

ANNUAL REPORT 2019/2020



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Acknowledgement of Country

The Haymarket Foundation acknowledges that the land on which we operate is Aboriginal land, and we show respect and give thanks to the Cadigal people of the Eora nation for thousands of years of protection of these lands.

We wish to acknowledge that this land was never ceded, but stolen and pay tribute to those Aboriginal lives taken, and acknowledge the great trauma and pain still caused by that theft. We endeavour in all our work to uphold the human rights of all Aboriginal and Torres Strait Islander people of this land, with respect to elders both past and present, and with solidarity for the emerging and future generations. Always was, always will be, Aboriginal land.

ABOUT THE HAYMARKET FOUNDATION

The Haymarket Foundation is a secular, charitable organisation established in 1974 to provide healthcare to people experiencing homelessness in Sydney.

Our services have expanded over the years: we now offer a number of services for people experiencing or at risk of homelessness, along with alcohol and other drug programs. Specifically, the Haymarket Foundation provides specialist residential accommodation for people in crisis, helps people with adaptive permanent housing and support pathways, and provides a range of recovery environments throughout each individual's journey.



**“There is a respectful atmosphere
at the Haymarket Foundation.
Staff and clients are wonderful.”**

Former resident

The Haymarket Foundation takes the privacy of its clients seriously. Actors with lived experience of alcohol and other drug issues are used throughout this publication.

CEO'S REPORT

PETER VALPIANI

Like everyone, people experiencing homelessness have had a mixed year, as a result of the pandemic. Naturally, this has flowed through to the services the Haymarket Foundation provides.

We are pleased to have weathered the peak of the storm and despite the difficulties, our services have not only survived, but have also developed as a result. Additionally, we have added further services for people experiencing homelessness. In particular we are proud to be going back to our roots with the trial of a specialist GP service for this community.

All of our services remained operational throughout the pandemic and in many cases, staff dealt with a greater caseload and more complex work. Our frontline services, the Haymarket Centre and the Bourke Street Program, remained face-to-face throughout the year. The other five services were

“We are pleased to have weathered the peak of the storm and despite the difficulties, our services have not only survived, but have also developed as a result.”

largely digital during lockdown, with the exception of the Inner City Rapid Response team, which deployed staff to pop-ups at hotels to help house rough sleepers, while maintaining its existing service. Another service was commenced as STEP-Link (see story about Rapid Response, page 13).

There were significant alterations to all services: frontline services were required to increase infection control, use of personal protective equipment and cleaning, with constant reminders for clients and others on site. This was an additional burden for staff and there were extra costs for the organisation.

When the majority of the residents of the Haymarket Centre were moved to hotel accommodation in April to increase self-isolation (an initiative of the Department of Communities and Justice), this was a major change for both residents and staff. The Haymarket has chosen to use the opportunity as a chance to build the living skills of its clients who have yet to be housed. The development was covered by ABC Radio's Background Briefing program.

Most of our services have experienced an increased demand, with the pandemic proving particularly difficult for some clients with mental health and drug and alcohol issues. Many tenants required additional support, due to unemployment as a result of the economic climate.

We have had a strategic goal of restarting a specialist GP service for people experiencing homelessness,

as we know that only a third of our clients typically have a GP and this leads to poor outcomes.

During the pandemic, we have made headway towards that goal. This was made possible by establishing a telehealth service, which was funded under the Medicare Benefits Schedule to help maintain social distancing during the pandemic. We hope that the second and subsequent phases of the trial in the next financial year will help provide evidence of efficacy and efficiency and this will lead to the re-establishment of a clinic.

Thanks in particular go to the Manager of Homelessness Services and Clinical Lead Grace Rullis and her team lead by Deborah Jurd and Dinsel Davies and our Quality Coordinator Valda Allen for this and for the work with clients in hotels. We owe a debt of gratitude to Dr Stephen Wilson, one of our board members, who has volunteered his time and to others who have worked pro bono, including Dr Chee Khoo and Professor Annette Katelaris.

We are deeply appreciative of all the hard work of our staff and board in helping us navigate this challenging time and ensuring that clients, staff and the community remain safe and supported and that the organisation remains in a strong position in years to come.



“All of our services remained operational throughout the pandemic and in many cases, staff dealt with a greater caseload and more complex work.”



CHAIRMAN'S REPORT

KEVIN ROZZOLI

While the achievements have been significant, the pandemic has put extraordinary pressure on our physical, financial and human resources.

We had to spend more on infection control, including personal protective equipment, cleaning products and hand sanitiser. We also had increased expenses in our frontline work, including the provision of groceries and extra staffing, to cope with outreach for our clients in temporary accommodation in hotels. We acknowledge the assistance of the Department of Communities and Justice for additional funding for the hotel accommodation and for deep cleaning at our crisis accommodation facility in Chippendale.

We saw the hotel accommodation as not only necessary to protect our clients from the virus, but also an opportunity to develop independent living skills.

We are pleased to have maintained all of our services and staff, without any compromise to the quality of our work. Our staff continued to work with care and commitment and we thank them for that. We have maintained salaries and staffing levels, bucking the trend in the sector and other areas of the economy.

Additionally, there has been reduced income from investments and a long-term decline in government funding in real terms. Despite this, we chose to seize opportunities created by the pandemic to invest in new initiatives. You may read more about the financials in the Treasurer's report. In particular, in June we decided

to commit funds to the trial of a telehealth service, focused on the health needs of people experiencing homelessness. This is in line with one of our strategic goals of recommencing a specialist General Practice serving the homeless community, which we intend to meet in the coming year.

Before the pandemic, we had decided to increase our organisation's ability to generate income from other sources by appointing a Philanthropy and Communication Manager. In the first five months, we won two competitive grants and ran our first end-of-financial year campaign, in which we met targets, despite a challenging economic environment. We are also focused on raising the profile of the Haymarket Foundation to increase philanthropic and other opportunities.

Once again, I extend my sincere thanks to the staff who have taken on extra work and to our CEO Peter Valpiani, who has had additional responsibilities and stresses, while leading the organization admirably.

We are also deeply appreciative of our funders and the other agencies that we have worked with so collaboratively, particularly during the pandemic.

Sincere thanks also go to my peers on the board, who continue to contribute with great insight to the overall supervision of the Foundation's activities.



AN OVERVIEW OF OUR WORK IN 2019/2020

The Haymarket Foundation's vision is to create a better future for Sydney's homeless and marginalised.

The Haymarket Foundation in numbers:

22,265

Nights' accommodation provided

500+

Number of clients supported with long-term intensive support

8 Services

Across homelessness (including STEP-Link, see page 13) and alcohol and other drugs

31 Staff

Across homelessness and alcohol and other drugs services

8 Board members

Volunteering their time for the Foundation

OUR APPROACH



Access

We pride ourselves on providing flexible and adaptable services to ensure people can access the care they need.



Equity

We seek to provide what's needed for each individual to achieve an improved quality of life.



Adaptability

We understand that need is individual, and we are flexible and adaptive in responding to the challenges that we face.



Value

We believe that every person's life has value, and care deeply about the people we support. We seek to provide value to our community.

ABC RADIO FEATURES THE HAYMARKET FOUNDATION



At the height of the pandemic, the Haymarket Foundation was featured in an ABC Radio program about people experiencing homelessness being housed in hotel accommodation.

Several staff and residents were interviewed by reporter Hagar Cohen from Background Briefing.

The hotel accommodation was paid for by the NSW Government and was made available to rough sleepers and others experiencing homelessness, including those in congregate care facilities, like ours.

The program first aired on Radio National on Sunday 26 April.



[Click here to listen to this story](#)

KEY MILESTONES 2019/2020

2019 ▶

JUL 2019

Planning begins to recommence a GP service for people experiencing homelessness



SEP 2019

The service notes an increase in the complexity of clients at the Chippendale crisis accommodation facility

AUG 2019

Renovation of the kitchen and living areas used by residents at Chippendale, with the support of Novorail



OCT 2019

The Foundation joins the End Street Sleeping Collaboration, which aims to end street sleeping in the City of Sydney and across NSW by 2030.



NOV 2019

Testing and treatment for hepatitis C



JAN 2020

New role of Philanthropy and Communication Manager established

DEC 2019

Christmas party for residents, supported by Maddocks



FEB 2020

Business continuity planning for COVID-19



MAR 2020

All services remain operational during the pandemic, with significant changes including increased infection control and social distancing.



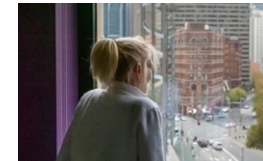
MAY 2020

The Bourke Street Program wins a grant to focus the material to the needs of Aboriginal and Torres Strait Islander clients.



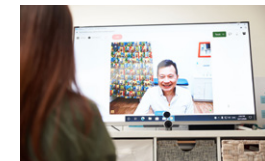
APR 2020

Many residents moved to hotels.



JUN 2020

A unique GP service aimed at people experiencing homelessness is trialled using telehealth.



2020 ▶

PRIMARY HEALTH CARE

This year, the Haymarket Foundation took steps towards its long-term goal of recommencing a specialist general practice serving people experiencing homelessness.

While the Foundation started by delivering health care to this community in 1974, that service stopped in 2016, after the Federal Government ceased its funding.

In June, clients of the Haymarket Foundation were offered access to health services including GPs through a digital consulting practice. Ten people took part in the trial.

Of the Haymarket's clients, only a third typically have access to a GP.

The service was made possible using funding for telehealth, which was offered under the Medicare Benefits Schedule to help maintain social distancing during the pandemic.

The trial is significant because people experiencing homelessness often have multiple health problems, which can escalate easily. They often end up in emergency departments in hospitals, when problems become acute.

"We want to address the premature deaths and disability associated with homelessness," says Grace Rullis, Manager of Homelessness Services and Clinical Lead at the Haymarket Foundation.

As part of the pilot, two doctors Dr Stephen Wilson* and Chee Khoo, generously volunteered their time to deliver video consultations.

The GP telehealth trial was positively reviewed by the ten clients – and there were significant clinical outcomes, including one patient being diagnosed with a chronic disease.

It was particularly gratifying that one client even commented: "I want Dr Choo to be my GP for the rest of my life."

Critical to the success of the trial was the use of the senior case managers Deborah Jurd and Dinsel Davies, who had relationships of trust with the clients and were able to offer key insights. They were trained in the use of personal protective equipment and in how to measure vital signs, ahead of a client being connected to a doctor on digital technology.

Quality Coordinator Valda Allen oversaw policy development, training, compliance and other critical clinical additions to the program.

While there will be further phases of telehealth to determine its effectiveness and viability, it is hoped the work will be the beginning of a re-established specialist homeless general practice.

*Dr Wilson is a Board member of the Haymarket Foundation

90% Percentage of patients in the first trial who had chronic care issues

"We want to address the premature deaths and disability associated with homelessness."

Grace Rullis
Manager of Homelessness Services and Clinical Lead, Haymarket Foundation



*A grassroots service:
Dr Chee Khoo sees a
patient using telehealth*



“I want to live a normal, stable life. I really like it here. I’m given respect and care from staff.”

Former resident

SECTION 1

HOMELESSNESS SERVICES



THE HAYMARKET CENTRE AND HIV AND AOD INTEGRATED CARE PROGRAM

About the service

The Haymarket Centre is a 24-hour crisis accommodation and case management facility for people experiencing complex homelessness.

The residents often have two or more conditions – including chronic mental health and current alcohol and other drug issues. The Chippendale-based Centre has a harm reduction approach to alcohol and other drugs, which allows people to engage with the service, supporting the stabilisation of their health and accommodation needs. Until the pandemic, a total of 28 people were able to be supported on-site at any one time, with four of those beds earmarked for people living with HIV. The Department of Communities and Justice funds 24 beds in the service. The four-bed HIV & Alcohol and Other Drug Integrated Care Program is funded by South Eastern Sydney Local Health District.

Staff have been trained in infection control, including the use of masks and other personal protective equipment. They do temperature checks and give daily reminders to clients to ensure their safety.

In the biggest change to the Haymarket Foundation's crisis accommodation services in many years, the majority of residents were moved out of the Chippendale facility into temporary accommodation in April, to help prevent the spread of COVID-19.

While the 24-hour facility remained open – with eight of the most vulnerable residents remaining on site during lockdown – 15 others were re-located to a nearby hotel to increase social distancing and help people self-isolate.





IMAGE Increased infection control: Senior Case Manager Deborah Jurd takes the temperature of a resident

9

Average number of
years clients have spent
in homelessness

91%

Percentage of clients
who have two or more
health issues

The change was part of the State Government's \$34 million initiative, which housed people experiencing homelessness during the pandemic.

The move was no easy feat, as the service works with some of the most complex clients, who have mental health, alcohol and other drug issues. 91% of clients have two or more health issues.

The Haymarket Foundation's senior case managers led the adaptive daily outreach case management support to people in their hotels, which also included food, funded by StreetSmart. Additional staff were rostered on to help manage the extra workload. To capture knowledge, the team developed a knowledge management system with the Foundation's Quality Coordinator to streamline processes, adapt the outreach support and consolidate key learnings and insights.

During the peak of the pandemic, the service remained closed to new residents, to reduce the risk to clients and staff.

Staff have been trained in infection control, including the use of masks and other personal protective equipment and they are required to enforce rigorous cleaning at the start and end of every shift. They do temperature checks and give daily reminders to clients to ensure their safety.

Another key development for the service was the training of senior case managers in the telehealth pilot, for people experiencing homelessness (covered in the previous section).

CASE STUDY

STITCHING TOGETHER A NEW FUTURE

Hendra was just 19 years old when they met their long-term partner, an older Australian man, in Indonesia.

They migrated to Sydney and lived in a large home in Drummoyne for more than 20 years. The couple travelled frequently and Hendra pursued an interest in dressmaking.

Around eight years ago, Hendra was kicked out, when Hendra's partner started a relationship with a young man.

"I didn't know I would be homeless in Australia," they said. Their drinking escalated: a situation which led to a number of stints in jail, including in a male prison. This was particularly problematic as Hendra identifies on the non-binary/transfeminine spectrum.

In between, Hendra kept returning to the Haymarket Centre – a place where they felt safe. But this time is different: Hendra is not drinking and has taken up an old hobby.

"I like sewing because I like being creative," says Hendra. "I go into second-hand clothes shops and I redesign dresses and other items."

Hendra's case manager noted that they were hand-stitching fabric and organised for the purchase of a sewing machine.

Sewing is also a connection with the past: "I thought it would help with my memory."

Hendra has also been engaging in weekly counselling through the Haymarket's Alcohol and Other Drug Counselling Service.

The case managers are coordinating support across a number of external agencies and are working on a comprehensive NDIS plan which will allow Hendra to live independently, with some home supports to help with cognitive impairment as a result of drinking and complex trauma.

"A house is very important," says Hendra. "It would be like a dream ... It would be precious."

"I didn't know I would be homeless in Australia."



INNER CITY RAPID RESPONSE

About the service

Single people who experience homelessness within the Inner City and Inner Western suburbs of Sydney can get support to access safe short- or long-term accommodation through Inner City Rapid Response.

The service aims to decrease the likelihood of clients becoming entrenched in long-term homelessness, by providing access to crisis and transitional accommodation and supporting a person to navigate permanent housing pathways. This service is part of the NSW Government's Specialist Homelessness Services and is one of a number of similar services in place across NSW. The lead agency is YWCA.

54%

Percentage of people experiencing homelessness who have experienced multiple episodes of homelessness

31%

Almost a third of the high effort clients are women

A major change for the service was the redeployment of two staff to triage and support rough sleepers at the height of the pandemic.

This significant additional casework was carried out whilst continuing to manage existing clients who were self-isolating in the service's crisis and transitional properties. This included the delivery of essentials.

The staff were deployed to the Department of Communities and Justice taskforce for around two months. The team would receive referrals from homelessness service provider Neami National to first assess and then identify permanent housing pathways for the rough sleepers who had been given short-term accommodation in hotels.

"It was a really busy and exciting time," said one of the case managers Bella Johnstone. "The COVID-19 pandemic has actually been an opportunity for many of our clients to establish a home, which is really rewarding."

Once a person was housed, Neami National provided a furniture package but the Rapid Response team continued to provide post-housing support to support the tenancy.

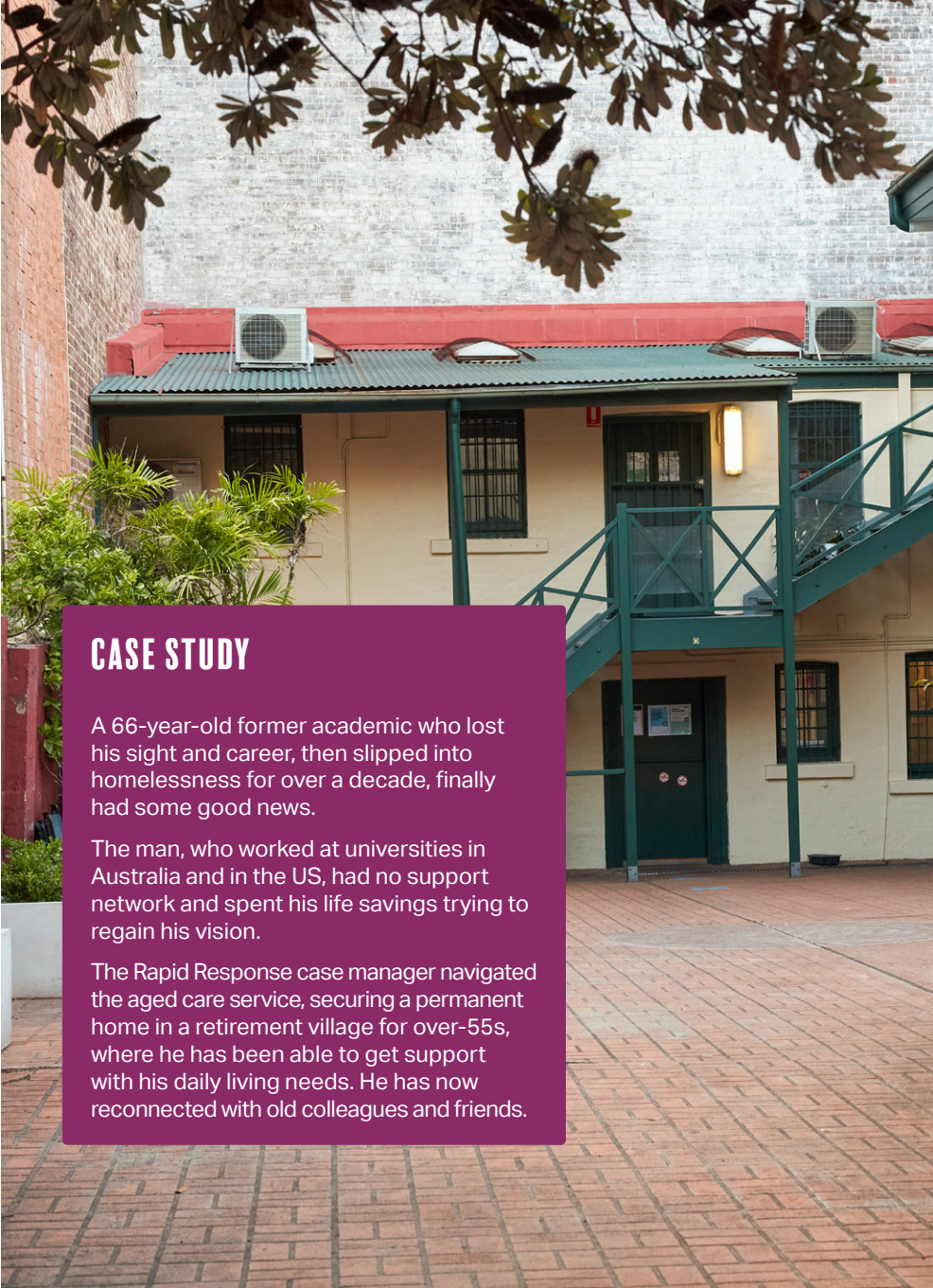
Additionally, in June, the Haymarket Foundation was sub-contracted by Neami National to support a new housing first program, STEP-Link, as a result of the pandemic. A Haymarket staff member has been employed full-time until the end of June 2021, alongside 13 Neami outreach workers.

CASE STUDY

A 66-year-old former academic who lost his sight and career, then slipped into homelessness for over a decade, finally had some good news.

The man, who worked at universities in Australia and in the US, had no support network and spent his life savings trying to regain his vision.

The Rapid Response case manager navigated the aged care service, securing a permanent home in a retirement village for over-55s, where he has been able to get support with his daily living needs. He has now reconnected with old colleagues and friends.



SYDNEY HOMELESS EARLY INTERVENTION SERVICE (SHEIS)

About the service

This early intervention service addresses the issues that place tenancies at risk and could lead to homelessness.

The program focuses on Sydney's inner city and inner west, with similar programs operated by other services covering the rest of the state. The initiative is part of the NSW Government's Specialist Homelessness Services. The Haymarket operates the service in partnership with Mission Australia, YWCA Australia and the Salvation Army.

The service remained operational during lockdown with much of the work being carried out by phone for a period of four to six weeks.

Despite these challenges, the service managed to work with 133 clients during the financial year, with excellent results. Over half of people who were experiencing homelessness when accessing the service managed to establish a tenancy as a result (56%).

Case managers provide intensive case management which includes navigating the mental health system and referring people to other services including the Homeless Persons' Legal Service to achieve sustainable outcomes. Clients were supported on average for just over three months (106 days).

56%

Percentage of people experiencing homelessness who were able to establish a tenancy

83%

Percentage of early intervention clients who were able to sustain their tenancies

The pandemic proved particularly difficult for some clients.

"Some had suicide ideation, especially mental and physical health risk clients who were totally isolated," said Elka Arcan, case manager with SHEIS.

The service helped many newly unemployed people with brokerage for rent arrears. Typically, those who access the service live in boarding houses, social housing, or private rental.

The service can include negotiating with landlords, real estate agents and providing financial support for rent, household goods and other essentials.

In addition to the results outlined above, 83% of early intervention clients were able to sustain their tenancies, with some moving into more secure accommodation such as social housing, as a result of the work.

CASE STUDY

Todd* has come a long way in a few months: after a period of rough sleeping during the pandemic, he has settled into a rental, has started a two-year TAFE course and has a part-time job.

At the start of the pandemic he was couch surfing, then he turned to rough sleeping. The man, who lives with chronic PTSD and physical health issues, already had a six-month relationship with SHEIS. As a result, the case manager provided outreach and advocacy. Funding from StreetSmart allowed for additional essentials. Later, the client was offered a Housing NSW (private rental subsidy) tenancy. A grant from the Walter and Eliza Hall Trust helped to buy furniture and other essentials.

*Not his real name





“Our staff are tenacious and really care about clients, who have often been given up on. We are proud of the achievements of the services.”

CEO Peter Valpiani and Manager of Homelessness Services and Clinical Lead Grace Rullis

SECTION 2

ALCOHOL AND OTHER DRUGS SERVICES



BOURKE STREET PROGRAM

About the service

This program caters for up to 23 men who have completed a residential rehabilitation program and require additional support.

The nine-month program, where participants live in shared housing, provides the emotional and practical skills required to reconnect with family and friends, enrol in educational programs, re-enter the workforce and ultimately live a fulfilling life in the broader community. It is funded by the South Eastern Sydney Local Health District.

29

Number of men involved in the program during 2019-2020

278

Average time in days to graduate the program (approx 9 months)

As a frontline service, the Bourke Street Program remained open during the COVID-19 pandemic, but with significant changes to its operations.

The existing participants remained housed in the six shared homes in and around Bourke Street in Woolloomooloo, but there were no additional men admitted during lockdown.

Some men remained in the service longer than anticipated as there was nowhere safe for them to exit to.

During that time, the men still had face-to-face meetings with their case managers, but group therapy and individual appointments with the psychologist moved online. The Monday night shared dinners were cancelled. To help with online commitments and to decrease isolation, each of the homes was connected to the internet for the first time.

Additional cleaning, use of personal protective equipment and regular temperature checks were implemented once lockdown was lifted.

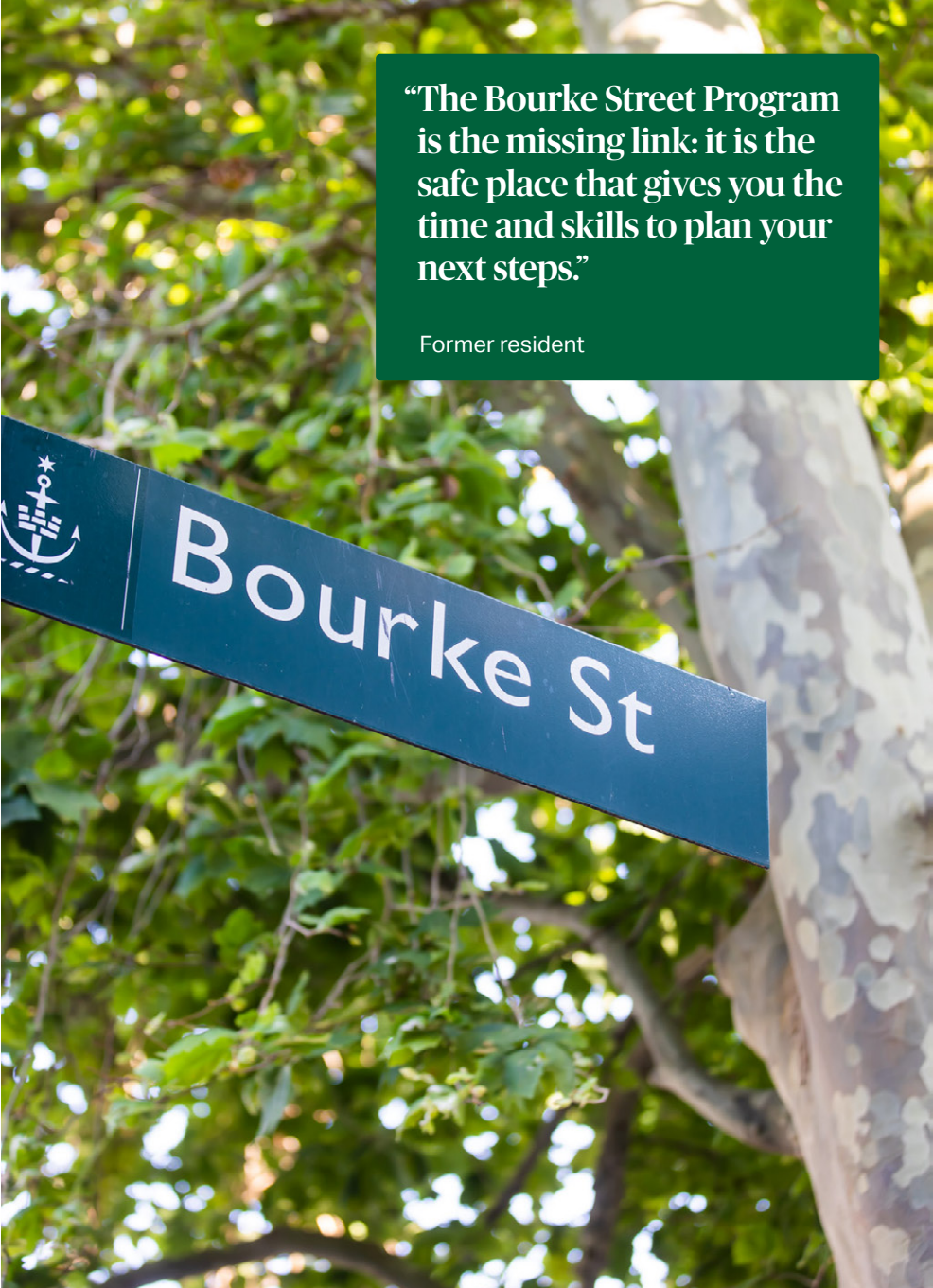
Meanwhile, significant funding was awarded to make the program suitable for Aboriginal and Torres Strait Islander participants. The six-month project is being supported by funding from the Network of Alcohol and Other Drugs Agencies and the Ministry of Health.

Aboriginal and Torres Strait Islander men are disproportionately represented in the program, but until now there has been no culturally appropriate material designed for this group.

"We are pleased that 60% of Aboriginal men successfully graduate from the program and do not require further alcohol and other drugs services, but there is still room for improvement," says the CEO of the Haymarket Foundation, Peter Valpiani. "We also want to share knowledge across the sector." The work will be completed early in 2021.

"The Bourke Street Program is the missing link: it is the safe place that gives you the time and skills to plan your next steps."

Former resident



CASE STUDY: A WINNING APPROACH

When Julian* left the Bourke Street Program, not only had he abstained from alcohol and other drugs for 18 months, he had also established a new career, learnt how to budget and rediscovered a love of tennis.

"I have a game with men who are much younger than me and I'm still competitive. It's a great way to meet new people and have fun," says Julian, who is now living in Sydney's East and working part-time in the transport industry.

"My entire 40s are pretty much erased from my mind: I was either drunk or high. Names, dates and places are a blur," he notes, adding that towards the end he was "homeless, penniless and had run out of favours".

The former public servant finally entered rehab, then took part in the Bourke Street Program, which he credits with helping him reappraise his life and direction.

"If you don't have the support of going to Mum's basement after rehab: where do you live, what job do you do? The Bourke Street Program is the missing link: it is the safe place that gives you the time and skills to plan your next steps," he says.

"I have a life-long friend through the program: we speak every day," he says. "In what other universe would a middle-class ex-public servant have a friendship with a plumber who is half his age?"

The pair often support each other by going to recovery meetings – the younger man with Narcotics Anonymous and Julian to an AA group.

Julian adds that he always felt "safe and respected" as a middle-aged gay man in the program: "It's truly a diverse and welcoming place."

* Not his real name.

"My entire 40s are pretty much erased from my mind."





THE ALCOHOL AND OTHER DRUGS COUNSELLING SERVICE

About the service

The Alcohol and Other Drugs (AOD) Counselling Service is available free to disadvantaged members of the community who have both alcohol and other drug issues and mental health concerns.

Apart from individual psychotherapy, the psychologist offers group therapy; couple counselling, crisis intervention; assessment and referral; relapse prevention, case management and supervision. The service is funded by Central and Eastern Primary Health Network.

The AOD counselling service has always been delivered face-to-face, relying on the non-verbal cues of a patient, as well as what they say about themselves. At the height of the pandemic, the service went online, requiring major changes for all parties.

"When I am face-to-face, I can see a whole range of things, including how you present and your demeanour," notes psychologist Carlos Duarte. "But on the phone or via video, I have to work much harder to make up for not seeing the whole person. It's tiring demanding and draining."

Initially, there were teething problems, with high no-show rates, due to a number of reasons, including people being uncomfortable with technology and having their routines interrupted.

75%

Percentage of clients who reported an improvement

20%

Percentage of clients whose mental health and drug and alcohol issues improved

Additionally, referrals to the service dried up, as many rehabilitation services closed entirely or only had a fraction of the clients. This meant that people were not exiting those programs and did not yet require ongoing help.

But those who were already using the service online kept coming back and referrals through word-of-mouth helped.

"Some people find telehealth better. They like that they can take an hour off work and go into a private office for the meeting," says Carlos. "It's also good for accessibility for those who are less mobile and for others who are far away. It saves time and transport costs."

He says the clinical outcomes are similar for both online and in-person consultations.

The service plans to continue operating online two days a week.

THE WAITING LIST SUPPORT SERVICE

About the service

The Waiting List Support Service supports individuals and family members from marginalised population groups to find the appropriate care for alcohol and other drug issues.

The pandemic has prompted an increase in the number of people accessing the Waiting List Support Service and the way the support is being delivered.

The support was offered online during lockdown, with the case worker successfully helping clients navigate the digital technology.

The service has also changed to offer more counselling than case management, as there is nowhere for people to be referred to, with many residential rehabilitation services not taking new clients during the pandemic.

The impact of COVID-19 on people's mental health and wellbeing has been pronounced, resulting in a spike in demand for support relating to alcohol and other drug issues.

"The second wave has highlighted what happens when people who were already feeling lonely and anxious are left isolated, and are disconnected from face-to-face services for long periods," says Suzanne Baran, who is the case worker with the Haymarket's Waiting List Support Service. "It has a significantly worse effect on their physical and mental health than connected Australians."

166%

Percentage increase
in service use over
agreed targets in
2019/2020

Additionally, the service is reporting a change in drug use, due to limited imported drug supplies and increased costs. Evidence is showing more people are relying on alcohol and marijuana during the pandemic.

"The isolation means that people are typically drinking at home, which may be easier for them when more people are working from home, or have lost their jobs," says Suzanne. "It's a time where people may find themselves disconnected from their normal social routines, then there's the distress that has come with living in a restricted, unknown climate. It has also resulted in people withdrawing on their own, due to the limited and tighter restrictions of entry into recovery treatments."

Many of those seeking help remain in a holding pattern, with waiting lists of between six months to a year to get into rehabilitation programs, which have been unable to take new clients during the pandemic.

In addition, the service now faces the challenge of an influx of new clients from Correctional Community Services, many of whom had been detained until the end of lockdown.

IMAGE A changing environment: case worker Suzanne Baran says more people relied on alcohol and marijuana during the pandemic.

There has been a spike
in demand for support
relating to alcohol and
other drug issues.



TREASURER'S REPORT

SUMITHIRA THAVAPALAN

COVID-19 had an impact on the finances of all organisations, with social services like ours being particularly affected. Increased spending on frontline services for our clients during the pandemic has come at the same time as we have had decreased income from investments.

Despite these challenges, the Haymarket Foundation has taken advantage of the unique opportunities that became available during the pandemic such as trialling a telehealth program. The program could reap significant rewards both in terms of service delivery and the financial health of the organisation going forward.

The financial statements for the year ended 30 June 2020 have been prepared on a General Purpose Financial Statements – Reduced Disclosure basis in accordance with the appropriate accounting standards, and have been independently audited by Stewart Brown Chartered Accountants.

Profit and loss

The Haymarket Foundation has reported a deficit of \$328,286 for the financial year ending 30 June 2020 (2019: surplus \$45,837).

This was due in part to the performance of the Haymarket Foundation's financial assets, which experienced a significant downturn, along with the markets. The fair value loss on financial assets was \$17,752 (2019: gain \$176,382).

Additionally, a decision was made to maintain our commitment to frontline work by increasing spending on services, while also maintaining wages for staff at their existing levels.

Balance Sheet

The Haymarket Foundation saw a decrease in working capital of \$771,897 to \$122,978 over the financial year. This was largely as a result of the new lease accounting standard, AASB 116, where lease commitments are recorded on the balance sheet, a portion of which is classified as a current liability (\$437,804), rather than disclosing these as a future commitment.

Cash Flow

The Haymarket Foundation returned a net decrease in cash of \$219,372 during the financial year driven by cash outflows from financing activities of \$363,451 due to the repayment of lease liabilities. The cash balance at the end of the financial year was \$878,000.

The organisation is well placed to meet its current obligations. I would like to thank Peter Valpiani and Christine Kumaradas for their diligence in managing our finances.



To access the full Haymarket Foundation financial report [click here](#)





“We give people respect at the Haymarket: because they have lost that when they arrive.”

Senior Case Manager, Dinsel Davies

CHANGING LIVES: HOW YOU CAN MAKE A DIFFERENCE

Nicky Solomon is a neighbour, volunteer and supporter of the Haymarket Foundation. Until coronavirus struck, she would visit residents weekly with her dog, Nell.

Supporters like Nicky change the lives of people experiencing homelessness in a tangible way.

You can too, by volunteering, fundraising or donating to us.

Together we can make sure that everyone has a safe place to call home and they have the right network of supports when they get there.

A regular tax-deductible or one-off donation gives more than a meal and a bed for a night, it helps build a new future for someone who has experienced extreme disadvantage.

Leaving a gift to the Haymarket Foundation in your Will means we can support people who have experienced trauma and discrimination for years to come.

**Find out more by visiting
haymarket.org.au/donate/
or call our Philanthropy and
Communication Manager Susi Hamilton
0466 366 900**



OUR SUPPORTERS

Thank you to everyone who champions the work of the Haymarket Foundation through donations, volunteering and other support. We are so grateful for your generosity – and it means so much to the people we work with.

Our primary funders

- The Department of Communities and Justice
- South Eastern Sydney Local Health District (SESLHD)
- Central and Eastern Primary Health Network

Our supporters

- Delta Dogs
- Gift of Bread
- Maddocks
- Nicky Solomon and Nell
- OzHarvest
- StreetSmart Australia
- Walter and Eliza Hall Trust
- And all our wonderful supporters who wish to remain anonymous.

Partner agencies

- ADAHPS (formerly AIDS Dementia and HIV Psychiatry Service)
- Amélie Housing
- Bobby Goldsmith Foundation
- Bridge Housing
- Metro Housing
- Mission Australia
- Neami National
- Newtown Neighbourhood Centre
- Positive Central
- Salvation Army
- SESLHD HIV Outreach team
- YWCA Australia

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**THANK YOU FOR
YOUR KINDNESS AND SUPPORT.**

**TOGETHER, WE CAN PROVIDE
A HOME AND A FRESH START FOR
PEOPLE EXPERIENCING
HOMELESSNESS AND DISADVANTAGE.**



[Click here to donate](#)

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