

VICTORIAN  
AIDS  
COUNCIL  
GAY  
MENS  
HEALTH  
CENTRE  
ANNUAL  
REPORT

200405

CONTENT

PRESIDENTS MESSAGE 01

EXECUTIVE DIRECTOR 02

BOARD REPORT 03

COUNSELLING SERVICES 06

HEALTH PROMOTION PROGRAM 07

HIV SERVICES PROGRAM 08

IN HOME SUPPORT PROGRAM 10

CENTRE CLINICS 11

STRATEGIC DEVELOPMENT & ALLIED SERVICES PROGRAM 12

CONSOLIDATED FINANCIAL REPORT 14

ADDITIONAL STATISTICAL INFORMATION 18

VICTORIAN AIDS COUNCIL INC. FINANCIAL REPORT 19

GAY MEN'S HEALTH CENTRE INC. FINANCIAL REPORT 23

VAC/GMHC AWARDS 27

The Victorian AIDS Council was formed in 1983 as the central part of the Victorian gay community's response to HIV/AIDS. In 1986 the Gay Men's Health Centre was formed to address the broader health needs of the gay community. Together, the Victorian AIDS Council and Gay Men's Health Centre work to confront the continuing challenges of the HIV/AIDS epidemic and, increasingly, the gay community's broader health concerns. Our core work aims to preserve the independence, dignity and health of people with HIV/AIDS and to reduce the transmission of HIV. We are committed to social justice and social change. Since our inception we have been a strategic partner of government, hospitals and other service providers. Our effectiveness and inspiration come from the hard work and dedication of our volunteers and paid staff, who are men and women of many backgrounds, and from the ongoing support of the communities we serve.

# STATEMENT OF PURPOSE

# PRESIDENT'S MESSAGE

KEVIN GUINEY



Yet another year has passed in the fight against HIV/AIDS. The time seems to go so quickly and there is still so much to do.

This year saw the 20<sup>th</sup> anniversary of the incorporation of the Victorian AIDS Council. In October last year a number of members, supporters, volunteers and staff got together to celebrate our achievements and consider what is yet to come. A great day was had by all with the first President, Phil Carswell, giving a wonderful account of the setting up of the Council and what it was like in those early days.

A lot of work has been done in the past few years to maintain the standards of service to our infected and affected communities and there is still more to be done. The Department of Human Services commissioned a Review of Funded Programs in 2004, which has only just been released all but silently after an FOI request. No big fanfare or trumpets – just a link on a web site. Lots of recommendations have been made but nothing about the need to put more money into the HIV/AIDS sector – a sector that has a growing population of people living with HIV/AIDS who, for many, are experiencing an increasingly complex condition to manage.

We continue to lobby the Department of Human Services to move forward with the implementation of the review recommendations. In particular, the Board is committed to ensuring that VAC/GMHC receive sufficient funds to boost our HIV prevention efforts without compromising the level of service we deliver to PLWHA. These will be quite complex negotiations. The government's release of its guiding document for service delivery priorities, *A Fairer Victoria*, will support our mission to reduce the disadvantage experienced by many people living with HIV/AIDS.

There is a growing conservatism at all levels of government and it appears to be affecting the layers of the bureaucracy that VAC/GMHC has to deal with. The days of partnership, when all parties were equal and decision making was collaborative – making decisions about what services were needed and how education would be implemented – are becoming few and far between. We must remain vigilant as growing numbers of politicians bend to the wishes of the conservatives who, in whatever form, are trying to derail the progress we have made and hamper future progress and possible achievements.

The 5<sup>th</sup> National HIV/AIDS Strategy was released in June 2005 by the federal Health Minister and for the first time a first draft of

an implementation plan has been developed. When this implementation plan is finalised, the response in Australia should be able to move forward. We await with interest the release of the updated Victorian HIV/AIDS Strategy and the accompanying implementation plan.

Once again our volunteers have done a great job in all areas of the organisation. Their work remains a vital part of our services and without them we would not be able to achieve what we have.

Overall VAC/GMHC is in a sound financial position with excellent work being done throughout the year by staff and the Finance Committee. A very tight rein has been held on expenses and costs to the organisation and this is reflected in a modest profit. In particular we closely monitor the financial state of the David Williams Fund (DWF), which provides emergency relief for people living with HIV/AIDS. We are grateful to our many corporate, community and individual supporters whose ongoing generosity reduces the financial hardship faced by Victorians living with HIV/AIDS.

Finally I would like to thank the staff of the VAC/GMHC for their invaluable contribution and help over the past 12 months. The work of the Board is made much easier with the free flowing, clear and accurate information provided by the Managers. In particular I would like to thank Mike Kennedy for his assistance and mentoring and for supporting me in my role as VAC/GMHC President. I first met Mike in about 1993 at an AFAO meeting in Sydney and he has been an inspiration to all in the HIV/AIDS sector for many years.



# EXECUTIVE DIRECTOR

MIKE KENNEDY



Writing my contribution for the Annual Report is always an interesting exercise. It forces me to take some time out from the day to day focus, which occupies so much of my working time, and reflect both on where we have come as an organisation in the last year and on where we sit in the local, national and global response to the HIV epidemic. It might be that the pace of change has quickened, or it might just be that I am getting old(er), but it seems like only last week that I was sitting down to write last year's report.

I have been in a number of meetings and forums this year where people have been reflecting on the changes in the epidemic. Some of those changes are welcome ones – the widespread treatments uptake in Australia means that many people living with HIV/AIDS are looking at a lifespan similar to their HIV negative counterparts. However, even if a cheap, widely-available and effective HIV vaccine to prevent HIV infection was discovered tomorrow, there would still be essential work for AIDS Councils to do in meeting the needs of people living with HIV/AIDS. Some of those changes are unwelcome ones – the increase in new diagnoses of HIV may have slowed and is even declining a little, but the levels of notifications in gay men in Victoria is still at levels we saw in the 1990s, before the advent of antiretroviral treatments began to lower the levels of community viral load. And some things never seem to change – the challenge of stretching a shrinking income to meet growing costs remains a constant challenge.

Before I write my contribution, I have the benefit of being able to read the rest of the report. As in previous years, I am struck by the breadth of the work that we do and the innovative ways in which we are reshaping our services to meet the changing needs of the communities we serve. Our Australian HIV response is a novel one. Since I started working in the HIV sector as a volunteer almost twenty years ago, and particularly since I started paid work in the sector eight years ago, I have had the opportunity to visit a number of overseas AIDS organisations and have established online links with many others. Our AIDS Council model is an uncommon one. Many AIDS organisations in other countries will do HIV prevention work with one target population, or HIV counselling work, or one aspect of care and support work. Even in the Australian context, we are the only AIDS Council that does HIV prevention and health promotion work, health maintenance work with people living

with HIV/AIDS, offers home based care and support, runs a Positive Living Centre, provides individual and group therapeutic counseling, provides information and support around complementary therapies, and provides holistic medical services through a GP clinic.

This diversity does present us with some challenges that are not present in an organisation with a more singular focus. For example, the Department of Human Services is making very slow progress with the VAC Review recommendation that more focus and funds should be directed to our HIV prevention work, because achieving this outcome in a way that is cost-neutral to the Department will mean cutting services for people living with HIV/AIDS.

However, this diversity also brings considerable benefits that are not easily available to less complex organisations. Our health promotion work is informed by the experiences of our doctors and counsellors for example, and by the day to day issues that are raised with our care and support workers. We are able to run joint initiatives across program areas. And as a senior manager, I value enormously the breath of experience that the management team can draw on in planning, delivering and evaluating the range of services we provide and I have never worked with a more talented or mutually supportive management team at any time in my working life.

I urge you to take the time to read the reports from our program areas to get a better sense of the work we do and the innovations and changes that are taking place in each part of the organisation.

Finally, I would like to thank the President, Kevin Guiney, and the other Board members for their high level of engagement and support over the past year. Community organisations demand a lot from their Board members and this applies even more so in the HIV/AIDS sector. The 31 Board Briefing Papers we have prepared this year to inform their deliberations cover a very broad range of issues and demonstrate how diverse the work of the Board has been.

We are extraordinarily fortunate, in this sector, to be able to harness the talent and commitment of our volunteers, our staff, our partners and our Board to work with us in meeting the changing needs of communities affected by the HIV/AIDS epidemic. Thank you all for your amazing contribution again this year, and I look forward to working with you again in 2005-06.



# BOARD REPORT

The 2004-05 year has been another busy one for the Board. John Daye, Mark McColl and Bernie Tolan served the second year of their two year terms and were joined on the Board by Kevin Guiney, Jon Willis and Valarie Sands whose positions will come up for election in October 2006. During the year Bernie Tolan resigned from the Board and was replaced by Mark Saunders. Greg Iverson was the PLWHA Victoria representative on the Board. At its first meeting for the year, the Board elected Kevin Guiney as President, Jon Willis as Vice President/Secretary and Mark McColl as Treasurer.

## BOARD PLANNING

Each year, soon after its election, the Board meets for a day to plan its work program for the next year. Progress with this work plan then becomes a standing agenda item for Board meetings for the rest of the Board's term. A Board Briefing Paper accompanies all substantive matters that go to the Board for consideration. The Board considered 31 such papers this year ranging from internal issues like the service usage patterns of the PLC members to big picture external issues like the potential impact on safe sex practices of proposed trials of pre-exposure prophylaxis for gay men.

It was clear to the Board at its planning day that the broader policy environment would be a major focus of its work this year. When the Board met for its planning day, it appeared that the Commonwealth was moving forward with plans for a joint HIV/AIDS and STI Strategy, although it was clear that the rest of the HIV/AIDS partnership did not support this approach. The Board considered several papers on the national strategies as this work progressed and by the end of 2004-05, the Commonwealth had abandoned its original plans, had developed and launched separate HIV/AIDS and STI Strategies, and was well advanced with finalising implementation plans for each of the strategies in consultation with the other arms of the HIV/AIDS partnership.

At a local level, the *Victorian HIV/AIDS Strategy 2002-2004* expired this year. Unlike the Commonwealth, the Victorian Department of Human Services was very slow to develop a detailed implementation plan and, for much of the period covered by the Strategy, resisted community requests to do so. As a consequence, progress with implementing the Strategy was sporadic, at best, and, when the Strategy expired, significant amounts of work identified in the document had not even commenced. The Board has had some input, through Board members on the Victorian Ministerial Advisory Committee and its subcommittees, to the addendum that will accompany the Strategy as it is extended to 2007. However, there has been no announcement (by mid-September 2005) on how the Department is going to proceed with the Victorian HIV/AIDS Strategy and the situation is disturbingly similar to the position we found ourselves in with the Commonwealth 12 months earlier.

The Board also considered several reports about the follow up on the review of HIV-related housing. While VAC/GMHC and PLWHA Victoria were generally happy with the outcomes of the review, the Department of Human Services and the Department of Housing chose not to release the report publicly and have made little apparent progress with implementing its recommendations.

The Board also considered regular reports about the slow progress in implementing the major recommendations of the VAC Review – in particular, the set of recommendations about an increased focus on and funding for health promotion. This work is continuing and will continue to be a focus for the Board in 2005-06.

As it had done in previous years, the Board decided to continue a range of committees to progress its work plan. This process enables the committees to work through a level of detail that would be impossible at a Board meeting and has the additional benefit of enabling the Board to draw on a wider pool of expertise to progress its work. Each committee contains at least two Board members, one of whom is usually the Chair of the committee, and other members are drawn from volunteers, staff, clients and external members with particular expertise in the work area of the committee. Committee reports are a standing item on Board agendas and the Board makes any related decisions on the committees' recommendations.

The Board extends its thanks to all of the external members who assisted its work by participating as committee members this year.

## **FINANCE COMMITTEE**

Mark McColl chaired the Finance Committee. The committee meets monthly to monitor the VAC/GMHC budget and financial accounts. It oversees the preparation of the annual budget, conducts the half yearly budget review and considers in some detail the outcomes of the annual audit. In addition this year, it oversaw the process of redrawing the organisation's budget and chart of accounts to more accurately reflect income and expenditure against program cost centers.

The Finance Committee has also been overseeing an internal review of the VAC/GMHC fundraising program. Once this review has been completed and the Board has considered its recommendations, the Finance Committee will recommend that the Board re-establish a Fundraising and Marketing Committee to assist with the ongoing activities of the fundraising program.

## **STRATEGIC DIRECTIONS COMMITTEE**

Kevin Guiney chaired the Strategic Directions Committee. A previous Board decided to extend the existing VAC/GMHC Strategic Vision while the Department of Services conducted the VAC Review and while the organisation negotiated the outcomes with the department. However, as negotiations with the department moved very slowly, the Board decided to commence the process of developing a new Strategic Directions document and re-established the committee. The committee has been overseeing the process of engaging a consultant to guide us through this process. A broader range of community consultations on the new Strategic Directions document will commence in late 2005.

## **RESEARCH PROMOTION AND ETHICS COMMITTEE**

Jeffrey Grierson chaired the Research Promotion and Ethics Committee. The committee's purpose is to promote a research agenda, both internally and externally, that will benefit members of VAC/GMHC constituent communities. It also reviews proposed research projects that include any involvement of VAC/GMHC.

The committee works with researchers (including student researchers) to ensure that projects are sensitive to the needs of people living with HIV/AIDS and other VAC/GMHC stakeholders. While the committee requires that applicants obtain approval from an institutional ethics committee, it offers the community's expertise to ensure that the issues that matter for our communities are dealt with appropriately in research proposals. All research projects

wishing to recruit participants through VAC/GMHC or to use the organisation's premises are required to obtain approval from the committee. This year the committee reviewed six such applications.

The committee also works to promote the use and understanding of research within VAC/GMHC and by the HIV sector more generally. This was achieved by facilitating dialogue between researchers and workers, by conducting workshops, and by offering advice and guidance to both groups. A paper on the structure and work of the committee was presented at a national Diabetes Conference, a sector that is dealing with many similar issues about engaging with research.

## **POLITICAL ORGANISING STRATEGIC DEVELOPMENT COMMITTEE**

John Daye chaired the Political Organising Strategic Development Committee. The role of the committee is to progress those political and strategic issues that need more attention and a broader range of input than can occur at a monthly Board meeting. This year the committee became a joint committee of VAC/GMHC and PLWHA Victoria and it now has issues referred to it by both Boards and provides reports to both Boards.

As in previous years, the committee drew on external sources for advice and input on specific issues. The committee worked on several major issues during the year including the development of the 5<sup>th</sup> National HIV/AIDS Strategy, the implementation of the review of HIV-related housing, the development of the next stage of Victoria's HIV/AIDS Strategy, the implementation of the VAC and PLWHA reviews, the review of the HIV/AIDS service at The Alfred Hospital, proposed changes to Medicare and the changes that will form part of the government's welfare reform package.

## **AUSTRALIAN FEDERATION OF AIDS ORGANISATIONS**

VAC/GMHC is a member of the Australian Federation of AIDS Organisations and Mike Kennedy, the Executive Director, is an elected member of the AFAO Board. AFAO holds general meetings twice a year, in April/May and October/November. The VAC/GMHC voting delegates to AFAO were Kevin Guiney and Jon Willis.



BOARD MEMBERS

KEVIN GUINEY

BERNIE TOLAN

GREG IVERSON

JOHN DAYE

JON WILLIS

MARK MCCOLL

MIKE KENNEDY

VALARIE SANDS

MARK SAUNDERS

# COUNSELLING SERVICES

NICCI ROSSEL, MANAGER



In 2004/2005 the Counselling Services team of over forty people – staff, students, supervisors, interns and volunteers – focused on developing ways to meet the changing and diverse needs of our communities in the face of the HIV/AIDS epidemic.

## **GROUP THERAPY IN COUNSELLING SERVICE**

2004/05 has seen the introduction of an integrated and ongoing program of therapeutic groups as a way of addressing the continuing challenges of the HIV/AIDS epidemic and the needs of the GLBTI and HIV positive communities.

Group therapy provides psychological support and intervention through participation in the group by the group. Participation in therapeutic groups can alleviate feelings of loneliness, isolation, depression and helplessness. For some, group therapy can offer a more realistic environment to understand and change behaviour than individual therapy.

Therapeutic groups offered at VAC/GMHC Counselling Services include the following four core programs:

**Revisoning** – a group for gay and bisexual men learning to break patterns of violence, abuse and controlling behaviours in their relationships.

**Negative Partners** — a group for negative guys with positive partners.

**Shared Experiences** — for HIV positive gay men wanting to explore their experience of living with HIV/AIDS.

**Better Bonding** — weekend workshops for gay couples wishing to deepen the connection in their relationship.

## **STUDENT PLACEMENTS**

In offering substantial student placements of 70 -100 days duration, the Counselling program has taken the opportunity to educate a new generation of workers while providing therapeutic services that meet the changing needs of people living with or affected by HIV. Upon completion of their placement, students acquired knowledge and sensitivity to our client group, goes with them into their future professional employment.

During the year, five university students from social work, psychology and counselling disciplines contributed to service delivery and project work in line with Counselling Service needs.

## **INTERNSHIP PROGRAM**

During the year, the internship program continued to flourish with seven new and five continuing interns from three partner training institutes. Internship programs have now been established with Gestalt Therapy Australia, the Australian College of Contemporary Somatic

Psychotherapy and the Melbourne College of Contemporary Psychotherapy.

## **VOLUNTEER COUNSELLORS**

This year 22 counsellors volunteered their professional counselling skills to VAC/GMHC clients. Our diverse team of volunteer counsellors are trained and experienced in a range of therapeutic modalities and offers counselling and psychotherapy to individuals and couples.

## **SUPERVISION, TRAINING AND DEVELOPMENT**

Ongoing supervision, training and development are essential to supporting VAC/GMHC counsellors to meet the changing and diverse needs of our communities. In particular, supervision provides a supportive environment for counsellors that ensures they are resourced to work with strength, compassion and insight with our clients. All counselling staff and volunteers receive regular professional supervision. This is afforded by income generated from sliding scale fees paid by clients.

In addition to the two-day induction program, attended by all new team members, three professional development days are offered each year.

Induction days provide all counselling staff with essential information about HIV/AIDS and the impact of both the epidemic and homophobia on our client communities. During the year, professional development has ranged from the theoretical to the practical, including workshops and seminars on relationship counselling, working with people recently diagnosed with HIV, transgender issues, Winnicott's notion of the creative space between therapist and client and issues for men using SOPVs.

2004/05 saw the introduction of the *HIV Counsellors Forum* which was facilitated by Counselling Services in partnership with the Infectious Diseases Social Work team at The Alfred Hospital. These half-day forums provided a valuable opportunity for professional counsellors and psychotherapists working with people living with HIV/AIDS to share information and to access quality training and development. Topics covered included issues in serodiscordant relationships, HIV and depression and same sex relationship violence.

I take this opportunity to note the wonderful contribution of our guest speakers and trainers – all working free or at a greatly discounted rate – in providing support to our counsellors. I would also like to thank all staff, supervisors, students, interns and volunteers for their commitment and skill in providing therapeutic services to our communities during this year.



# HEALTH PROMOTION PROGRAM

COLIN BATROUNEY, MANAGER



The Health Promotion Program includes one volunteer who has put together over 30,000 safe packs for distribution by the team. While not every volunteer can make this gargantuan claim, every volunteer we have makes a positive contribution to the work of the program. From peer education and online outreach to safe sex packing and campaign development our volunteer base is what keeps the wheels of health promotion turning in a program that is as varied as the volunteers and staff who are all part of the team.

This year one group of volunteers deserves a special mention, not only for their outstanding contribution to the work of the program but also for the guts it took to make that contribution. In the Staying Negative campaign, HIV negative and positive gay men told the stories of their lives principally to demonstrate how they have lived over the course of the epidemic. What emerged from those stories has been so much more than merely safe sex advice. The men involved in the campaign have shared stories about growing up, coming out, safe sex, unsafe sex, pain, loss, homophobia, drugs, alcohol, family, friends, love, the past and the future. The importance of this campaign can't be underestimated. As an organisation, we have stopped telling people what to do and are instead listening to stories from gay men as a way of learning how people are living their lives in the midst of an ongoing epidemic. The rich narratives of the Staying Negative campaign, and indeed the campaign itself will continue indefinitely.

Together with The Alfred hospital and the Department of Human Services, the Health Promotion Program developed an extensive social marketing campaign to promote the availability of non-occupational post exposure prophylaxis (PEP) in Victoria. The Program launched this major social marketing campaign on 10 August at Federation Square. The PEP campaign includes a variety of products, (fridge magnets, postcards, z-cards, safe packs and safe cards) as well as extensively using other media including radio, billboards, press ads (mainstream and gay press), to support a 1800 line information service and a website:

[www.getpep.info](http://www.getpep.info). The PEP campaign will be the major focus for the program during next year's Midsumma activities.

Following the combined VAC/GMHC PLWHA Victoria review conducted by the Department of Human Services in 2003, this year the program commissioned an external review in

an effort to determine whether our program of activities had the right balance to meet the needs of health promotion in 2005. Overall the Program review found that all the major components of the current Program, including peer education, outreach and resource distribution were adequate although the review found that "reach of the program is inadequate and that the program lacked focus on population-wide strategies". To address this imbalance the review recommended that "social marketing be incorporated into the current mix of activities on an ongoing basis." This recommendation is in line with the findings of the organisational review which recommended that "VAC/GMHC should initiate steps to accord greater priority within the organisation for HIV prevention and health promotion targeting homosexually active men, both in terms of focus and in the allocation of funding and other resources."

The Health Promotion Program keenly anticipate the implementation of these review recommendations as a way of further refining the work we need to do in the fight against ongoing HIV notifications in Victoria.

In terms of the core elements of Health Promotion within VAC/GMHC, 2004 - 05 has seen a significant increase in the level of activity of the Program with staff and 134 volunteers actively involved in the delivery of peer based education, radio programs, media articles, SOPV visits, outreach online and at dance and sex parties (with further online initiatives planned for the near future) as well as thousands of safe sex resources distributed throughout the year. Together with the social marketing work we have done in 2004 - 05, and plan to do over the course of 2006, the Health Promotion Team appear to be primed with a finely balanced program to move effectively into the future.



# HIV SERVICES PROGRAM

BRETT ALLAN, MANAGER



HIV Services uniqueness is that it provides an integrated and complementary series of community-based programs in a classic community development model, with a multi-disciplinary team that serves all groups from a community perspective, with an important outreach capacity through our staff and dedicated, trained, volunteers.

## POSITIVE LIVING CENTRE (PLC)

The PLC continues to be a thriving and diverse space with an average of 35 visits and 27 phone contacts per day.

The restructure of the PLC is complete. The Positive Health Promotion Programs include Member Services, Peer Support, Youth Access, Complementary Therapies, Needle and Syringe program (NSP) and the HIV/AIDS Legal Service (HALC). We anticipate that this will result in a more integrated approach for PLC members.

Member Services forums have commenced and it is anticipated that we will run four of these per year. These forums have provided a great deal of feedback and ideas to assist us in providing relevant services to our members. This information is fed back into the PLC Reference Committee.

Our newly re-opened NSP program has been well utilised by members. This is a member-only service, which has enabled us to provide condoms and lube, at no cost, in addition to providing NSP facilities. Our outreach services now include PLWHA Victoria, Straight Arrows, Positive Women, AHAG, Interact Jobs Plus and Alfred Occupational Therapist and Social Work. These services have been welcomed and well utilised by members.

The PLC activities program, comprising a broad range of activities aimed at improving the mental, emotional, physical and social well-being of people living with HIV/AIDS, continues to grow and evolve with the needs of the membership.

The nutrition program, comprising the meals service and pantry program, continues to meet the growing demand of the membership. On average, 70-80 meals are served each week. During the year there was a significant increase in the number of members utilising the dinner service. The breakfast service has proven to be a very popular introduction to the schedule. Facilitated predominantly by volunteers and members, the Saturday breakfast service has averaged 12-16 meals each week. This service has attracted a new audience to the centre on a Saturday. The pantry program has grown significantly in line with the increase

in membership. The pantry program continues to access Foodbank Victoria for the bulk of supplies provided, whilst a range of fruit and vegetables are supplied to complement the provisions. On average, 50-55 members access the pantry program on a fortnightly basis, whilst an increasing number of clients of the David Williams Fund and Community Support Program are accessing the service. Overall, the pantry program is providing members with an excellent supplement to their fortnightly grocery needs.

The massage program remains a much sought after service. It continues to be predominantly resourced by massage therapists and students volunteering their time and expertise. Over the year, the massage program has provided approximately 624 hours of treatment to members. This equates to almost \$35,000 in donated service. The demand for the service certainly isn't diminishing. The challenge therefore is to increase the number of hours and availability of masseur practitioners to the membership. The haircut service continues to be extremely well utilised by the membership. Both the Saturday, and newly introduced, Thursday services are booked well in advance.

In addition to the activities and services provided at the Positive Living Centre, the centre has contributed further to resourcing the Outreach Drop-In Program. This is being done in partnership with the Community Support Program. The drop-in service continues to run at Northcote (North Drop-In) and Frankston (South Drop-In) on Wednesdays and Fridays respectively each fortnight. The service is open to people living with HIV/AIDS and their friends and attracts approximately 35-40 attendees each fortnight. The service continues to attract those people living with HIV/AIDS who don't necessarily attend the Positive Living Centre. This year has seen more members from the PLC attend drop-in as an additional social activity. This has allowed an extended base for participants to socialise with and develop bonds and friendships. The challenge over the coming year is to re-establish or re-focus the original aim of the program. Initially conceived as a peer driven, social activity, the program has drifted somewhat from its original focus. The aim for 2005/ 2006 is to engage participants to drive the direction and focus of the service.

The Volunteer Program continued to grow and develop over the year. Although not functioning at capacity, the volunteer involvement and contribution to the Positive Living Centre remained invaluable. Volunteers continued to



work in all areas of the Centre's function. Overall, volunteers contributed approximately 4500 hours of service to the Centre. It would be impossible for us to maintain the high level of service we provide without our team of dedicated volunteers at the PLC – a very special thank you to each and every one of you.

### **FRESH**

During 2004/2005 Fresh continued to provide social activities to young people living with HIV. Towards the end of 2004 Fresh saw a decrease in its membership, due in part to many people turning thirty. By March 2005 however, the numbers started to increase once again. The profile of new members has tended to be young men aged between 21 and 24 years, mostly engaged in full time employment. Issues such as depression, isolation, loneliness, and alcohol and high drug use were identified as key issues impacting on young men's lives which, for some, has led to problems at work and financial hardship.

During the year many Fresh members became members of the PLC with a large percentage participating in the peer support groups. The Fresh buddy system continues to work well in supporting new members into the program.

Some of the Fresh social activities conducted over the year have included visits to the Peninsula hot spring, paint ball, bowling, horse riding, a trip to Healsville, and rowing. Movie club continues to operate once a month and the Fresh members are encouraged to attend the PLC Tuesday night for dinners.

### **HIV PEER SUPPORT**

The Peer Support Program ran six Peer Support groups in the past year with a total of 70 participants. The participants ranged from 19 years of age to late 60s. They were either newly diagnosed or had been living with HIV for 5 to 10 years. There were also participants who were long-term survivors of HIV/AIDS.

In July 2004 the Peer Support Program commenced an 'ongoing group' for those who had completed the eight week group. This group is still going with most of the original participants still attending each week. New members are introduced along the way. In addition, the Peer Support Program started to promote a group for members co-infected with HIV and Hepatitis C. This group will commence at the end of 2005.

During 2004/2005 there have been just over 500 phone contacts and 350 face to face or one on one sessions with clients. The program can now boast a healthy 14 facilitators, six of whom

were trained during the year. More groups and specific workshops are planned for the future. We are currently working on developing workshops on HIV and Diabetes and HIV and depression in consultation with relevant external agencies.

### **HIV COMPLEMENTARY THERAPIES**

Demand for Complementary Therapy treatment and information continues to be high at the PLC. There remain a wide range of symptoms and health problems that do not respond well to medical treatment but for which effective Complementary Therapy solutions can often be found. Fatigue, most types of diarrhoea, night sweats, some kinds of skin rashes, post-shingles complications, recurrent low fevers (not due to infections), poor digestion or appetite and many side-effects from medical drugs are examples of these kinds of problems. Additionally, many people with HIV are now postponing commencement of anti-HIV drugs for longer periods and look to Complementary Therapies to improve their health.

Three successful community education seminars were held this year, with over 100 people attending. Research was presented on the importance of nutritional supplements, the key role that "co-factors" play in determining the course of HIV and the use of natural therapies in the management of co-infection with HIV and Hepatitis C. Attendees evaluated the seminars very positively.

A welcome addition to the Complementary Therapy services at the PLC has been homeopathy – delivered voluntarily by homeopath Ben Gadd who has had considerable experience treating people with HIV in Africa.

### **COMMUNITY SUPPORT PROGRAM**

The clients with whom we work are representative of the diversity of people living with HIV/AIDS: gay men, straight men, women, and people from culturally and linguistically diverse backgrounds. Many have children. "Ageing with HIV" is a factor for all of these groups.

Stigma and discrimination remain significant issues for our clients, not only related to HIV/AIDS, but inclusive of sexuality, mental health conditions, changes in physical appearance, drug and alcohol use, poverty and other medical diagnosis such as Hepatitis. Stigma and isolation have a direct relationship that can affect engagement with and access to services.

An important role of VAC/GMHC involves advocacy. At times there is a sense of urgency around this work due to the fact that we provide a service to those most in need.

In many circumstances people are unwell, experiencing difficulty in activities of daily living, or having difficulty adjusting to a diagnosis. Importantly though, through strong advocacy and purposeful support, we can reduce that impact and provide a sense of being valued.

Our staffing transition has occurred whilst as a program we continue to re-focus and refine our response to the changing needs of people living with HIV/AIDS, within an incredibly tight fiscal framework. Given the realities of demand and funding, this will continue to be the case as the coming year progresses. As we enter our twenty first year of operation, we enter our tenth year without any real increase to our funding - all this within a complex environment of need and competing demands. Appropriate levels of funding remain that vital ingredient which continues to elude us as it does in the HIV sector generally. That is why we continue to be careful in the way we operate; "targeting" those most in need of support, and thrifty in the way the funds are allocated and utilised.

We have continued to work collaboratively with other agencies and whilst we have good working relationships with the state-wide HIV Consultancy, the Social Work team and allied services at The Alfred hospital and the Royal Melbourne Hospital, we need to consolidate these partnerships even more, particularly with the collective challenges that lie ahead. We also need to forge new and mutually rewarding relationships, as we have done with Monash Medical Centre, in the interests of better client care.

### **VOLUNTEER TRAINING**

We are continually creative in finding ways of utilising that most precious of resources, the volunteer. Without volunteers we cannot provide the range of services and breadth of experience we, as a support service, bring to the table. Roles and responsibilities will continue to be developed over the coming year to make it all the more rewarding for everyone involved in our programs.

From 1984 to 2004, 2684 volunteers supported 1477 clients, providing an estimated 700,000 hours of direct care and completing 27,720 *medical* transports. We are happy to say that many of the "old" volunteers and the "pioneers" from the early days are still active with us today.

2004/2005 has seen a fundamental shift in our recruitment and induction process to ensure we can continue to offer support from a highly

committed volunteer base, trained and informed on the issues and responsive to the changes we are confronting.

During the year we re-visited the future, with an emphasis on a more intensive volunteer selection and training program. We piloted two intakes a year. The second pilot training will take place in September 2005. This year we welcomed 30 new "recruits" to our ranks. Our re-invigorated training schedule now incorporates appropriate levels of support opportunities for both Community Support and Positive Living Centre volunteers.

#### **PK TIX**

PK Tix, a project of the Community Support Program, continues to provide social opportunities for our clients with incredible success. The networking and nurturing of contacts within the arts and entertainment industry has been rewarding, a relationship for which VAC/GMHC is always grateful. During 2004/2005 PK Tix has secured in the vicinity of \$132,760 worth of tickets, providing Community Support clients (and increasingly others who are marginalised) with a diverse range of social opportunities.

#### **DAVID WILLIAMS FUND (DWF)**

Poverty affects a substantial number of people living with HIV/AIDS and demand for assistance is generally higher than the funding available. DWF is a fund that provides emergency financial assistance to people living with HIV/AIDS who are experiencing financial hardship. Over the year DWF has had 1,346 requests from 664 clients totalling over \$150,000. Unfortunately the fund was only able to meet just under \$110,000 of those requests. The Fund's top disbursements include white goods (fridges & washing machines) (\$17,841), food vouchers (\$16,980), bedding (beds / mattresses / blankets) (\$10,363) and utilities (gas & power) (\$7,255).

The Fund is reliant upon the sale of red ribbons, the sponsorship of M·A·C Cosmetics, the AIDS Trust of Australia and the kind donations of others to ensure adequate levels of funding are available. Without the generous support of the community, and our regular donors, it would not be possible to meet the basic needs of Victorians living with HIV/AIDS who access the DWF.

## IN HOME SUPPORT PROGRAM

DON HAY COORDINATOR



#### **THE PROGRAM**

The In Home Support Program is designed to expand the options available for people living with HIV/AIDS. The Program aims to assist people with cognitive or physical impairment to continue living in the community while maintaining their health and independence.

The Program has access to a small number of properties, which are within easy reach of the Alfred Hospital and provide long-term supported accommodation to clients living in these properties. The focus is on identifying the unmet needs of these clients and addressing them by complementing existing supports and services with paid attendant care.

The Co-ordinator of the Program provides case management to clients in our properties. A comprehensive care plan is developed in close consultation with the client and is regularly reviewed with the client, service providers and other significant people. The Co-ordinator is the first point of contact for client care needs. This relieves clients of the burden of liaising with the many services that may be involved in their care.

We also have an outreach service that provides attendant care to clients living in their own homes. This service has been provided throughout Melbourne and on occasion in regional Victoria.

#### **WORK WITH OTHER AGENCIES**

The Co-ordinator of the In Home Support Program maintains close working relationships with other care providers so the service to clients is as seamless as possible. These providers include Disability Attendant Support Service Inc (DASSI), the Royal District Nursing Service, VAC/GMHC (Positive Living Centre, Community Support Program, David Williams Fund, Centre Clinic), Supported Housing Limited, The Alfred Hospital (including Fairfield House), the HIV/AIDS Palliative Care Consultancy, Melbourne Sexual Health Centre, Prahran Market Clinic and Carlton Clinic.

#### **THE YEAR GONE BY**

Support to clients in the Program's properties continues to be the major part of our work. During the year, there has been a steady increase in outreach services provided to clients in their own homes. The Program provided 5202 hours of paid attendant care in 2004-05, this total included 1354 hours of outreach care.

Following the Department of Human Services "Review of Housing and Support Responses for HIV Positive People in Victoria" the issue of governance became an area of focus for the In

Home Support Committee of Management. The current auspicing arrangement with VAC/GMHC was deemed inadequate at a number of levels. A consultant's report provided several possibilities which the committee spent considerable time and effort exploring. The final choice came down to either becoming incorporated or becoming a part of a larger organisation. Neither choice was ideal but ultimately it was agreed that the latter provided the better possibility to continue a quality service to current and future clients. The committee is currently pursuing this course.

For six months of the year Campbell Smith acted as the co-ordinator of In Home Support while Don Hay was away completing a Churchill Fellowship to study overseas. We would like to thank Campbell for the excellent contribution he made during this time both in terms of client care and in servicing the Committee of Management.

Attendant care to our clients continues to be provided by DASSI (Disability Attendant Support Service Inc.). We extend our thanks to everyone at DASSI, especially to Michael Schilders (Client Services Co-ordinator) and Trish Edwards. Thanks also to the many committed attendant carers who have worked with our clients.

#### **IN HOME SUPPORT**

#### **COMMITTEE OF MANAGEMENT 2004-05**

**David Menadue (Chair)**

PLWHA Victoria

**Lawrence Cameron**

Royal District Nursing Service

**Christina Boras**

Royal Melbourne Hospital

**Angelo Morelli**

The Alfred Hospital

**Brian Price**

AIDS Housing Action Group

**Cath Hill**

HIV/AIDS Palliative Care Consultancy

**Megan Coulter**

The Alfred Hospital

**Don Hay**

Co-ordinator

#### **VAC/GMHC Note:**

By agreement with the Department of Human Services, VAC/GMHC auspices the In Home Support Program as the Department cannot directly fund an unincorporated organisation. VAC holds the funds from DHS on behalf of the program and provides financial and HR services to the program. The program's governance is provided by the In Home Support Committee of Management.

## **CENTRE CLINICS**

**NICK MEDLAND**  
CLINIC DIRECTOR



### **THE ROLE OF THE HIGH CASELOAD CLINIC IN 2004/2005**

The Victorian AIDS Council/Gay Men's Health Centre (VAC/GMHC) operates one of the most successful and most respected medical practices in the country. It works and feels like a community service. However, times continue to change. The next few years are likely to see a considerable pressure on high caseload practices, the doctors that work in them and the clients who attend them.

The change in the HIV field over the past three or four years has been as dramatic as any period in the epidemic. There is a widespread recognition that the complexity of medical care for people living with HIV/AIDS is dramatically increasing. The number of high caseload HIV GPs has decreased in Victoria despite an increase in numbers of people living with HIV/AIDS, an increase in health care requirements and an increase in health care complexity. This would appear to be putting a strain on HIV health care, although how seriously is yet to be determined. Particularly, in the case of VAC/GMHC's medical services, it gives the community the opportunity to say "this is how we believe health care to our community should be delivered".



Elsewhere in the world HIV treatment is delivered by Infectious Disease, Immunology, Genitourinary and Sexual Health Physicians attached to large academic institutions. Largely due to the involvement of community in the Australian health care response - *from the beginning* - a very different model has developed here. The doctors, mostly GPs and health centres providing health care to people living with HIV/AIDS considered themselves *part of* the affected community. Initially, many worked at medical practices providing primary health care to gay men, evolving over time into high caseload HIV practices offering "HIV Specialist" services within a community service model. Here was community medicine at its best; health care provided to a community, for a community, by a community - a response not to a minor or irritating health problem but a successful, sustained, integrated response to perhaps the greatest health threat of the modern era. The success of this model soon established an expectation, both within and outside the community sector, that health care could be provided in a way that catered to the needs and desires of the patient as opposed to the needs and desires of the institution delivering the service. We take this for granted now, but it was revolutionary at the time.

In Victoria this was embodied in the community ethos of Fairfield Hospital, which is as close to a community-based hospital as we've ever likely to see in our lifetimes. The hospital specialists and services chose to adopt a patient focussed health care delivery model. Those involved more recently in the transition of HIV services from Fairfield Hospital to The Alfred will recall that these changes do not come naturally or easily for large institutions. However, with pressure, persuasion and encouragement even the largest and most distant monolith can bend itself to a community approach. In fact, recent accreditation of The Alfred gave the hospital the highest rating for community engagement in HIV services.

There are new challenges now for high caseload practices on how to maintain expertise, how to manage more patients with more complex needs and how to maintain this within tight cost restraints. Most high caseload clinics adopted private billing some years ago. This is a pragmatic response to a need to maintain service excellence in the face of rising costs and falling relative Medicare rebates. Most high caseload clinics significantly subsidise their practice income through pharmaceutical

industry research. This is a lucrative and highly important research activity which supports the viability of the practices. Some practices have amalgamated with the corporate sector. These competing sets of demands on the practices can, and do, work well for the clients. However, responsibilities to shareholders, partners, private sponsors, clients and finally community are in and of themselves complex to integrate. The question for the future is how will these challenges be addressed?

The Victorian AIDS Council/Gay Men's Health Centre has a stake in this issue in more ways than one. Our clinic is the only general practice, high caseload practice in Australia that is community owned and has not become reliant on private billing or private pharmaceutical research to maintain its quality of care. The commitment of the organisation to running a centre of excellence in gay men's health and HIV medicine and providing services that are both accessible and the highest standard has been of great benefit to the positive community and the gay community in Melbourne. In addition we have the potential to play a direct role in developing and implementing new models of care delivery, and setting the agenda for public and political debate in this sector. By moulding our service delivery in the way that we believe it should be developed, and in offering services in ways that our community wants, and which serve our community's needs, we have and can raise expectations that will result in improvements in health care service responsiveness across the sector.

Many of the positive changes and developments in HIV health care in Australia have come about as a result of the demands of the community and following the example of the community in its own health care. As the private practices experience greater pressure, the role of community-based clinics to exemplify and model and develop new models and standards will only increase. The affected communities should continue to decide the direction of their own health care and the future will tell whether it is able to rise to this latest set of challenges. VAC/GMHC, with The Centre Clinics, is well situated to be a leader in this area.

# STRATEGIC DEVELOPMENT & ALLIED SERVICES PROGRAM

FIONA TUNLEY



During 2004/2005 the Strategic Development and Allied Services (SDAS) program of the Victorian AIDS Council/Gay Men's Health Centre (VAC/GMHC) continued to provide infrastructure, development, information and advice across the organisation, providing the link between all program areas.

Within the policy frameworks established by the Board, SDAS is responsible for managing the provision of high-level policy advice and corporate support services to the Executive Director, the Board and the Management Team. During the year SDAS continued to fulfill this role through the activities not only of its paid staff, but also with the involvement of volunteers and, at times, other service providers, key agencies and relevant stakeholders. Additionally, in this capacity, the SDAS program provided support to various peak bodies including AFAO, VCOSS, NAPWA, Scarlet Alliance and ACOSS.

#### **ADMINISTRATION**

SDAS administration provided support to all governing and management aspects of the organisation ensuring the implementation of Board resolutions.

Furthermore, administration recruited and maintained a dedicated volunteer team of Night Managers who ensured that Claremont Street reception was always staffed in the evenings so that clients and other GLBTI user groups were able to access services and amenities outside standard office hours.

During the year, administration facilitated various policy updates including the development and implementation of a *Security Guidelines* document, as a means of ensuring VAC/GMHC Claremont Street, building security. In addition, the Executive Officer, Administration, was responsible for the implementation of various administration specific policies including the most recently updated *VAC/GMHC Vehicle Policy*.

The VAC/GMHC website continued to provide ready access to all VAC/GMHC Program information. The number of individual visitors to the VAC/GMHC website for 2004/2005 was approx 132,000 an average of 11,000 visits per month. During the year the SDAS program completed an update of all content areas of the website. The VAC/GMHC website is now an accurate reflection of VAC/GMHC's services, providing up to date information to target communities, links to other VAC web-sites, as well as links to web-sites for other organisations and more effectively promoting VAC/GMHC activities and events.

#### **INFORMATION TECHNOLOGY (IT)**

During 2004/2005 a virtual private network (VPN) was established to link all VAC/GMHC offices in South Yarra (Peter Knight Centre), Prahran (PLC) and St Kilda (Centre Clinic). The network includes five servers running an environment of *Microsoft Windows 2000/2003 Server* including *Microsoft Active Directory* in a two domain configuration. The servers are located across all three sites linking approximately 63 workstations, centrally administered at the Peter Knight Centre.

The most significant IT Project undertaken this year was the installation of two new servers at the PLC site along with a faster, direct ADSL connection to the Internet from that site. The former file, print and e-mail server was replaced by a new Windows 2003 server. In addition another server was installed to act as a firewall and proxy server.

The server upgrades at the PLC have provided VAC/GMHC with many benefits including up-to-date server software allowing for enhanced and centralised network administration which has enabled improved user support, faster web browsing for staff and clients of the PLC site, faster network services between the PLC and Claremont Street sites and improved network security including firewall, anti-virus software and a reduction in SPAM.

The VAC/GMHC *IT Acceptable Use Policy* was revised during 2004-2005

#### **FINANCE AND HUMAN RESOURCES**

Finance and Human Resources managed and reported on VAC/GMHC financial activities including payroll, grant applications, acquittals and budgets. It ensured accountable financial management and reporting consistent with *Australian Accounting Standards* and statutory requirements. All statutory and funding body financial reporting requirements were achieved for the period and the auditor submitted an unqualified audit report.

During the year VAC/GMHC adopted a best practice model of zero based budgeting to more accurately reflect program income and expenditure. Previously the budgets have been prepared based on historical data. With increased demand on services, and in an environment of diminishing resources, VAC/GMHC budgets have been decreasing in real terms. With this in mind the Finance Team and Managers worked to prepare budgets that more accurately reflected Program income and expenditure.

The chart of accounts was re-formatted to bring the allocation of expenses into line with the format of the budgets. The implementa-

tion of the new chart of accounts will allow more accurate reporting of the financial reports for all managers and coordinators to track their budgets more accurately.

During the year the Executive Officer – Finance & Human Resources worked across sites to provide support to staff working with new finance systems.

#### **VOLUNTEER PROGRAM**

Over the past year volunteer recruitment has been steady with 164 new volunteers completing Orientation training. Of these, 145 volunteers received ongoing support and training in other areas of the organisation including HIV Services, SDAS, Health Promotion, Positive Living Centre and Counselling. A volunteer reference group was convened as a means of ensuring that staff who managed volunteers received support and training in the coordination of volunteers. A volunteer strategic plan was developed this year and it will be implemented in the second half of 2005. This multi-faceted plan provides an overview of volunteer change management processes, including strategic planning processes, an organisation wide quality control program and numerous internal procedural and policy development initiatives.

#### **FUNDRAISING/SELF GENERATED FUNDS**

In 2004/2005 income generated from fundraising initiatives continued to be integral in managing the shortfall between government funding and the growing demand for resources to address the range of complex and emerging issues for those communities most affected by HIV/AIDS in Victoria. To better achieve these outcomes VAC/GMHC conducted a review of its Fundraising Program. The VAC/GMHC Board of Directors and Management Team worked on and advised on a best practice model of fundraising. VAC/GMHC aims to build upon and maintain strong relations with community, corporate and other donors/sponsors and present VAC/GMHC as a high priority fundraising/sponsorship beneficiary. This process of review continues and a two-year fundraising plan will be complete by the end of 2005.

The David Williams Fund is reliant on the revenue raised from fundraising. In 2004-2005, VAC/GMHC distributed a total of \$110,000 from self-generated funds to people living with HIV/AIDS most in need of financial support/assistance. VAC/GMHC would like to thank all those who both coordinated and assisted with fundraising initiatives. Your generosity has assisted VAC/GMHC to achieve its many unfunded service objectives.

**VICTORIAN  
AIDS COUNCIL  
GAY MENS  
HEALTH CENTRE  
CONSOLIDATED  
FINANCIAL  
REPORT**  
VICTORIAN AIDS COUNCIL INC  
REG NO A3609  
GAY MEN'S HEALTH CENTRE INC  
REG NO A0010550F

**BOARDS OF DIRECTORS REPORT  
FOR THE YEAR ENDED 30th JUNE 2005**

Your Boards of Directors submit the consolidated financial report of the Victorian AIDS Council Inc. and Gay Men's Health Centre Inc. for the financial year ended 30th June 2005.

**BOARDS OF DIRECTORS**

The names of the Boards of Directors members throughout the year and at the date of this report are:

Kevin Guiney, Jon Willis, Mark McColl, John Daye, Valarie Sands, Mark Saunders (co opted 6th June 2005), Bernie Tolan (resigned 5th April 2005), Greg Iverson and Mike Kennedy. Doris Beecher, Neville Braybrook and Kirk Peterson all stood down at last year's annual general meeting.

**PRINCIPAL ACTIVITIES**

The principal activities of the association during the financial year was that of providing support, education, and advocacy for all those affected by HIV/AIDS, especially gay and bisexual men and promoting the health and well being of gay and bisexual men.

**SIGNIFICANT CHANGES**

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

**FINANCIAL RESULTS**

The profit from ordinary activities for the year was \$84,676 (2004 \$92,036) and no provision for income tax was required as the associations are exempt from income tax.

Signed in accordance with a resolution of the Board of Directors.

  
Kevin Guiney - President

  
Mark McColl - Treasurer  
South Yarra, 27 September 2005

**STATEMENT BY THE BOARDS OF DIRECTORS  
FOR THE YEAR ENDED 30th JUNE 2005**

The Boards of Directors have determined that the associations are not reporting entities and that this special purpose financial report should be prepared in accordance with the accounting policies outlined in Note 1 to the financial statements. In the opinion of the Boards of Directors the financial report as set out on pages 14 to 16:

- Presents a true and fair view of the consolidated financial position of the Victorian AIDS Council Inc. and Gay Men's Health Centre Inc. as at 30th June 2005 and their performance and cash flows for the year ended on that date.
- At the date of this statement, there are reasonable grounds to believe that the Victorian AIDS Council Inc. and Gay Men's Health Centre Inc. will be able to pay their debts as and when they fall due.

This statement is made in accordance with a resolution of the Boards of Directors and is signed for and on behalf of the Boards of Directors by:

  
Kevin Guiney - President

  
Mark McColl - Treasurer  
South Yarra, 27 September 2005

**STATEMENT OF INCOME AND EXPENDITURE  
FOR THE YEAR ENDED 30th JUNE 2005**

	NOTE	2005	2004
		\$	\$
Operating revenue	2	3,761,764	3,682,800
Profit from ordinary activities	3	84,676	92,036
Retained profits at the beginning of the financial year		1,543,412	1,451,376
Retained profits at the end of the financial year		1,628,088	1,543,412

THE ACCOMPANYING NOTES FORM PART OF THIS FINANCIAL REPORT

**STATEMENT OF ASSETS AND LIABILITIES  
AS AT 30th JUNE 2005**

<b>CURRENT ASSETS</b>			
Cash assets	4	1,141,091	923,354
Receivables	5	31,951	86,498
<b>TOTAL CURRENT ASSETS</b>		<b>1,173,042</b>	<b>1,009,852</b>
<b>NON-CURRENT ASSETS</b>			
Property, plant and equipment	6	3,646,550	3,662,872
<b>TOTAL NON-CURRENT ASSETS</b>		<b>3,646,550</b>	<b>3,662,872</b>
<b>TOTAL ASSETS</b>		<b>4,819,592</b>	<b>4,672,724</b>
<b>CURRENT LIABILITIES</b>			
Payables	7	860,523	827,957
Provisions	8	226,425	196,799
<b>TOTAL CURRENT LIABILITIES</b>		<b>1,086,948</b>	<b>1,024,756</b>
<b>TOTAL LIABILITIES</b>		<b>1,086,948</b>	<b>1,024,756</b>
<b>NET ASSETS</b>		<b>3,732,644</b>	<b>3,647,968</b>
<b>MEMBERS' FUNDS</b>			
Reserves	9	2,104,556	2,104,556
Retained profits		1,628,088	1,543,412
<b>TOTAL MEMBERS' FUNDS</b>		<b>3,732,644</b>	<b>3,647,968</b>

THE ACCOMPANYING NOTES FORM PART OF THIS FINANCIAL REPORT

**STATEMENT OF CASH FLOWS  
FOR THE YEAR ENDED 30th JUNE 2005**

	Inflows (Outflows)	Inflows (Outflows)
<b>Cash flows from Operating Activities</b>		
Receipts from members	6,407	3,557
Core funding grant receipts, donation & bequests	3,418,692	3,178,807
Receipts from sales of publications & services	367,081	463,835
Interest received	24,603	21,822
Payments to suppliers and employees	(3,518,035)	(3,326,126)
Net cash provided by operating activities –		
	Note B	298,748
341,895		
<b>Cash flows from Investing Activities</b>		
Purchases of fixed assets	(62,976)	(26,731)
Net cash (used in) investing activities	(62,976)	(26,731)
<b>Cash flows from Financing Activities</b>		
Net increase in cash held	235,772	315,164
Cash at the beginning of the financial year	849,348	534,184
Cash at the end of the financial year –		
	Note A	1,085,120
849,348		

**STATEMENT OF CASHFLOWS  
FOR THE YEAR ENDED 30th JUNE 2005**

	2005	2004
	\$	\$
Note A Reconciliation of Cash		
For the purposes of the statement of cash flows, cash includes cash on hand and in banks and investments in money markets. Cash at the end of the financial year is shown in the statement of cash flows is reconciled to the related items in the balance sheet as follows:		
Bank Loan –		
Re Airconditioning Unit (Unsecured)	(8,361)	(17,086)
Bank Overdraft – (Unsecured)	(47,610)	(56,920)
Cash at Bank	824,580	620,220
Cash on Hand	1,550	1,250
Investments	295,912	283,927
Support Group Bank Accounts	19,049	17,957
	1,085,120	849,348

Note B Reconciliation of net cash provided by operating activities to profit from ordinary activities

Profit from ordinary activities	84,676	92,036
Non-cash flows in profit from ordinary activities:		
Depreciation	79,298	82,529
Changes in Assets & Liabilities:		
(Increase) / decrease in receivables	177,369	51,664
Increase / (decrease) in payables	(72,221)	135,606
Increase / (decrease) in provisions	29,626	(19,940)
	298,748	341,895

The association has no credit stand-by or financing facilities in place. There were no non-cash financing or investing activities during the period.

**NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 30th JUNE 2005**

**1. STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES**

This consolidated financial report is a special purpose financial report prepared in order to satisfy the financial reporting requirements of the Associations Incorporation Act (Vic). The Boards of Management have determined that the associations are not reporting entities. The consolidated financial report has been prepared in accordance with the requirements of the Associations Incorporation Act (Vic) and the following

Australian Accounting Standards:

AAS 3 – Income Tax
AAS 4 – Depreciation
AAS 5 – Materiality
AAS 6 – Accounting Policies
AAS 8 – Events Occurring After Reporting Date
AAS 15 – Revenue
AAS 17 – Leases
AAS 28 – Statement of Cash Flows
AAS 36 – Statement of Financial Position
AASB 1018 – Statement of Financial Performance
AASB 1041 – Revaluation of Non-Current Assets

No other applicable Accounting Standards, Urgent Issues Group Consensus Views or other authoritative pronouncements of the Australian Accounting Standards Board have been applied.

The consolidated financial report has been prepared on an accruals basis and is based on historic costs and do not take into account changing money values, or except where specifically stated, current valuations of non-current assets.

The following material accounting policies, which are consistent with the previous period unless otherwise stated, have been adopted in the preparation of this financial report.

**a. Principles of consolidation**

The combined financial report of the Victorian AIDS Council Inc. and Gay Men's Health Centre Inc. comprises the consolidated financial reports of both Associations. Any transactions between the two Associations or any monies owing or owed have been eliminated so as to present a report as if the two Associations were one entity.

**b. Grants Received**

Grants received have been allocated proportionately over the period covered by the grant and brought to account as income accordingly.

**c. Membership Subscriptions Income**

In accordance with generally accepted accounting principles for similar organisations, membership subscriptions are accounted for on a cash receipts basis.

**d. Property, Plant and Equipment**

Property, plant and equipment are included at cost or independent valuation. The depreciable amount of all fixed assets including buildings and capitalised leasehold improvements is depreciated over their useful lives to the Associations commencing from the time the asset is held ready for use. Leasehold improvements are amortised over the shorter of either the unexpired period of the lease or the estimated useful lives of the improvements.

**e. Income Tax**

Both the Associations have been granted exemption from income tax under Section 50-15 of the Income Tax Assessment Act 1997, as amended.

**f. Leases**

Lease payments under operating leases, where substantially all the risks and benefits remain with the lessor, are charged as expenses in the periods in which they are incurred.

**g. Employee Benefits**

Provision is made in respect of the liability for annual leave and long service leave at balance date at current rates of remuneration based on applicable award or contract conditions.

	2005	2004
<b>2. OPERATING REVENUE</b>	\$	\$
Bequests, Fundraising & Sales	184,534	156,774
Donations	303,858	191,403
Fees Received	356,264	349,451
Grants Received	2,875,281	2,945,468
Insurance Recovery	5,775	–
Interest Received	24,603	21,822
Membership Fees	6,407	3,557
Other Income	5,042	14,325
	3,761,764	3,682,800

**NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 30th JUNE 2005**

	2005	2004
	\$	\$
<b>3. PROFIT FROM ORDINARY ACTIVITIES</b>		
Profit from ordinary activities has been determined after:		
Crediting as income:		
Interest Received	24,603	21,822
Charging as expenses:		
Depreciation of plant and equipment	79,298	82,529
Interest paid	1,170	1,573
Auditors' remuneration		
-- Auditing the accounts	16,200	13,800
-- Other services	--	--
<b>4. CASH ON HAND AND AT BANK</b>		
Cash at Bank	824,580	620,220
Cash on Hand	1,550	1,250
Interest Bearing Deposits	295,912	283,927
Support Group Bank Accounts	19,049	17,957
	1,141,091	923,354
<b>5. RECEIVABLES</b>		
Accrued Revenue	21,781	65,883
Prepayments	8,593	11,892
Project Funds in Arrears	--	7,828
Sundry Debtors	1,577	895
	31,951	86,498
<b>6. PROPERTY, PLANT AND EQUIPMENT</b>		
Freehold Land and Building		
-- Claremont Street at independent		
valuation 30 <sup>th</sup> April 2004	3,000,000	3,000,000
Car Parking Spaces		
-- Daly Street at independent		
valuation 30 <sup>th</sup> April 2004	290,000	290,000
Plant and Equipment	33,446	38,751
Less Accumulated Depreciation	(31,215)	(35,660)
	2,231	3,091
Office Furniture at cost	559,470	573,571
Less Accumulated Depreciation	(469,023)	(356,953)
	90,447	216,618
Motor Vehicle at cost	29,637	29,637
Less Accumulated Depreciation	(22,409)	(17,628)
	7,228	12,009
Leasehold Improvements at cost	90,870	90,870
Less Accumulated Amortisation	(32,997)	(22,625)
	57,873	68,245
Computer Equipment at cost	585,329	520,839
Less Accumulated Depreciation	(386,558)	(447,930)
	198,771	72,909
	3,646,550	3,662,872

The land and building at 6-8 Claremont Street South Yarra and the car parking spaces at 11-17 Daly Street South Yarra were purchased solely with funds raised by the association by way of donations, bequests, sponsorship and other fundraising initiatives. Grants received have been used entirely as specified in grant guidelines and not have been used in the purchase of the land, building or car parking spaces.

The land and building at 6-8 Claremont Street South Yarra and the car parking spaces at 11-17 Daly Street South Yarra were independently valued on 30<sup>th</sup> April 2004 by Mr Chris J Holroyd, BA (Hons), Pg.Dip. ARICS AAPI of Charter Keck Cramer in accordance with a new policy of property revaluation every two years.

	2005	2004
	\$	\$

**7. PAYABLES**

Bank Loan -- Re Air conditioning Unit		
(Unsecured)	8,361	17,086
Bank Overdraft (Unsecured)	47,610	56,920
Grants in Advance (Unexpended)	270,074	240,024
Project Funds in Advance (Unexpended)	433,083	370,256
Trade Creditors	72,455	74,281
Capital Grant in Advance	28,940	69,390
	860,523	827,957

**8. PROVISIONS**

Annual Leave	151,275	136,418
Long Service Leave	75,150	60,381
	226,425	196,799

**9. RESERVES**

Asset Revaluation Reserve	2,104,556	2,104,556
	2,104,556	2,104,556

**Movements during the year**

Opening balance	2,104,556	1,632,556
Revaluation increment on freehold land and building	--	472,000
Closing balance	2,104,556	2,104,556

**10. LEASE COMMITMENTS**

Operating Leases		
Rental Properties & Motor Vehicles		
Payable		
-- not later than one year	63,498	85,917
-- later than one year but not later than five years	13,762	49,348
-- later than five years	--	--
Total Lease Liabilities	77,260	135,265

The association has three property leases and ten motor vehicle leases.

Two of the property leases are non-cancellable leases, each with a five year term, with rent payable monthly in advance. Contingent rental provisions within the lease agreements require that the minimum lease payments shall be increased by CPI. An option exists to renew each lease at the end of the five year term for three additional terms of five years. The leases allow for the sub-letting of all lease areas.

The remaining property lease is a non-cancellable lease with a one year term, with rent payable monthly in advance. No option exists to renew each lease at the end of the one year term. The lease allows for the sub-letting of all lease areas. Summit Auto Lease Australia Pty Ltd hold charges over the assets of the association for the operating leases on the motor vehicles.

# INDEPENDENT AUDIT REPORT TO THE MEMBERS OF VICTORIAN AIDS COUNCIL INC & GAY MEN'S HEALTH CENTRE INC

## SCOPE

### THE FINANCIAL REPORT AND BOARD'S RESPONSIBILITY

The consolidated financial report comprises the statement of assets and liabilities, statement of income and expenditure, statement of cash flows, accompanying notes to the financial statements, and the statement by members of the boards of directors for the Victorian AIDS Council Inc. and the Gay Men's Health Centre Inc. (the associations), for the year ended 30<sup>th</sup> June 2005.

The boards of directors of the associations are responsible for the preparation and true and fair presentation of the financial report and have determined that the accounting policies used and described in Note 1 to the financial statements which form part of the financial report are consistent with the financial reporting requirements of the Associations Incorporation Act (Vic) and are appropriate to meet the needs of the members. This includes responsibility for the maintenance of adequate accounting records and internal controls that are designed to prevent and detect fraud and error, and for the accounting policies and accounting estimates inherent in the financial report.

The financial report has been prepared for distribution to members for the purpose of fulfilling the boards of director's financial reporting requirements under the Associations Incorporation Act (Vic). We disclaim any assumption of responsibility for any reliance on this report or on the financial report to which it relates to any person other than the members, or for any purpose other than that for which it was prepared.

### AUDIT APPROACH

We conducted an independent audit in order to express an opinion to the members of the associations. Our audit was conducted in accordance with Australian Auditing Standards, in order to provide reasonable assurance as to whether the financial report is free of material misstatement. The nature of an audit is influenced by factors such as the use of professional judgment, selective testing, the inherent limitations of internal control, and the availability of persuasive rather than conclusive evidence. Therefore, an audit cannot guarantee that all material misstatements have been detected.

We performed procedures to assess whether in all material respects the financial report presents fairly, in accordance with the accounting policies described in Note 1, so as to present a view which is consistent with our understanding of the associations' financial position, and of their performance as represented by the results of their operations and their cash flows. These policies do not require the application of all Accounting Standards and other mandatory professional reporting requirements in Australia. No opinion is expressed as to whether the accounting policies used and described in Note 1, are appropriate for the needs of the members.

We formed our audit opinion on the basis of these procedures, which included:

examining, on a test basis, information to provide evidence supporting the amounts and disclosures in the financial report, and assessing the appropriateness of the accounting policies and disclosures used and the reasonableness of significant accounting estimates made by the boards of directors.

While we considered the effectiveness of management's internal controls over financial reporting when determining the nature and extent of our procedures, our audit was not designed to provide assurance on internal controls.

### INDEPENDENCE

In conducting our audit, we followed applicable independence requirements of Australian professional ethical pronouncements.

### QUALIFICATION

As is common for organisations of this type, it is not practicable for the associations to maintain effective systems of internal controls over donations and other fund raising activities until their initial entry in the accounting records. Accordingly, our audit in relation to donations and fund raising was limited to amounts recorded.

### QUALIFIED AUDIT OPINION

In our opinion, except for the effects on the consolidated financial report of the matters referred to in the qualification paragraph, the consolidated financial report of the Victorian AIDS Council Inc. and the Gay Men's Health Centre Inc. presents a true and fair view in accordance with the accounting policies described in Note 1 to the financial statements, the consolidated financial position of the Victorian AIDS Council Inc. and the Gay Men's Health Centre Inc. as at 30<sup>th</sup> June 2005 and the results of their operations and cash flows for the year then ended.



LOCKWOOD WEHRENS

Chartered Accountants



ANDREW WEHRENS — PARTNER

Camberwell, 30 September 2005

lockwood & co



PO Box 1300  
1st Floor, 585 Burke Road  
Camberwell Vic 3124  
tel: 03 9882 0566  
fax: 03 9882 0436  
email: synergy@lock-wood.com.au  
web: www.lock-wood.com.au

Lockwood & Co (Melb) Pty Ltd  
ABN 36 290 638 803  
ACN 101 133 804  
Chartered Accountants / Business Consultants

Lockwood Wehrens  
ABN 74 135 421 190  
Auditors

**ADDITIONAL  
STATISTICAL  
FINANCIAL  
INFORMATION  
(UNAUDITED)  
FOR THE SIX  
YEARS ENDED  
30th JUNE 2005**

For the Year Ended	2005	2004	2003	2002	2001	2000
<b>Income and Expenditure</b>						
Total Income	3,761,764	3,682,800	3,862,674	3,503,489	3,187,145	3,035,752
Government Funding	2,875,281	2,945,468	3,108,756	2,959,723	2,576,830	2,516,926
Members Fees	6,407	3,557	6,042	8,502	4,957	8,021
Interest	24,603	21,822	33,942	21,907	15,841	12,079
Other Income	855,473	711,953	713,934	513,357	589,517	498,726
Total Expenditure	3,677,088	3,590,764	3,849,916	3,815,418	3,137,592	3,035,750
Profit / (Loss)	84,676	92,036	12,758	(311,929)	49,553	2
<b>Assets and Liabilities</b>						
Current Assets	1,173,042	1,009,852	698,450	921,766	1,576,158	711,090
Property, Plant and Equipment (1)	3,646,550	3,662,872	3,246,670	3,287,028	1,413,372	1,498,473
Total Assets	4,819,592	4,672,724	3,945,120	4,208,794	2,989,530	2,209,563
Creditors	860,523	827,957	637,294	921,584	1,067,704	253,999
Provisions	226,425	196,799	216,739	208,881	164,124	157,414
Total Liabilities	1,086,948	1,024,756	854,033	1,130,465	1,231,828	411,413
Reserves (1)	2,104,556	2,104,556	1,632,556	1,632,556	—	—
Members' Funds	1,628,088	1,543,412	1,458,531	1,445,773	1,757,702	1,708,150
<b>Financial Ratios</b>						
Current Ratio	1.080	0.985	0.818	0.815	1.280	1.728
<b>General Performance</b>						
Full Time and Part Time Employees	23(F) 26(P)	30(F) 19(P)	26(F) 22(P)	26(F) 25(P)	23(F) 19(P)	26(F) 37(P)
New Volunteers	145	142	147	157	129	83
Members	425	448	443	404	411	396

(1) All Business Real Estate Property is owned by the Gay Men's Health Centre Inc and was revalued as at 30<sup>th</sup> April 2004.

# VICTORIAN AIDS COUNCIL INC

REG NO A3609  
FINANCIAL REPORT  
FOR THE YEAR ENDED  
30th JUNE 2005

## BOARD OF DIRECTORS REPORT FOR THE YEAR ENDED 30th JUNE 2005

Your Board of Directors submit the financial report of the Victorian AIDS Council Inc. for the financial year ended 30th June 2005.

### BOARD OF DIRECTORS

The names of the Board of Directors members throughout the year and at the date of this report are:

Kevin Guiney, Jon Willis, Mark McColl, John Daye, Valarie Sands, Mark Saunders (co-opted 6<sup>th</sup> June 2005), Bernie Tolan (resigned 5<sup>th</sup> April 2005), Greg Iverson and Mike Kennedy. Doris Beecher, Neville Braybrook and Kirk Peterson all stood down at last year's annual general meeting.

### PRINCIPAL ACTIVITIES

The principal activities of the association during the financial year was that of providing support, education, and advocacy for all those affected by HIV/AIDS, especially gay and bisexual men.

### SIGNIFICANT CHANGES

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

### FINANCIAL RESULTS

The profit from ordinary activities for the year was \$78,068 (2004: \$91,314) and no provision for income tax was required as the Association is exempt from income tax.

Signed in accordance with a resolution of the Board of Directors.



Kevin Guiney – President



Mark McColl – Treasurer

South Yarra, 27 September 2005

## STATEMENT BY THE BOARD OF DIRECTORS FOR THE YEAR ENDED 30th JUNE 2005

The Board of Directors has determined that the association is not a reporting entity and that this special purpose financial report should be prepared in accordance with the accounting policies outlined in Note 1 to the financial statements.

In the opinion of the Board of Directors the financial report as set out on pages 19 to 21:

- Presents a true and fair view of the financial position of the Victorian AIDS Council Inc. as at 30th June 2005 and its performance and cash flows for the year ended on that date.
- At the date of this statement, there are reasonable grounds to believe that the Victorian AIDS Council Inc. will be able to pay its debts as and when they fall due.

This statement is made in accordance with a resolution of the Board of Directors and is signed for and on behalf of the Board of Directors by:



Kevin Guiney – President



Mark McColl – Treasurer  
South Yarra, 27 September 2005

**STATEMENT OF INCOME AND EXPENDITURE  
FOR THE YEAR ENDED 30th JUNE 2005**

	NOTE	2005	2004
		\$	\$
Operating revenue	2	3,746,677	3,673,885
Profit from ordinary activities	3	78,068	91,314
Retained profits at the beginning of the financial year		461,822	370,508
Retained profits at the end of the financial year		539,890	461,822

THE ACCOMPANYING NOTES FORM PART OF THIS FINANCIAL REPORT

**STATEMENT OF ASSETS AND LIABILITIES**

**AS AT 30th JUNE 2005**

**CURRENT ASSETS**

Cash assets	4	906,863	671,530
Receivables	5	76,093	219,067
<b>TOTAL CURRENT ASSETS</b>		<b>982,956</b>	<b>890,597</b>

**NON-CURRENT ASSETS**

Plant and equipment	6	354,319	369,781
<b>TOTAL NON-CURRENT ASSETS</b>		<b>354,319</b>	<b>369,781</b>

<b>TOTAL ASSETS</b>		<b>1,337,275</b>	<b>1,260,378</b>
---------------------	--	------------------	------------------

**CURRENT LIABILITIES**

Payables	7	797,385	798,556
<b>TOTAL CURRENT LIABILITIES</b>		<b>797,385</b>	<b>798,556</b>

<b>TOTAL LIABILITIES</b>		<b>797,385</b>	<b>798,556</b>
--------------------------	--	----------------	----------------

<b>NET ASSETS</b>		<b>539,890</b>	<b>461,822</b>
-------------------	--	----------------	----------------

**MEMBERS' FUNDS**

Retained Profits		539,890	461,822
<b>TOTAL MEMBERS' FUNDS</b>		<b>539,890</b>	<b>461,822</b>

THE ACCOMPANYING NOTES FORM PART OF THIS FINANCIAL REPORT

**STATEMENT OF CASH FLOWS  
FOR THE YEAR ENDED 30th JUNE 2005**

	2005	2004
	\$	\$
	Inflows	Inflows
	(Outflows)	(Outflows)

**Cash flows from Operating Activities**

Receipts from members	6,407	3,557
-----------------------	-------	-------

Core funding grant receipts,

donation & bequests	3,418,692	3,178,807
---------------------	-----------	-----------

Receipts from sales of publications

and services	361,306	463,835
--------------	---------	---------

Interest received	15,291	12,907
-------------------	--------	--------

Payments to suppliers and employees	(3,461,390)	(3,347,338)
-------------------------------------	-------------	-------------

Net cash provided by operating activities –

Note B	340,306	311,768
--------	---------	---------

Cash flows from Investing Activities

Purchases of fixed assets	(62,976)	(27,091)
---------------------------	----------	----------

Net cash (used in) investing activities	(62,976)	(27,091)
---	----------	----------

Cash flows from Financing Activities

Net increase in cash held	277,330	284,677
---------------------------	---------	---------

Cash at the beginning of the financial year

	597,524	312,847
--	---------	---------

Cash at the end of the financial year –

Note A	874,854	597,524
--------	---------	---------

Note A Reconciliation of Cash

For the purposes of the statement of cash flows, cash includes cash on hand and in banks and investments in money markets.

Cash at the end of the financial year is shown in the statement of cash flows is reconciled to the related items in the balance sheet as follows:

Cash at Bank	824,580	593,324
--------------	---------	---------

Cash on Hand	1,550	1,250
--------------	-------	-------

Interest Bearing Deposits	61,684	58,999
---------------------------	--------	--------

Support Group Bank Accounts	19,049	17,957
-----------------------------	--------	--------

Bank Overdraft – (Unsecured)	(23,648)	(56,920)
------------------------------	----------	----------

Bank Loan –

Re Airconditioning Unit (Unsecured)	(8,361)	(17,086)
-------------------------------------	---------	----------

	874,854	597,524
--	---------	---------

Note B Reconciliation of net cash provided by operating

activities to profit from ordinary activities

Profit from ordinary activities	78,068	91,314
---------------------------------	--------	--------

Non-cash flows in profit from ordinary activities:

Depreciation	78,438	81,564
--------------	--------	--------

Changes in Assets and Liabilities:

(Increase) / decrease in receivables	142,974	14,779
--------------------------------------	---------	--------

Increase / (decrease) in payables	40,826	124,111
-----------------------------------	--------	---------

	340,306	311,768
--	---------	---------

The association has no credit stand-by or financing facilities in place.

There were no non-cash financing or investing activities during the period.

**NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 30th JUNE 2005**

**1. STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES**

This financial report is a special purpose financial report prepared in order to satisfy the financial reporting requirements of the Associations Incorporation Act (Vic). The Board of Management has determined that the association is not a reporting entity. The financial report has been prepared in accordance with the requirements of the Associations Incorporation Act (Vic) and the following Australian Accounting Standards:

AAS 3 – Income Tax

AAS 4 – Depreciation

AAS 5 – Materiality

AAS 6 – Accounting Policies

AAS 8 – Events Occurring After Reporting Date

AAS 15 – Revenue

AAS 17 – Leases

AAS 28 – Statement of Cash Flows

AAS 36 – Statement of Financial Position

AASB 1018 – Statement of Financial Performance

AASB 1041 – Revaluation of Non-Current Assets

No other applicable Accounting Standards, Urgent Issues Group Consensus Views or other authoritative pronouncements of the Australian Accounting Standards Board have been applied. The financial report has been prepared on an accruals basis and is based on historic costs and do not take into account changing money values, or except where specifically stated, current valuations of non-current assets.

The following material accounting policies, which are consistent with the previous period unless otherwise stated, have been adopted in the preparation of this financial report.

**a. Grants Received**

Grants received have been allocated proportionately over the period covered by the grant and brought to account as income accordingly.

**b. Membership Subscriptions Income**

In accordance with generally accepted accounting principles for similar organisations, membership subscriptions are accounted for on a cash receipts basis.

**NOTES TO THE FINANCIAL STATEMENTS**

**FOR THE YEAR ENDED 30th JUNE 2005**

**STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES (cont'd)**

**c. Plant and Equipment**

Plant and equipment are included at cost. The depreciable amount of all fixed assets including buildings and capitalised leasehold improvements is depreciated over their useful lives to the Association commencing from the time the asset is held ready for use. Leasehold improvements are amortised over the shorter of either the unexpired period of the lease or the estimated useful lives of the improvements.

**d. Income Tax**

The association has been granted exemption from income tax under Section 50-15 of the Income Tax Assessment Act 1997, as amended.

**e. Leases**

Lease payments under operating leases, where substantially all the risks and benefits remain with the lessor, are charged as expenses in the periods in which they are incurred.

	2005	2004
	\$	\$

**2. OPERATING REVENUE**

Bequests, Fundraising & Sales	184,534	156,773
Donations	303,858	191,403
Fees Received	356,264	349,451
Grants Received	2,875,281	2,945,468
Interest Received	15,291	12,907
Membership Fees	6,407	3,557
Other Income	5,042	14,325
	3,746,677	3,673,885

**3. PROFIT FROM ORDINARY ACTIVITIES**

Profit from ordinary activities has been determined after:

Crediting as income:		
Interest Received	15,291	12,907
Charging as expenses:		
Interest paid	1,148	1,563
Depreciation of plant and equipment	78,438	81,564
Auditors' remuneration		
-- Auditing the accounts	10,950	9,000
-- Other services	--	--

**4. CASH AT BANK AND ON HAND**

Cash at Bank	824,580	593,324
Cash on Hand	1,550	1,250
Interest Bearing Deposits	61,684	58,999
Support Group Bank Accounts	19,049	17,957
	906,863	671,530

**5. RECEIVABLES**

Accrued Revenue	21,781	36,669
Prepayments	8,593	11,892
Project Funds in Arrears	--	2,647
Sundry Debtors	1,577	895
Unsecured Loan -		
Gay Men's Health Centre Inc.	44,142	166,964
	76,093	219,067

**6. PLANT AND EQUIPMENT**

Office Furniture at cost	559,470	573,571
Less Accumulated Depreciation	(469,023)	(356,953)
	90,447	216,618
Motor Vehicle at cost	29,637	29,637
Less Accumulated Depreciation	(22,409)	(17,628)
	7,228	12,009
Leasehold Improvements at cost	90,870	90,870
Less Accumulated Amortisation	(32,997)	(22,625)
	57,873	68,245
Computer Equipment at cost	585,329	520,839
Less Accumulated Depreciation	(386,558)	(447,930)
	198,771	72,909
	354,319	369,781

**7. PAYABLES**

Bank Overdraft - (Unsecured)	23,648	56,920
Bank Loan - Re Airconditioning Unit (Unsecured)		
	8,361	17,086
Grants in Advance (Unexpended)	270,074	240,024
Project Funds in Advance (Unexpended)		
	433,083	370,256
Trade Creditors	33,279	44,880
Capital Grant in Advance (Unexpended)		
	28,940	69,390
	797,385	798,556

**8. LEASE COMMITMENTS**

Operating Leases		
Rental Properties & Motor Vehicles		
Payable		
-- not later than one year	63,498	85,917
-- later than one year		
but not later than five years	13,762	49,348
-- later than five years	--	--
Total Lease Liabilities	77,260	135,265

The association has three property leases and ten motor vehicle leases.

Two of the property leases are non-cancellable leases, each with a five year term, with rent payable monthly in advance. Contingent rental provisions within the lease agreements require that the minimum lease payments shall be increased by CPI. An option exists to renew each lease at the end of the five year term for three additional terms of five years. The leases allow for the sub-letting of all lease areas.

The remaining property lease is a non-cancellable lease with a one year term, with rent payable monthly in advance. No option exists to renew each lease at the end of the one year term. The lease allows for the sub-letting of all lease areas. Summit Auto Lease Australia Pty Ltd hold charges over the assets of the association for the operating leases on the motor vehicles.

# INDEPENDENT AUDIT REPORT TO THE MEMBERS OF VICTORIAN AIDS COUNCIL INC

## SCOPE

### THE FINANCIAL REPORT AND COMMITTEE'S RESPONSIBILITY

The financial report comprises the statement of assets and liabilities, statement of income and expenditure, statement of cash flows, accompanying notes to the financial statements, and the statement by members of the board of directors for the Victorian AIDS Council Inc. (the association), for the year ended 30th June 2005.

The board of directors of the association is responsible for the preparation and true and fair presentation of the financial report and have determined that the accounting policies used and described in Note 1 to the financial statements which form part of the financial report are consistent with the financial reporting requirements of the Associations Incorporation Act (Vic) and are appropriate to meet the needs of the members. This includes responsibility for the maintenance of adequate accounting records and internal controls that are designed to prevent and detect fraud and error, and for the accounting policies and accounting estimates inherent in the financial report.

The financial report has been prepared for distribution to members for the purpose of fulfilling the board of director's financial reporting requirements under the Associations Incorporation Act (Vic). We disclaim any assumption of responsibility for any reliance on this report or on the financial report to which it relates to any person other than the members, or for any purpose other than that for which it was prepared.

### AUDIT APPROACH

We conducted an independent audit in order to express an opinion to the members of the association. Our audit was conducted in accordance with Australian Auditing Standards, in order to provide reasonable assurance as to whether the financial report is free of material misstatement. The nature of an audit is influenced by factors such as the use of professional judgment, selective testing, the inherent limitations of internal control, and the availability of persuasive rather than conclusive evidence. Therefore, an audit cannot guarantee that all material misstatements have been detected.

We performed procedures to assess whether in all material respects the financial report presents fairly, in accordance with the accounting policies described in Note 1, so as to present a view which is consistent with our understanding of the association's financial position, and of its performance as represented by the results of its operations and its cash flows. These policies do not require the application of all Accounting Standards and other mandatory professional reporting requirements in Australia. No opinion is expressed as to whether the accounting policies used and described in Note 1, are appropriate for the needs of the members.

We formed our audit opinion on the basis of these procedures, which included:

examining, on a test basis, information to provide evidence supporting the amounts and disclosures in the financial report, and assessing the appropriateness of the accounting policies and disclosures used and the reasonableness of significant accounting estimates made by the board of directors.

While we considered the effectiveness of management's internal controls over financial reporting when determining the nature and extent of our procedures, our audit was not designed to provide assurance on internal controls.

### INDEPENDENCE

In conducting our audit, we followed applicable independence requirements of Australian professional ethical pronouncements.

### QUALIFICATION

As is common for organisations of this type, it is not practicable for the association to maintain effective systems of internal controls over donations and other fund raising activities until their initial entry in the accounting records. Accordingly, our audit in relation to donations and fund raising was limited to amounts recorded.

### AUDIT OPINION

In our opinion, except for the effects on the financial report of the matters referred to in the qualification paragraph, the financial report of the Victorian AIDS Council Inc. presents a true and fair view in accordance with the accounting policies described in Note 1 to the financial statements, the financial position of the Victorian AIDS Council Inc. as at 30th June 2005 and the results of its operations and cash flows for the year then ended.



LOCKWOOD WEHRENS

Chartered Accountants



ANDREW WEHRENS—PARTNER

Camberwell, 30 September 2005

lockwood & co



PO Box 1300  
1st Floor, 586 Burke Road  
Camberwell Vic 3124  
tel: 03 9882 0566  
fax: 03 9882 0436  
email: [synergy@lock-wood.com.au](mailto:synergy@lock-wood.com.au)  
web: [www.lock-wood.com.au](http://www.lock-wood.com.au)

Lockwood & Co (Melb) Pty Ltd  
ABN 36 290 638 803  
ACN 101 133 804  
Chartered Accountants / Business Consultants

Lockwood Wehrens  
ABN 74 135 421 190  
Auditors

# GAY MEN'S HEALTH CENTRE INC

REG NO A010550F  
FINANCIAL REPORT  
FOR THE YEAR ENDED  
30th JUNE 2005

## BOARD OF DIRECTORS REPORT FOR THE YEAR ENDED 30th JUNE 2005

Your Board of Directors submit the financial report of the Gay Men's Health Centre Inc for the financial year ended 30th June 2005.

### BOARD OF DIRECTORS

The names of the Board of Directors members throughout the year and at the date of this report are:

Kevin Guiney, Jon Willis, Mark McColl, John Daye, Valarie Sands, Mark Saunders (co-opted 6<sup>th</sup> June 2005), Bernie Tolan (resigned 5<sup>th</sup> April 2005), Greg Iverson and Mike Kennedy. Doris Beecher, Neville Braybrook and Kirk Peterson all stood down at last year's annual general meeting.

### PRINCIPAL ACTIVITIES

The principal activities of the association during the financial year was that of promoting the health and well being of gay and bisexual men.

### SIGNIFICANT CHANGES

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

### OPERATING RESULT

The profit from ordinary activities for the year was \$6,608 (2004: \$722) and no provision for income tax was required as the association is exempt from income tax.

Signed in accordance with a resolution of the Board of Directors.

  
Kevin Guiney – President

  
Mark McColl – Treasurer  
South Yarra, 27 September 2005

## STATEMENT BY THE BOARD OF DIRECTORS FOR THE YEAR ENDED 30th JUNE 2005

The Board of Directors has determined that the association is not a reporting entity and that this special purpose financial report should be prepared in accordance with the accounting policies outlined in Note 1 to the financial statements.

In the opinion of the Board of Directors the financial report as set out on pages 23 to 25:

- Presents a true and fair view of the financial position of the Gay Men's Health Centre Inc. as at 30th June 2005 and its performance and cash flows for the year ended on that date.
- At the date of this statement, there are reasonable grounds to believe that the Gay Men's Health Centre Inc. will be able to pay its debts as and when they fall due.

This statement is made in accordance with a resolution of the Board of Directors and is signed for and on behalf of the Board of Directors by:

  
Kevin Guiney – President

  
Mark McColl – Treasurer  
South Yarra, 27 September 2005

**STATEMENT OF INCOME AND EXPENDITURE  
FOR THE YEAR ENDED 30th JUNE 2005**

	NOTE	2005	2004
		\$	\$
Operating revenue	2	2,155,788	2,037,762
Profit from ordinary activities	3	6,608	722
Retained profits at the beginning of the financial year		1,081,590	1,080,868
Retained profits at the end of the financial year		1,088,198	1,081,590

THE ACCOMPANYING NOTES FORM PART OF THIS FINANCIAL REPORT

**STATEMENT OF ASSETS AND LIABILITIES**

**AS AT 30th JUNE 2005**

<b>CURRENT ASSETS</b>			
Cash assets	4	234,228	251,824
Receivables	5	—	34,395
<b>TOTAL CURRENT ASSETS</b>		<b>234,228</b>	<b>286,219</b>
<b>NON-CURRENT ASSETS</b>			
Property, plant and equipment	6	3,292,231	3,293,091
<b>TOTAL NON-CURRENT ASSETS</b>		<b>3,292,231</b>	<b>3,293,091</b>
<b>TOTAL ASSETS</b>		<b>3,526,459</b>	<b>3,579,310</b>
<b>CURRENT LIABILITIES</b>			
Payables	7	107,280	196,365
Provisions	8	226,425	196,799
<b>TOTAL CURRENT LIABILITIES</b>		<b>333,705</b>	<b>393,164</b>
<b>TOTAL LIABILITIES</b>		<b>333,705</b>	<b>393,164</b>
<b>NET ASSETS</b>		<b>3,192,754</b>	<b>3,186,146</b>
<b>MEMBERS' FUNDS</b>			
Reserves	9	2,104,556	2,104,556
Retained Profits		1,088,198	1,081,590
<b>TOTAL MEMBERS' FUNDS</b>		<b>3,192,754</b>	<b>3,186,146</b>

THE ACCOMPANYING NOTES FORM PART OF THIS FINANCIAL REPORT

**STATEMENT OF CASH FLOWS  
FOR THE YEAR ENDED 30th JUNE 2005**

	2005	2004
	\$	\$
	Inflows	Inflows
	(Outflows)	(Outflows)
<b>Cash flows from Operating Activities</b>		
Interest received	9,312	8,915
Receipts from customers	2,146,476	2,028,847
Payments to suppliers & employees	(2,197,346)	(2,007,635)
Net cash provided by / (used in) operating activities – Note B	(41,558)	30,127
<b>Cash flows from Investing Activities</b>		
Cash flows from Financing Activities	—	—
Net increase / (decrease) in cash held	(41,558)	30,127
Cash at the beginning of the financial year	251,824	221,697
Cash at the end of the financial year – Note A	210,266	251,824
Note A - Reconciliation of Cash		
For the purposes of the statement of cash flows, cash includes cash on hand and in banks and investments in money markets. Cash at the end of the financial year is shown in the statement of cash flows is reconciled to the related items in the balance sheet as follows:		
Cash at Bank	—	26,896
Bank Overdraft – Unsecured	(23,962)	—
Investments	234,228	224,928
	210,266	251,824
Note B - Reconciliation of net cash provided by / (used in) operating activities to profit from ordinary activities		
Profit from ordinary activities	6,608	722
Non-cash flows in profit from ordinary activities:		
Depreciation	860	965
Changes in Assets and Liabilities:		
(Increase) / decrease in receivables	34,395	(34,395)
Increase / (decrease) in payables	(113,047)	82,775
Increase / (decrease) in provisions	29,626	(19,940)
	(41,558)	30,127

The association has no credit stand-by or financing facilities in place.

There were no non-cash financing or investing activities during the period.

**NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 30th JUNE 2005**

**1. STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES**

This financial report is a special purpose financial report prepared in order to satisfy the financial reporting requirements of the Associations Incorporation Act (Vic). The Board of Management has determined that the association is not a reporting entity. The financial report has been prepared in accordance with the requirements of the Associations Incorporation Act (Vic) and the following Australian Accounting Standards:

- AAS 3 – Income Tax
- AAS 4 – Depreciation
- AAS 5 – Materiality
- AAS 6 – Accounting Policies
- AAS 8 – Events Occurring After Reporting Date
- AAS 15 – Revenue
- AAS 17 – Leases
- AAS 28 – Statement of Cash Flows
- AAS 36 – Statement of Financial Position
- AASB 1018 – Statement of Financial Performance
- AASB 1041 – Revaluation of Non-Current Assets

No other applicable Accounting Standards, Urgent Issues Group Consensus Views or other authoritative pronouncements of the Australian Accounting Standards Board have been applied. The financial report has been prepared on an accruals basis and is based on historic costs and do not take into account changing money values, or except where specifically stated, current valuations of non-current assets.

The following material accounting policies, which are consistent with the previous period unless otherwise stated, have been adopted in the preparation of this financial report.

**a. Grants Received**

Grants received have been allocated proportionately over the period covered by the grant and brought to account as income accordingly.

**b. Employee Benefits**

Provision is made in respect of the liability for annual leave and long service leave at balance date at current rates of remuneration based on applicable award or contract conditions.

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 30th JUNE 2005

STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES (cont'd)

**c. Property, Plant and Equipment**

Property, plant and equipment are included at cost or at independent valuation. The depreciable amount of all fixed assets including buildings and capitalised leasehold improvements is depreciated over their useful lives to the Association commencing from the time the asset is held ready for use. Leasehold improvements are amortised over the shorter of either the unexpired period of the lease or the estimated useful lives of the improvements.

**d. Income Tax**

The association has been granted exemption from income tax under Section 50-15 of the Income Tax Assessment Act 1997, as amended.

	2005	2004
	\$	\$
<b>2. OPERATING REVENUE</b>		
Insurance Recovery	5,775	--
Interest Received	9,312	8,915
Service Fees Received from		
Victorian AIDS Council Inc.	2,140,701	2,028,847
	2,155,788	2,037,762

**3. PROFIT FROM ORDINARY ACTIVITIES**

Profit from ordinary activities has been determined after:

Crediting as income:		
Interest Received	9,312	8,915
Charging as expenses:		
Depreciation of plant and equipment	860	965
Interest paid	22	10
Auditors' remuneration		
-- Auditing the accounts	5,250	4,800
-- Other services	--	--

**4. CASH AT BANK**

Cash at Bank	--	26,896
Interest Bearing Deposits	234,228	224,928
	234,228	251,824

**5. RECEIVABLES**

Accrued Revenue	--	29,214
Project Funds in Arrears	--	5,181
	--	34,395

	2005	2004
	\$	\$
<b>6. PROPERTY, PLANT AND EQUIPMENT</b>		
Freehold Land and Building – Claremont Street at independent valuation 30 <sup>th</sup> April 2004	3,000,000	3,000,000
Car Parking Spaces – Daly Street at independent valuation 30 <sup>th</sup> April 2004	290,000	290,000
Plant and Equipment at cost	33,446	38,751
Less Accumulated Depreciation	(31,215)	(35,660)
	2,231	3,091
	3,292,231	3,293,091

The land and building at 6-8 Claremont Street South Yarra and the car parking spaces at 11-17 Daly Street South Yarra were purchased solely with funds raised by the association by way of donations, bequests, sponsorship and other fundraising initiatives. Grants received have been used entirely as specified in grant guidelines, and have not been used in the purchase of the land, buildings or car parking spaces.

The land and building at 6-8 Claremont Street South Yarra and the car parking spaces at 11-17 Daly Street South Yarra were independently valued on 30<sup>th</sup> April 2004 by Mr Chris J Holroyd, BA(Hons), Pg.Dip, ARICS AAPI of Charter Keck Cramer in accordance with a new policy of property revaluation every two years.

**7. PAYABLES**

Unsecured Loan –		
Victorian AIDS Council Inc.	44,142	166,967
Bank Overdraft – Unsecured	23,962	--
Trade Creditors	39,176	29,398
	107,280	196,365

**8. PROVISIONS**

Annual Leave	151,275	136,418
Long Service Leave	75,150	60,381
	226,425	196,799

**9. RESERVES**

Asset Revaluation Reserve	2,104,556	2,104,556
Movements during the year		
Opening balance	2,104,556	1,632,556
Revaluation increment		
on freehold land and building	--	472,000
	--	--
Closing balance	2,104,556	2,104,556

# INDEPENDENT AUDIT REPORT TO THE MEMBERS OF GAY MEN'S HEALTH CENTRE INC

## SCOPE

### THE FINANCIAL REPORT AND COMMITTEE'S RESPONSIBILITY

The financial report comprises the statement of assets and liabilities, statement of income and expenditure, statement of cash flows, accompanying notes to the financial statements, and the statement by members of the board of directors for the Gay Men's Health Centre Inc. (the association), for the year ended 30<sup>th</sup> June 2005.

The board of directors of the association is responsible for the preparation and true and fair presentation of the financial report and have determined that the accounting policies used and described in Note 1 to the financial statements which form part of the financial report are consistent with the financial reporting requirements of the Associations Incorporation Act (Vic) and are appropriate to meet the needs of the members. This includes responsibility for the maintenance of adequate accounting records and internal controls that are designed to prevent and detect fraud and error, and for the accounting policies and accounting estimates inherent in the financial report.

The financial report has been prepared for distribution to members for the purpose of fulfilling the board of director's financial reporting requirements under the Associations Incorporation Act (Vic). We disclaim any assumption of responsibility for any reliance on this report or on the financial report to which it relates to any person other than the members, or for any purpose other than that for which it was prepared.

### AUDIT APPROACH

We conducted an independent audit in order to express an opinion to the members of the association. Our audit was conducted in accordance with Australian Auditing Standards, in order to provide reasonable assurance as to whether the financial report is free of material misstatement. The nature of an audit is influenced by factors such as the use of professional judgment, selective testing, the inherent limitations of internal control, and the availability of persuasive rather than conclusive evidence. Therefore, an audit cannot guarantee that all material misstatements have been detected.

We performed procedures to assess whether in all material respects the financial report presents fairly, in accordance with the accounting policies described in Note 1, so as to present a view which is consistent with our understanding of the association's financial position, and of its performance as represented by the results of its operations and its cash flows. These policies do not require the application of all Accounting Standards and other mandatory professional reporting requirements in Australia. No opinion is expressed as to whether the accounting policies used and described in Note 1, are appropriate for the needs of the members.

We formed our audit opinion on the basis of these procedures, which included:

examining, on a test basis, information to provide evidence supporting the amounts and disclosures in the financial report, and assessing the appropriateness of the accounting policies and disclosures used and the reasonableness of significant accounting estimates made by the board of directors.

While we considered the effectiveness of management's internal controls over financial reporting when determining the nature and extent of our procedures, our audit was not designed to provide assurance on internal controls.

### INDEPENDENCE

In conducting our audit, we followed applicable independence requirements of Australian professional ethical pronouncements.

### AUDIT OPINION

In our opinion, the financial report of the Gay Men's Health Centre Inc. presents a true and fair view in accordance with the accounting policies described in Note 1 to the financial statements, the financial position of the Gay Men's Health Centre Inc. as at 30<sup>th</sup> June 2005 and the results of its operations and cash flows for the year then ended.



LOCKWOOD WEHRENS  
Chartered Accountants



ANDREW WEHRENS—PARTNER  
Camberwell, 30 September 2005

lockwood & co



PO Box 1300  
1st Floor, 586 Burke Road  
Camberwell Vic 3124  
tel: 03 9882 0566  
fax: 03 9882 0436  
email: synergy@lock-wood.com.au  
web: www.lock-wood.com.au

Lockwood & Co (Melb) Pty Ltd  
ABN 36 290 698 803  
ACN 101 133 804  
Chartered Accountants / Business Consultants

Lockwood Wehrens  
ABN 74 135 421 190  
Auditors

## PRESIDENT'S AWARD HIV FUTURES

One of the challenges for all organisations working in the HIV/AIDS area is ensuring that their services change to keep pace with the changes in the epidemic and the changing needs of their clients. To do this, VAC/GMHC relies on a range of tools, including high quality social research.

The President's Award for 2005 goes to the HIV Futures research program at the Australian Research Centre in Sex, Health and Society, which provides valuable evidence to underpin the work of all of the program areas at VAC/GMHC.

The HIV Futures surveys are self-completed, mail-back, anonymous, national, non-clinical, omnibus surveys conducted every two years. The first survey was conducted in 1997 with a sample of 925 people living with HIV/AIDS. Subsequent surveys were conducted in Australia in 1999 (921 respondents), 2001 (894 respondents), and 2003 (1059 respondents).

The HIV Futures studies have provided us with reliable and detailed information in the following five areas: the socio-economic situation of people living with HIV/AIDS (eg housing, finances, employment); social and community involvement (eg organisational access, disclosure); health status and maintenance (clinical history, treatments, health service access); emotional well-being (e.g. mental health, un-met needs, social support); and understandings of the socio-cultural dimensions of HIV (eg discrimination, attitudes to treatment, prevention issues).

The HIV Futures studies provide an excellent model of collaborative research. Extensive community and professional consultation in conjunction with the active participation of affected communities, particularly people living with HIV/AIDS, has ensured that the research priorities, conduct and dissemination of the research findings have been grounded in the day to day experience of people living with HIV/AIDS and the organisations that serve them.

This award recognises and pays tribute to the partners in this research: The Australian Research Centre in Sex, Health and Society; Jeffrey Grierson and his research team; the Commonwealth Department of Health and Aging for its continued funding of the project; the community organisations that distributed the surveys and helped with recruitment; and the 3,800 people living with HIV/AIDS who have shared their lives with us through the research. The acknowledgements page in the *HIV Futures 4* report lists several hundred organi-

sations and individuals. This award recognises the valuable contribution they have all made to this unique research.

## GAY AND LESBIAN COMMUNITY AWARD

### MARTIN WATTS

Martin is a volunteer with the Health Promotion Program. Martin has been in Melbourne for just under 12 months and in that time has been a non-stop producer of safe sex packs. To date he has put together well over 30,000 gay safe sex packs and several hundred lesbian packs for distribution in the community at events and parties, including Midsumma 2005.

In addition, Martin and his partner Peter hand-folded the reprint of the organisation's *who we are & what we do* information brochure. They compiled these on a trip (back home) to Adelaide by car, alternating the driving with the passenger in the backseat surrounded by boxes of the different components of the brochure.

Martin is a friendly person who is always asking if there is something else he can do to assist us in our important work in the community and we are pleased to be able to acknowledge his contribution to our work.

## GENERAL COMMUNITY AWARD

### DR RIC MILNER

Ric Milner graduated in medicine in 1978 from Monash University. Ric completed his residency at the Geelong Hospital, then gained experience in general practice in Kenya for 12 months.

Ric has worked in various general medical practices in Geelong including one at Corio.

Ric set up the HIV service at the Geelong Hospital about 20 years ago, and has played a major leadership role there. It is significant that he has achieved this as a general practitioner. Ric is also a partner in the You Yangs medical clinic in Lara at which he practices both general and HIV medicine. Ric has presented papers at various HIV forums including at ASHM conferences.

Ric has for many years also performed casual contract medical consulting at Fairley Women's Prison, the Melbourne Remand Centre, Fulham and Barwon Prisons, where there is a great need for both psychiatric and drug and alcohol consulting. People living with HIV/AIDS have benefited from Ric's working to achieve a far better level of communication, management and coordination of prison medical services.

## LIFEWORKS AND RELATIONSHIPS

### AUSTRALIA (VICTORIA) INC.

In 2004 VAC/GMHC Counselling Services launched Australia's first group program for gay men who are violent within their relationships. While men's behaviour change programs have existed within the general community for some time, very little research had been done identifying levels of relationship violence in the gay community or in identifying constructive ways to address that violence therapeutically.

While there are overwhelming similarities between same sex and heterosexual relationship violence, the biggest challenge in adapting existing men's behaviour change models is in shifting the focus from issues of gender ("violence is something men do to women") to the issue of power and control.

Lifeworks and Relationships Australia Victoria (RAV) are leading agencies in the provision of services which promote and support healthy relationships, including programs which address relationship violence. In recent years, both organisations have supported VAC/GMHC Counselling Services in developing the Re-Visioning group in the following ways:

Supporting skills development by allowing our group facilitators to observe their existing men's behaviour change groups.

Inviting the Manager, Counselling Services to co-facilitate groups in their programs.

Engaging in dialogue about adapting the men's behaviour change model.

Sharing group materials and resources.

Providing options for appropriate referral of clients to our groups.

Most importantly, staff in these organisations have been open and welcoming of new ways of thinking in their established areas of expertise, and have offered unfailing support and enthusiasm for the development of the re-visioning program. Already offering quality individual and couples counselling to GLBT clients, both Lifeworks and RAV have further demonstrated their commitment to our communities – and to all relationships – through this generosity.

## VAC/GMHC SPECIAL SERVICE AWARD

### CRAIG DELPHINE

Craig Delpine is one of the Solicitors who volunteers with the HIV/AIDS Legal Centre (HALC). Services such as HALC cannot exist without the ongoing commitment and dedication of people such as Craig who give their time freely to benefit others.

Craig commenced with HALC in 1998 and has provided free legal advice to HIV-positive clients, though HALC, on an ongoing basis to the present day.

Craig's areas of expertise are wills and superannuation and he has helped many of our members to prepare their will and/or access superannuation benefits in times of hardship or poor health. Craig has a friendly and approachable manner and HALC receives a lot of excellent feedback about his work with clients.

Craig's dedication to the legal issues faced by people living with HIV/AIDS is demonstrated by his commitment to HALC, where he does far more than provide legal advice. Craig has played a fundamental role in assisting to manage the service and steer it through some challenging times over the past few years.

## TONY WHITE

This award recognises the outstanding contributions Tony White has made to the operations of the Positive Living Centre in the past year.

Tony is often on hand (just about everyday) to assist in any number of ways at the PLC. He is always willing to help out another staff person or volunteer in their tasks and has no complaints about doing the "behind the scenes work" such as changing light bulbs, watering the plants, making sure the dishes are washed and providing fresh flowers for the dining room tables.

In addition to the daily tasks and chores, Tony coordinates the pantry, from purchasing supplies to stocking the shelves and monitoring member access – upwards of 40 members per day. Under his supervision the quality of stock available and service delivery aspects of the program have improved dramatically. Also, Tony has played a large role in ensuring the continued improvement of the evening dinner program and can be found just about every Tuesday and Thursday evening at the PLC playing the host for the dinners – ensuring diners get their right meal, coordinating the other volunteers to the ever-growing number of members attending this service.

Tony is the volunteer representative on the PLC Reference Committee and also volunteers his time on the PLWHA(Victoria) Board. Tony is a passionate advocate for his fellow volunteers.

## STAYING NEGATIVE VOLUNTEERS

In 2004 six gay men had their names and faces plastered across Melbourne on tram and train billboards, press ads, gay website banners, postcards and other items directing the public to a website on which each of these six men discussed their complete sexual histories in great, varied and compelling detail. The purpose of the exercise was to inspire and encourage other gay men to consider, by example and comparison, how they can manage their relationships and sexual expression in the third decade of the HIV epidemic, with specific reference to maintaining their HIV negative status.

Some of these men were already volunteers in the Health Promotion Team's peer education program. Others were simply friends or acquaintances of VAC/GMHC employees, who agreed to participate in the campaign in order that their own experiences could benefit others. We salute the courage and commitment of Paul, Frank, Koky, Joe, Bryan and Clinton in so honestly sharing their life stories - their successes, mistakes, mishaps, tragedies and joys – for the benefit of their peers. Their spirit embodies the traditions of volunteer involvement and peer and community based education on which the Victorian AIDS Council was founded twenty years ago.

## PARTNERSHIP AWARD 2005

### GILEAD SCIENCES

Gilead Sciences have demonstrated that corporate pharmaceutical support can extend outside the area of antiretroviral treatments and treatment education and encompass a more holistic approach to the HIV/AIDS epidemic we face in 2005.

Time and again Gilead have shown that they are willing to support innovation in health promotion. Their support has enabled VAC/GMHC to pursue initiatives and interventions that have been at the forefront of the health prevention and community education work of the organisation. Financial support from Gilead Sciences funded the Health Promotion Program to publish *Lifeblood*, which allowed us to look at a wide range of issues facing gay men living through two decades of the HIV/AIDS epidemic. *Lifeblood* looked beyond the narrow scope of treatments information or safe sex prevention and took account of the ways in which gay men live their lives in the midst of an ongoing epidemic.

With the Xtribe project, Gilead has once again shown leadership in funding an initiative that will provide an interactive environment for sexual health information which will be accessed around the country, and, indeed around the world via the internet.

This award recognises that Gilead is the best kind of corporate citizen, not only by offering support to innovative programs in the community sector but by collaborating with vision, courage and imagination in our fight against HIV/AIDS.

THANK  
YOU

2 Energise **55 Porter Street** Abode **Access Information Centre (Lisa and Jenny)** Acqua Viva Day Spa **Adam Richard** AHAG **AIDS Trust of Australia** Alex Marchard **Alexander Black** All Souls Opportunity Shop **ALSO Foundation** Amanda Monroe **Andrea Powell** Andrew Kay and Associates **Andrew McKinnon** Andrew Timmins **Anita Wallis** Ansell **APEX Fitness** ARCSHS **Art Deco Picture Framing** Arts Events Management **ASQ** Australian Chamber Orchestra **Australian Open** Australian Pops Orchestra **Australian Shakespeare Company** Australian String Quartet **Bambra Press** Bay City Caulfield **Bay City Seaford** Beat Bookshop **Bell Shakespeare Company** Ben Gadd **Bent TV** Beyond **Blackbird Productions** Blue Medusa Productions **Bnews** Body Bronze **Boite Festival** Brandon Thomas **Brett Hayhoe** Brian Price **Bridget Haire** Burberry Productions **Caroline Worth** Cath Hill **Cath P – Sex Shop** **DV** Catherine Pethebridge **Chapel off Chapel** Circus Disolea **Circus Oz** Circus Ringbarkus **Classic** Club 80 **Colin Krycer** Colts Gym **Combo Fiasco** Commercial Road Pharmacy **Craig Delphine** D Vice **Danceworks** Dani Phaedonis **Daniel Movrin** Danya Toucha **David Burnett** David West **Dean Murphy** Debra Cox **Definitive Events** Degani Bakery and Café **Denise Scott** Dereck Collins **Di Rolle** **Publicity** Dion Kagan **Disability Discrimination** **Legal Service** Dragonhouse Farm **DTs Hotel** **Dulcie Du Jour** Dungeon Warehouse **Eagle Leather** Eclipse **Edwina Wright** Eileen Duggan **Enda Markey** Ethel Chop **Fiona Bell** Fiona Palmer **Fionas Fowlers** Vacola Frankston Arts Centre **Fresh Volunteers** Friends of Barbara **Garry von Egmond Enterprises** Gary Law **Gay and Lesbian Liaison Officers of Victoria Police** Gay and Lesbian Switchboard **Geelong Performing Arts Centre** Gel-Works Pty Ltd **Geoff Tate** Gerry Geller **Gilead Sciences** Gill Mahoney **GLOBE** Glyde – The Sexual Health Company **GPAC** Grant Davies **Greg Carter** HALC Lawyers & Coordinators **Harriet Cornfeld-Fraser** Heaven @ 151 **Heavenly Solutions** Heavens **Her Majesty's Ballarat** HPT Peer Education Volunteers **Ian Coutts** Ian Henson **ICA** IMAX **Inquisition Dance Party** International Concert Attractions **Jeff Robertson** Jeffrey Grierson **Joav Niran** Joel Priestland **John Blizzard** John Lambert and Associates **John Nichols** John Roy **John Thompson** John Wain **Jonathan Anderson** Josh Fitzgerald – REACH Youth Foundation **JOY Melbourne** Judith Lucy **Judy Frecker** June Luke **Kelvin Chang** Ken Sullivan **Kino Dendy Cinema** Kitten Kaboodle **Kristin Tyler** Lawrence Cameron **Les "The Coffee Maker"** Librarians and staff at the Access Information Centre **Lifeworks** Liz Crock **Liza McLean** Lockwood & Co **L'Oreal Melbourne Fashion Festival** Louise Naughton-Smith **Love 2 Adult Bookshop** Lucrezia & De Sade **Luke Coster** Luke Gallagher **Luke Robson** Lumiere Theatre **Luna Park** Lynne Hillier **M.A.C. Cosmetics** Maize Café **Marc Trabsky** Mariners Theatre **Mark Bird** Market Hotel **Matthew Jordan** Matthew McCarthy & Clear **MCV** Melbourne Aquarium **Melbourne Chinese Medicine Supplies and Services** Melbourne Choral **Melbourne Comedy Festival** Melbourne Comedy Gala **Melbourne Festival** Melbourne Food Festival **Melbourne Fringe Festival** Melbourne International Film Festival **Melbourne International Jazz Festival** Melbourne International Music Festival **Melbourne Museum** Melbourne Observation Deck **Melbourne Queer Film Festival** Melbourne Rainbow Band **Melbourne Royal Philharmonic Choir** Melbourne Sports and Aquatic Centre **Melbourne Star** Melbourne Symphony Orchestra **Melbourne Theatre Company** Melbourne Welsh Male Choir **Melbourne Writers Festival** Melbourne Zoo **Melinda Edwards** Melissa Thompson **Michael Hurley** Michael Lindner **Michael Parsons** Mind Body Spirit Festival **Monash Volunteer Resource Centre** MTC **Musica Viva** NAG - No Attitude Guys **National Gallery of Victoria** National Wool Museum **New Mardi Gras** New Theatricals **NICA** Nick Ward **Nova** Onion Publishing and Media **Opera Australia** Outcast Theatre **Outreach Project Volunteers** OZ Camping **OZ Showbiz Cares/Equity Fights AIDS** Palace Films **Pat Garner** Patrick McGee **Patrick Reading** Paul Cosgrave **Paul Vout** Peel Dance Bar **People to People** Computer Services Peter Geer **Peter Rollinson** Philip Burton **Philip Hockley** PLC Operations Volunteers **PLC Peer Support Facilitators** PLC Reception Volunteers **PLOS** Peninsula **Opera Theatre Company** PLWHA(Victoria) **Polemic Productions** Polly Woodside **Positive Women** Pranee Mitchell **Princess Ivy** Pro Arte **Puffing Billy** Q Magazine **Queer Nation** Recreation Health Club **Red Orange** Redemption Dance Party **Relationships Australia (Victoria) Inc.** Ritchies Supermarkets **Robarta** Rockcity **Ron & David at The Laird** Ross Mollison **Royal District Nursing Service** Royal Melbourne Show **Sally Carr – RhED** Sand Sculpting at Rye **Sax Health Care** Sean Slavin **Shaft** Showgun **Silvers Circus** Sonny Williams **Spa Guy** St John's Ambulance **St Kilda Film Festival** St Kilda Football Club **St.Kilda Legal Service** Stage Two Lighting **Star Travel** Steamworks **Straight Arrows** Strike Bowling Bar **Subway** Suellen Peak **Sunday Live** Supply Warehouse **SX National** Sydney Dance Company **Sydney Leather Pride Association** Ten Plus **Tennis Australia** The Astor **The Australian Ballet** The Beat Bookshop **The Capitol Bendigo** The Centre for Urban Horticulture **The Coach** The Gatehouse **The Grass Roots Tour** The Greenstore **The Greyhound Hotel** The Harbour Agency **The Ian Potter Foundation** The Laird Hotel **The Looney Bin** The Piercing Urge **The Staying Negative Volunteers: Joe, Bryan, Koky, Frank, Clinton, Paul, Brent, Adam, Carl, Dean, Indi and Andrew** The Storeroom **The Victorian Climbing Centre** Ticketek **TJ Clark** Tony McShanag **Umbria Jazz Festival** VAC/GMHC Night Managers **Vic Bears** Victennis **Victoria Police** Vince Boyd **Vito Mattarelli** Warehouse Supplies **Waterfront Presents** Westgarth Cinema **Wet On Wellington** Xchange Hotel