Acknowledgement of Country

The Haymarket Foundation acknowledges that the land we operate on is Aboriginal land and 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 Indigenous 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.
Our vision:
To create a better future for Sydney’s homeless and marginalised.

About Haymarket:
The Haymarket Foundation Ltd. is a secular, charitable organisation established in 1974 to provide healthcare to Sydney’s homeless.

We are one organisation, with two areas of service delivery: focusing on people experiencing homelessness and/or those with alcohol and other drug issues.

The Haymarket provides specialist residential accommodation for people in crisis, supports people with adaptive permanent housing and support pathways, and provides a range of supportive recovery environments throughout each individual’s journey.

We exist to provide opportunities to people who have been marginalised by society. We understand that the people we work with come from a background of complex trauma, and we use this understanding to advocate and deliver multidisciplinary services that are inclusive, safe, and offer freedom of choice.

We believe that all people are equal, and we will provide as many chances as are needed to support someone on their journey to independence, despite the professional challenges this may create.

The Haymarket Foundation is proud to be a registered charity with the Australian Charities and Not-for-profits Commission, and has the highest commitment to transparency, accountability and governance.

The Haymarket Foundation is a public benevolent institution and an incorporated entity, and is registered with the Australian Charities and Not-for-profits Commission (ACNC). It is endorsed to access the following tax concessions: GST concession, FBT exemption, income tax exemption and is endorsed as a deductible gift recipient. The activities of the organisation are regulated by relevant State and Commonwealth Laws, and the Haymarket Foundation Constitution and it is governed by a voluntary Board of Management.

The Haymarket Foundation ABN 24 001 397 986
CHAIRMAN’S REPORT

This has been another exciting year for the Foundation, having seen the completion of most aspects of the administrative restructure outlined last year in our strategic plan. We are now considered within the sector as an outstanding example of best practice. This places us in an excellent position to pursue a program of continuing improvement in the delivery of our services including the collection of significant data to inform and guide this process.

The year has also seen, thanks to our new marketing and branding strategy, a significant increase in our public profile with donations in cash and kind exceeding $100,000, and a further building of partnerships, both in number and scope of involvement.

In the coming year we will be working very hard to develop a specialist homeless general practice, as it is considered pivotal to our work. This has been identified in the latest homelessness research as a high priority and it would seem we are in the best position to provide such a service.

The delivery of this service and the challenge of arresting the decline in crisis beds is highly dependent on securing new streams of funding.

Our other major task in the coming year will be in the development and execution of our fundraising strategy.

Our continuing, and hopefully, expanding success is due to the dedicated staff at The Haymarket Centre, Bourke Street Program, Rapid Response Program (Rapid), the Sydney Homelessness Early Intervention Service (SHEIS), The HIV/AIDS Integrated Care Program, Alcohol and Other Drugs Counselling Service and the Waiting List Support Service. Once again, the leadership of our CEO, Peter Valpiani, has been outstanding. One often hears the phrase ‘above and beyond the call of duty’ but it is no better exemplified than in the talented and tireless effort he brings to his role.

As always, I would like to record my appreciation for the support of our funders. I also thank the other agencies that work with us, their cooperation is crucial in this complex area of care.

Finally, I wish to thank my excellent Board who continue to contribute with great diligence to the overall supervision of the Foundation’s activities.

“We are now considered within the sector as an outstanding example of best practice. This places us in an excellent position to pursue a program of continuing improvement in the delivery of our services including the collection of significant data to inform and guide this process.”

KEVIN ROZZOLI
Over the past year, the Haymarket Foundation achieved new levels of sustainability and impact as a broad range of major change initiatives were completed while maintaining our unrelenting focus on delivering effective quality of life outcomes for our clients.

A range of operational and strategic successes were achieved throughout the year, which aligned with our goals of improving clinical effectiveness and adaptability in service delivery. We helped more people, to a higher standard than ever before, and through the phased introduction of value-based healthcare modelling, we now understand and can articulate our clinical impact more clearly than ever before. Our major structural changes as an organisation have been integral to this achievement, delivering substantial improvements to efficiency, improving our financial health and allowing us to reallocate more than $100,000 from administration into frontline service delivery.

These achievements were only possible due to the collective efforts of the Haymarket staff. Their desire to live our intent of providing quality of life and choice through professional tenacity on a daily basis is inspiring. Over the past year, the Haymarket staff have worked above and beyond to concurrently complete a series of major change initiatives whilst also providing the best possible standard of care 24 hours a day, 7 days a week. They are a team that I am truly proud to be a part of.

The exemplary stewardship of our board of Directors has been equally integral to the success of the Foundation. I am thankful for the skills, expertise and ongoing guidance of our Directors as we work through a new phase in Haymarket’s history.

I would also like to express my thanks to our funders, corporate partners and donors who have supported us on our journey over the past year.

Whilst we are proud of our achievements over the past year, there is still more to do. Front of mind is the ever-increasing demands placed on our services, both in the number of people seeking our help and in the complexity of care they require. This is the result of a growing population in the inner suburbs of Sydney, as well as an increase in the pressures of living experienced by our clients, who are some of the most vulnerable in our community. This need is compounded by our operational costs rising faster than indexation, which reinforces the need to continue finding new ways to deliver more with less, while relying increasingly on the support of our community to continue making a difference.

We intend to meet this challenge by completing the implementation of value-based models of care delivery, founded on a balance of academic research, ongoing internal evaluation and meaningful co-design with our clients. We also intend to re-launch primary health services for our client cohort to provide the ongoing continuity of primary health care which has been desperately lacking since the closure of the Clinic several years ago.

We understand the challenge, and I know we have the right team to be successful in the coming years.
THE YEAR IN REVIEW

Using data for good

In May, the Haymarket introduced real-time data across its services, which allows for the most effective and efficient delivery of programs.

Known as value-based healthcare, the approach is most commonly used in clinical settings such as surgery. The model has not previously been used in community settings in Australia.

“This allows us to be more focused on the best outcomes for clients and providing value for money for funders,” says CEO Peter Valpiani.

“In the time we have introduced the system, we have been able to test our work with clients and adapt it as we go, instead of waiting for months for data to come in and then modify the work,” he says.

An example of the real-time data in action is with the Alcohol and Other Drug Counselling Service at Woolloomooloo, where over six months, there was a 10% increase in the number of clients who reported meeting their self-identified treatment goals.

Women experiencing homelessness

The Haymarket Foundation worked with social policy research consultant Dr Jane Bullen and the Mercy Foundation to develop a new research report titled Didn’t feel heard, didn’t think I had a voice, didn’t feel safe: gender responsive strategies for women experiencing long-term and recurrent homelessness.

Amongst the findings: many women who become homeless actively avoid homelessness services, in some cases for many years. As their homelessness is often hidden or self-managed, it is often unrecorded and its extent is obscured.

The recommendations include: a need for government to provide additional specialist services and low-cost housing.

The work also suggests a number of measures for the homelessness sector including making sure programs are human-centred, gender-responsive, flexible, respectful, strengths-based and support self-determination.

Women experiencing homelessness

The Haymarket Foundation worked with social policy research consultant Dr Jane Bullen and the Mercy Foundation to develop a new research report titled Didn’t feel heard, didn’t think I had a voice, didn’t feel safe: gender responsive strategies for women experiencing long-term and recurrent homelessness.

Amongst the findings: many women who become homeless actively avoid homelessness services, in some cases for many years. As their homelessness is often hidden or self-managed, it is often unrecorded and its extent is obscured.

The recommendations include: a need for government to provide additional specialist services and low-cost housing.

The work also suggests a number of measures for the homelessness sector including making sure programs are human-centred, gender-responsive, flexible, respectful, strengths-based and support self-determination.

16,712 nights’ accommodation provided

Our nights in the spotlight

We were very grateful for the support from two fundraising events during the year, which collectively raised several thousand dollars for the Haymarket Foundation.

Thanks to Tom Ballard and other members of the former ABC TV program Tonightly who were part of a live comedy show at Giant Dwarf on Cleveland Street and to the Honeybees Gospel Choir which hosted a winter Soulstice Concert at the St Mary Magdalene Catholic Church in Rose Bay.

781 clients supported across the seven programs
CLIENT VOICES
WHAT ARE YOUR HOPES FOR THE FUTURE?

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

“I’d like to have my own place to start with. I last lived alone 10 years ago. Staff here are respectable and I just want everyone to be happy.”

“My aim is to get off drugs with the help and support of staff.”

“Getting accommodation is important. To have a respectful atmosphere at the refuge. Staff and clients are wonderful.”

“I want to get a watch and phone, to see a psychiatrist and psychologist.”

“It’s important to remember that we all can be thankful for the moments of joy. Remember to appreciate those moments!”

“I want to have my kids and family around me. Just love and care for each other.”

“I want housing and to build relationships with family, reconnect with my children.”

“I don’t want to live alone: I want people around me.”

“I want to get through mental illness and get a job.”
HOMELESSNESS SERVICES CHIPPENDALE

Staff from the Haymarket Centre include (l-r) Tiffany Forsyth, Carol Cassel, Deborah Jurd, Grace Rullis, Dinsel Davies and Naomi Lewis.
The Haymarket Centre provides accommodation and case management for people experiencing complex homelessness who present with two or more health and other conditions – most often mental health, alcohol and other drug issues.

The Centre is one of only a few services in Sydney which cater to people who are currently using or dependent on alcohol or other drugs (AOD).

This service has been running for more than 20 years and provides 24 beds for women, men and transgender and gender diverse people over the age of 18. Since 2009, this 24-hour residential service has been based at Regent Street, Chippendale, where we also offer all meals, showers and laundry facilities.

Additional case managers work with clients to help eliminate service and housing barriers, stabilise their health and help them towards a safer future.

Most clients stay for three months, although it can be longer, depending on their needs. Where possible, residents pay a quarter of their government benefits to contribute to costs.

The HIV/AOD Integrated Care Program, featured on the next pages, comes under the umbrella of the residential services. There are an additional four beds for this service, with a total of 28 people who can be supported at the Centre at any one time.

When exiting the service, 17.5% of clients were supported to establish more permanent housing. This is significant as a majority of clients had unsatisfactory tenancy records prior to Homelessness.

“We work with people that are discarded and rejected and given up on,” says Grace Rullis, Manager Homelessness Programs and Clinical Lead at the Haymarket Foundation.

when exiting the service, 17.5% of clients were supported to establish more permanent housing. This is significant as a majority of clients had unsatisfactory tenancy records prior to homelessness.

173 people stayed at the centre

Access remains a critical focus for the service with the Indigenous and LGBTIQA+ communities disproportionately represented.

Key developments

The Haymarket Centre is known for its work with the most complex of clients. In 2018/19, only one client was new to homelessness, the other 172 had multiple episodes of homelessness over many years.

These clients often are unable to access other services, which do not have the capacity to provide adaptive residential services for people who are using or dependent on AOD.

While the complexity of the casework grows, the demand outstrips what can be provided. We accommodated 173 clients, or 11% of the 1605 people referred to us.

“I love those people and they deserve every opportunity we can advocate for,” she says, noting the clients’ whole lives have frequently been impacted by complex trauma, and discrimination.

Funding:
The Department of Communities and Justice funds 24 beds in the service.
HIV & AOD INTERGRATED CARE

This unique service provides stabilisation for people experiencing homelessness, who are living with HIV, mental health diagnoses and current alcohol and other drug dependency.

The HIV & Alcohol and Other Drug (AOD) Integrated Services Project was established in 2009 and is a partnership between five agencies. Accommodation and intensive on-site case management is provided at the Haymarket’s residential facility in Chippendale.

The integrated approach between the agencies is critical to the success of the program, which begins when a client first accesses the residential service and continues through outreach once the person stabilises or exits the residential service.

Key developments

Our aim of the service is to assess and manage acute presentations, focusing on AOD harm reduction and stabilising primary health needs.

To ensure health stabilisation, a key requirement of the program is that clients are 90% medication compliant when they are on site at the Haymarket Centre. By taking antiretrovirals consistently, virus mutation and the risk of other health conditions can be minimised. All clients were supported with individualised clinical support, case management coordination and housing pathway navigation.

Referrals to the program largely came from program partners, though NSW Health agencies and the Department of Corrections.

Most clients resided in the residential service for between three and four months. Post-support is provided by a senior case manager from the Bobby Goldsmith Foundation, who ensures co-ordination of services and community integration.

Funding

The four-bed service is funded by South East Sydney Local Health District (SESLHD).

The four other partner agencies are the Bobby Goldsmith Foundation, ADAHPS (formerly the AIDS Dementia and HIV Psychiatry Service), the SESLHD HIV Outreach team and Positive Central, a specialist HIV team based at Redfern.

Clients are required to be 90% medication compliant when they are on site at the Haymarket Centre.

97% occupancy rate

Case worker Naomi Lewis with a client.
Single people who are new to homelessness within the Inner City and Inner Western suburbs of Sydney can get help to access safe short- or long-term accommodation through a dedicated team at the Haymarket Foundation.

Known as Inner City Rapid Response, the program aims to decrease the likelihood of clients becoming entrenched in long-term homelessness.

The service includes access to crisis and transitional accommodation, support navigating housing pathways and advocacy for clients. Brokerage is also provided to support a client’s new tenancy.

It has a strong focus on Indigenous people and is accessible to people from culturally and linguistically diverse backgrounds.

The program is part of the NSW Government’s Specialist Homelessness Services and is one of a number of similar services in place across NSW.

The Haymarket’s team, based in Chippendale, was established in 2014.

**Key developments**

The service experienced a huge demand in 2018-19: the two case workers employed supported 191 clients, more than a third above target (36%).

Significantly, the complexity of the client work is also increasing. There has been a sharp increase in the number of clients presenting to the service experiencing repeated episodes of homelessness. At the start of 2018/19, this stood at around 28% of clients and at the end it almost tripled to 80% of clients.

Almost a quarter of clients had recently lost a tenancy in a boarding house (24%) and a similar number were in crisis accommodation (23%). Just over one in eight people were rough sleeping (15%).

Despite these challenges, 44% of clients were able to be rapidly rehoused – or their tenancy was sustained – as a result of the work.

Our staff worked with 32 other partner organisations across the government and NGO sectors to achieve these outcomes.

**Funding**

The service is delivered in partnership with YWCA Australia, with funding from the NSW Department of Communities and Justice.
SYDNEY HOMELESS EARLY INTERVENTION SERVICE (SHEIS)

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

The service is aimed at maintaining tenancies through short-term case management. It is open to single people from a range of backgrounds who may be living in boarding houses, public and community housing and private rentals.

The program focuses on Sydney’s inner city and inner west, with similar programs covering the rest of the state.

The initiative is part of the NSW Government’s Specialist Homeless Services which aims to improve longer term results for people experiencing, or at risk of homelessness.

The Haymarket has been operating the service in partnership with Mission Australia, YWCA Australia and the Salvation Army since 2014.

Key developments

One of the key achievements was the sustained increase in the number of women accessing the service: more than a third of clients were female. This was achieved through expanding networks and an adaptive case management approach.

Through holistic and adaptive case management strong referral pathways have also been developed, with outreach conducted weekly at the Newtown Neighbourhood Centre. The service’s staff saw 132 clients over the year, the majority of which required complex case management.

The work can include negotiating with landlords, real estate agents and providing brokerage for rent, household goods and other essentials. It can also include referrals and advocacy for services relating to mental health and the NDIS, for example.

52% of clients were men between the ages of 40 and 60 living in boarding houses.

One of the successes was that more than half of the clients accessing this service no longer needed support after working with SHEIS.

Over the year, SHEIS worked in partnership with 45 agencies and service providers, across government and NGOs.

Funding

The Department of Communities and Justice has funded Mission Australia to lead this service. The Haymarket Foundation works with Mission Australia to provide specialist outreach across the inner city and inner west.

132 clients were supported by the program
The Bourke Street Program is a long-running, residential rehabilitation program with a living skills focus for men recovering from alcohol and other drug dependence.

The program supports men who are in recovery and at risk of homelessness with transitional accommodation, case management, counselling, therapeutic support groups, sports and recreation, living skills, and access to psychological services and relapse prevention programs.

The service works using a transitional, four-stage model to help men with a desire to change their lives by providing 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.

Key developments

The Bourke Street Program has been reviewed and restructured through detailed feedback from clients and comprehensive collection and assessment of data.

As part of the review, there were three feedback sessions with clients and that information has resulted in a co-designed nine-month program with greater structure. The new model includes an individualised program to deliver improvements to quality of life, social connections, increased self-esteem, better physical and mental health, opportunities to upskill through education and training, employment and housing options.

The Manager of Alcohol and Other Drug Programs Paul Tratt says the new structure and resulting data will help the team achieve more,

“We are proud that the Bourke Street Program has much higher rates of graduation and lower relapse rates than similar community-based programs, but this will allow us to be even more effective.”

The case workers stress that empathy for clients is critical to the success of the work. They use a range of approaches including Cognitive Behaviour Therapy, Acceptance and Commitment Therapy (ACT), Narrative Therapy and motivational interviewing.

The Program’s weekly activities include relapse prevention group, morning process group (which includes emotional regulation), check-in group and community dinners, through to individual activities including case management and counselling with a psychologist.

The service was able to provide support for 17 people at any one time in 2018/2019, down from the usual 23 clients. The reduced caseload is due to two of the six properties used by the service requiring major repairs. Plans are in place to have those properties fully operational by May 2020.

Funding

The Program is funded by the South Eastern Sydney Local Health District and NSW Health.
This unique counselling service is available free to disadvantaged members of the community who have both alcohol and other drug issues and mental health concerns.

It is the only service of its type for this community who would have nowhere else to turn to. Normally, specialist counselling like this is only available free of charge to people in rehabilitation.

The Alcohol and Other Drugs (AOD) Counselling Service has another point of difference: there is no cap on sessions for clients. That means the psychologist has the discretion to work with the client for the time needed to achieve a client’s treatment goals. This is critical as our research shows people with co-occurring AOD and mental health conditions generally require 14 sessions to see improvement, substantially more support than the 10 sessions in a typical mental health plan, available free under Medicare.

Apart from individual psychotherapy, other services include: group psychotherapy; crisis intervention; assessment and referral; relapse prevention therapy and case management.

Key developments

In the first full year operating from the Cathedral Street premises, there was a significant increase in demand for the service. This is due to a number of factors, including a better clinic environment, improved accessibility and a jump in referrals from other agencies, particularly those focused on women.

There was a 425% increase in the number of female clients, with 34 female clients seen in the year, compared with eight in the previous year.

The service has excellent results, with 82% of clients seeing an improvement in their AOD issues and mental health concerns, including psychological distress, anxiety and/or depression and the severity of their dependence.

While the benefits for individuals are profound, the costs are relatively low: it cost $1,650 per successful treatment over an average of around six months.

Additionally, the majority of clients completing treatment did not require a referral for further services. The data being collected by the psychologist Carlos Duarte shows he is working with younger clients and fewer injecting drug users. The majority of clients are young, straight men, but Indigenous clients and people from LGBTIQA+ backgrounds are disproportionately represented.

While some clients use more than one substance, the majority have issues with alcohol, followed by methamphetamine, heroin, cannabis, cocaine, gambling and MDMA.

Funding

The service is funded by Central and Eastern Primary Health Network.
Finding the right support for problems with alcohol and other drugs can be challenging at the best of times – and often the waiting list for these services is so long that people drop out before actually getting treatment.

That is where the Haymarket’s Waiting List Support Service comes in.

Individuals and family members from underserved population groups, GPs and other healthcare professionals can access face-to-face and/or telephone support free of charge.

Typically, clients are in the early stages of change and the caseworker supports them to find the appropriate care and support them through the process.

The work can range from one session through to comprehensive casework over a period of months. The work can include:

- Information about treatment options
- Free counselling and psychological support to keep clients engaged while accessing or waiting for treatment
- Access to a range of support groups
- A wholistic approach to the recovery journey

Key developments

In the second year of the service, the scope and depth of the work has been expanded.

While the number of clients of the service remained steady – at 130 people – an increasing number of them were receiving more comprehensive care through face-to-face counselling.

The new premises and dedicated counselling room at Cathedral Street facilitated this in-depth service, allowing for improved case management and coordination.

The service also developed new partnerships and referral pathways, such as Community Corrections (part of Corrective Services), Jarrah House resident treatment facility, Wesley Private Hospital and Kedesh Rehabilitation Services. Due to these referrals, our case manager saw an increased number of post-rehabilitation clients.

Additionally, one regular group sessions were established at Woolloomooloo from October 2018. Known as SMART Recovery (Self-Management and Recovery Training), the free program assists any problematic behaviours including dependence on drugs, alcohol, cigarettes, gambling, food, shopping, Internet and others. The program, which is embedded in over 90 government and non-government organisations across Australia, uses cognitive behaviour therapy and motivational interviewing to allow participants to help themselves and each other. A group for women and men have been established.

The service is receiving positive feedback, with clients remarking:

“Staff are very supportive and attentive to my needs.”

Funding

The Waiting List Support Service is funded by Central and Eastern Primary Health Networks.
It is my privilege to report on the financial position of the Haymarket Foundation for the year ended 30 June 2019.

The financial statements 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.

During the year, the Haymarket Foundation increased spending on frontline services for our clients. Costs, such as staff award rates, continued to grow faster than indexation from government funding contracts but were partially offset by savings from efficiency projects.

Work to grow and diversify revenue has helped to ensure that the organisation is able to adapt to funding uncertainties within the homelessness and AOD sectors. This remains a key focus over the coming year.

Profit and loss

The Haymarket Foundation has reported a surplus of $45,837 for the financial year ending 30 June 2019, an improvement on the previous year’s deficit of $145,639.

A key driver of this result was a $176,382 fair value gain on financial assets, which is recognised in the financial statements as other income due to changes to AASB 9 Financial Instruments. Excluding other income, the full year result is a deficit of $130,545, which is reflective of the ongoing operational funding shortfalls across frontline programs.

Balance Sheet

The Haymarket Foundation saw an increase in total equity of $45,837 to $3,932,287 over the financial year. This was driven by the performance of the Haymarket Foundation’s future fund, which offset operational funding shortfalls of delivering services to our clients during the year.

Cashflow

The Haymarket Foundation returned a net decrease in cash of $66,520 during the financial year and a cash balance at the end of the financial year of $1,097,372. The organisation is well placed to meet its current obligations.

I would like to take this opportunity to thank Peter Valpiani and Christine Kumaradas for their efforts in managing our finances.

“Work to grow and diversify revenue has helped to ensure that the organisation is able to adapt to funding uncertainties within the homelessness and AOD sectors. This remains a key focus over the coming year.”

Please access the full financial report here.
Our donors and supporters include:

Our primary funders

- The Department of Communities and Justice
- South Eastern Sydney Local Health District (SESLHD)
- NSW Government’s Specialist Homelessness Services
- NSW Health
- Central and Eastern Primary Health Network

Our donors and supporters

- Delta Dogs
- FutureSteps
- Nicky Solomon and Nell
- StreetSmart Australia
- Walter and Eliza Hall Trust
- Tom Ballard and other members of the former TV program Tonightly
- Gift of Bread
- Honeybees Gospel Choir
- Maddocks
- Newtown Neighbourhood Centre

Partner agencies

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

Publication credits

Design and layout
Mahlie Jewell (Graphics for good)
Photography at Chippendale
Ken Leanfore
Photography at Woolloomooloo
Anna Kucera.
Thank you for your kindness and support. Join our journey and register for our e-news at haymarket.org.au

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