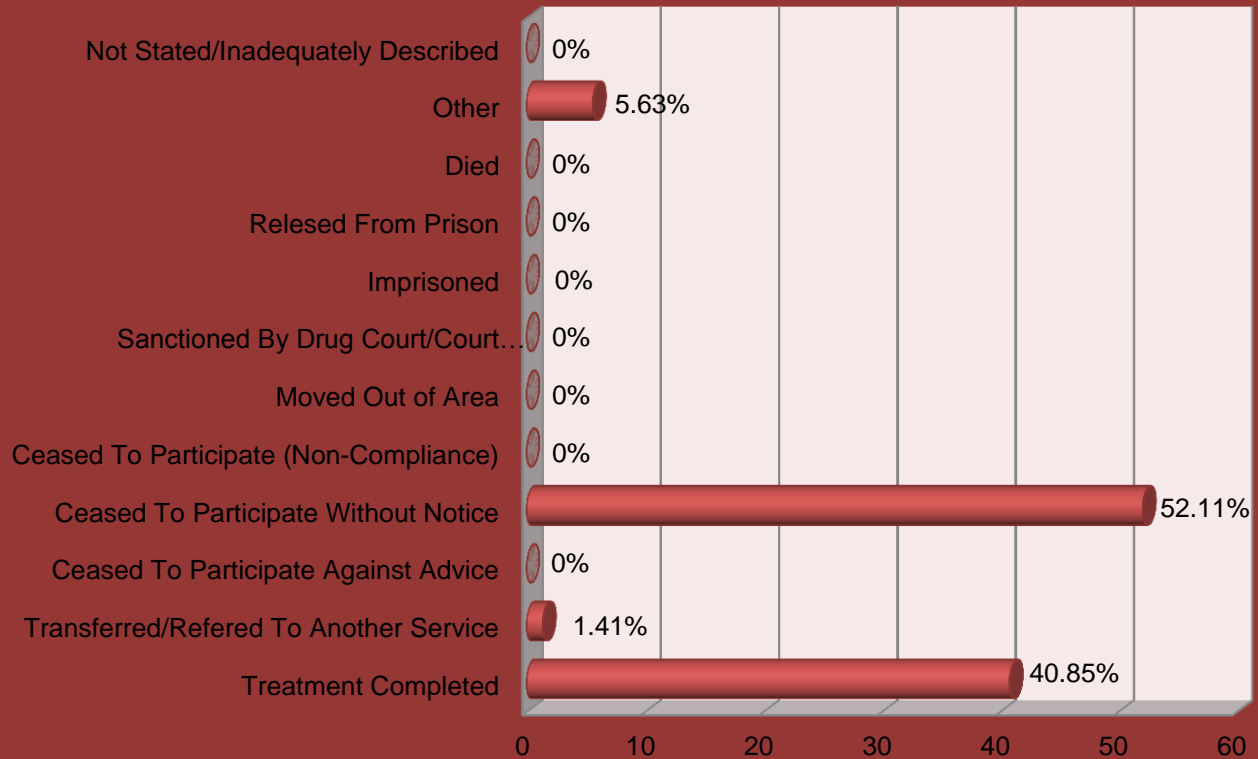
Injecting Drug Use



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 2015

INDEX

- | | |
|-----|--|
| 45. | Director's Report. |
| 50. | Auditor's Independence Declaration. |
| 51. | Statement of Profit or Loss. |
| 52. | Statement of Financial Position |
| 53. | Statement of Changes in Equity. |
| 54. | Statement of Cash Flows. |
| 55. | Notes to the Financial Statements. |
| 61. | Director's Declaration. |
| 62. | Independent Audit Report. |
| 64. | Consolidated Income and Expenditure Statement. |

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 2015.

DIRECTORS

The names 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 |
| - Mr Richard Boyer | - Ms Patricia Bramble |
| - Ms Lesley Butt | - Dr Stephen Wilson |
| - Mr Mat Flynn (appointed 19 November 2014) | - 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, health and welfare 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 program providing crisis accommodation for people with comorbid mental health as well as alcohol and other drug issues. The Haymarket Centre also is home to the HIV/AOD Integrated Care Project. The Integrated care project provides a four beds stabilisation unit for people with HIV and current drug &/or alcohol issues aiming to stabilise their compliance with medication and address health and housing issues. 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.

Operating the Bourke Street Project which provides accommodation and living skills for men who have completed a drug and alcohol rehabilitation program.

During the 2015 financial year the Foundation has been funded to provide two outreach case management projects which provide support and brokerage to assist people to remain in sustainable accommodation (Sydney Homelessness Early Intervention Project) and to quickly move newly homeless people into accommodation (Rapid Project). These projects are conducted in partnership with Mission Australia and YWCA respectively.

OPERATING RESULTS

The net result of operations for the year was a deficit of \$382,586 (2014:\$129,470 surplus)

DIRECTORS' REPORT (continued)

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.

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
A.B.N. 24 001 397 986

DIRECTORS' REPORT (continued)

INFORMATION ON DIRECTORS

The Hon Kevin R Rozzoli, Dip Law

Kevin has been Chairman since 1987 and a Director since incorporation in 1976.

Experience - 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.

Special Responsibilities - Chairman

Mr Richard Boyer

Experience - Richard is a retired business executive who has spent most of his life working with large financial services companies in Sydney. He has specialised in strategic planning, technology and service management. In addition Richard has worked within his community in areas of mature age education and supporting his local school. Outside work, Richard plays tennis and maintains a strong interest in rural and environmental issues. He was appointed a director of the Haymarket Foundation in October 2009.

Special Responsibilities - Deputy Chairman

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

Experience - 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 and homeless support services (crisis, transitional and permanent Housing); youth services including Reconnect, Juvenile Justice, Shopfront Legal, Creative Youth Initiatives (art & music), Wrap-Around service HUB providing over 50 programs including educational, counselling, arts, primary and secondary health; mental health recovery programs including Partners in Recovery, HASI & HASI Plus. Until 30 June 2015 Lesley's role also included three JSA and two SEE sites. 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

DIRECTORS' REPORT (continued)

INFORMATION ON DIRECTORS (Continued)

Mat Flynn, B. Social Science (Counselling, HRD) Post Grad Cert Policy & Applied Social Research.

Experience - Mat has worked in therapeutic, policy, research and management positions across the community sector for more than 15 years. Over that time Mat has worked with a range of client groups, particularly care leavers, Indigenous men, fathers and at Mission Australia he was the Area Manager for the Marrickville and Leichhardt region, a role which included leading a number of homelessness services, including the MISHA project, a scattered-site housing first project accommodating and supporting 80 men in western Sydney.

Special Responsibilities – Company Secretary

Dr Lucinda Burns, MPH. PhD.

Experience - Lucinda Burns is Associate Professor at the National Drug and Alcohol Research Centre at the University of New South Wales. She holds a Master of Public Health, a PhD and a Graduate Certificate in Health Policy. Her research interests are the epidemiology of alcohol and other drug use, with a focus on marginalized populations, such as people who are homeless and pregnant women. She is responsible for management of national drug monitoring systems, and also a team of researchers examining the impact of flexible service provision on homeless people.

Special Responsibilities - Director

Ms Patricia Bramble

Experience - 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.

Special Responsibilities - Director

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

Experience - Stephen is the Director of Medical Services Silver Chain Group (East Coast), Clinical Associate Professor University of Sydney, Adjunct Associate Professor University of Notre Dame. Stephen has research interests in community health, disability and rehabilitation. He is also a VMO at the Mater Hospital North Sydney and Senior Staff Specialist at Royal North Shore Hospital. Past appointments include roles as Director of Population Health St Vincent's Hospital and head of Department of Rehabilitation North Shore and Ryde Health Service.

Special Responsibilities - Director

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

DIRECTORS' REPORT (continued)

INFORMATION ON DIRECTORS (Continued)

Mr John Sheahan, QC

Experience - John Sheahan has been in practice as a barrister since 1984, and has been a senior counsel since 1997. 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 to the Takeovers Panel.

Special Responsibilities - Director

MEETINGS OF DIRECTORS

During the financial year, 13 meetings of directors were held. Attendances by each director were as follows:

	Directors' Meetings	
	Number eligible to attend	Number attended
Kevin Rozzoli	13	13
Richard Boyer	13	12
Lesley Butt	13	11
Mathew Flynn	8	8
Lucy Burns	13	4
Patricia Bramble	13	11
Stephen Wilson	13	12
John Sheahan	13	7
Kay Elson	3	3

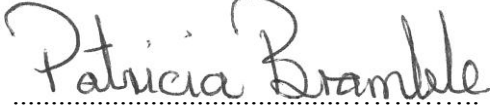
The company is incorporated under the Corporations Act 2001 and is a company limited by guarantee. If the company is wound up, the Constitution states that each member is required to contribute a maximum of \$100 each towards meeting any outstanding obligations of the company. At 30 June 2015, the total amount that members of the company are liable to contribute if the company is wound up is \$800 (2014 : \$800).

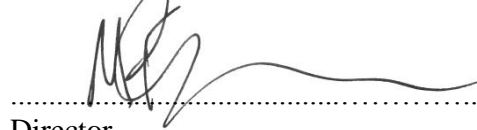
AUDITOR'S INDEPENDENCE DECLARATION

The lead auditors independence declaration for the year ended 30 June 2015 has been received and can be found on page 6 of the financial statements.

Signed this 22nd day of October 2015,

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

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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 2015
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


Robert Evett
Director

Date: 22 October 2015



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Accountants

Auditors

Advisors

THE HAYMARKET FOUNDATION LTD

A.B.N. 24 001 397 986

STATEMENT OF PROFIT OR LOSS FOR THE YEAR ENDED 30 JUNE 2015

	<u>Note</u>	<u>2015</u> \$	<u>2014</u> \$
Revenue	2	3,823,402	4,609,614
Employee benefits professional		(2,903,175)	(2,885,683)
Employee benefits administrative		(331,990)	(247,276)
Administration other expenses		(302,731)	(324,345)
Property and occupancy		(531,216)	(830,318)
Service Costs		(107,700)	(146,991)
Equipment		(29,176)	(45,531)
Other		-	-
Current year profit (loss) before Income Tax		<u>(382,586)</u>	<u>129,470</u>
Income Tax Expense Relating to Ordinary Activities	1 (e)	-	-
Net current year profit (loss) attributable to members of the entity		<u><u>(382,586)</u></u>	<u><u>129,470</u></u>

STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED 30 JUNE 2015

Net current year profit (loss)	(382,586)	129,470
Other comprehensive income for the year, net of tax	<u>-</u>	<u>-</u>
Total comprehensive income for the year	<u><u>(382,586)</u></u>	<u><u>129,470</u></u>
Total comprehensive income attributable to members of the entity	<u><u>(382,586)</u></u>	<u><u>129,470</u></u>

THE HAYMARKET FOUNDATION LTD

A.B.N. 24 001 397 986

STATEMENT OF FINANCIAL POSITION AS AT 30 JUNE 2015

	<u>Note</u>	<u>2015</u> \$	<u>2014</u> \$
ASSETS			
<u>CURRENT ASSETS</u>			
Cash and Cash Equivalants	4	295,275	389,594
Other Current Assets	5	<u>1,169,501</u>	<u>1,051,220</u>
<u>TOTAL CURRENT ASSETS</u>		<u>1,464,776</u>	<u>1,440,814</u>
<u>NON-CURRENT ASSETS</u>			
Property, Plant and Equipment	6	<u>2,617,527</u>	<u>2,535,445</u>
<u>TOTAL NON-CURRENT ASSETS</u>		<u>2,617,527</u>	<u>2,535,445</u>
<u>TOTAL ASSETS</u>		<u>4,082,303</u>	<u>3,976,259</u>
LIABILITIES			
<u>CURRENT LIABILITIES</u>			
Trade and Other Payables	7	183,935	159,416
Grants Received in Advance		-	53,775
Provisions	8	<u>601,907</u>	<u>174,136</u>
<u>TOTAL CURRENT LIABILITIES</u>		<u>785,842</u>	<u>387,327</u>
<u>NON-CURRENT LIABILITIES</u>			
Provisions	9	<u>94,462</u>	<u>104,347</u>
<u>TOTAL NON-CURRENT LIABILITIES</u>		<u>94,462</u>	<u>104,347</u>
<u>TOTAL LIABILITIES</u>		<u>880,304</u>	<u>491,674</u>
<u>NET ASSETS</u>		<u>3,201,999</u>	<u>3,484,585</u>
EQUITY			
Reserves	10	2,222,413	2,122,413
Retained Surplus	11	<u>979,586</u>	<u>1,362,172</u>
<u>TOTAL EQUITY</u>		<u>3,201,999</u>	<u>3,484,585</u>

THE HAYMARKET FOUNDATION LTD

A.B.N. 24 001 397 986

STATEMENT OF CHANGES IN EQUITY
FOR THE YEAR ENDED 30 JUNE 2015

	Asset Revaluation Reserve \$	Retained Earnings \$	Total \$
Balance at 1 July 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	2,122,413	1,362,172	3,484,585
Surplus (Deficit) attributable to members of the entity	-	(382,586)	(382,586)
Revaluation of Assets 03/11/14	100,000	-	100,000
Other comprehensive income for the year	-	-	-
Balance at 30 June 2015	<u>2,222,413</u>	<u>979,586</u>	<u>3,201,999</u>

THE HAYMARKET FOUNDATION LTD

A.B.N. 24 001 397 986

STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 30 JUNE 2015

	<u>Note</u>	<u>2015</u> \$	<u>2014</u> \$
CASH FLOWS FROM OPERATING ACTIVITIES			
Receipts from donations and other		637,674	473,358
Commonwealth Government Grants		3,137,341	3,777,180
Payments to suppliers and employees		(3,908,182)	(4,548,142)
Interest received		<u>49,262</u>	<u>47,206</u>
NET CASH PROVIDED BY (USED IN) OPERATING ACTIVITIES	12	<u>(83,905)</u>	<u>(250,398)</u>
CASH FLOWS FROM INVESTING ACTIVITIES			
Proceeds on Sale of Fixed Assets		-	25,965
Payment for Plant and Equipment		<u>(10,414)</u>	<u>(64,067)</u>
NET CASH PROVIDED BY (USED IN) INVESTING ACTIVITIES		<u>(10,414)</u>	<u>(38,102)</u>
NET INCREASE (DECREASE) IN CASH HELD		(94,319)	(288,500)
Cash at the beginning of the financial year		<u>389,594</u>	<u>678,094</u>
Cash at the end of the financial year	4	<u><u>295,275</u></u>	<u><u>389,594</u></u>

THE HAYMARKET FOUNDATION LTD

A.B.N. 24 001 397 986

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2015

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 2015 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 2015

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 cash-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 2015

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>2015</u>	<u>2014</u>
	\$	\$
<u>NOTE 2. REVENUE</u>		
Operating Activities		
Grants Received - Government	3,137,341	4,087,803
Grants Received - Non - Government	407,079	98,124
Donations Received	7,836	9,863
SACS - E.R.O	61,557	30,523
Other	161,202	334,848
	<u>3,775,015</u>	<u>4,561,161</u>
Interest received from:		
National Australia Bank	48,387	48,453
TOTAL REVENUE	<u><u>3,823,402</u></u>	<u><u>4,609,614</u></u>

NOTE 3. RESULTS FROM ORDINARY ACTIVITIES

Expenses

Amortisation	1,090	1,362
Depreciation - Plant and Equipment	27,241	29,927
Total depreciation and amortisation expenses	<u><u>28,331</u></u>	<u><u>31,289</u></u>

Auditors Remuneration:

auditing the accounts	37,500	34,000
- other services	720	2,380
Employee Benefits	3,235,165	3,132,929
Rental Expenses	322,725	362,530

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 2015

	<u>2015</u>	<u>2014</u>
	\$	\$
<u>NOTE 4. CASH AND CASH EQUIVALENTS</u>		
Cash on Hand	500	770
Cash at Bank	302,255	388,824
Bank Overdraft	(7,480)	-
	<u>295,275</u>	<u>389,594</u>
<u>NOTE 5. OTHER ASSETS</u>		
Interest Bearing Deposits	1,151,832	1,011,884
Interest Receivable	9,332	10,207
Grants / Brokerage Receivable	7,242	5,000
Security Deposit	-	23,230
Other Debtors	1,095	-
	<u>1,169,501</u>	<u>1,051,220</u>
<u>NOTE 6. PROPERTY, PLANT & EQUIPMENT</u>		
Land and Buildings - at independent valuation*	2,500,000	2,400,000
Less Accumulated Depreciation	-	-
	<u>2,500,000</u>	<u>2,400,000</u>
Leasehold Improvements - at cost	16,100	16,100
Less Accumulated Amortisation	11,742	10,652
	<u>4,358</u>	<u>5,448</u>
Motor Vehicles - at Cost	133,636	123,222
Less Accumulated Depreciation	53,640	37,258
	<u>79,996</u>	<u>85,964</u>
Plant and Equipment - at Cost	203,277	203,277
Less Accumulated Depreciation	170,104	159,244
	<u>33,173</u>	<u>44,033</u>
	<u>2,617,527</u>	<u>2,535,445</u>

*Independent valuation carried out by Diamonds/DPC Valuers Pty Ltd on 3 November 2014

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 2015

	<u>2015</u>	<u>2014</u>
	\$	\$
<u>NOTE.7 TRADE AND OTHER PAYABLES</u>		
Current		
Trade Creditors	32,989	44,350
Other Creditors	84,633	65,799
GST Payable	66,313	49,267
	<u>183,935</u>	<u>159,416</u>
<u>NOTE 8. PROVISIONS</u>		
Current		
Provision for Holiday Pay	124,540	113,271
Provision for Long Service Leave	117,348	60,865
Provision for Staff Redundancies	360,019	-
	<u>601,907</u>	<u>174,136</u>
<u>NOTE 9. PROVISIONS</u>		
Non-Current		
Provision for Long Service Leave	<u>94,462</u>	<u>104,347</u>
<u>NOTE 10. RESERVES</u>		
Asset Revaluation Reserve	<u>2,222,413</u>	<u>2,122,413</u>
<u>NOTE 11. RETAINED SURPLUS</u>		
Retained Surplus at the Beginning of the Financial Year	1,362,172	1,232,702
Surplus (Deficit) for the year	(382,586)	129,470
Retained Surplus at the End of the Financial Year	<u>979,586</u>	<u>1,362,172</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 2015

	<u>2015</u>	<u>2014</u>
	\$	\$

NOTE 12. CASH FLOW INFORMATION

Reconciliation of cash flow from operations with net current year surplus

Net current year surplus (deficit)	(382,586)	129,470
Non cash flows in operation surplus (deficit)		
Loss on disposal of Plant and Equipment	-	10,702
Amortisation	1,090	1,362
Depreciation	27,241	29,927
Changes in assets & liabilities:		
Increase (decrease) in trade and other payables	24,519	(24,178)
Increase (decrease) in grants received in advance	(53,775)	(310,623)
Increase (decrease) in provisions	417,887	51,470
Decrease (increase) in other assets	(118,281)	(138,528)
Cash Flows provided by (used in) operating activities	<u>(83,905)</u>	<u>(250,398)</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 2015, the number of members was 8

THE HAYMARKET FOUNDATION LTD

A.B.N. 24 001 397 986

DIRECTORS' DECLARATION

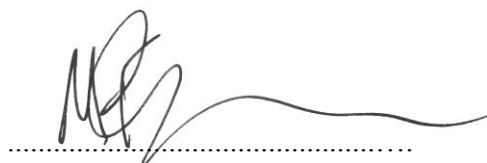
In accordance with a resolution of the directors of the company the directors declare that:

1. The financial statements and notes, as set out on pages 52 to 61, 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 2015 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 22nd day of October 2015.



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
Level 10, 10 Spring Street
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T +61 2 9220 0700
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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 2015, 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.

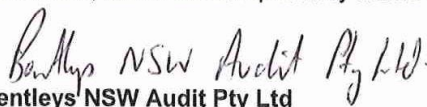
Opinion

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 2015 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


Robert Evett
Director

Date: 22 October 2015

THE HAYMARKET FOUNDATION LTD

A.B.N. 24 001 397 986

CONSOLIDATED INCOME STATEMENT
FOR THE YEAR ENDED 30 JUNE 2015

	<u>2015</u>	<u>2014</u>
	\$	\$
INCOME		
Revenues from Ordinary Activities		
Grants Received - Government	3,137,341	4,087,803
Grants Received - Non - Government	407,079	98,124
Donations Received	7,836	9,863
SACS - E.R.O	61,557	30,523
Interest Received	48,387	48,453
Other Income	161,202	334,848
	<u>3,823,402</u>	<u>4,609,614</u>
EXPENSES		
Employee benefits professional		
Salaries	2,191,057	2,415,156
Superannuation	194,120	215,322
Provision for Holiday Pay	11,270	7,158
Workers Compensation	22,223	144,583
Agency Staff	12,293	30,017
Clinical Supervision	1,909	1,758
Provision for Staff Redundancies	360,019	-
Provison for Long Service Leave	46,599	44,311
Staff Recruitment	17,226	2,350
Staff Training	46,459	25,028
	<u>2,903,175</u>	<u>2,885,683</u>

THE HAYMARKET FOUNDATION LTD

A.B.N. 24 001 397 986

CONSOLIDATED INCOME STATEMENT
FOR THE YEAR ENDED 30 JUNE 2015

	<u>2015</u>	<u>2014</u>
	\$	\$
EXPENSES (Cont)		
Employee benefits administrative		
- Salaries	306,401	225,703
- Superannuation	25,589	21,573
	<u>331,990</u>	<u>247,276</u>
 Administration other expenses		
Audit Fees	38,220	36,380
Bank Charges	1,437	1,644
Brokerage Costs	30,221	54,650
Consultants Fees	82,027	82,664
Computer Expenses	32,631	32,242
Equipment Leasing	3,599	2,567
Fringe Benefits Tax	6,989	8,573
Insurance	23,119	22,874
Legal Fees	-	93
Motor Vehicle Expenses	23,794	16,639
Postage and Telephone	24,447	27,489
Printing and Stationery	13,520	15,794
Smoking Cessation	-	713
Subscriptions	6,500	11,305
Sundry	4,871	9,577
Transgender Forum Expenses	10,797	-
Travelling Expenses	559	1,141
	<u>302,731</u>	<u>324,345</u>
 Property and Occupancy		
Cleaning and Laundry	46,191	48,659
Electricity and Rates	82,335	80,114
Quality and Risk	1,035	1,549
Rent	322,725	362,530
Repairs and Maintenance	42,320	78,397
Security	669	1,446
Set up Costs - Sobering Up Centre	-	9,778
Building Renovation - Sobering Up Centre	-	215,454
Waste Disposal	35,941	32,391
	<u>531,216</u>	<u>830,318</u>

THE HAYMARKET FOUNDATION LTD

A.B.N. 24 001 397 986

CONSOLIDATED INCOME STATEMENT
FOR THE YEAR ENDED 30 JUNE 2015

	<u>2015</u>	<u>2014</u>
	\$	\$
EXPENSES (Cont)		
Service Costs		
Drugs	15,058	11,896
Medical	20,298	26,360
Other	13,776	25,032
Catering	58,568	83,703
	<u>107,700</u>	<u>146,991</u>
Equipment		
Amortisation	1,090	1,362
Depreciation	27,241	29,927
Loss on Sale of Fixed Assets	-	10,702
Low Value Assets Purchased	845	3,540
	<u>29,176</u>	<u>45,531</u>
Other		
Refund of Prior Year's Surplus	-	-
Total Expenses	<u>4,205,988</u>	<u>4,480,144</u>
Net Surplus (Deficit) from Ordinary Activities	<u>(382,586)</u>	<u>129,470</u>