

The Haymarket Foundation



2016
Annual
Report



HAYMARKET FOUNDATION

2015-2016

HAYMARKET CLINIC

The Haymarket Clinic was established in 1974 by Dr. Charles Blower. It was a primary health care and welfare service for inner city homeless people and its main objective was the provision of free medical services to homeless and disadvantaged men and women. The majority of the client group had mental health and alcohol and other drug (AOD) disorders. The clinic's values encompassed health promotion, harm reduction and health education. It was staffed by doctors, registered nurses and welfare staff, who provided a holistic service to clients. In addition, the clinic provided services such as a secondary needle and syringe program, showers, toilets, mail collection, vitamins and referral to welfare and drug & alcohol services. The clinic ceased operation at the end of June 2016. Since then the Haymarket Foundation has continued to lobby relevant parties both at a political level as well as at a community level in an attempt to reinstate this vital branch of the organisation.

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 NSW Family and Community Services (FACS) 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).

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. SHEIS is funded under a Specialist Homelessness Service grant of NSW FACS.

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 of NSW FACS.

ALCOHOL AND OTHER DRUGS COUNSELLING SERVICE

Alcohol and Other Drugs (AOD) Counselling Service is a project funded by the Commonwealth Department of Health & Ageing (DOHA) 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 conducts two weekly relapse prevention groups (one in-house and another at Foster House) and provides clinical supervision to case managers in all Haymarket Foundation services.

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 an 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 SESLHD.

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 DOHA.

HAYMARKET PRACTICE

Over the course of the year the Haymarket Foundation piloted a General Practice located at Common Ground in Camperdown. The aim of the practice was to further the objectives of the organisation by providing a medical service for people in a setting of high disadvantage, where barriers to health care exist. The pilot was discontinued at the end of June 2016.

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 of 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 is the CEO of the Haymarket Foundation and 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 and fathers. 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 21 years of experience in Community Services, mainly with Mission Australia in various management roles. She is currently The Salvation Army Operations Manager (NSW/ACT) Accommodation & Housing, with services including housing and homeless support services (crisis, transitional and permanent housing); youth services including Reconnect, Juvenile Justice, Shopfront Legal, Young Parents, Social Enterprise Driving4Life, PPG employment, Street Outreach case management, HYPA/GITS, Wrap-Around services providing over 35 programs including educational, counselling, arts, primary and secondary health. 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 (NDARC) and Manager of Australia's Drug Trend Program, which monitors patterns of illicit drug use on an annual basis.

She holds a Master of Public Health, a PhD and a Graduate Certificate in Health Policy. Her research interests include drug monitoring and surveillance systems; drug and alcohol treatment and the epidemiology of alcohol and other drug use, with a focus on particularly vulnerable populations. Much of her research over recent years has focused on two of the highest risk groups - pregnant women who are substance dependent and individuals who are homeless. She is currently engaged in a number of projects examining service provision for these groups such as the identification of best standards of care for Australians who are homeless and also have alcohol and drug use problems; methods to improve the health and wellbeing of women who are drug dependent and identification and care of children affected by substance use.

BOARD OF DIRECTORS

The Haymarket Foundation



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

Stephen is Clinical Associate Professor University of Sydney and Adjunct Associate Professor University of Notre Dame. Stephen has research interests in community health, disability and rehabilitation. He is also a Visiting Medical Officer 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 have included the responsibility of regional and rural services within NSW. The development of staff and restructure of services to work within good practice frameworks has been a significant component. Trish has been on the Board of Homelessness NSW and has been the NSW representative to the National Board, Homelessness Australia for six years holding executive positions.



Director: John Sheahan 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.



Director: Mr Jeff Smith, BA, LLB (Mac), LL.M (Syd).

Jeff is the Principal of JOS Consulting, a practice specialising in governance, sustainability, climate change, biodiversity conservation and environmental and planning law. Prior to this, he was the Director of EDO NSW for 14 years. EDO NSW is a multi-disciplinary legal office which does policy and law reform, community legal education, legal advice and litigation and scientific advice and assessment.

Jeff is a solicitor with a Masters of Law from Sydney University (majoring in Environmental Law and Policy). He is also on the Advisory Committee for the Australian Centre for Climate and Environmental Law (having been Chair for 8 years) and the Advisory Board of the Strategic Council for the Climate Institute. He was also a long-time Board member of the Total Environment Centre, the Environmental Planning and Law Association and CLC NSW.

National Australia Bank

BANKERS

Bentleys

AUDITORS

DIRECTORS' MEETINGS

During the financial year, twelve (12) meetings of directors were held. Attendances by each director were as follows:

DIRECTORS' MEETINGS		
Director's Name	Number Eligible to Attend	Number Attended
Kevin Rozzoli	12	12
Richard Boyer	12	11
Lesley Butt	12	6
Mathew Flynn	12	12
Lucy Burns	12	1
Patricia Bramble	12	10
Stephen Wilson	12	11
John Sheahan	12	7
Jeff Smith	3	3

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

The reporting year has again seen the Haymarket battling against the impact of government funding cuts and a reluctance on the part of both the Australian and New South Wales Governments to accept the great benefit of the Haymarket Clinic both in terms of its value in human care services and its financial advantage to government by keeping our clients away from hospital services and a range of other high cost government agency services.

Not only has the Haymarket lost funding but other services in the sector have also lost funding despite clear evidence that the number of homeless people in the City of Sydney is at the highest level since 2012 and the population is more complex than ever. This was evident in a recent assessment of 516 respondents from the inner city homeless population facilitated by the City of Sydney, Mercy Foundation, NEAMI and The Haymarket Foundation that collected information on factors such as risk of mortality, service needs, location and identity. The survey also identified 308 of the 516 as rough sleepers, an increase from 262 in 2010. There is no doubt the figure is higher.

Although we received some relief with additional funding to carry us through to the end of the year the Governments' belief that we could fund the clinic through bulk billing was not substantiated in practice. It has become abundantly clear that our service and others like it in the sector can only continue with some form of government assistance. The cost benefit of these services lies not in a financial formula that makes them self-sustaining but in the considerable savings in hospital costs, improved efficacy in housing programs, savings in police and ambulance involvement, court costs and so on.

An example of the holistic value of the Haymarket's work is shown by the establishment of a regular Homeless Persons Legal Service Clinic at our crisis accommodation centre, run in collaboration with the Public Interest Advocacy Centre. This has been very successful, allowing clients the opportunity to manage their legal matters in a way that resolves problems that would otherwise be exacerbated by not being properly addressed and thus leading to additional costs within the system.

The Foundation's other activities have continued to operate at the usual high standard of service delivery and these are addressed elsewhere in this report. Our crisis management unit, within The Haymarket Centre, which has continued to function with a subsidy from our reserves, is now under threat because we can no longer afford to continue this internal subsidy. It is hoped that when this service is reviewed this year it will again become fully funded.

Given the heavy demands imposed by our complex client base there is no scope for reducing costs below their present level. While recognising 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 organisations deliver considerable savings for government. Without their intervention costs in areas such as health, police and emergency services, courts and corrective services would increase considerably. In the case of the Haymarket it is calculated there is at the very least a saving of \$2 for every \$1 of funding.

Traditionally most services within the sector have operated on an individual basis. It is at last being recognised that only by greater co-operation and partnership can we optimise services and therefore achieve the best financial outcomes. An example of this may be seen in the partnerships in which the Haymarket is involved under the *Going Home Staying Home* reforms. These have been successful with good outcomes for many clients who would otherwise have found themselves back on the streets.

In this year of almost continuous challenge our new CEO, Mat Flynn, has been tireless in meeting these challenges and has been outstanding in his performance. Mat has rapidly earned the respect of those in the sector and it has been a pleasure and an inspiration to work with him.

Last year I identified the decline in crisis beds as one of increasing concern. As mentioned earlier the need for services grows while resources are being scaled back. The human cost of this is great and unacceptable in what should be a modern, caring society. 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 Foundation's future has made it difficult to give the problem the detailed consideration it deserves.

My thanks go to all our dedicated team, to those who battled on in the clinic until its closure, in The Haymarket Centre, Bourke Street Houses Project and the other smaller services and partnerships with which we are engaged. Much of our success we owe to the dedicated and continued commitment of each and every one of our employees and the excellent overall supervision of the Board.

The work of the team leaders of each of our programs has been exceptional. I constantly appreciate the professionalism, patience, understanding and compassion they bring to our organisation. They are a great asset. I would like to especially thank Valda Allen, our quality and safety co-ordinator, who once again has steered us through a highly successful accreditation process with the Australian Council on Health Care Standards.

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, their 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 organisation. Despite the problems we face we are hopeful that we will be able to continue to meet the needs of one of the most vulnerable groups in society.



The Hon. Kevin
Rozzoli AM

Chair

13 September
2016

TREASURER'S REPORT

The financial position of the organisation at the end of 2016 places the organisation in a good position to face the imminent challenges associated with a projected short fall in grant income in the short term.

Cash balance at the beginning of the financial year was \$295,275 and at the end of the financial year was \$30,327.

The \$264,948 reduction of the cash on hand is a result of the payment of redundancies and an increase in the funds held in interest bearing deposits.

The Haymarket Foundation Ltd. has reported a surplus of \$150,334 for the financial year ended 30 June 2016 compared to the deficit of \$382,586 in the previous financial year.

This result is due to an increase in grant income that was tied to the closure of the Haymarket Clinic and an inflated deficit in the previous financial year associated with establishing a provision for staff entitlements and redundancy provision for clinic staff.

Total revenue increased nominally from \$3,823,402 in the 2015 financial year to \$3,835,603 in the 2016 financial year.

There was a decrease in the total wages for all employees due to a reduction of staffing levels and the closure of the clinic. This resulted in total wage costs decreasing from \$3,235,165 in 2015 to \$2,641,830 in 2016.

The Foundation's expenses for the year ended 30 June 2016 was \$3,685,269, a decrease in expenses of \$520,719 from 30 June 2015 when it was \$4,205,988. This is a good result considering the current and future challenges facing the homeless sector with respect to funding.

I would like to take this opportunity to thank Christine Kumaradas for her hard work during my term as treasurer in managing the administration and financial matters. It has been a pleasure to serve as treasurer for the Haymarket Foundation, and as I step down from this role I would like to thank my colleagues on the board for their support. I will be continuing my role as a director of the organisation and look forward to supporting the next Treasurer when they are elected to the position.



Christine
Kumaradas
Finance
Coordinator

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



Lesley Butt
Treasurer

Chief Executive Officer's Report

The Haymarket Foundation has a vision to build pathways from homelessness, and over the last 40 years the organisation has provided a means for countless people to follow their own paths full of dignity, choice and respect. Homelessness in many ways is a symptom of trauma, pain and a disconnection from community. Every day the Haymarket Foundation team works collaboratively with our residents, clients, and patients to empower them to make choices that are free from fear of past trauma or an unknown future. For many not-for-profits including ourselves the last year has been full of funding challenges forcing significant changes impacting on staff, clients and the community. It is during times like this that we draw deeply upon our reserves of resilience and perseverance to focus on what is important: on our vision, on each other and those with whom we work.

Homelessness in the City of Sydney is increasing with the Sydney Street Count showing an upward trend in overall homelessness since 2012. In December 2015, the Mercy Foundation, The City of Sydney, NEAMI and The Haymarket Foundation coordinated the Inner City Registry Week, a process by which information is collected on the risk of mortality, service needs, location and identity of people experiencing homelessness in the inner city of Sydney. This process allowed us to have a nuanced picture of homelessness in the city, with 516 survey participants including 308 rough sleepers (an increase from 262 rough sleepers in 2010). Fifteen percent (15%), of respondents identified the Haymarket Foundation Clinic as their primary source of medical care with the preliminary results showing:

- Twenty nine percent (29%) of those surveyed reported having a brain injury.
- Seventy two percent (72%) reported substance abuse.
- Fifty three percent (53%) had a mental health issue (64% of whom have both substance abuse and mental health issues).
- Forty four percent (44%) had experienced trauma.
- Fifty percent (50%) are accessing specialist homelessness services (KRC, Haymarket, Langton Centre etc.).
- Thirty five percent (35%) require housing with ongoing support.
- Of the 516 respondents, only 8 were surveyed in 2010.

The Haymarket Foundation's accommodation and outreach services based at Chippendale have experienced an increase in the number and complexity of clients. The Haymarket Centre has been on an ongoing journey to increase trauma informed practice and I pay tribute to Darryn, Grace and all of the team who maintain a positive team environment as they work with some of the most challenging clients in the city. The Haymarket Centre deservedly has a reputation for providing a quality service to clients with challenging behaviours – it is this focus on working with the most vulnerable and the most needy, that sets our team apart and provides an increasingly valuable service for the city.

The Haymarket Foundation's Drug and Alcohol Services continue to demonstrate a great capacity to provide quality interventions. The Bourke Street Project (BSP) continues to provide a therapeutic environment that allows men the opportunity to turn away from addiction. I am personally proud of the way that Darryn, Colleen and Simon have contributed to the evolution of the BSP by increasing the quality of data collection, outcomes measurements and case management. 2015/16 has been a year of consolidation and preparation leading to an exciting time for the BSP in the near future. The Haymarket Foundation Psychological Services has

been adversely impacted by the funding uncertainty of the Clinic; however, our Clinical Psychologist Carlos has remained a strong presence in the organisation supporting staff during difficult times. Over the course of the year we have commenced delivering a relapse prevention group at the Salvation Army, broadening the scope of our client reach.

Over the course of the year the Haymarket Foundation established a General Practice Clinic at Common Ground. This project demonstrated the challenges of providing MBS-funded services to homeless people and subsequently closed. I would like to thank Mission Australia and Dr Natalie Old for being involved in the project. Dr Old is a rare GP who has the ability to work effectively with marginalised people. Although this endeavour was unsustainable it was important for the organisation to take on new opportunities in the pursuit of our collective vision. Over the next five years the Haymarket Foundation will continue working towards this vision by diversifying its income streams and identifying new opportunities to meet the growing need in the community.

Sadly 2016 saw the closure of the Haymarket clinic. The clinic was funded by the Commonwealth Department of Health through the Commonwealth Health Programme Grant (HPG) up until the 30th of April 2016 when it was cancelled as a result of a cost savings measure. The SESLHD provided two months' funding to take the service up to the end of the 2015/16 financial year. We would like to thank Gerry Marr, CEO of SESLHD for the two months' funding and support during this time. Up until it closed the Haymarket Foundation clinic was accredited with the Australian Council on Healthcare Standards and meeting its funding KPIs.

It is difficult to put into words our esteem and gratitude towards the staff of the clinic. For over 20 years Dr Michael Clark and Dr Jerome Stern have provided outstanding care for the patients of the clinic, upholding quality standards and compassion for those with whom they worked. Over the years the Foundation has been fortunate to have many outstanding registered nurses and during the clinic's final year Sisters Jo Fitzpatrick and Helen Hirst brought their own skills and experience to the Clinic for which we are grateful. Bhushan Koirala and Michael Daley, our permanent welfare staff, always ensured the smooth operations of the clinic and are great losses to the organisation along with Rodney Raice and all of the casual welfare staff who worked during the transitional period. Ultimately the closure of the Haymarket clinic is a poor decision from Government, resulting in the loss of a vital service for the most disadvantaged in our community.

During the year there were many advocacy activities and it is important to thank all of those people who supported the Haymarket Foundation, including Senators Jan McLucas and Katy Gallagher, Alex Greenwich (local state member), Clover Moore (Lord Mayor City of Sydney) and particularly the Hon Tanya Plibersek (Deputy Leader of the Federal Opposition and local member) who was a strong advocate for our cause.

The greatest strength of the Haymarket Foundation is its people. I would like to acknowledge the dedication of the Haymarket Foundation Board, particularly our Chair the Hon Kevin Rozzoli AM who for many years has been invaluable to the organisation and myself. I would like to thank Valda Allen for guiding the organisation through another ACHS periodic review, Carlos Duarte for compiling the Annual Report, Christine Kumaradas for her tireless work and dedication and Darryn O'Brien for his wisdom and sound counsel.

After 40 years of *building* pathways away from homelessness I am proud to be part of an organisation with a collective wisdom and passion that will no doubt keep it in the *building* business for many years to come.

A handwritten signature in black ink, appearing to read 'M Flynn', followed by a long horizontal flourish.

QUALITY COORDINATOR

Introduction

The Haymarket Foundation has continued to exercise high standards of quality improvement despite the extraordinary challenges that have confronted it for the last two years, which are detailed in the Chairman's and Chief Executive Officer's reports.

Accreditation

Australian Council on Health Care Standards (ACHS) – Periodic Review

The organisation successfully completed its scheduled Periodic Review on 21 June 2016. All services within the organisation were surveyed, including the Haymarket clinic. The following excerpts are taken from the surveyors' report.

“At survey the organisation demonstrated good practices to support clinical, support and corporate functions. Consistent key principles and practices included sound and appropriate clinical care, policy development and review, staff and stakeholder engagement, the trending of incidents and resulting improvements and a very clear emphasis on staff training and education.

Clinical Function The Haymarket model of care within its various programs is based on Trauma Informed Care a Best Practice Model. All care is focussed on the improvement of safety, healing, well-being and social inclusion of all clients with staff skilled at meeting the care and needs of those clients that have suffered trauma.

The Haymarket programs ensure that the assessment of all clients' treatment, ongoing care and support is provided in consultation with the client or resident. All staff are trained in trauma informed care. The Haymarket assessment processes aim to improve client outcomes utilising evidence based client outcomes data.

Support and Corporate Functions Risk Management is well managed by the organisation. At survey, clear advice was provided on those risks significant for the organisation with documentation available to inform. Processes are established that support effective and appropriate management of incidents.

There is a clear commitment to the quality improvement system by the governing body, executive and staff, evidenced by policy, improvement activities, evaluation and communication. Further examples of this commitment include the availability of quality activity reports, a range of service audits and client feedback.

The organisation has undertaken significant work to develop performance indicators appropriate for their service and on survey staff were able to discuss projects undertaken and outcomes achieved.”

The National Quality Framework for Homelessness Services (NQF)

The Department of Family and Community Services (FACS) introduced these new standards in April 2015 and they became mandatory for funding purposes this year. At this stage accreditation will be an in-house self-assessment process based on the Specialist Homelessness Services Standards (SHS). We are required to review our practice against the SHS Quality Framework by October this year and to be compliant with the NQF Standards by

June 2017. Fortunately for us, it is possible to be accredited with both the 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 our organisation will undertake a gap analysis of the NQF Standards and the SHS Best Practice documents and an action plan will be developed to address any deficits, to ensure we meet the requirements of our funding body.

Other Activities of Note

Review of Strategic and Operational Plans

The major changes to the organisation in the past two years necessitated extensive revision of both these documents in collaboration with the Chief Executive Officer. Finalised plans are current until 2017 when further review will be necessary.

Support to the Clinical Team of the Haymarket Clinic

The loss of the role of the Nurse Unit Manager in 2015 and the appointment of two new registered nurses necessitated considerable support of the clinical team by the Quality Coordinator in maintaining their current quality activities and in the development of new initiatives.

The Quality Coordinator:

- Assumed responsibility as secretary of the Clinical Review Committee, including monitoring and communication of safety alerts and ensuring the reporting of scheduled quality activities.
- Steered the evaluation of major projects such as health screening, smoking cessation and the diabetes, hypertension and hepatitis C cycles of care.
- Promoted the establishment of the fibroscan clinic.
- Collaborated with the CEO and clinical team in the development and implementation of the first objectively measureable clinical key performance indicators.
- Provided oversight for the management of a cold chain breach incident.
- Facilitated the preparation of the clinic for ACHS accreditation including all documentation of key improvements and compiling evidence folder.

It is a tribute to the staff of the clinic and to the sound foundations laid over some 44 years, that despite impending closure within days of the ACHS survey the clinic was accorded full accreditation status.

M. L. Allen



Haymarket Foundation Clinic

On the 30th of June 2016 the Haymarket Foundation Clinic closed its doors after 44 years of service to the homeless and disadvantaged of Sydney. Although our federal funding ended in April, SESLHD provided us with two months' funding to allow us to operate until the end of June. Up until the last patient the doctors, registered nurses (RNs) and welfare staff of the clinic provided outstanding care to all who passed through its doors.

We would like to pay tribute to all of the staff that have worked in clinic over the last 44 years, particularly:

- Dr Michael Clark and Dr Jerome Stern who combined have 40 years service providing medical care to the most vulnerable in our community,
- Sisters Jo Fitzpatrick, Helen Hirst and
- Permanent welfare officers Bhushan Koirala and Michael Daley.

Those who staffed the Haymarket Clinic in 2016 continued the great tradition of those who came before them - providing high quality care to all who attended the clinic. Testament to this is the fact that the clinic was assessed by the Australian Council on Healthcare Standards weeks before it was due to close, and was able to maintain full accreditation.

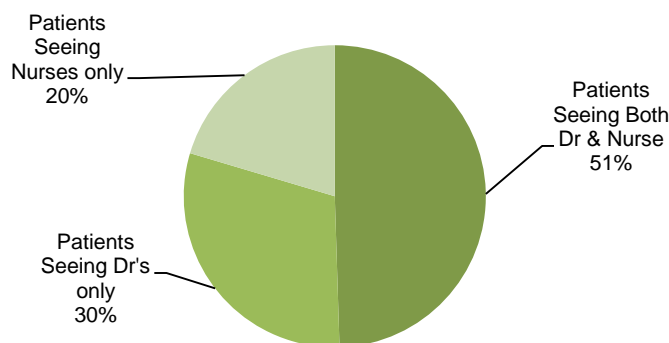
The Work of the Clinic

The Haymarket Foundation Clinic's prime objective was the provision of medical, nursing and welfare services to the homeless and disadvantaged people of Sydney. Most of the medical conditions treated were 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

Since 2004 the clinic has distributed over clean 510,000 needles and syringes.

offered a needle and syringe program, showers, toilets, vitamins, mail collection and brief interventions by welfare staff such as assisting clients to access crisis accommodation, detoxification units and rehabilitation.

**Graph 1: Clinician/Patient Breakdown
2011-2016, n = 1,900**

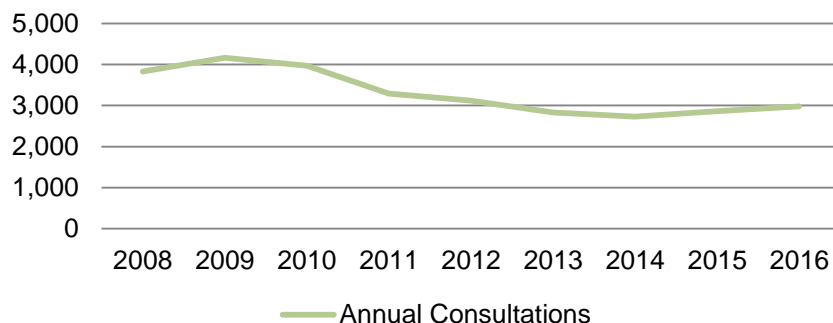


The number of consultations provided by doctors and RNs has reflected the demand from prospective patients as well as the availability of medical staff (supply). In Graph 1, a Clinician/Client Breakdown demonstrates the collaboration between doctors and RNs. Note that fifty one percent (51%) of the

patients who attended the clinic have received a service from both a doctor and an RN (showing the 1900 attendees from 2011 to 2016).

From 2008 there have been changes to the hours of operation, with RN coverage going down from 365 days per year down to 5 days a week in 2015, with shortened hours limiting service delivery to 7am to 3pm. The change in the available 'supply' distorts the number of consultations delivered by nursing staff. Despite the reduction in hours and the recruitment of a new nursing team in 2015/16 the number of consultations delivered were

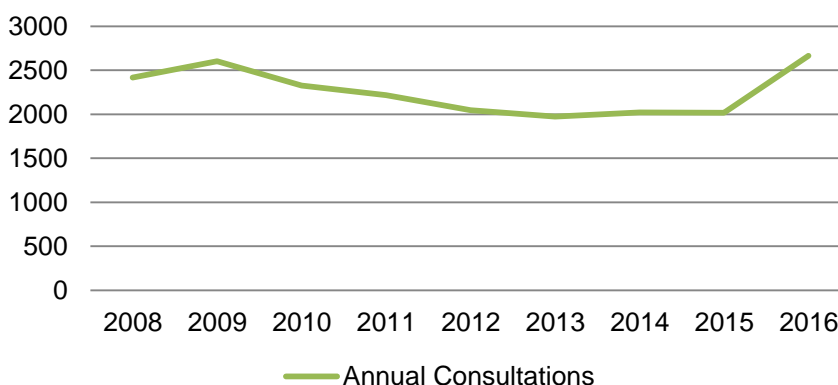
Graph 2: Nurses Consultations 2008 - 2016



still on an upward trend (Graph 2), demonstrating the demand for this type of service in the area.

Since 2008 the hours of operations for the doctors have remained relatively consistent (Graph 3). After four years of stable consultation figures, 2016 showed a significant spike in the number of patients receiving treatment from doctors.

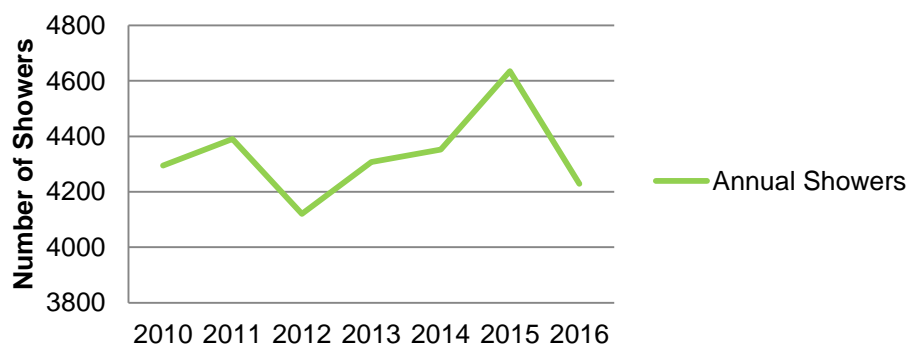
Graph 3: Annual Doctors Consultations 2008 - 2016



Welfare activities were dramatically impacted by the announced closure of the clinic.

This was demonstrated through a sharp decrease in the number of showers (Graph 4) provided, as there were periods when the clinic was short-staffed and showers were unavailable (subsequently reducing numbers).

Graph 4: Showers



Some of the highlights of the clinic were the ongoing interventions with people with complex medical diseases co-

occurring with mental health and alcohol and other drug use.

1. Health Screening Project

The objectives of this program were to identify patients at risk of diabetes and hypertension and to improve the identification and management of patients with these diseases. Between May 2014 and April 2016 a total of 229 clients were screened and a total of 16 clients agreed to participate in the relevant cycle of care.

2. Diabetes Cycle of Care

The purpose of the diabetes cycle of care was to monitor and manage the health of patients who have diabetes mellitus. Since the introduction of this program in 2013 a total of 25 clients commenced the cycle of care.

3. Hypertension Cycle of Care

This program aimed to monitor and manage complex patients who had hypertension and were therefore at risk of stroke, heart attack or kidney failure. Following implementation in 2014, some 13 patients were identified as hypertensive and agreed to participate in the cycle of care. Sixty two percent (62%) of those participating in the program received follow up care and seventy five percent (75%) of these recorded an improvement in blood pressure values.

4. Hepatitis C Cycle of Care

The hepatitis C cycle of care was developed and implemented in 2013 before there was effective mass therapy available to patients. The treatment at that time was arduous, leaving participants with influenza-like symptoms over the 12 month treatment period. Because the Haymarket clinic already had an established cycle of care, when the newer, virtually symptom-free anti-viral treatments arrived, it made it easier for patients to move into effective treatment regimes and to facilitate their referrals and appointments to specialist units, because of previously established procedures and pathways. **Table 1** below provides a summary of patients in the hepatitis cycle of care who agreed to referral for specialist treatment.

Year	No. Patients in Cycle of Care	No. Patients Referred	%
2013	2	2	100
2014	21	11	52.3
2015*	9	8	88.8
2016 to June	33	26	78.7

*2015 – Pending closure of Clinic impacted on these figures

5. Fibroscan Clinic

Fibroscan is a non-invasive ultrasound technique which measures liver stiffness. Stiffness is related to the amount of fibrosis or scarring of the liver that may result from infection (hepatitis), alcoholic liver disease, etc. The Haymarket Foundation was approached by the Kirkton Road Centre (KRC) to establish an on-site clinic in collaboration with them. KRC has used the fibroscan in primary care and outreach settings where formal diagnosis may not be available, in order to encourage hard-to-reach clients to access care. The first clinic was conducted on 21 March 2016 at the Haymarket clinic, and continued until May 2016. Following the establishment of the fibroscan clinic:

- A total of 33 patients entered the hepatitis C cycle of care.
- Twenty six (26) of these patients were referred to specialist centres for treatment.

6. Smoking Cessation Program

This program identified clients who were smokers and were ready to give smoking up. In addition this program provided them with ongoing support and encouragement to maintain a non-smoking lifestyle. A total of 103 clients were enrolled in the program between its implementation in 2011 and 2016. Thirty (30) of these clients did not return for follow up, so their

smoking status could not be determined. This left a remainder of 73 clients who participated in the program. Of these, 27 were successful in quitting smoking. Based on these statistics the Haymarket clinic's smoking cessation program had a success rate of thirty seven percent (37%) which is seventeen percent (17%) higher than the national rate [which is twenty percent (20%)*].

*Australian Institute of Health and Welfare 2014, National Drug Strategy Household Survey detailed report. Australian Government. Retrieved from:

<http://www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=60129549848>

The Haymarket Centre

The Haymarket Centre has met the challenges associated with the introduction of the Specialist Homelessness Sector (SHS) reform process, and anticipates continued funding until 2020. The Centre has continued to increase its capacity in trauma informed practice (TIP), undertaking extensive improvements in our intake assessment and care planning processes. TIP also encompasses sensitivity around the common environment and making the residential accommodation as comfortable and safe as possible. This translates to a regular review of service provision through our TIP committee and quality improvement practices and accreditation processes.



Darryn O'Brien
Manager Haymarket Services

Student Placements

Over the last 12 months the Haymarket Centre has been taking student placements from The University of Technology Sydney, supervising four (4) nursing students (Fundamentals of Mental Health Nursing) who collectively completed 304 hours practice. The nursing students are placed for two week blocks and observe and participate in all programs run from the Centre. We also had three (3) Ultimo TAFE diploma students who completed 480 hours practice over the financial year. 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.

Collaborative Support Initiative (CSI)

The CSI (whose membership consists of representatives from specialist homelessness services, health and outreach services), meet on a monthly basis to discuss clients with complex needs. After the collation of the Vulnerability Index clients data, it was identified that this meeting was an ideal place to which to refer the most complex clients. The CSI is chaired by the Haymarket Foundation, with secretariat support from NSW Family and Community Services (FACS). The committee harnesses the collective knowledge and brokerage recourses of the membership to provide the perfect medium for finding appropriate housing pathways for the long-term homeless.

Sydney Women's Homeless Alliance (SWHA)

Our involvement with the SWHA has highlighted that women of all ages and backgrounds are underserved. The alliance seeks to improve navigation through service systems, co-ordinate services to offer a streamlined approach and provide advocacy for women. Chaired by the Haymarket Centre team leader, SWHA presented at four conferences across NSW focusing on trauma informed care and access and equity. They were also successful in gaining a \$25,000 grant from the Mercy Foundation for research into an "over 55" women's housing model.

The Walter And Eliza Hall Trust

The Trust is a generous organisation that fills the gap when brokerage funds aren't available through other sources. During this reporting period the Trust provided funds to 15 clients to assist in purchasing goods, to enable them to move into a property as well as clothing and other items that improve the physical and emotional wellbeing of an individual. We thank the Trust for providing their generous service.

Oz Harvest and Foodbank

We rely on the generosity of Oz Harvest and Food Bank to assist us in keeping food costs down in the Centre. Oz Harvest brings us donations of food on a daily basis, and we are grateful for the contribution they make, because 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 the main ingredients in many of the dishes we prepare on-site.

Maddocks Legal Services

Maddocks Legal services have been very generous with their time, money and resources. They funded and staffed the 2015 Centre Christmas party with festive food, presents, and door prizes. They have also provided several grants one which we used purchase linen for the



Maddocks Legal Services Staff

hostel, and another 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.

Homeless Persons Legal Services

We started a pilot program in early 2015 in partnership with the Public Interest Advocacy Centre (PIAC) and Minter Ellison to provide a fortnightly Homeless Persons Legal Clinic at the Haymarket Centre. At the end of the pilot period it was clear there was a need for such services and all parties signed a memorandum of understanding (MOU) in October 2015. Since the inception of this clinic we have built up a healthy referral base and to date we have held 22 clinics for 36 individuals who have required assistance for matters relating to debts with the following organisations: state debt recovery office for unpaid fines, housing NSW, credit cards and loan debts. This clinic provides referrals to other legal support services when a client's needs fall outside the scope of this clinic.



**Minter-Ellison legal, PIAC
and Haymarket Staff**

Redfern Community Health Centre

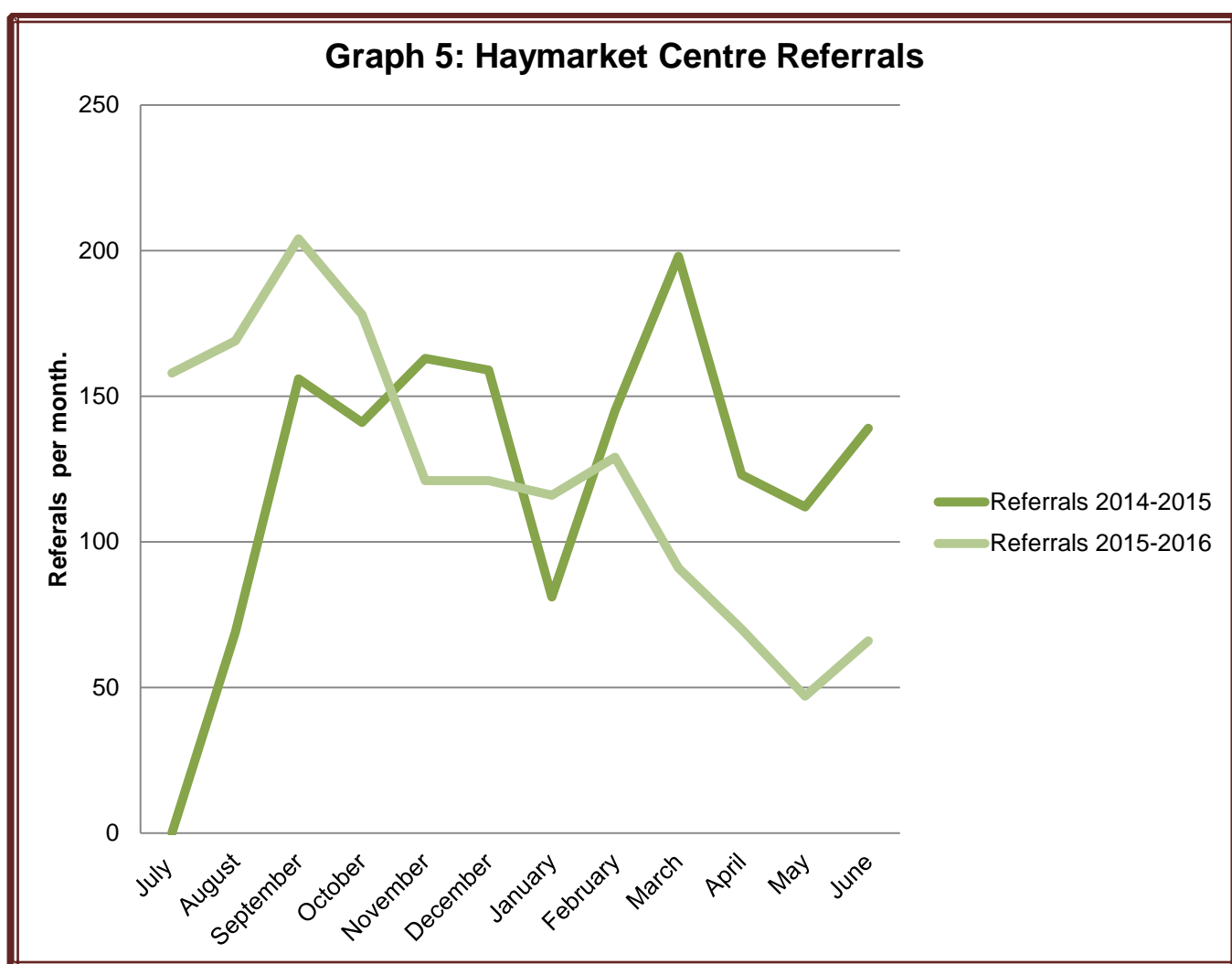
Redfern Community Health Centre plays vital role in assisting people who present with symptoms of mental illness. They run a clinic at the Haymarket Centre that provided 95 individual client interventions in 2015-2016. This is extremely convenient for our clients as it provides ease of access to psychological and psychiatric help. In addition,

referrals are made directly to the Redfern Community Health Centre when a client needs mental health assistance outside of this clinic's operating times. The need for this service is indicated in the ever-increasing volume of referrals relating to mental health reflected in the statistics Graph 7 (Reasons For Seeking Assistance) below. We would like to take this opportunity to thank Redfern Community Health Centre for their ongoing support.

Brokerage For Neuropsychological Assessments

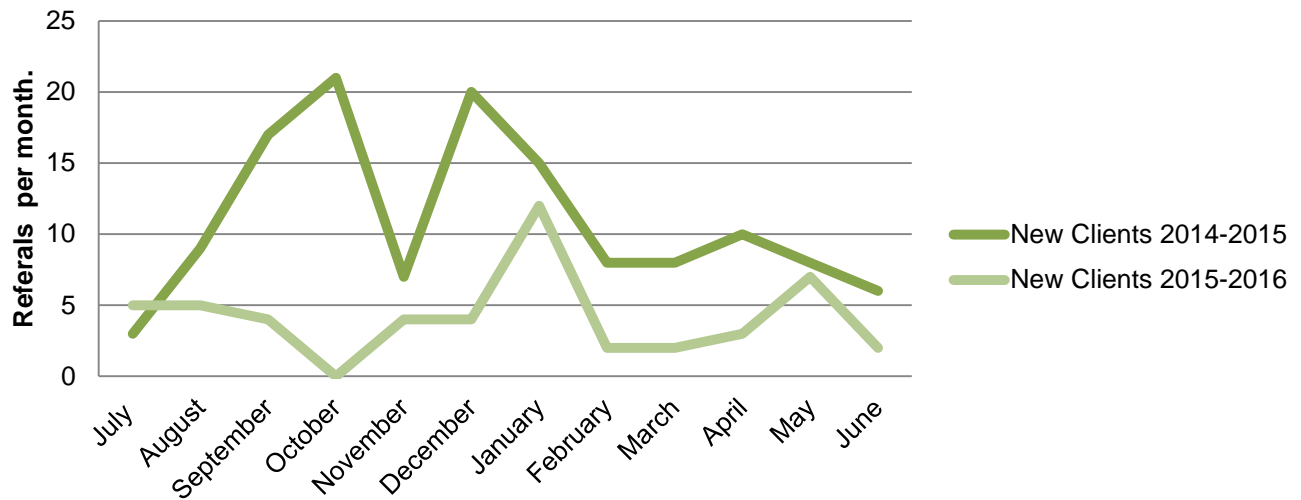
We continue to work in partnership with Advanced Neuropsychological Treatment Services (ANTS), who provide the neuropsychological assessments, and they are very generous with their time and resources. Maddocks Legal Services have provided the funds to maintain this program and in addition ANTS provide 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



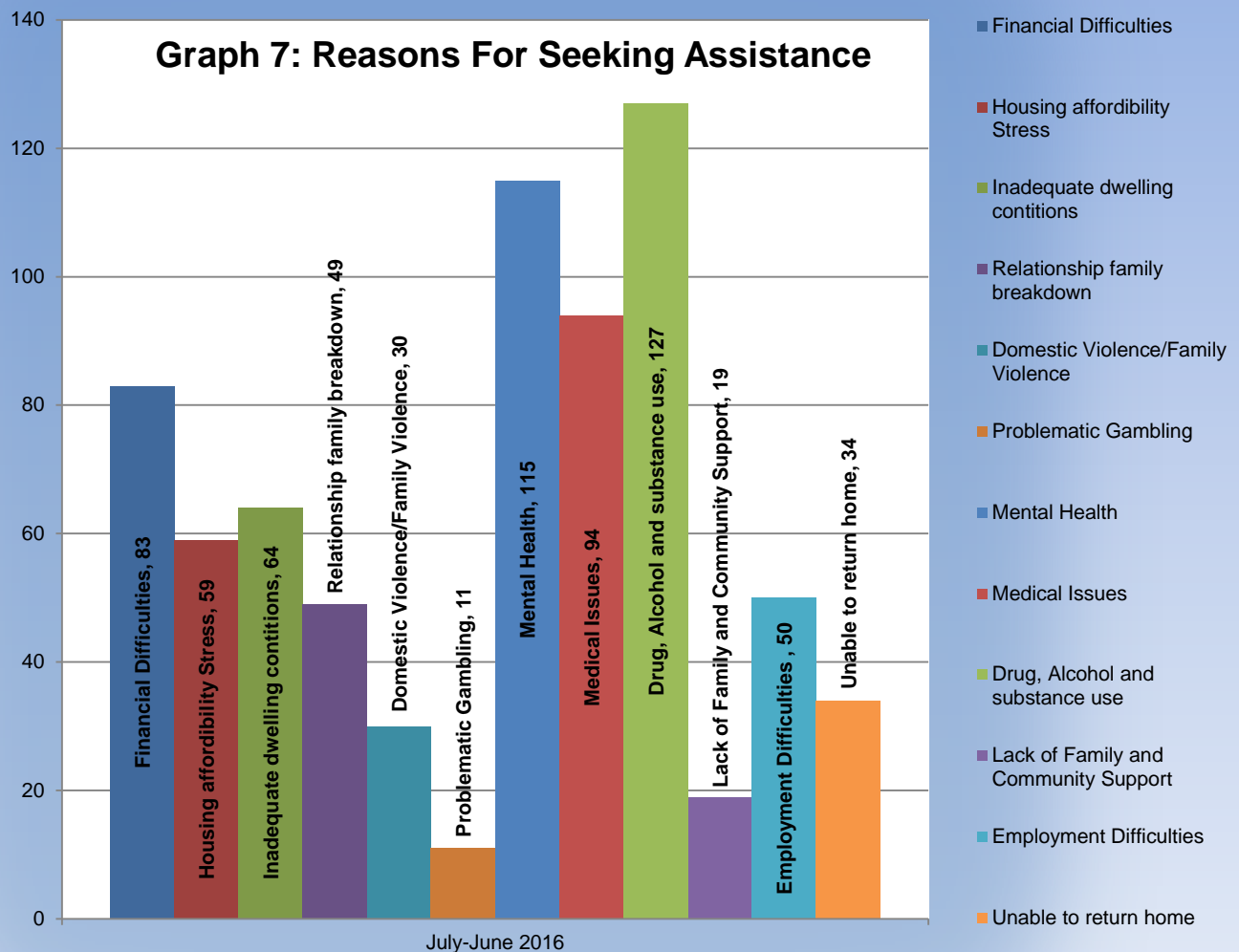
Graph 5 shows the number of clients who were unable to access accommodation due to lack of bed vacancies. We had a greater number of unavailable beds from July to October, which is most likely due to service closures and the transition period to new programs.

Graph 6: Haymarket Centre New Clients



Graph 6 shows the number of new clients was down in the 2016 financial year, which is likely to be due to the service running at a higher capacity with fewer vacancies. Clients unable to access our service are offered assistance to find alternative accommodation under the Going Home Staying Home reform's No Wrong Door Policy.

Graph 7: Reasons For Seeking Assistance



Graph 7 shows the reasons clients seek assistance from us. This graph indicates that the main reason for referral is drug, alcohol and substance use, followed closely by mental health, medical and financial issues. Within the “clients seeking assistance due to substance abuse” category, methamphetamine (ICE) use is the current drug of choice amongst our consumers followed by alcohol and prescription medication. Of the 127 individuals recorded in drug, alcohol and substance abuse, only 23 clients identified with alcohol dependence.

Other statistics indicate that we assisted 202 individuals by providing 9,833 occupied bed nights in this financial year. This demonstrates our ability to provide a stable service post the Going Home Staying Home reform period. The Haymarket Centre takes a harm minimisation approach to assisting clients who are homeless.

In closing I would like to acknowledge the great work of all staff at the Haymarket Centre, from the team leader, case managers, to the cook and cleaners who work shifts in a 24 hour 7 days a week crisis service, the case managers in the outreach programs who provide brokerage and support to keep people housed, the HIV AOD integrated care staff who provide support to people living with HIV and the Bourke Street Project staff, who provide quality services to men in recovery. It is all these people working together that provide professional holistic care to disadvantaged people who access our services.

Darryn J O'Brien



Darryn O'Brien
Manager of
The Haymarket
Centre

The HIV-AOD Integrated Care Program

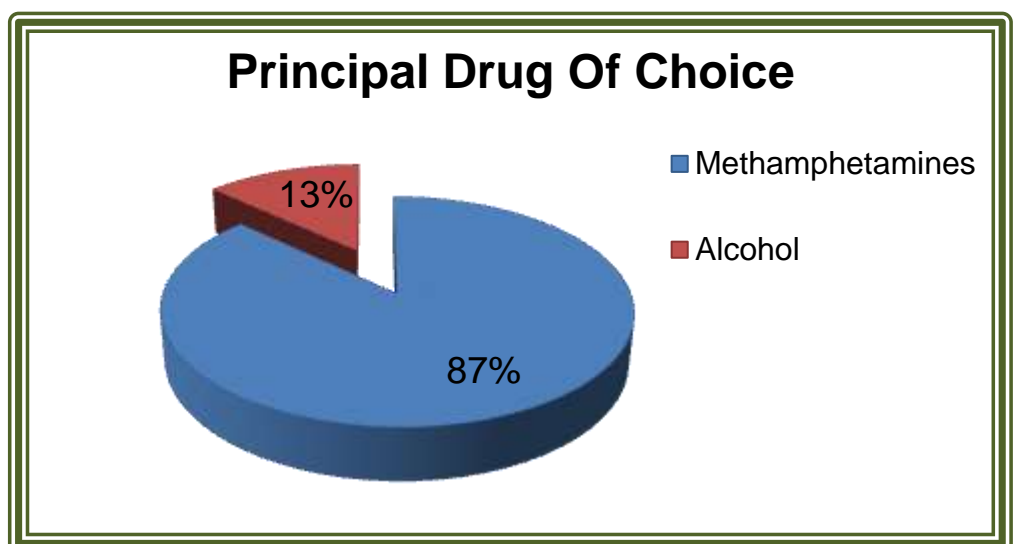
The HIV/AOD Integrated Care Program is a four-bed residential stabilisation unit located within the Haymarket Centre. The aim of the program is to stabilise clients who are HIV positive with a current drug and or alcohol issue. The program supports individuals to increase their medication compliance and address health and housing issues. The HIV/AOD Integrated Care Program commenced in 2009 in partnership with The Bobby Goldsmith Foundation, AIDS Dementia and Psychiatry Service (ADAHPS) and HIV outreach teams (Positive Central and Outreach [HOT] Team).

During the year occupancy rates for the program were at one hundred percent (100%) with 12 periods of support accessed by nine (9) individuals.

Key principles of the program include clients being able to access the service as often as required due to their changing complex behaviours and chronic homelessness. When a client enters the program an intake and assessment process occurs across the four partner organisations. This allows us to get a thorough understanding of a client's background and circumstances and also lets us address any current primary health needs. A trauma informed approach is utilised by case managers during a person's residency as many of our clients have experienced lifelong trauma. We do this by providing a supportive, safe and non-judgmental environment and by educating clients about harm minimisation strategies. We aim to understand where a client may be at risk so that strategies can be put in place to empower the client to make better decisions about their own safety.

The program has a strong theoretical framework, particularly in risk environment theory and trauma informed care. One of the most significant trends that have continued to emerge since the program began is the importance of initial rapport building, which is critical in the intensive stabilisation process and continues through outreach support. The outreach support that is provided by the Bobby Goldsmith Foundation is of critical importance as it ensures that clients remain healthy and housed when they are reintegrated into the community.

There has been a change in the drug mix that clients have used during the life of the program. Over the last three years alcohol has been replaced by methamphetamine as the drug of choice, with ninety percent (90%) of residents identifying this on entry to the program.



Medication Compliance

One of the critical aims of the program is to promote medication adherence. The program has supported clients to achieve a ninety two (92%) medication adherence. This is an outstanding result considering the complexity of the presenting issues of the clients. The HIV community teams ensure that clients are linked into HIV health services ensuring medical continuity when a client exits the program.

Case study

Michael* is a 31 year old who was referred to the program by the Aids Council of NSW (ACON). His principal drug of choice was methamphetamine (ICE) and gamma hydroxybutyrate (GHB). Michael lost his job due to his drug use and subsequently became homeless. As a result of his continued drug use Michael was consistently putting himself at risk both from the drugs as well as from being unsafe in sexual relationships. In due course this began impacting on his mental health and together all these factors prevented him from achieving his main goal (re-entering the workforce).

Once in the programme the intervention focused on building on Michael's strengths and minimising the harm of his drug use. This assisted Michael by allowing him to begin individual counselling which in turn helped him build his self-esteem as well as deal with issues relating to his sexual health. Counselling also allowed him to explore the reasons for his addiction. In addition Michael was encouraged and supported to participate in the SMART Recovery programme (free group program assisting people with any problematic behaviours, including addiction to drugs, alcohol, cigarettes, gambling, food, shopping, Internet and others).

Michael's case worker played an active role in assisting him. This was done by physically taking him to appointments with his counsellor, health practitioners as well as other social activities. Staff also assisted Michael with creating his resume, looking for employment and providing him with information on interview skills. After stabilisation, Michael was referred to a semi-supported accommodation program. During this time Michael was able to stop using drugs with strategies he learned whilst in programme. Today Michael continues to be abstinent, is living in transitional housing, has re-joined the workforce (on a part time basis) and continues to access the program through outreach support.

*Name has been changed to protect his identity.

Partnerships

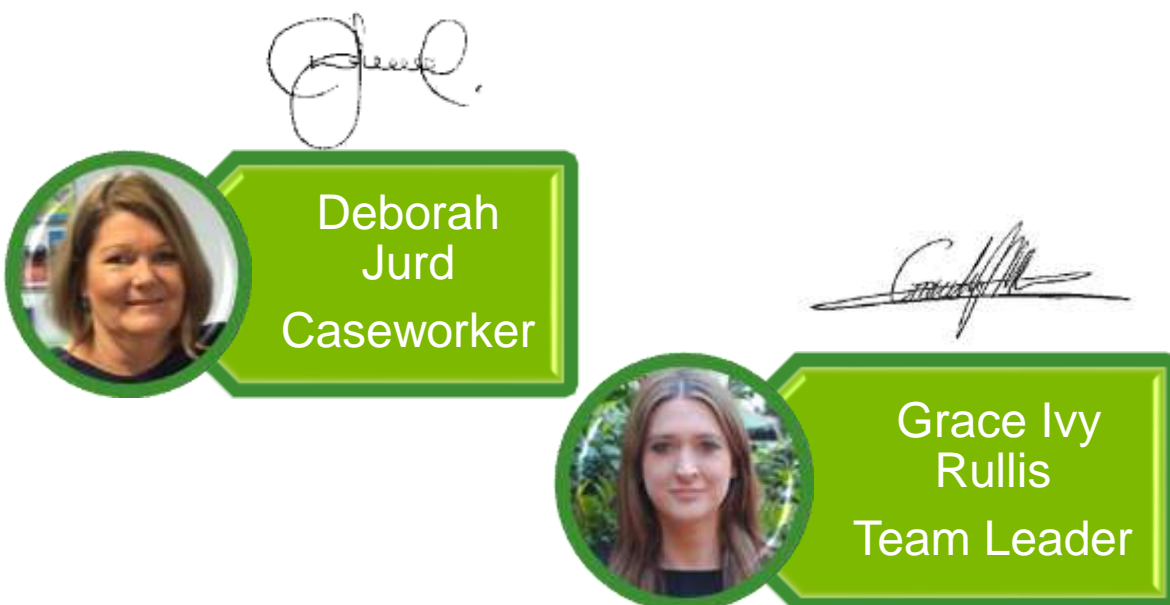
Partnerships are a critical part of the success of the program. The programme has built strong networks with NSW Civil and Administrative Tribunal, Probation and Parole, Homeless Persons Legal Service, ADAHPS Assessment Neuropsychological team, St Vincent's Immunology and Ambulatory Care, Taylor Square Medical Clinic, East Sydney Doctors, Rankin Court, Albion Centre, KRC



and CLINIC 16.

The program continues to strive towards better client outcomes by participating in a fortnightly Client Advice and Review Group meeting. This meeting is attended by the workers from our partners and at times the meeting is used for staff training. In addition to this, outcomes are also improved by regular case review supervision (provided monthly by the team leader) and clinical supervision (provided by Dr Suzie Hudson).

The Haymarket Foundation HIV/AOD Integrated Care Program team presented at the complex needs conference in Canberra and received excellent feedback. The cross agency partnership of the program was also a finalist in the NSW Health Innovation Awards. The submission for the NSW Innovation Awards highlighted the specialised and expert work that we do with a complex, co-morbid, disadvantaged and vulnerable client group.



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) reforms and funded by Family & Community Services (FACS). The lead agency is Mission Australia and the other partners are the Salvation Army and YWCA NSW.



This service's aims and objectives are to provide early intervention and support to clients whose tenancies are "at risk," thereby preventing homelessness in the City of Sydney and the Inner West. This is achieved by addressing issues that are jeopardising tenancies by providing support and referrals to address these issues.

The Haymarket Centre is required to work with 106 clients (single men and women) over the financial year and the program has brokerage for rent arrears to salvage tenancies and to purchase goods and services. The figures below are for the first full financial year of the program, 2015/2016.

Client Service Provision

Number of support/brokerage	56
Number general assistance	39
Total	95

The support we offer is short-term. If long-term support is needed, linkages and referrals are made to other services.

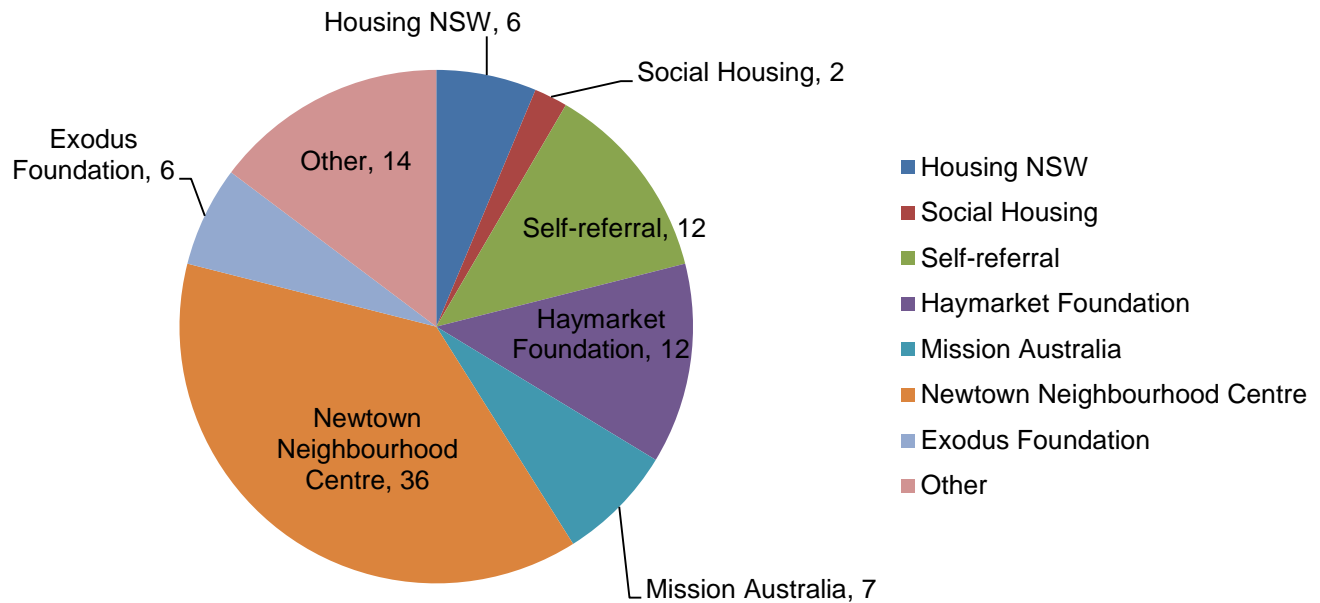
SHEIS can also support people to explore other housing pathways, particularly if people are in unsustainable tenancies. We have successfully made referrals for clients to secure transitional housing or looked to move them within the private rental sector. We also assist clients in submitting their Housing NSW Pathways applications, as permanent housing for these clients, particularly those with long term health issues, is vital for long term housing stability. Where people are having problems regarding rental affordability we link them to services in their area that can offer financial assistance with food, medical and utility bills.

Tenure Type

Social housing	29
Boarding house	46
Private rental	20
Total	95

As our catchment is in the inner west many of the clients we work with are living in boarding houses. We have supported a number of clients with tenancy establishment who were moving into permanent social housing properties. We assisted with brokerage to purchase essential household items.

Referral Sources



Our referrals come mainly from non-profit organisations in the inner west and from social housing providers. We also get self-referrals from clients.

In addition SHEIS continues to receive many referrals that are not appropriate either because they are from outside our catchment area or because for multiple other reasons they are not eligible for our services. Where possible we will always link these clients to other relevant services for ongoing assistance.

Unassisted Referrals

Not in geographic area	11
Referred to other service	26
Not appropriate referral	16
No engagement	11
Total	64

Partnerships and Referral Pathway

We continue to attend a one stop shop of services at the Newtown Neighbourhood Centre every Thursday afternoon. This has proven to be a major source of referrals and has also proved to be an effective way of networking with other services.

For the 2015-2016 financial year the SHEIS program met ninety percent (90%) of its reporting requirements.



Inner City Rapid Response Homelessness Service

The Inner City Rapid Response service (RR) is a funded program under the Going Home Staying Home reforms of 2014 through NSW FACS. The program is in partnership with the YWCA to support single men and women who have been homeless for a short period of time and need assistance to solve their immediate housing needs.

We provide the following support and assistance to our clients: immediate crisis support case management, access to safe medium-term transitional housing, referral pathways to long term housing, assistance with NSW Housing applications, advocacy, referrals to other services, reconnection into the community and/or family, brokerage assistance for household items and tenancy establishment.

Through relationship and network building we have created strong service links with The Newtown Neighbourhood Centre (NNC) who supply us with a large proportion of referrals every Thursday at “One Stop Shop” where we have a permanent stall.

Temporary Accommodation (TA) referrals are continuing as we have established a strong relationship with Strawberry Hills FACS Housing NSW office. The majority of clients have been assisted into permanent leases or boarding houses and have then been referred to other external organisations for on-going support.

Other referral agencies we would like to acknowledge are: Community Restorative Centre (CRC), Justice Health, Wesley Mission, St Vincent De Paul, Samaritan House, Homeless Health, Salvation Army, Wayside Chapel and local hospitals.

In addition to TA, our outreach case workers also manage a transitional housing property (six bed women's only house in Potts Point). At this venue clients sign a four month lease with Ecclesia Housing and throughout that time we assist them holistically using a client-focused and strengths-based model. The intervention focuses on supporting clients by: establishing sustainable long term accommodation pathways, providing emotional support, encouraging further education and promoting self-advocacy. In addition to this, RR service is in the process of setting up another property in Ashfield, a house with eight rooms for men, who have experienced short term homelessness and who require a crisis response.



Paul Tratt and Chris Pahuru
Case Managers Rapid Response

Project Successes

- Through advocating and liaising with NSW Housing we have had clients progress to priority housing status, with 37 clients offered properties.
- RR has assisted and facilitated boarding house accommodation for 32 clients to date. This included outreach support with viewings, applications and brokerage for rent to be paid in advance.

- Clients we have worked with have been assisted into shared accommodation, supported accommodation or reconnected back with families where appropriate and possible.

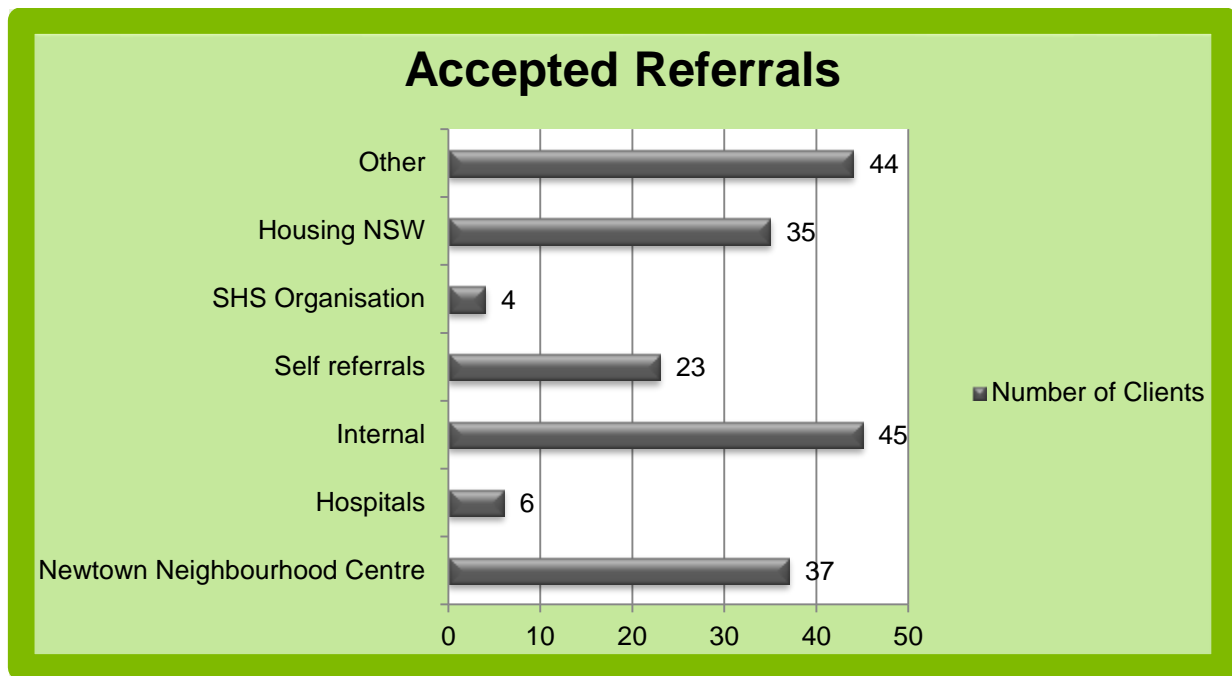
Challenges And Systemic Issues

One of our biggest challenges is continuing to find private rental accommodation for clients on Newstart allowance. The reason for this is that due to their limited income clients are unable to afford the high rental prices, thus leaving them with only the option of boarding house accommodation.

Long term complex homeless clients referred to the program have proved challenging to work with under RR guidelines. They require permanent case management which RR does not provide. An advantage that the RR programme has is being able to work with Peter Young in the SHEIS program who can provide ongoing support for some long term clients.

Figures For 2015-2016

Accepted referrals to date:	194
Unassisted referrals to date:	43
Clients closed due to outcomes achieved:	193
General assistance given to date:	4,301
Brokerage requests accepted to date:	66



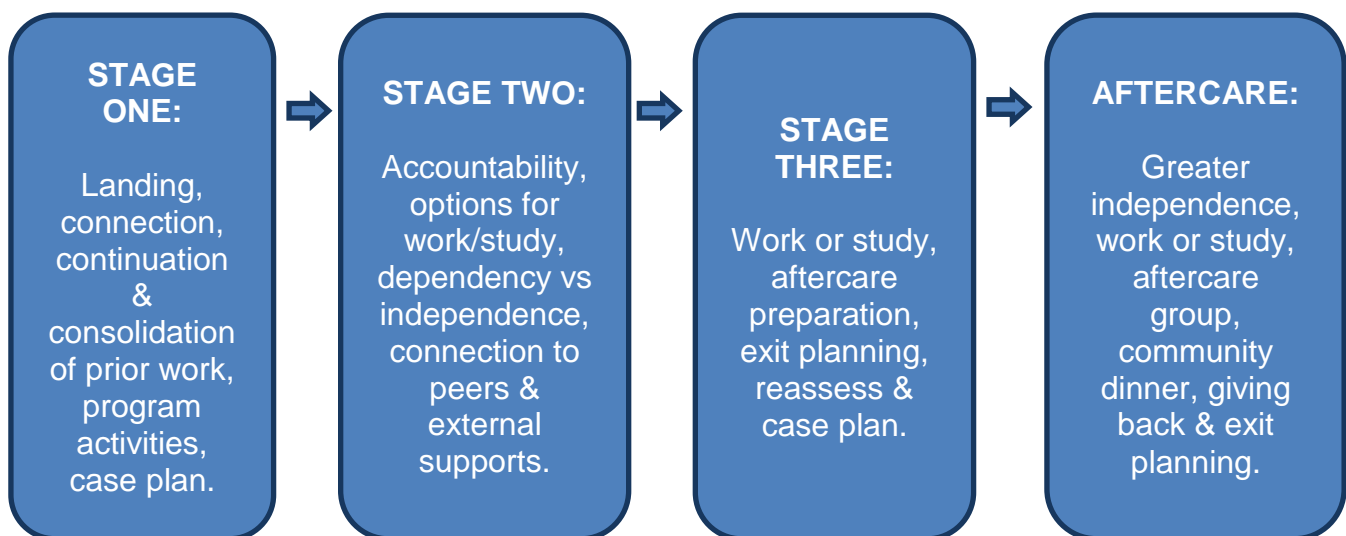
**Chris
Pahuru
Case
Manager**



**Paul Tratt
Case
Manager**

Bourke Street Project

The Bourke Street Project (BSP) is a residential living skills program for men over the age of 18 who have completed a residential alcohol and other drugs rehabilitation program. The program supports participants to live a recovery lifestyle and is aligned with the “Recovery Capital” model. The BSP program is designed to combine the benefits of a structured program with the ongoing support of a peer-based therapeutic community. Clients’ progress through structured stages is designed to promote increased independence and skills-based learning.



Transition Process:

Collaborative, client offers own input into recovery journey, peers play a role through feedback and decision making.

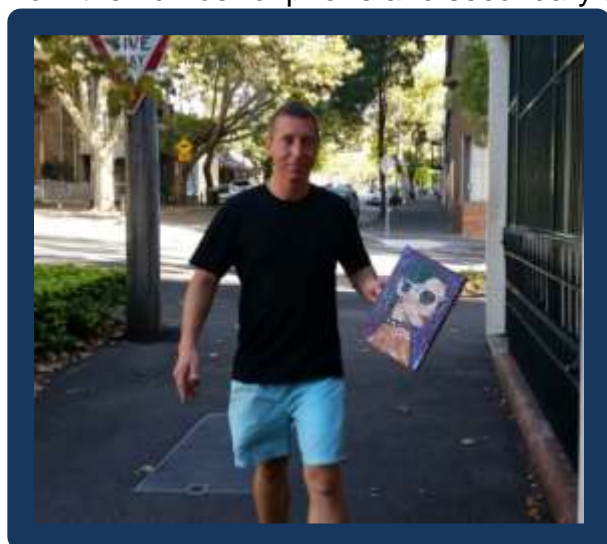
11 Elements of the Bourke Street Project Program:

- Individual case management.
- Psychological counselling.
- External support groups.
- Relapse prevention group.
- Check-in/transition review group.
- Physical activity.
- House maintenance.
- Process group.
- Living skills/community dinner.
- Art therapy.
- Aftercare/alumni group.

As part of the funding agreement established with Health NSW, The Bourke Street Project met the following Key Performance Indicators:

Yearly Target	Achievement
Twenty (20) new client admissions.	Twenty four (24) admissions.
Thirty five (35) clients in treatment during annual period.	Thirty eight (38) clients in treatment.
Average of 170 days in treatment.	Average days in treatment: 170 days.
Ninety percent (90%) bed occupancy rate.	Ninety one percent (91%) occupancy.
Three hundred and eighty (380) one-to-one sessions.	Six hundred and four (604) one-to-one sessions.
Two hundred and eight (208) group sessions.	Two hundred and eighteen (218) group sessions.
Participant Completions: <ul style="list-style-type: none"> - Eight (8) non-compliant. - Twelve (12) advanced. - Fifteen (15) still in program. 	Participant Completions: <ul style="list-style-type: none"> - Thirteen (13) non-compliant. - Nine (9) Completed programme and moved on into independent living. - Twenty one (21) still in program. - Two (2) self-discharged as they felt they no longer needed support and were ready to move to independent living.
Three hundred (300) phone assessments.	Ninety seven (97) phone assessments.
Fifty (50) secondary assessments.	Twenty nine (29) secondary assessments.

The program met all and in many cases exceeded the targets required by Health NSW, aside from the number of phone and secondary assessments. This reflects the positivity of the



program's achievements over the past year. Staff are also excited to see how ongoing efforts will be reflected in the performance indicators of the year to come. Whilst assessment figures were below the targets, they accurately reflect The BSP's capacity and demand for new intakes. The BSP staff continue to interact with referring services, as well as seek out new referral sources, with the goal of maintaining the BSP's positive profile within the AOD sector.

Clients complete outcomes surveys at designated points in the program as a way of providing a simple, evidence-based outcomes measure of their progress and development. It has been identified

that ongoing support is needed at the point of exit so that achievements can be maintained.

Highlights for the Year

- Colleen Clifford joined the BSP team in November 2015, working in partnership with Simon Reid. Ms Clifford comes with nine years of experience in the AOD sector. She has settled well into the organisation and is developing sound working partnerships with staff and clients and is achieving positive outcomes.

- Simon presented the work of the BSP at the Network of Alcohol and other Drug Agencies (NADA) “*Integrated care: Working together to respond to complexity*” conference. Simon’s presentation, title “*The Bourke Street Project – Empowering Consumers by Being Based in the Community*” discussed the model and that informs the work of the Project and its implementation. BSP Alumni member Shiva Panchalingam co-presented giving first-hand experience of his time within the program as a resident.
- BSP Program staff have engaged in a number of professional development/education opportunities this year. Workshops attended have included motivational interviewing, group work and first aid, and Simon continues his personal studies of counselling at a graduate level.
- BSP met its obligations in achieving ongoing Australian Council on Healthcare Standards (ACHS) accreditation. The on-site survey focused on the clinical standards only and the surveyors made no recommendations for the BSP.
- The Memorandum of Understanding between The BSP, Foundation House and Glebe House continues to evolve. There have been opportunities to capitalise on this through joint education events, inter-agency client referrals and the beginning of a Narcotics Anonymous meeting facilitated by clients of these services.
- Clients’ living skills continue to develop through the implementation of a more structured community dinner preparation and cleaning rosters. These result in a more diverse range of dishes cooked by the clients, tastier food and cleaner houses.
- Clients have participated in a number of recreational activities this year, namely: the CEO Cook-off, art gallery excursions, BBQs, attending the Ozanam Learning Centre and walks to numerous locations. This adds diversity to clients’ experiences and introduces them to a range of fun activities consistent with a recovery lifestyle.
- Efforts have been made to update and strengthen the program’s policies, documentation and procedures to better reflect best practice. This can be seen in areas such as program auditing tools, case file records, client satisfaction measures and client involvement in policy and procedure development. These efforts have the benefits of better data collection, client-informed practice and continuity of care.
- Exit planning has had a greater focus from staff. This is due to data gained from the NADA outcomes surveys and clients’ reported subjective experience of stress and anxiety at this point in their journey. A new Exit Plan document has been created to capture clients’ achievements in-program and ongoing needs/goals. Clients are also using the aftercare group and case meetings to work through the anxieties that completing the program creates for them. This creates options for reintegration into the community, as well as accommodation post-program.



For The Future

- Funding has been sourced to pay for two client camps in the coming year. The purpose of these camps is to build capacity and sustainability within the existing BSP community by promoting connection, accountability and fun within a recovery lifestyle. The first camp is scheduled for 31st October 2016 and is to be held at Chaldercot Camp in Port Hacking.
- The two Thursday night groups (aftercare and hospitals & institutions) will be combined so that all current and previous members of the Bourke Street community can share a group space together which will promote continuity and connection amongst members. Currently the groups are separate and have different purposes, but client feedback has indicated that residents wish to share a space which allows older and newer members to be aware of each other's experiences and to facilitate mentoring between group members. The theme of the group will be a client check-in.
- Staff of The BSP have sought the expertise of Dr Suzie Hudson to assist with program planning. This planning will be used to guide program direction into the future and better enable staff to capitalise on opportunities within the sector.



Simon Reid
Caseworker

Alcohol and Other Drugs Counselling Service

The Haymarket Foundation Alcohol and Other Drugs (AOD) Counselling Service is in its thirteenth year of operations. As I approach my tenth year as the program's clinical psychologist it is important for me to point out that the last eighteen months have been extremely challenging for the AOD service. It all began with the threat and subsequent closure of the Haymarket Foundation clinic and the negative influence this had on the service. This impact was multifaceted and occurred on various levels:

- ψ Once the Haymarket Foundation clinic closed the absence of the medical personnel meant that the AOD programme no longer received regular referrals.
- ψ The uncertainty caused by the closure of the clinic over the last eighteen months has also impacted on clients in the sense that they do not want to come and begin an intervention at a service that is possibly relocating or closing down.
- ψ Other services in the area were under the false impression that the closure of the Haymarket clinic meant the closure of the AOD service as well, hence they too stopped making referrals. These same services were also not keen to make referrals to a service that was at risk or would possibly have to relocate.

All these factors have caused a significant reduction in clients accessing the service. These declining client numbers have in turn forced the cancellation of psychology post graduate student placements/internships at the Palmer Street site.

Keeping these challenges in mind it is important to note that the AOD Counselling Service successfully completed its forth Australian Council on Healthcare Standards (ACHS) survey. The last survey in June of 2016 was a periodic review of mandatory standards and the AOD counselling service maintained full accreditation status. It was also the only service of the Haymarket Foundation that provided internal benchmarking outcomes for the surveyors. This is the first time benchmarking has been undertaken in the organisation.

The AOD program psychologist provides alcohol and other drug relapse prevention groups for:

- ψ Bourke Street Project (BSP) clients, at the Palmer Street site on Monday mornings at 7:30am.
- ψ Salvation Army clients at Foster House on Thursday mornings at 9:00am.

In addition to these groups two other groups are run (under the auspices of psychological services), by external counsellors for BSP clients, these are:

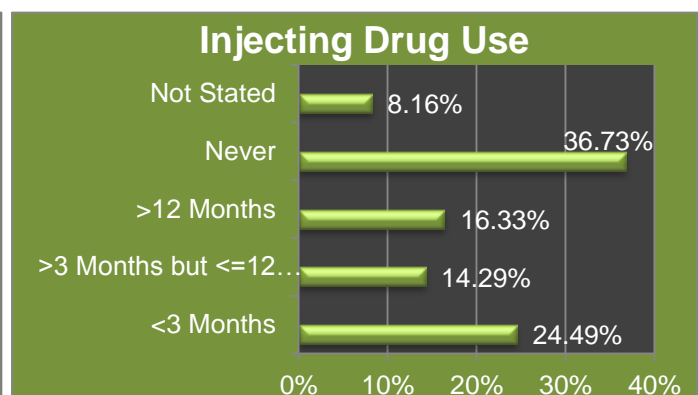
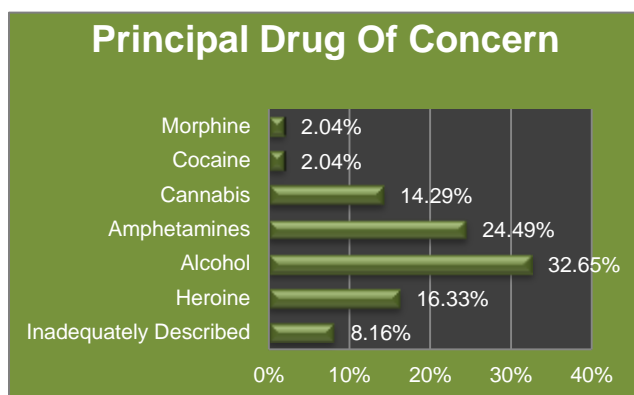
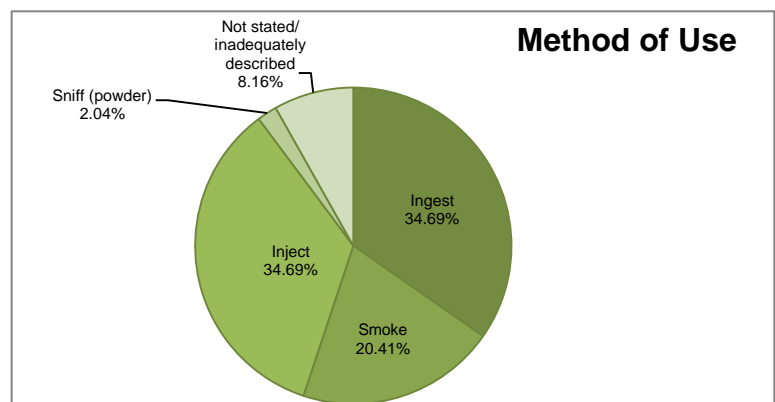
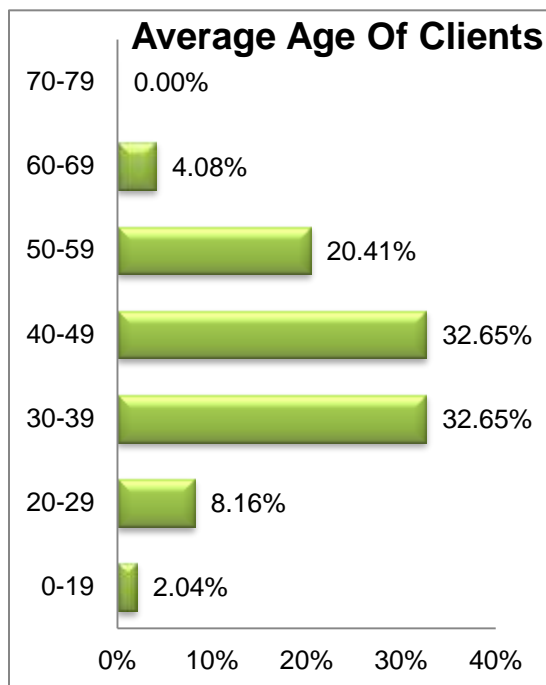
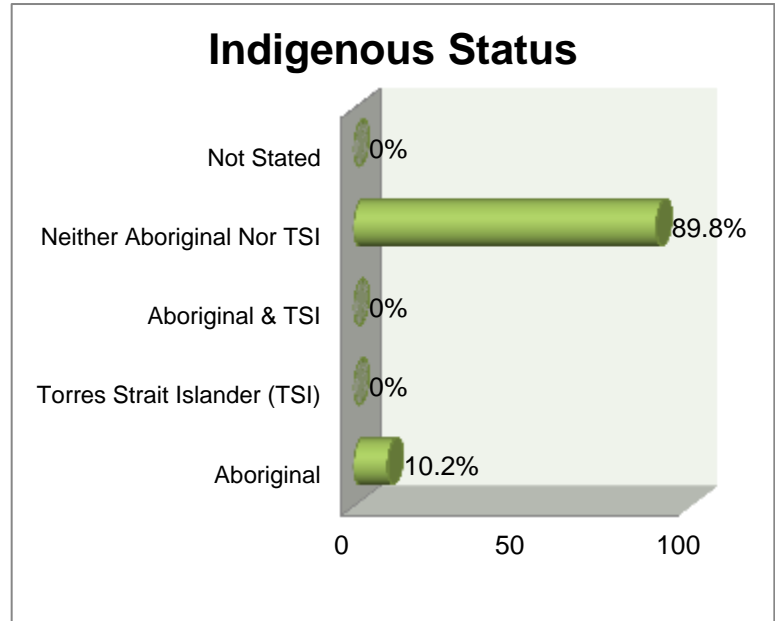
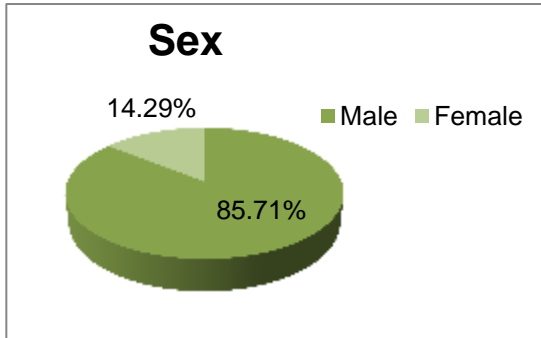
- ψ A long term psychotherapeutic group focusing on relationship issues is run by Mr. Steve McGinnes (counsellor).
- ψ A fortnightly art therapy group, run by Ms Robyn Zellar (counsellor).

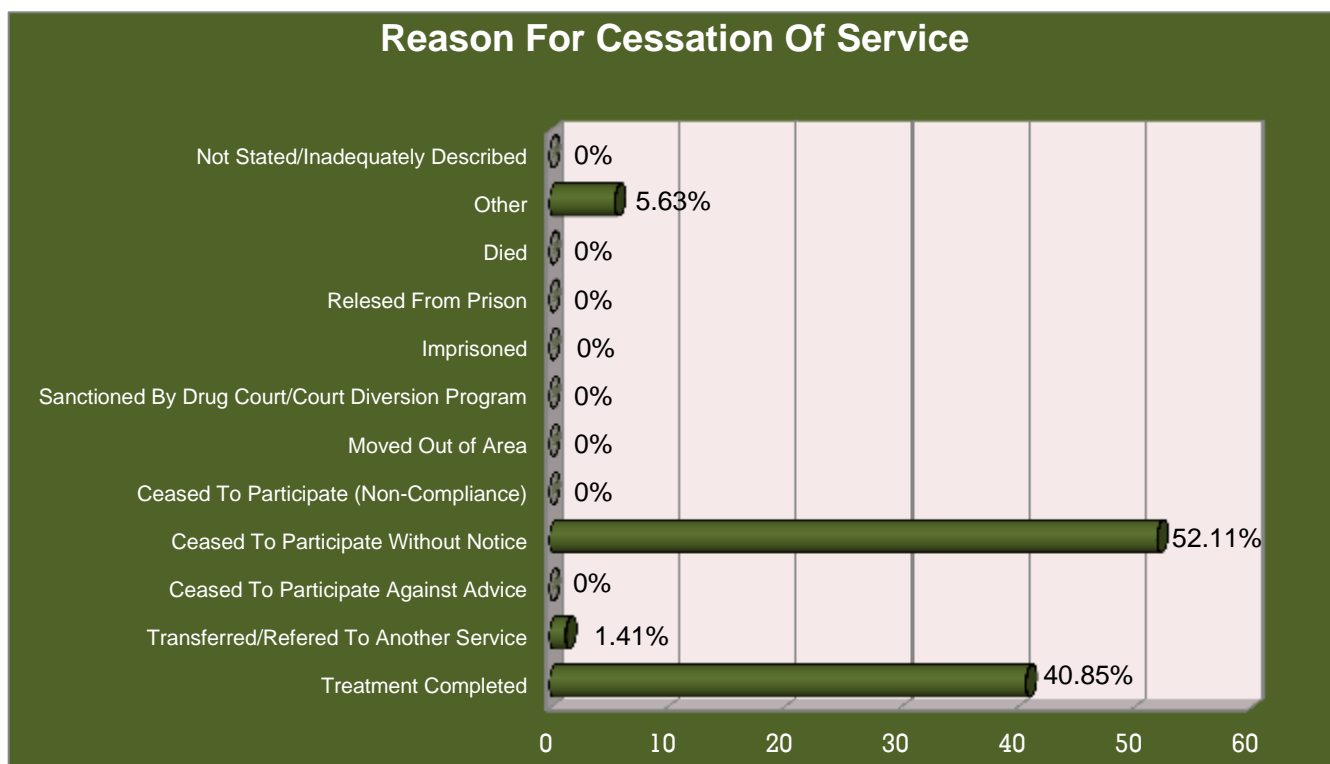
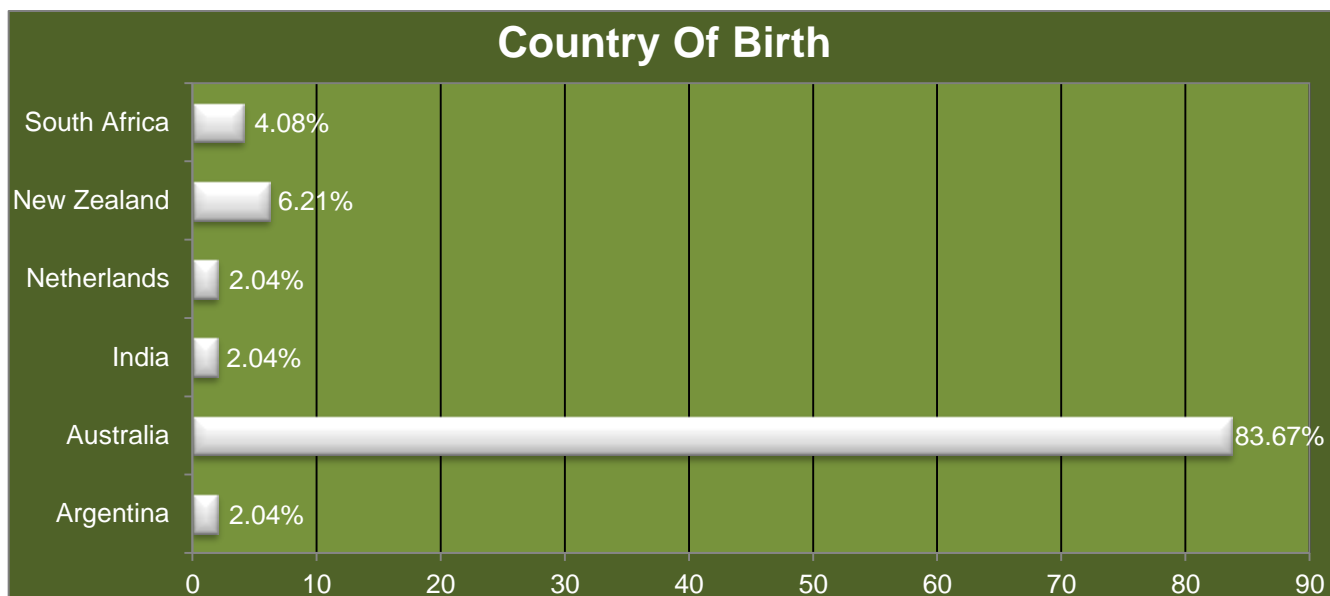
In addition other activities carried out by the AOD service at the Haymarket Foundation are;

- ψ Individual one-on-one counselling/psychotherapy,
- ψ Family and couple psychotherapy,
- ψ Psycho-education,
- ψ Training Haymarket Foundation staff on issues relating to mental health and or case management,
- ψ Crisis intervention,

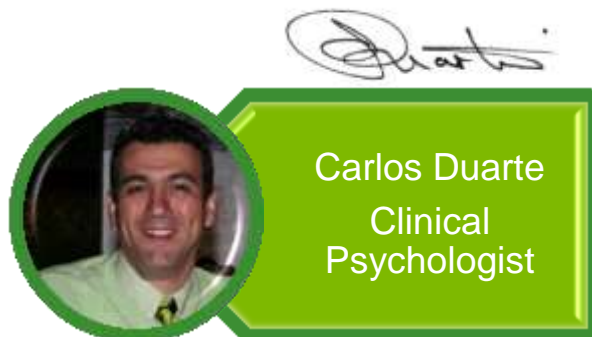
- ψ Debriefing Haymarket Foundation staff after a crisis,
- ψ Clinical Supervision of case managers from the BSP as well as from the Haymarket Centre,
- ψ Attending meetings and forums relating to mental health as well as drugs and alcohol.

During this reporting period the AOD service was available five (5) days a week at Palmer Street in Darlinghurst. The service continued to provide a consistent and continual support for all clients that wished to attend on a regular basis. The psychotherapeutic interventions provided were not only focused on supporting clients during difficult/challenging times in their lives, but also focused on creating opportunities for clients to develop and empower themselves through self-exploration and better self-understanding. Important statistics for the service are listed below as charts.





It is important to clarify that the vast majority of the clients that access the service are homeless, transient and struggle with AOD use and co-morbid mental health disorders. These issues are therefore the main cause of the high number reflected in “ceased to participate without notice” of this cohort.



THE HAYMARKET FOUNDATION LTD

A.B.N. 24 001 397 986

FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2015

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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 2016.

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 | - Mr John Sheahan |
| - Mr Jeff Smith (appointed 18.5.2016) | |

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. The Haymarket Foundation Clinic closed at the end of the Financial year due to the cessation of Federal Government funding.

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 is also home to the HIV/AOD Integrated Care Project. The Integrated Care Project provides a four-bed 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 outreach homelessness services in partnership with Mission Australia and the YWCA. The Sydney Homelessness Early Intervention Project (SHEIS) is auspiced by Mission Australia and provides assistance to people to remain in sustainable accommodation. The Rapid Response project is auspiced by the YWCA and provides support and brokerage to and to quickly move newly homeless people into accommodation.

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

OPERATING RESULTS

The net result of operations for the year was a profit of \$150,334 (2015: \$382,586 deficit)

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)

MEETINGS OF DIRECTORS

During the financial year, 12 meetings of directors were held. Attendances by each director were as follows:

	Directors' Meetings	
	Number eligible to attend	Number attended
Kevin Rozzoli	12	12
Richard Boyer	12	11
Lesley Butt	12	6
Mathew Flynn	12	12
Lucy Burns	12	1
Patricia Bramble	12	10
Stephen Wilson	12	11
John Sheahan	12	7
Jeff Smith	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 2016, the total amount that members of the company are liable to contribute if the company is wound up is \$900 (2015: \$800).

AUDITOR'S INDEPENDENCE DECLARATION

The lead auditor's independence declaration for the year ended 30 June 2016 has been received and can be found on page 6 of the financial statements.

Signed this 19th day of October 2016,

in accordance with a resolution of the Board of Directors.



Director



Director



Bentleys NSW Audit Pty Ltd
Level 10, 10 Spring Street
Sydney NSW 2000
Australia
ABN 49 141 611 896
T +61 2 9220 0700
F +61 2 9220 0777
directors@bentleysnsw.com.au
bentleys.com.au

The Haymarket Foundation Ltd
ABN: 24 001 397 986

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

I declare that, to the best of my knowledge and belief, during the year ended 30 June 2016 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
Bentleys NSW Audit Pty Ltd

Robert Evett
Robert Evett
Director

Date: *October 18, 2016.*



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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 2016

	<u>Note</u>	<u>2016</u> \$	<u>2015</u> \$
Revenue	2	3,835,603	3,823,402
Employee benefits professional		(2,323,684)	(2,903,175)
Employee benefits administrative		(318,146)	(331,990)
Administration other expenses		(278,200)	(302,731)
Property and occupancy		(520,866)	(531,216)
Service Costs		(217,354)	(107,700)
Equipment		(27,019)	(29,176)
Other		-	-
Current year profit (loss) before Income Tax		<u>150,334</u>	<u>(382,586)</u>
Income Tax Expense Relating to Ordinary Activities	1 (f)	-	-
Net current year profit (loss) attributable to members of the entity		<u><u>150,334</u></u>	<u><u>(382,586)</u></u>

STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED 30 JUNE 2016

Net current year profit (loss)	150,334	(382,586)
Other comprehensive income for the year, net of tax	<u>-</u>	<u>-</u>
Total comprehensive income for the year	<u><u>150,334</u></u>	<u><u>(382,586)</u></u>
Total comprehensive income attributable to members of the entity	<u><u>150,334</u></u>	<u><u>(382,586)</u></u>

THE HAYMARKET FOUNDATION LTD

A.B.N. 24 001 397 986

STATEMENT OF FINANCIAL POSITION AS AT 30 JUNE 2016

	<u>Note</u>	<u>2016</u> \$	<u>2015</u> \$
ASSETS			
<u>CURRENT ASSETS</u>			
Cash	4	30,327	295,275
Other Current Assets	5	<u>1,335,560</u>	<u>1,169,501</u>
<u>TOTAL CURRENT ASSETS</u>		<u>1,365,887</u>	<u>1,464,776</u>
<u>NON-CURRENT ASSETS</u>			
Property, Plant and Equipment	6	<u>2,597,907</u>	<u>2,617,527</u>
<u>TOTAL NON-CURRENT ASSETS</u>		<u>2,597,907</u>	<u>2,617,527</u>
<u>TOTAL ASSETS</u>		<u>3,963,794</u>	<u>4,082,303</u>
LIABILITIES			
<u>CURRENT LIABILITIES</u>			
Accounts Payable and Other Payables	7	151,419	183,935
Grants Received in Advance		-	-
Provisions	8	<u>386,468</u>	<u>601,907</u>
<u>TOTAL CURRENT LIABILITIES</u>		<u>537,887</u>	<u>785,842</u>
<u>NON-CURRENT LIABILITIES</u>			
Provisions	9	<u>73,574</u>	<u>94,462</u>
<u>TOTAL NON-CURRENT LIABILITIES</u>		<u>73,574</u>	<u>94,462</u>
<u>TOTAL LIABILITIES</u>		<u>611,461</u>	<u>880,304</u>
<u>NET ASSETS</u>		<u>3,352,333</u>	<u>3,201,999</u>
EQUITY			
Reserves	10	2,222,413	2,222,413
Retained Surplus	11	<u>1,129,920</u>	<u>979,586</u>
<u>TOTAL EQUITY</u>		<u>3,352,333</u>	<u>3,201,999</u>

THE HAYMARKET FOUNDATION LTD

A.B.N. 24 001 397 986

STATEMENT OF CHANGES IN EQUITY
FOR THE YEAR ENDED 30 JUNE 2016

	Asset Revaluation Reserve \$	Retained Earnings \$	Total \$
Balance at 1 July 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	2,222,413	979,586	3,201,999
Surplus (Deficit) attributable to members of the entity	-	150,334	150,334
Other comprehensive income for the year	-	-	-
Balance at 30 June 2016	<u>2,222,413</u>	<u>1,129,920</u>	<u>3,352,333</u>

THE HAYMARKET FOUNDATION LTD

A.B.N. 24 001 397 986

STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 30 JUNE 2016

	<u>Note</u>	<u>2016</u> \$	<u>2015</u> \$
CASH FLOWS FROM OPERATING ACTIVITIES			
Receipts from donations and other		814,188	637,674
Commonwealth Government Grants		2,964,365	3,137,341
Payments to suppliers and employees		(4,095,192)	(3,908,182)
Interest received		<u>57,877</u>	<u>49,262</u>
NET CASH PROVIDED BY (USED IN) OPERATING ACTIVITIES	12	<u>(258,762)</u>	<u>(83,905)</u>
CASH FLOWS FROM INVESTING ACTIVITIES			
Proceeds on Sale of Fixed Assets		-	-
Payment for Plant and Equipment		<u>(6,186)</u>	<u>(10,414)</u>
NET CASH PROVIDED BY (USED IN) INVESTING ACTIVITIES		<u>(6,186)</u>	<u>(10,414)</u>
NET INCREASE (DECREASE) IN CASH HELD		(264,948)	(94,319)
Cash at the beginning of the financial year		<u>295,275</u>	<u>389,594</u>
Cash at the end of the financial year	4	<u><u>30,327</u></u>	<u><u>295,275</u></u>

THE HAYMARKET FOUNDATION LTD

A.B.N. 24 001 397 986

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2016

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 2016 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 case-generating unit to which the asset belongs.

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

(d) Employee Benefits

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

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

(e) Cash and Cash Equivalents

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

THE HAYMARKET FOUNDATION LTD

A.B.N.24 001 397 986

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2016

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>2016</u>	<u>2015</u>
	\$	\$
<u>NOTE 2. REVENUE</u>		
Operating Activities		
Grants Received - Government	2,964,365	3,137,341
Grants Received - Non - Government	472,665	407,079
Donations Received	38,369	7,836
SACS - E.R.O	78,619	61,557
Other	224,535	161,202
	<u>3,778,553</u>	<u>3,775,015</u>
Interest received from:		
National Australia Bank	57,050	48,387
TOTAL REVENUE	<u><u>3,835,603</u></u>	<u><u>3,823,402</u></u>

NOTE 3. RESULTS FROM ORDINARY ACTIVITIES

Expenses

Amortisation	872	1,090
Depreciation - Plant and Equipment	24,934	27,241
Total depreciation and amortisation expenses	<u>25,806</u>	<u>28,331</u>
Auditors Remuneration	40,400	38,220
Employee Benefits	2,641,830	3,235,165
Rental Expenses	296,989	322,725

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 2016

	<u>2016</u>	<u>2015</u>
	\$	\$
<u>NOTE 4. CASH ON HAND</u>		
Cash on Hand	400	500
Cash at Bank	29,927	302,255
Bank Overdraft	-	(7,480)
	<u>30,327</u>	<u>295,275</u>
<u>NOTE 5. OTHER ASSETS</u>		
Interest Bearing Deposits	1,287,863	1,151,832
Interest Receivable	8,505	9,332
Grants / Brokerage Receivable	-	7,242
Prepayments	39,192	-
Other Debtors	-	1,095
	<u>1,335,560</u>	<u>1,169,501</u>
<u>NOTE 6. PROPERTY, PLANT & EQUIPMENT</u>		
Land and Buildings - at independent valuation*	2,500,000	2,500,000
Less Accumulated Depreciation	-	-
	<u>2,500,000</u>	<u>2,500,000</u>
Leasehold Improvements - at cost	16,100	16,100
Less Accumulated Amortisation	12,614	11,742
	<u>3,486</u>	<u>4,358</u>
Motor Vehicles - at Cost	133,636	133,636
Less Accumulated Depreciation	69,286	53,640
	<u>64,350</u>	<u>79,996</u>
Plant and Equipment - at Cost	209,462	203,277
Less Accumulated Depreciation	179,391	170,104
	<u>30,071</u>	<u>33,173</u>
	<u>2,597,907</u>	<u>2,617,527</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 2016

	<u>2016</u>	<u>2015</u>
	\$	\$

NOTE 7. ACCOUNTS PAYABLE AND OTHER PAYABLES

Current

Trade Creditors	51,709	32,989
Other Creditors	73,638	84,633
GST Payable	26,072	66,313
	<u>151,419</u>	<u>183,935</u>

NOTE 8. PROVISIONS

Current

Provision for Holiday Pay	119,854	124,540
Provision for Long Service Leave	67,649	117,348
Provision for Staff Redundancies	198,965	360,019
	<u>386,468</u>	<u>601,907</u>

NOTE 9. PROVISIONS

Non-Current

Provision for Long Service Leave	<u>73,574</u>	<u>94,462</u>
----------------------------------	---------------	---------------

NOTE 10. RESERVES

Asset Revaluation Reserve	<u>2,222,413</u>	<u>2,222,413</u>
---------------------------	------------------	------------------

NOTE 11. RETAINED SURPLUS

Retained Surplus at the Beginning of the Financial Year	979,586	1,362,172
Surplus (Deficit) for the year	150,334	(382,586)
Retained Surplus at the End of the Financial Year	<u>1,129,920</u>	<u>979,586</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 2016

	<u>2016</u>	<u>2015</u>
	\$	\$

NOTE 12. CASH FLOW INFORMATION

Reconciliation of cash flow from operations with net current year surplus

Net current year surplus (deficit)	150,334	(382,586)
Non cash flows in operation surplus (deficit)		
Loss on disposal of Plant and Equipment	-	-
Amortisation	872	1,090
Depreciation	24,934	27,241
Changes in assets & liabilities:		
Increase (decrease) in trade and other payables	(32,516)	24,519
Increase (decrease) in grants received in advance	-	(53,775)
Increase (decrease) in provisions	(236,327)	417,887
Decrease (increase) in other assets	(166,059)	(118,281)
Cash Flows provided by (used in) operating activities	<u>(258,762)</u>	<u>(83,905)</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 2016, the number of members was 8

THE HAYMARKET FOUNDATION LTD

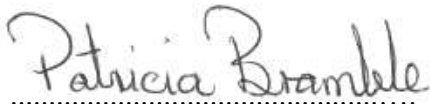
A.B.N. 24 001 397 986

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 44 to 53, 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 2016 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 18th day of October 2016.

The Haymarket Foundation Ltd
ABN: 24 001 397 986

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

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 2016, 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.

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.

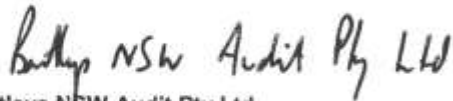
Opinion

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 2016 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: *October 18, 2016*

THE HAYMARKET FOUNDATION LTD

A.B.N. 24 001 397 986

CONSOLIDATED INCOME STATEMENT
FOR THE YEAR ENDED 30 JUNE 2016

	<u>2016</u>	<u>2015</u>
	\$	\$
INCOME		
Revenues from Ordinary Activities		
Grants Received - Government	2,964,365	3,137,341
Grants Received - Non - Government	472,665	407,079
Donations Received	38,369	7,836
SACS - E.R.O	78,619	61,557
Interest Received	57,050	48,387
Other Income	224,535	161,202
	<u>3,835,603</u>	<u>3,823,402</u>
EXPENSES		
Employee benefits professional		
Salaries	2,196,709	2,191,057
Superannuation	179,802	194,120
Provision for Holiday Pay	(4,686)	11,270
Workers Compensation	110,593	22,223
Agency Staff	15,038	12,293
Commonground GP Services	4,200	-
Clinical Supervision	2,013	1,909
Provision for Staff Redundancies	(161,054)	360,019
Provision for Long Service Leave	(70,587)	46,599
Staff Recruitment	16,176	17,226
Staff Training	35,480	46,459
	<u>2,323,684</u>	<u>2,903,175</u>

THE HAYMARKET FOUNDATION LTD

A.B.N. 24 001 397 986

CONSOLIDATED INCOME STATEMENT
FOR THE YEAR ENDED 30 JUNE 2016

	<u>2016</u>	<u>2015</u>
	\$	\$
EXPENSES (Cont)		
Employee benefits administrative		
- Salaries	290,236	306,401
- Superannuation	27,910	25,589
	<u>318,146</u>	<u>331,990</u>
Administration other expenses		
Audit Fees	40,400	38,220
Bank Charges	1,320	1,437
Brokerage Costs	33,950	30,221
Consultants Fees	54,371	82,027
Computer Expenses	30,006	32,631
Equipment Leasing	3,767	3,599
Fringe Benefits Tax	5,511	6,989
Insurance	29,800	23,119
Legal Fees	-	-
Motor Vehicle Expenses	24,344	23,794
Postage and Telephone	20,895	24,447
Printing and Stationery	14,459	13,520
Subscriptions	15,238	6,500
Sundry	3,101	4,871
Transgender Forum Expenses	498	10,797
Travelling Expenses	540	559
	<u>278,200</u>	<u>302,731</u>
Property and Occupancy		
Cleaning and Laundry	47,135	46,191
Electricity and Rates	91,066	82,335
Quality and Risk	2,318	1,035
Rent	296,989	322,725
Repairs and Maintenance	46,670	42,320
Security	694	669
Waste Disposal	35,994	35,941
	<u>520,866</u>	<u>531,216</u>

THE HAYMARKET FOUNDATION LTD

A.B.N. 24 001 397 986

CONSOLIDATED INCOME STATEMENT
FOR THE YEAR ENDED 30 JUNE 2016

	<u>2016</u>	<u>2015</u>
	\$	\$
EXPENSES (Cont)		
Service Costs		
Drugs	6,345	15,058
Medical	49,598	20,298
Other	93,704	13,776
Catering	67,707	58,568
	<u>217,354</u>	<u>107,700</u>
Equipment		
Amortisation	872	1,090
Depreciation	24,934	27,241
Loss on Sale of Fixed Assets	-	-
Low Value Assets Purchased	1,213	845
	<u>27,019</u>	<u>29,176</u>
Other		
Refund of Prior Year's Surplus	-	-
Total Expenses	<u>3,685,269</u>	<u>4,205,988</u>
Net Surplus (Deficit) from Ordinary Activities	<u>150,334</u>	<u>(382,586)</u>