



**A safe place for change**



**ANNUAL REPORT 2019-2020**

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# Mission statement

Glebe House provides treatment for men with complex needs.

Glebe House is a therapeutic community that helps men transition to a life free from addiction.

**Our mission is to provide an inclusive, personalised service where men are treated with compassion and respect.**

#### Treatment assists clients to:

- » Address their addiction issues
- » Develop healthy relationships
- » Build the capacity for independent living
- » Reintegrate as productive members of the broader community

Glebe House provides treatment for men with complex needs, including substance dependency, secondary addictions, dual diagnosis and complex trauma, including physical and sexual abuse.

The program is holistic in nature: yoga, Pilates, art therapy, sport, recreation and social activities are included in the structured timetable, as well as the requirement for clients to attend two 12-Step fellowship meetings per day.

In addition, psychological counselling helps clients explore their underlying emotional issues and develop self-awareness. Group work addresses negative thinking and behaviour and enables men to better cope with emotions and the challenges of daily life.

Glebe House clients commit to a structured program of recovery, reinforced by an immersive experience in the 12-Step fellowships, working with a sponsor, developing vital support networks. It is a design for living clean and sober.

For many men, Glebe House is the first real alternative to a life of addiction and crime. In response to the level of trust and freedom granted program residents, men establish a personal program of recovery for themselves, taking on responsibility and enjoying hope for a better future.

The Glebe House Family provides ongoing, open-ended support for men in recovery. The Outreach Community continues to grow, with men sharing their lived experience, becoming role models for their peers.

Glebe House enables men to build healthier relationships, to give and receive love. It is a place for connection and community.

***It is a safe place for change.***



## CHAIRMAN'S REPORT

Once again,  
Glebe House has  
assisted many  
men to transition  
from the troubled  
life of addiction  
to lead happier,  
more useful lives  
and become  
part of the Glebe  
House family.

Without doubt, 2020 has been a challenging year for everyone. For Glebe House, the combined impact of major water damage to our premises in February and the appearance of COVID-19 in March was significant and unexpected.

Substantial changes to our capacity, our in-house program and our Stage 2 activities needed to be developed and implemented at short notice. Against this backdrop, our achievements in 2020 have been remarkable. The results in this report have emerged once again from the hard work and dedication of many stakeholders.

We are grateful for the continued support of our funders, Department of Family and Community Services (FACS), Corrective Services NSW (CSNSW) and the Department of Health, who not only approved continuing funding but also provided contingency funds to assist us with the impact of COVID-19 after the approval of our Business Continuity plans. The prudent management of these funds is an important responsibility of the Board and Staff and we finished the year in a strong financial position.

Both residential and Stage 2 programs were substantially affected this year, but the client experience remained positive due to the flexibility and dedication of our staff and service partners. Our partnership with Metro Housing delivered Stage 2 premises for our clients and in some cases permanent housing beyond Stage 2. We are grateful for their continued support.

The Board continued to work closely with Management to ensure the effective stewardship and sustainability of Glebe House.

Our progress towards our strategic objectives was also impacted by COVID-19 and many meetings were conducted online for the first time. In spite of these challenges, important objectives towards Quality accreditation and Strategic Planning were achieved. Special thanks are due to our Board members who continue to volunteer their services to Glebe House. Their combined skills contribute significantly to our success.

David Mcallister and his team have actively managed the diverse challenges of 2020 with considerable success. We acknowledge this has required additional hours and discretionary effort from all staff and we greatly appreciate their good will and flexibility. The strength and dedication of this team is a key component of our future success.

The results in this report speak for themselves. Once again, Glebe House has assisted many men to transition from the troubled life of addiction to lead happier, more useful lives and become part of the Glebe House family. This is our primary purpose.

On behalf of the Board, it has been a pleasure to be of service once again.

**James Beattie**  
Chairman





## MANAGER'S REPORT

Indigenous programming has been identified as an initiative in the 2021-24 strategic plan and we look forward to continuing and strengthening our partnerships with Aboriginal and Torres Strait Islander communities.

I would like to acknowledge the Gadigal people of the Eora nation as the traditional owners of the land on which we work and pay our respects to their elders past present and emerging.

To say that the year 2020 has been interesting is definitely an understatement. I wish to acknowledge my predecessor, Jonathan Martin, who retired at the end of last year after 6 years' as Manager of Glebe House and wish him all the very best in his retirement and future endeavors.

I would like to express my gratitude to our three funders, the Department of Family and Community Services, Corrective Services NSW (CSNSW), and the Department of Health, for continued program funding.

I would also like to acknowledge the governing body of Glebe House who continue to work tirelessly to ensure effective stewardship and corporate governance ensuring that the service is run with integrity and in a strong strategic direction.

Storm damage in early February 2020 caused the collapse of ceilings in 3 rooms, limiting our capacity to deliver services. repair works have commenced and are on track to be completed by end December 2020.

Covid-19 arrived in March 2020 and with it a new set of challenges, adjusting our service delivery even further; locking down of the service, suspending all non-essential visitors to the service, mitigating any possible outbreaks and implementing our WHS protocols.

Reformatting our daily program to online via Zoom, including yoga, Pilates, psychotherapy, Tuesday peer support and Stage 2 groups. By the end of March our intakes had ceased, and we were down to 40% capacity.

Corrective Services referrals were significantly hampered during this time due to restrictions within the prison systems around compliance with drug and Covid - 19 testing not in place and Glebe House's reduced service capacity.

I welcome the engagement of 2 casual employees, Ben Gowing and Ben Ryan as residential care workers, while their inductions have been anything but conventional, thanks to their easy going, adaptable natures, and the support of the remaining team, they've made starting a new role in 2020 look easy.

Jimmy Dean Wilcocks, moves into a permanent part time position of case manager, where he is an integral part of the administration team bringing a level of enthusiasm and professionalism to the role.

Alistair Powning is a permanent member of our team. He completed his Grad Cert in Counselling last year and is expected to complete his Grad Dip in counselling this year.

Danny Shannon is the senior member of the team and his career at Glebe house continues with his expansion within the communications portfolio, continuing to engage in Glebe house's social media platform

Special thanks are due to Liz Williams, who continues working with our clients in weekly psychotherapy sessions, with her ability to hold clients and helping them identify and challenge underlying attitudes and behaviors. Indigenous programming has been identified as an initiative in the 2021-24 strategic plan and we look forward to continuing and strengthening our partnerships with Aboriginal and Torres Strait Islander communities. We will continue to develop a comprehensive strategy around Aboriginal and Torres Strait Islander inclusion, as a part of our commitment to developing new programs for people of culturally and linguistically diverse backgrounds.

With the restricted intake in late March and early April, 4 of our clients made decisions to leave early and continue their journey as outpatients leaving 3 clients within

the service, I couldn't be prouder of our Stage 2 client cohort who came together to give support in these uncertain times, assisting with the setting up of rosters aiding in the tasks involved in the running of the Glebe House program.

One of Metro Community Housing stage 2 properties was handed back in June as we were not able to fill vacancies with residential clients graduating numbers down. We thank Julie, Warren and the team at Metro Community Housing for their ongoing support of Glebe House this year and into 2021.

Thanks to NSW Health Service for keeping us up to date with the latest information about Covid -19. The Industry partnerships, Specialist Homelessness Services network webinars have also been invaluable.

Continued Quality assurance, Work Health and Safety, including risk assessment and reviews, are paramount in the operations of the service and continue to be discussed in our weekly team meetings.

As the end of 2020 draws near, the New Year brings hope and new opportunities to The Glebe House Family. We have risen to the challenges of the past year and from the relevant experiences believe that this will hold us in good stead for a bright future.

Our commitment to quality improvement, ASES accreditation and a strong strategic plan, allied with new funding opportunities, will ensure that Glebe House remains a preeminent service within the industry, enabling us to 'trudge the road of happy destiny.'

*"I know that by putting one foot in front of the other regardless of painful emotions and seemingly endless work, I move ahead. And there are great moments of joy and peace along the way as I rediscover life. I am traveling towards a place of serenity, connectedness, and ultimately freedom. My horizons are awe-inspiring."*

**David Mcallister,  
Manager  
November 2020**



## Trust God, Clean House and Help Others

It is generally agreed within the recovery community that addicts are a selfish, self-centred bunch, who have been dominated by self-obsessed fear. Isolation and disconnection are the default for those in active addiction. The recovery antidote to this condition is to strive for connection and find ways to get 'off self'. The Big Book of Alcoholics Anonymous succinctly encapsulates the recovery program in the suggestion to "trust God, clean house and help others." In early recovery, addicts are invited to turn to a Higher Power to combat self-will, to take a moral inventory, taking steps to change negative attitudes and behaviour and, lastly, to seek opportunities to support others and be useful to the community.

This final element of the program, giving back, is covered in Step 12. It suggests the notion of carrying the message of recovery and being of service. The concept of service is, of course, at the heart of most spiritual philosophies. It not only acts as a counterbalance to selfish endeavours, but also represents the notion of putting gratitude for recovery into action...of 'paying it forward'. Many in recovery feel the desire to help others, as they were helped. Individuals take on service positions in AA or NA and many will sponsor newer members as part of their ongoing recovery. Some people even undertake training and employment in the AOD industry, making their living out of helping others.

Glebe House has a history of employing former clients as staff members, following an appropriate time period from treatment and after relevant training qualifications have been secured. Clients often observe that they feel understood and supported in program because the staff are themselves in recovery. It creates a powerful therapeutic alliance. Staff members become role models and their stories are a testament to the success of the Glebe House program. Here are some of them....

"I didn't think I was born a heroin addict. In fact, I feel like I grew up in a pretty loving family. My mother is awesome, absolutely loving in every aspect. My father, on the other hand, was not exactly the best role model a kid could have, although he was always kind and supportive to the best of his ability. I called him by his first name "Tony" he asked me to do this when I was a small child, which was a bit strange.

I was quite a popular and funny kid. I was talented with riding a skateboard which meant that I always had a lot of friends, we would build skateboard ramps in my backyard. We used to go skate schools at nighttime, smoke bong, use speed and get really smashed and then break into the school canteen and other blocks to get munchies and equipment to swap and sell our proceeds for more drugs.

By the age of about 14, I started smoking pot, by 16 I'd used most other substances, but it wasn't until I then that I smoked heroin for the first time. I was scared at the time and remember thinking it was a really bad idea. That was the beginning of the end. I was addicted within a week. I rarely ever missed another day of heroin for the next 17 years, besides when I was in custody and just unable to get my fix.

When I discovered the friend that I smoked heroin with had started shooting up, I remember all of sudden going from someone who was never going to use a needle in my life to "I can't believe you used a needle without me". I thought earlier that it was the beginning of the end, well this was really the beginning of the end. It was the best feeling I'd ever had in my life and I can still remember it today.

Some people say that they always felt like addicts, they always had the obsession and compulsion with things. I don't exactly relate to that as being a kid, but for me, I just loved the feeling of that first hit. I chased that feeling for the next 17 years.

I did a lot of crime in the community and between the ages of 18 and 28, I spent over 6 years in total in prison. By the age of 21, I realised that I was going in and out of prison and that I would hang out for heroin every time. I decided to get on methadone because I could see a lot of prison in my future. Being on methadone meant that I didn't have to hang out every time I got locked up anymore, well, at least this was the plan, good luck getting that first dose when you're in custody, but generally after that it is true. After a while being on methadone stopped me using heroin, it just didn't work anymore, so instead, I started using Methamphetamines to get a buzz. I stayed on methadone for the next 13 years.

I suffered many overdoses during my time in addiction. I've had broken, black and blue ribs due to people doing CPR on me. I've even had to resuscitate other people myself, there is a lot of death in the community of recovery and addiction. It's an absolute war zone out there!

I have been involved in quite a few horrific near-death experiences myself, due to the need for getting and using of drugs. Some of those crazy experiences include events like a motorcycle accident that left me with head and brain injuries, a fractured femur and in a coma for a few days. I have taken a fall out of the third story window of a drug rehabilitation centre trying to climb back in stoned and slipped right at the last minute.

I even escaped from Old Silverwater gaol back in 2001, this little event attracted the MEU, Water police, Pol-Air and a big ground chase too. I managed to get away and subsequently was arrested on the other side of the country in Perth, very romantically with my pregnant girlfriend and mother of my beautiful son on valentine's day, the 14th Feb 2001.

In 2009, I spent 3 months in Glebe House. It was my last treatment program, after a long list of them. While there, I had a moment when I wanted to throw it all away and just get stoned, it was too hard, but for the first time in my life, I made a decision to get on the bus and go back to rehab instead of going to Kings Cross. It was a very significant point in my life, a real turning point, it's crazy I know, but after that day over 10 and a half years ago, things really changed for the better, I have never really come close to using drugs again.

The obsession and compulsion to use drugs had been lifted, but not because of some miracle, it was because, for the first time in my life, I decided that I had to do things differently. This was the point in my life that I decided that I am going to throw myself into the middle of recovery and do every single thing that was suggested. This was the moment I began taking responsibility for my actions and worked my ass off to change my life.

The early days of recovery were hard. I had anxiety and hated the uncomfortable feeling of sitting with myself. What got me through that was joining a 12-step fellowship, connecting with my sponsor and others daily, writing on the 12 steps, doing gratitude lists and praying, the list goes on and on. I found myself being of service to others, reaching out and offering my help to those who needed it and practised on a daily basis to be kind and brave.



3 years later, I landed the job of a lifetime, I started working at Glebe House. After spending the previous 9 or so months studying a certificate IV in community services, I was incredibly blessed to be given the opportunity to begin part-time work at the service that saved my life. Before no time, I had landed a fulltime job and today I am still loving that job more than ever.

I've since bought a house, travelled the world and studied at university. Recently I've started a business which gives people in early recovery an opportunity to capture who they are, through a virtual Digital Time Capsule, so they can look back in years to come and see their growth.

After over 10 years in recovery, I have an amazing relationship with my family. I have a precious 3-year-old daughter and after missing out on so much of my son's life I've been able to build a wonderful relationship with him. I never could have imagined the relationships I have today.

I thrive on helping other people, I truly believe the more that give and help other people, the more that the universe will provide. I'm a very kind person and I enjoy sharing the love with those around me. I love to put a smile on people's faces, and I practice gratitude and kindness in everything that I do. Thank you sooo freaking much to everyone who has been a part of my journey and please reach out anytime if you want to connect."

**Danny S**

"I had reached the end of my life, or so I thought. Landing in hospital for the last time at thirty-seven, I was homeless, incapable of work, of decision making and had regressed to a state of helplessness; I was hiding from responsibility, a broken marriage, judgement and unreconciled childhood trauma. Drinking had escalated in my twenties, fun to begin with, but nightly blackout had become the eventual trajectory, a destination I dismissed at first, denying intuition and evidence of the chaos I was creating. By thirty-one, my private drinking was the antidote for tremors and anxiety, anaesthetising my shame, perpetual intoxication the only relief I had from a life I no longer wanted. While detoxing, I was strongly advised to explore rehab, a suggestion I had rejected many times before, but now with nowhere else to go and fear as motivation, I aimed at a short-term program, a place to hide and weigh up my options.

The rehab required participation in the Twelve Steps, and though sceptical, I complied with direction, nodded at the right times and began to remember a basic hygiene routine. I was encouraged to apply for long-term treatment, and again, out of ideas and with fear driving me, I continued on to Glebe House where recovery slowly began to reveal itself as something more than conceptual. Strongly encouraged to work the Twelve Steps, develop a working relationship with a sponsor, engage with counsellors and case workers, I very gradually began to heal; my self-hatred made some small room for hope, that somewhere in the midst of the work I might stumble across a solution to the destruction I'd caused, the problems I'd created and the meaninglessness I felt. Glebe House supported me while I was slowly and painfully reborn. My gradual transformation required accepting that old ideas had to die and that new ideas must take root; that I must learn to trust others who had gone before me, to trust the Glebe House staff and program; little by little, I came to believe it was possible for me to change.



I was guided into the Stage 2 program where I remained for over a year, always coming back to home base, always seeking advice, mentorship and support from staff; the familiar safety of the house, whether it be Tuesday night for bolognaise or Christmas day for lunch. Mentorship and support guided me towards volunteering and small studies at TAFE, a gentle reintegration into the workforce and a deeper understanding of recovery. A growing confidence saw me pursue further studies, a heavier workload, bigger jobs, more responsibility and to university; then I was offered a position at Glebe House. How could this happen? Those I look up to say it's because of the work I did. I say it's because of the work they did. The truth lies somewhere in the middle.

I continue my studies at university, I support fellow alcoholics and addicts while they navigate their way through the complexities of early recovery, I work in the role I so looked up to; I continue to explore a deeper analysis of who I am and nurture an ever-growing spirituality – all of which were inconceivable five and half years ago. It is difficult to describe my gratitude for Glebe House, it's program, staff and client fellowship; words cannot encapsulate this. Action is a far better, more accurate metric, and so I aim at living responsibly and with courage, my gratitude evidenced by continued growth – growth from seeds planted at Glebe House”.

#### Alistair P

“My childhood was nothing out of the ordinary, I come from a great family and was showered with love. Somehow within all of this, I felt alone and very separate from my high achieving siblings, whom I thought I could never measure up to. I was constantly comparing myself to them and felt like I was failing at every turn. What I did not realise as a youngster was that I COULD measure up, just in different ways. It did not help that I had undiagnosed ADHD. Meaning I spent my childhood in trouble and ostracised for things I could not control – adding to my painful fear of never measuring up.

Fast forward to my early teens, it was in the “older crowd” I thought I had found the feeling of belonging I'd been searching for. I tried pot for the first time at 12 and that is the day my life changed. I did not know it at the time, but I now look back on that moment with a clear feeling and acceptance I was an addict from that first bong. It instantly made me feel a part of something and this would be the track for the next 17 years. The next few years drinking, and smoking pot continued. When I was 16 my uncle who had suffered for years as an alcoholic tragically died from the disease. He never had the luxury I have found in 12 step programs. This rattled me and pushed me further onto the path of addiction.

The next 4 or so years alcohol, a lot of party drugs and copious amounts of weed were consumed daily. I was

somewhat functional and fell into a great job building water fronts. I felt I was ok. Throughout this time, I was constantly causing trouble, starting fights and just being an all-round idiot.

On one of my birthdays in my early 20's, was the night that would impact me for the rest of my life and catapulted me further into the depths of my addiction than I could ever have thought possible. I was out for my birthday and I was the drunkest I'd ever been, I still have no memory of the night, but I still clearly remember the next morning. I awoke seedy and dusty in a police cell and was informed I was being charged for murder. My head was spinning, I felt sick and I had to sit down. I was denied bail and spent the next 2.5 years on remand awaiting trial. I was bounced from prison to prison and quickly took to drugs I'd never tried to attempt to quell the pain and try and make jail bearable and just maybe forget for the day that if found guilty I was looking at 20 years jail. I am not without excruciating guilt for my actions, and it is something I will carry for the rest of my life. This has changed me, and no words could ever mend the pain that I have caused. The only way I believe I can live the rest of my life is by trying to help people not make the same mistakes I have and help free them from the depths of addiction. My dream is that the world be a better place for all human beings. I cannot change what I have done but maybe I can help to reduce the impact that addiction and alcohol fueled violence have on the innocent people in it.

My trial lasted 4 weeks and was mentally and physically exhausting. The jury ultimately found me not guilty of murder but guilty of manslaughter and I was sentenced to 4.5 years in jail, with 3-years of parole. I completed my sentence using whatever drugs I could find. I got out with the intention of doing the right thing and not using. I still had a lesson to learn and I learnt it hard. I ended up on ice, using up to a ball a day when I had the money, doing little crimes to get on, such vicious cycle! I was eventually charged for an armed rob and sentenced to another 3.5 years. This is ultimately what I needed and where my life began to change.

I did a program called Ngura Nura at Long Bay where I reduced off methadone and taken to external 12 step meetings. I applied for Glebe House(rehab) and was to be released directly to them. On the morning of 15th August 2017 I was released, and my journey into recovery



began. To be honest I just wanted an out from jail, I had no intention of staying clean or even completing the program. But complete it I did, and I went on to study Community Services at TAFE. I started getting some time up and saw the opportunity in this new way of life. I'm free from parole for the first time in 12 years.

On my 2 years clean the manager at Glebe House offered me a casual position, to which I jumped at the opportunity. I have recently been made a permanent worker and it is testament to what I was taught at Glebe House that I now work there! I am working a job I love and genuinely feel I am helping this world become a better place.

12 step fellowships have given me so much more than I could ever have imagined. I have a sense of self today and genuinely love the person that I am. I am an uncle to my nephew, and he has never seen me once in a bad state, I am a loving son and brother and I have an amazing partner, in a relationship where we actually respect one another and allow each other to grow. Learning acceptance was key, admitting that I was an addict to me was the first step of acceptance and the only step I needed to get 100%. I am a little over 3 years clean today and living a life beyond my wildest dreams.

Take care of the inches and they become miles.”

#### Jimmy D

“My journey with Glebe House started back in July 2016. I found myself, once again coming back from, prison and yet another detox after a savage relapse. I really did a number on myself on my last time around. I had nothing left, no material belongings, no dignity, no self-respect.



Gradually over time, by practicing what was suggested by the staff at Glebe House I started to “Become” again. And upon completion of the program I felt that I had what I took to live and enjoy my life without the use of drugs.

4 years and 3 months down the line I am still clean. I have completed studies, I have been gainfully employed in a few diverse and different industries and have now, undertaken work with Glebe House. I am a productive member of society today.

I feel blessed to have been given the opportunity to go through Glebe House when I needed it the most, and I am grateful for the opportunities this has opened up for me.”

#### Ben G

“I am an addict called Vinh. A Vietnamese borned, has experienced war, growing in up in a communist regime. Living in a refugee camp and got stuck in the bubble of using for over 26 years of full on shooting up heroin and everything else. I went in Glebe house at age of 44, was broken in all physical, mental and spiritual.

Glebe house offering a safe place where I felt the belonging, that I am loved.

Their programs, the love of staffs and ex-residents helps me to slowly building confident to be ok, Encouragement me to the 12 steps of recovery program that helps me to be able to stand on my feet living life without the needs to use.

Today I am over six years of abstinence from all drugs, a family man, a productive member of society. My assets today is that I am reliable, trustworthy, decent human being.

My proudest achievement is that I was succeeded in studied of Both of Cert 4 in AOD and Community Services at Tafe for the first time in my life at age 47, A co-founder of a Vietnamese speaking recovery meeting in Melbourne that is still going strong for over four years now, Amended my wrongs to all my family members.

Without the connection and a continues supports from Glebe house staffs and the beautiful relationship that I have with the boys that is always there for me, I know for sure that I would not be the person that I am today.

Thanks, God, for Glebe house.”

#### Vinh N





# QUALITY ASSURANCE

## AUSTRALIAN SERVICE EXCELLENCE STANDARDS (ASES)

All Specialist Homelessness services in NSW must be accredited against the Australian Service Excellence Standards (ASES) by June 2024. This requirement is aimed at ensuring quality client outcomes through well managed SHS organisations. Glebe House has been aware of this regulatory change for some time and has taken early steps to become informed and assess the risk and impact.

The accreditation process involves self-assessment, implementation of improvements and an onsite review by an external assessor. Gaining accreditation takes most organisations 18 months. The management have been actively participating in the DCJ Industry Partnerships workshops and learning opportunities and is well placed to begin the process with good knowledge, motivation and support.

In June Glebe House engaged the Highwire Group, a team of consultants highly experienced with the ASES framework, to support our progress towards achieving accreditation some time in 2022.

Our first steps have been to review and update Glebe House Policies and Procedures. Highwire will present the review report in early November. We are working through the self-assessment with our Highwire consultant Maree Davidson using an online questionnaire.

Highwire has delivered in house ASES information sessions to engage the staff and Board in the self-assessment process. We are also working on review and update of the Strategic Plan and development of an Operational Plan.

The process is helping us to identify strengths and opportunities to improve documents and processes. Early analysis indicates that many of the 97 requirements in the ASES Quality framework are already in place which is great validation of all our hard work over many years.

## CLINICAL SUPERVISION

Geoff Minards is an external supervisor, with experience in relevant fields of practice. His individual sessions with each member of staff provide innumerable benefits.

This is a monthly conversation offering staff members the opportunity to ask questions about clinical issues, to discuss ethical matters, to reflect on personal strengths, and consider career and educational options. The process enhances confidence and promotes team building. In this regard, it is an integral part of Quality Improvement. Having regular supervision supports workers to reflect on stress levels and take appropriate action if the need arises, to consider how and why burnout occurs, and to maintain a healthy work/life balance.

There is richness in these conversations that reflects the care and concern Glebe House, as an organisation, offers to its staff, and also highlights the sense of pride and professionalism each staff member brings to their work.

## ENCAPSULATOR - DIGITAL TIME CAPSULES

Our Digital Time Capsules allow the clients to record messages of love and hope to their future-selves discovered at a pre-determined date in the future allowing individuals to reflect on their present moment and capture their hopes, dream and future aspirations.

There has been positive feedback of the experience from clients (including people who initially had negative expectations). The past 4 years has seen over 100 clients document their early days of recovery providing a tool to measure their growth.

# SUMMARY OF TREATMENT OUTCOMES



**67%** of clients completed the residential program

**50** men are engaged in the aftercare program

**Up to 11** men reside in supported accommodation through Metro Community Housing in the Stage 2 program.



**From the client group who completed the program over the past two years:**

- » **50%** are currently abstinent
- » **31%** have relapsed
- » **19%** unknown
- » **33%** are engaged in employment
- » **5%** have undertaken study or training

## CLIENT STATISTICS

The statistics included in this report are taken from the Client Outcomes Measurement System (COMS) data management system, which was introduced with NADA's assistance in mid-2013. The system provides measurement and reporting tools regarding client outcomes for both the agency and its funders. National Minimum Data Set (NMDS) data is automatically provided to the Department of Health via this system.

Every client admitted into the program develops a personalised case plan, which is subject to review throughout his stay and modified over time according to a client feedback process. COMS provides demographic and program delivery metrics, with further client outcome measures provided by the Kessler-10 psychological wellbeing assessment tool as well as the World Health Organisation's Quality of Life and Quality of Health measures.

The COMS database is part of a suite of data systems used by Glebe House. Data on homelessness is collected through Family and Community Services' (FACS) SHIP and CIMS databases. Referrals from custody for men admitted into program under the Funded Partnerships Initiative (FPI) are managed and reported upon for Corrective Services NSW (Dept. of Justice) through a dedicated portal system.



The demographic profile of clients presenting to the service in 2019-20 is quite different from the past few years. This year over half the client cohort was aged between 25-34, with a further third falling in the next age bracket (35-44). This is a younger profile than Glebe House's usual older range. For instance, last year over half the clients were aged over 45 years, whereas this year only 10% fell in this age group. The shift has been caused mainly by a marked reduction on clients transitioning from prison

into the service, who have been historically more mature individuals. The majority of clients were referred from other AOD services and their age profile was younger

Glebe House remains an inclusive service and has always attracted clients from CALD backgrounds. This year 22% of men were from a background of cultural diversity, with only 78% identifying as Australian. 11% of those admitted for treatment this year identified as Aboriginal or Torres Strait Islander. The service acknowledges the effects of inter-generational trauma and colonisation experienced by indigenous members of the community and works with clients from this perspective to provide a respectful and supportive trauma-informed environment. Glebe itself is a culturally diverse and inclusive suburb, of course, which helps clients feel 'at home' in the neighbourhood. We have a well-earned reputation for our work with indigenous men and culturally sensitive approach to all program participants.

**Table 1. Age profile**

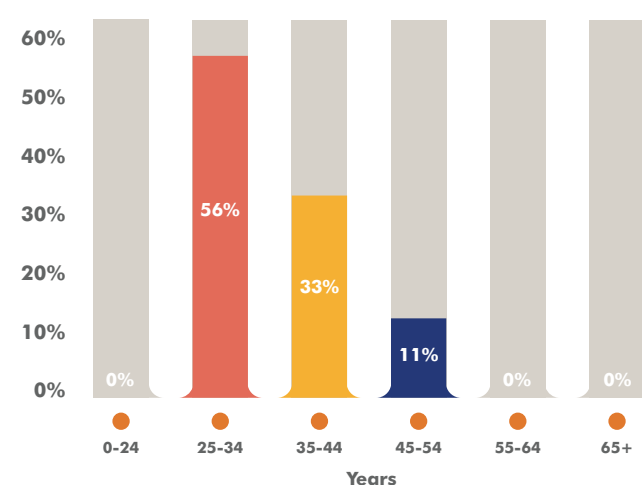


Table 2 illustrates the source of client referrals to Glebe House. While our funding agreement with the Department of Justice prioritises men exiting custody, we have again been disappointed by the conversion rates in respect of referrals vs. actual admissions. Analysis of referrals on the Department of Justice's Funded Partnerships Initiative (FPI) portal reveals that only one in five became treatment admissions. Most referrals from the criminal justice system had to be rejected for a variety of reasons: inmates were withdrawn by Corrective Services personnel due to them securing alternative exit arrangements, or they were found to be ineligible according to our criteria, or were found to be using drugs, having produced positive urinalysis results.

## CLIENT STATISTICS CONT'D

Some simply failed to arrive for admission. Unfortunately, as in previous years, several of these 'expected' admissions fell through 'at the last minute', leaving the service with a vacant FPI bed for a fairly significant time prior to reallocation, hence the poor 'admission from custody' results overall.

There has been a decrease in the overall number of referrals too from the criminal justice system. Undoubtedly, the closure of the Ngara Nura program at Long Bay jail has had a major impact. Glebe House enjoyed a fruitful partnership with the unit for over a decade, which saw many men transitioning through the innovative prison program into post-release support from Glebe House. It is indeed a great loss and has left a gap in the referral pathways. It seems that awareness of Glebe House as a post-release service is very low among Corrective Services personnel working in the prison system.

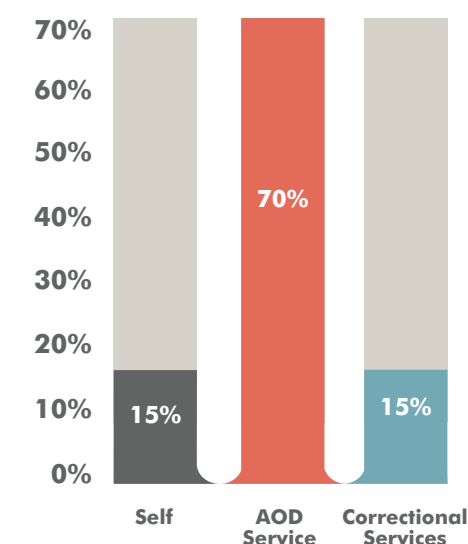
Prison overcrowding and the prevalence of drug use in jail also impact referral processes. Urinalysis within the custodial environment was often not forthcoming. However, protocols developed with parole units to expedite prisoner transfers to Sydney jails where possible, just prior to release from custody, has improved the likelihood of post-release treatment for some men leaving jail. We hope too that the new case management system being introduced into jails will produce an increase in referrals over time and we are committed to working with the department to promote the service to these workers.

Other AOD services, including private hospitals, accounted for the majority of referrals to the program this year. Foundation House provided most of these referrals. Men seeking treatment from the community are placed on our waiting list. As there is a 30-day abstinence requirement for entry, many of these will undertake treatment at Foundation House before transitioning to Glebe House. Hence, a coordinated case management plan can be developed, which provides a continuum of treatment to the client. Wesley Private in Ashfield is the largest referrer of all the private hospitals.

The agency also accepts self-referrals. These may have been stimulated by a GP or word of mouth recommendation through AA or NA members. Evidence suggests that Glebe House continues to build a respected reputation within the 12-Step fellowships and is known as one of the few affordable, abstinence-based programs available in NSW.

Methamphetamine, or ice, was the most commonly cited 'principal drug of concern' among our client population, as shown in Table 3. This reflects the younger age profile of clients, compared to last year's older cohort, who were more likely to identify heroin as their drug of concern. As methamphetamine users usually require longer-term treatment, Glebe House's three-stage program can provide the longer support period required to stabilise users. These individuals normally require residential treatment followed by continued aftercare to support a full recovery.

**Table 2: Source of referral**



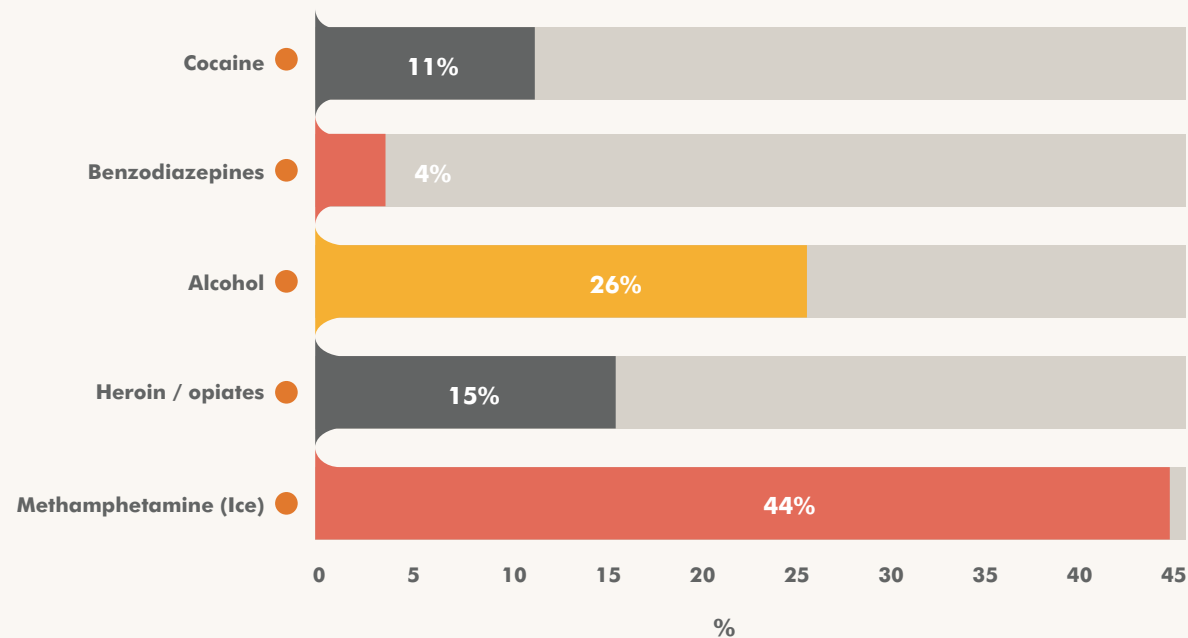
Alcohol was reported as the primary drug of concern for a quarter of the client cohort, with heroin / opiate users accounting for 15% of residents. Of course, most program participants used multiple substances in addition to their 'preferred' substance. Gambling too featured for a third of clients, as well as other compulsive behaviours (secondary addictions).

Data on risky behavior, which is collected from clients, indicated sharing of needles and other drug paraphernalia is occurring, more significantly in the prison system. Unsafe sex practices are quite commonly reported by clients, especially while intoxicated. Additionally, more than half the client population admitted to operating machinery or vehicles after drinking or using drugs. Part of the program at Glebe House is devoted to psycho-educational groups to raise awareness of risks associated with AOD use and provide harm-minimisation strategies for clients to use in future.



## CLIENT STATISTICS CONT'D

**Table 3: Principal drug of concern**



## CLIENT STATISTICS CONT'D

Glebe House remains committed to supporting clients who wish to cease smoking, restricting the habit to a designated outdoor area. Educational material is provided also. Some men switch from tobacco to 'vaping'. Although probably preferable to tobacco smoking, we are hesitant to actively promote this practice while an insufficient evidence base exists around its safety.

We measure the effectiveness of the program using several tools which are included in the COMS application, which is self-completed by clients at various stages of treatment under staff supervision. Psychological health is measured by way of the Kessler -10 assessment tool. Aggregated scores demonstrated significant reductions in levels of stress, anxiety and depression among the client population this year. The K -10 mean score on completion of the program was 25% lower than the mean score on admission.

Further evidence of the program's efficacy is provided by data from the World Health Organisation's Wellbeing assessment tool, which is also administered during the program. When clients were asked to rate their quality of life, mean scores demonstrated an improvement of 8% from client intake to exit. Client's reported perception of health, however, increased by 23%, a significant shift over a three-month period. These measures align with positive metrics regarding program completion and the achievement of case management goals. Once again, many men elect to continue their treatment in Stage 2 of the program, receiving extended wrap-around support for a further 12 months after completing the initial residential program.

Program completion remained high this year with two-thirds (67%) of clients completing the 12 weeks in treatment, demonstrating that most men who engage with our program go on to finish it. Client retention is an important measure of success and provides some indication of future long-term recovery. Indeed, most 'completing' clients stay in treatment as outreach clients, including those transferring to Stage 2.

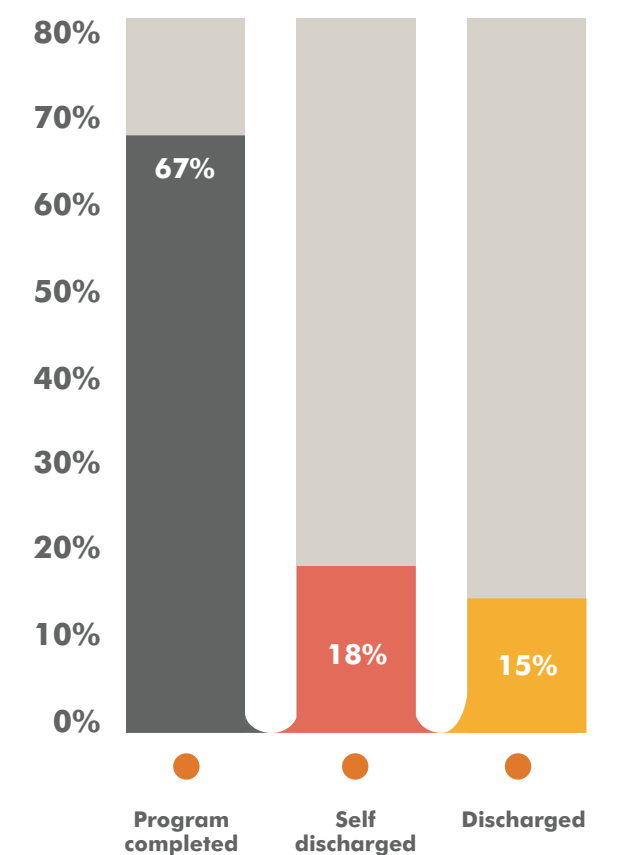
The aftercare program provides open-ended treatment and ongoing connection with the service. Its success is demonstrated by as consistently high attendance of the weekly peer support group., at least until the Covid-19 lockdown. Every Tuesday up to 35 men were attending the weekly 'spaghetti night', enjoying a meal together and the opportunity to network and socialise. The 90-minute group provides a unique forum for men in recovery to share their

experiences and support each other. It demonstrates the essence of the Glebe House Family. Following the advent of Covid-19, members still met via Zoom, although with reduced numbers. The meeting continues in whatever way possible, as clients value the connection offered through the group. More recently, a hybrid meeting format has been established as restrictions ease. The group has always run, which shows its importance as vital source of connection.

Glebe House saw an increase in, and further establishment of, work development orders (WDOs) for current and ex-residents who are in or completed the program and who continue to engage with stage 2 and peer support groups.

Work Development Orders are a state debt recovery incentive for individuals who engage in treatment, and in doing so reduce their outstanding debt accrued.

**Table 4: Treatment outcome**





## CLIENT FEEDBACK

A fundamental element of Glebe House's client-centred focus is the participation of service users in service delivery. Ongoing client feedback is received throughout treatment and all men exiting the program complete a formal feedback survey from which service delivery can be monitored and adapted. In addition, the Board of Management includes a former Glebe House client and four board members who have lived experience of recovery.

### CLIENT FEEDBACK SURVEY, 2018-19

	ALWAYS %	MOSTLY %	SOMETIMES %	RARELY %	NEVER %
The staff at Glebe House were responsive to my needs	90	10	0	0	0
The accommodation at Glebe House was safe and comfortable	95	5	0	0	0
The program at Glebe House was helpful in my recovery	100	0	0	0	0
The Psychological counselling was helpful	90	5	5	0	0
Relapse prevention groups were supportive to my recovery	90	10	0	0	0
Medical treatment was available and appropriate	100	0	0	0	0
Assistance with government agencies was given if necessary	90	10	0	0	0
My future housing needs were appropriately met	95	5	0	0	0
Case management was an important part of treatment	90	10	0	0	0
There were times I felt isolated at Glebe House	0	0	0	20	80
Life skills groups were interesting	90	10	0	0	0
Yoga and Pilates benefited my recovery	60	20	10	10	0
Art therapy was interesting	90	0	10	0	0



## THE OUTREACH PROGRAM STAGE 2

Following the 12-week residential component of treatment, clients are offered an open-ended period of aftercare, which provides a continuum of treatment.

This aligns with the principles of 'throughcare', which is widely acknowledged as the best practice approach when working with those exiting custody. Although clients are referred into safe, supported accommodation they are especially vulnerable during the period immediately following residential treatment.

Being part of the 'Glebe House Family' allows a man to return 'home' at any time they need support. We have established an environment where alumni become role models and mentors for newer clients. Glebe House has always recognised the efficacy of sharing lived experience, with many service consumers volunteering as peer leaders and mentors.

Ongoing advice, referrals, advocacy and counselling are available to outreach clients. Brokerage is offered to support men in establishing independent living arrangements. Food donations are also offered, in collaboration with Oz Harvest, who make a weekly food delivery to the House. Regular social events are held for the overall community.

The nexus of the outreach program is still the weekly peer support group on Tuesday nights, where ex-residents enjoy dinner with current clients, followed by a topic meeting. This therapeutic group attracts in excess of 20 each week. Stage 2 group BBQs are held every 2nd Friday where men come together to discuss any concerns within the outreach community and to keep each other accountable.

Former clients have the opportunity to 'give back', sharing their experiences of living clean and sober; they become role models for those currently in residential treatment. Over several years a safe space has been created where men feel safe to be vulnerable and talk about their feelings. Clients often remark that this is the most powerful recovery meeting of their week. They are able to forge healthy relationships and offer mutual support in managing their lives, free from addiction.





## COMMITTEE'S REPORT

### COMMITTEE'S REPORT

Your committee members submit the financial report of Glebe House Incorporated for the financial year ended 30 June 2020.

#### Committee Members

The names of committee members through out the year and at the date of this report are:

Mr J Beattie	Chairperson
Mr D Mcallister	Manager
Mr J Stone	Treasurer
Mr Jonathan Martin	Retired
Ms P Wing	
Mr B Donnellan	
Ms S. Forato	
Ms S. Russell	

#### Principal Activity

The principal activity of the association during the year was assisting male persons with drug and alcohol addiction with rehabilitation and reintegration.

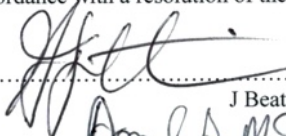

#### Significant Changes

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

#### Operating Result

The surplus from activities for the year ended 30 June 2020 was \$46,305 with total accumulated funds being \$98,549 at 30 June 2020. The organisation, being a non-profit organisation, does not pay income tax.

Signed in accordance with a resolution of the Members of the Committee.

Chairperson.......... J Beattie  
Committee Member.......... D Mcallister

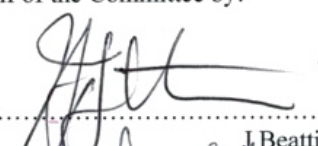
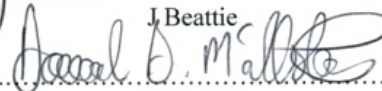
Dated this 5th day of November 2020.

### STATEMENT BY MEMBERS OF THE COMMITTEE

In the opinion of the committee the financial report attached:

1. Presents a true and fair view of the financial position of Glebe House Inc. as at 30 June 2020 and its performance for the year ended on that date in accordance with Australian Accounting Standards, mandatory professional reporting requirements and other authoritative pronouncements of the Australian Accounting Standards Board.
2. At the date of this statement, there are reasonable grounds to believe that Glebe House Inc. will be able to pay its debts as and when they fall due.

The statement is made in accordance with a resolution of the Committee and is signed for and on behalf of the Committee by:

Chairperson.......... J Beattie  
Committee Member.......... D Mcallister

Dated this 5th day of November 2020.



## TREASURER'S REPORT

### Treasurer's Report for the Year Ended 30 June 2020

We are very pleased to thank our wonderful funders for the following ongoing enhanced grants received during the financial year.

Department of Corrective Services	\$303,398
Family and Community Services	\$175,393
Department of Health	\$164,952

This funding continues to enable Glebe House to Fulfill its mission in providing clients with a sound rehabilitation and steppingstone for better lives in the community.

The funds received are well and carefully managed in accordance with prescribed budgets in the best interests of our funders and clients.

Glebe House remains in a sound financial position to meet the significant demand and need for help from a growing client base.

We thank our very committed staff, management and Board for their dedication and invaluable support for Glebe House and it's clients.

John Stone  
Treasurer.  
Glebe House Incorporated

### GLEBE HOUSE INCORPORATED

ABN: 70 001 327 626

#### CONSOLIDATED PROFIT AND LOSS STATEMENT

AS AT 30 JUNE 2020

	2020	2019
	\$	\$
<b>REVENUE</b>		
Grant- Dept of Family & Community Services	175,393	171,956
Grant- NSW Corrective Services	303,398	279,695
Grant- Department of Health	164,952	160,190
NDIS - Selfcare support	5,118	0
Donation Received	500	15,360
Interest Received	3,269	2,776
Rent Received	56,682	55,451
Miscellaneous Income	75	236
Cash Boost Stimulus	45,188	0
<b>TOTAL REVENUE</b>	<b>755,202</b>	<b>685,664</b>
<b>EXPENSES</b>		
Accounting & Audit Fees	17,324	15,551
Consultants	9,364	4,715
Food & Housekeeping	32,773	30,806
Household Items & Equipment	5,888	772
Insurance- General	3,238	4,794
Labour-Wages & Salaries	473,565	452,221
Labour- On Costs	40,998	65,538
Family & Outreach Support	16,940	21,725
Motor Vehicle Expenses	4,557	4,077
Depreciation Hyundai Van	19,430	3,923
Office & Computer Expenses	12,487	8,353
Rent	21,000	21,000
Repairs & Maintenance	3,703	1,230
Residents' Activities, Resources, Aids, etc	29,354	36,637
Telephone & Internet	2,242	2,298
Brokerage & Client Support	0	274
Training & Clinical Supervision	10,380	6,548
Utilities	5,654	5,386
<b>TOTAL EXPENSES</b>	<b>708,897</b>	<b>685,848</b>
<b>SURPLUS/(DEFICIT)</b>	<b>46,305</b>	<b>-184</b>
<b>ACCUMULATED FUNDS AT BEGINNING OF YEAR</b>	<b>52,244</b>	<b>52,428</b>
<b>TOTAL ACCUMULATED FUNDS AT THE END OF YEAR</b>	<b>98,594</b>	<b>52,244</b>



# TREASURER'S REPORT CONT'D

## GLEBE HOUSE INCORPORATED

ABN: 70 001 327 626

CONSOLIDATED STATEMENT OF CASH FLOWS  
AS AT 30 JUNE 2019

	2020	2019
CASH FLOWS FROM:	\$	\$
Net Income	46,305	-184
Movement in Current Assets	-90,873	205,786
Movement in Non Current Assets	-22,112	0
Movement in Other Current Liabilities	-111,231	-94,787
<b>Net Surplus/ &lt;Decrease&gt; in Cash Held</b>	<b>-177,911</b>	<b>110,999</b>
Funds at Bank at the beginning of the Financial Year	374,243	263,244
<b>Funds at Bank at the end of the Financial Year</b>	<b>196,332</b>	<b>374,243</b>

# AUDITOR'S REPORT



## GLEBE HOUSE INCORPORATED

### AUDITORS' STATEMENT

I, Glenn Merchant, being an auditor qualified in terms of Section 5.2.2 of the Agreement between the Commissioner of Corrective Services and GLEBE HOUSE INCORPORATED hereby certify that I have examined the books and financial records of

GLEBE HOUSE INCORPORATED

in accordance with Australian Auditing Standards.

In my opinion, the financial statements present fairly the financial position of the Organisation and the result of its operations for the year ended 30 June 2020 in accordance with the Australian Accounting Standards and the requirements of the Commissioner. In addition, I have inspected funding agreements for the Organisation and have ascertained that the funding has been expended for the purpose for which it was given.

Dated this 28th day of October, 2020

**GLENN MERCHANT CA**  
Registered Company Auditor – (Reg. No. 154653)

ABN: 62 606 570 742  
All mail to: G.P.O. Box 5460 Sydney NSW 2001 Australia  
Suite 3, Level 2 | 66 Clarence Street Sydney | NSW 2000 Australia | TELEPHONE: 02 9392 8686 | FACSIMILE: 02 9299 8195 | EMAIL: reception@mitchellpartners.com.au



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# AUDITOR'S REPORT CONT'D



**GLEBE HOUSE INCORPORATED**  
**AUDITORS' STATEMENT**

I, Glenn Merchant, being a registered company auditor hereby certify that I have examined the books and financial records of GLEBE HOUSE INCORPORATED and in particular the funding arrangement between Glebe House Incorporated and the Department of Health in accordance with Australian Auditing Standards.

In my opinion, the financial statements present fairly the financial position of the Organisation and the result of its operations regarding the funding arrangement for the year ended 30 June 2020, in accordance with the Australian Accounting Standards.

Dated this 28th day of October, 2020

**GLENN MERCHANT CA**  
Registered Company Auditor (Reg. No. 154653)

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**GLEBE HOUSE INCORPORATED**  
**AUDITORS' STATEMENT**

I, Glenn Merchant, being a registered company auditor hereby certify that I have examined the books and financial records of GLEBE HOUSE INCORPORATED and in particular the funding arrangement between Glebe House Incorporated and the NSW Family and Community Services in accordance with Australian Auditing Standards.

In my opinion, the attached financial statements present fairly the financial position of the Organisation and the result of its operations regarding the funding arrangement for the year ended 30 June 2020 in accordance with the Australian Accounting Standards.

Dated this 28th day of October, 2020

**GLENN MERCHANT CA**  
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# AUDITOR'S REPORT CONT'D



## INDEPENDENT AUDITORS' REPORT TO THE MEMBERS OF GLEBE HOUSE INCORPORATED A.B.N. 70 001 327 626

### Report on the Financial Statements

#### Opinion

We have audited the financial report of Glebe House Incorporated (the entity), which comprises the consolidated balance sheet as at 30 June 2020, consolidated profit and loss statement for the year ended 30 June, 2020 and consolidated statement of cash flows for the year then ended, notes comprising a summary of significant accounting policies and other explanatory information, and the statement by members of the committee.

In our opinion, the accompanying financial report of Glebe House Incorporated is in accordance with the Association Incorporations Act 2009, including:

- giving a true and fair view of the entity's financial position as at 30 June 2020, and of its financial performance for the year then ended; and
- complying with Australian Accounting Standards.

#### Basis of Opinion

We conducted our audit in accordance with Australian Auditing Standards. Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Report* section of our report. We are independent of the association in accordance with the auditor independence requirements of the *Corporations Act 2001* and the ethical requirements of the Accounting Professional and Ethical Standards Board *APES 110: Code of Ethics for Professional Accountants* (the Code) that are relevant to our audit of the financial report in Australia. We have also fulfilled our other ethical responsibilities in accordance with the Code.

We confirm that the independence declaration required by the *Corporations Act 2001*, which has been given to the committee members of Glebe House Incorporated, would be in the same terms if given to the committee members as at the time of this auditors' report.

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

#### Information Other than the Financial Report and Auditors' Report Thereon

The committee members are responsible for the other information. The other information comprises the information included in the entity's annual report for the year ended 30 June 2020, but does not include the financial report and our auditors' report thereon. Our opinion on the financial report does not cover the other information and accordingly we do not express any form of assurance conclusion thereon. In connection with our audit of the financial report, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial report or our knowledge obtained during the audit or otherwise appears to be materially misstated. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

#### Responsibility of the Committee for the Financial Report

The committee members of Glebe House Incorporated are responsible for the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards and for such internal control as the committee members determine is necessary to enable the preparation of the financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.

ABN: 62 606 570 742  
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## INDEPENDENT AUDITORS' REPORT TO THE MEMBERS OF GLEBE HOUSE INCORPORATED A.B.N. 70 001 327 626

In preparing the financial report, the committee is responsible for assessing Glebe House Incorporated's ability to continue as a going concern, disclosing, as applicable, matters relating to going concern and using the going concern basis of accounting unless the committee members either intend to liquidate the association or to liquidate the entity or to cease operations, or have no realistic alternatives but to do so.

#### Auditors' Responsibility for the Audit of the Financial Report

Our objectives are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with the Australian Accounting Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of this financial report.

As part of an audit in accordance with the Australian Auditing Standards, we exercise professional judgement and maintain professional scepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial report whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit 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 association's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the committee members.
- Conclude on the appropriateness of the committee member's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the entity's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditors' report to the related disclosures in the financial report or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditors' report. However, future events or conditions may cause the entity to cease to continue as a going concern.

We communicate with the committee members regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

MITCHELL & PARTNERS  
Chartered Accountants

Glenn Merchant CA  
Partner  
Dated this 28th day of October, 2020

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## Service Networks

### DETOX UNITS

- » Wards 64 & 69, RPA Hospital
- » William Booth (detox and primary treatment)
- » Herbert St Clinic, Royal North Shore Hospital
- » Gorman Unit, St. Vincent's Hospital
- » Corella Lodge
- » Nepean Hospital

### AOD SERVICES

- » Foundation House
- » Bourke Street Project
- » OSTAR
- » WHOS
- » William Booth
- » South Pacific Private
- » Wesley Private
- » Northside Private Hospital

### HEALTH SERVICES

- » Glebe Family Medical Centre
- » Camperdown Community Health
- » Liz Williams Counselling Services
- » RPA Imaging and Allied Health Services
- » Redfern Community Health
- » SAMSN

### CRIMINAL JUSTICE SERVICES

- » Leichhardt Community Corrections
- » Correctional Centres throughout NSW
- » Guthrie House
- » Rainbow Lodge
- » Community Restorative Centre
- » Justice Health «Connections
- » Prisoners Aid

### HOUSING SERVICES

- » Metro Community Housing
- » Housing NSW
- » Wesley Housing
- » St. George Community Housing



### AUXILIARY SERVICES

- |                                    |                     |
|------------------------------------|---------------------|
| » Glebe Town Hall                  | » Oz Harvest        |
| » Sonia Forato Pilates /Meditation | » TAFE NSW          |
| » Kathy Cogill Flow to Yoga        | » Centrelink        |
| » Karen Dovel Ceramics             | » Victoria Park Gym |
| » Encapsulator                     | » State Debt, WDO   |



**A safe place for change**

**GLEBE HOUSE**

5-7 Mt. Vernon Street  
Glebe, NSW 2037

P: **02 9566 4630**  
E: **info@glebehouse.com.au**  
F: **02 9552 1585**

PO BOX 215  
Glebe NSW 2037

**[www.glebehouse.com.au](http://www.glebehouse.com.au)**