



HIV/AIDS LEGAL CENTRE

ANNUAL REPORT 2014–2015

halc

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ABOUT US

OUR VISION

To see an end to the HIV crisis.

OUR MISSION

To provide free and comprehensive legal assistance to anyone in NSW with an HIV-related legal problem and to undertake community legal education and law reform activities in areas relating to HIV.

OUR VALUES

To provide high quality legal services whilst displaying an appreciation of, and sensitivity to, the special needs of people with an HIV related legal matter.

OUR FUNDERS

The services we provide are made possible by the funding received from the Commonwealth and NSW Governments via the Community Legal Services Program (CLSP), and in addition, the generous funding provided by the NSW Public Purpose Fund.

We received funding for project work undertaken throughout the year:

- Provision of legal advice to the Kirby Institute

- Positive Life publication – Blood Borne Virus Discrimination Guide

We were also able to raise some funds this year through an internet based fundraising campaign as well as a fund raising event.

OUR WORK

The HIV/AIDS Legal Centre (HALC) is a specialist community legal centre that provides high quality legal services to people with a HIV/AIDS-related legal matter. HALC's vision is to see an end to the HIV/AIDS crisis and does so by providing free and comprehensive legal assistance to anyone in NSW with a HIV-related legal problem; undertaking community legal education; and engaging in law reform activities in areas relating to HIV/AIDS.

THE SITUATION TODAY

While HIV is now considered a chronic, manageable condition, the social stigma and discrimination associated with the condition remain a fact of life for many with HIV. A complex array of social factors associated with HIV in Australia exacerbate the effect of this social stigma – **a third of people with HIV live below the poverty line**, half have difficulty meeting basic expenses like food, rent and medication. One-half of the population have been diagnosed with a mental health condition, and/ or live with at least one other major health problem.

THE CHANGING NATURE OF THE EPIDEMIC

Add to these significant demographic shifts within the people with HIV population. Medical advances mean that more and more people live with HIV today, while the population as a whole is ageing. **HIV-associated cognitive issues are becoming more common**, with estimates that 1 in 3 people with HIV suffer

some form of neurocognitive impairment. **The population is more diverse and dispersed than ever before**, with over half the population expected to live outside NSW by 2020. Steady increases in incidence rates have been recorded in almost every state and territory, with greater than proportionate increases among heterosexual, non-Anglo-Saxon and people living in regional and remote area sub-populations. This brings different and new complexities, particularly in relation to societal issues such as stigma and discrimination.

To deal with these particular issues, we adopted a different service delivery model to most other community legal centres. Rather than a triage service that provides initial advice and referral, we focus on ongoing casework and routinely run longer and more complex matters in order to achieve genuine, systemic change.

WHAT WE DO

HALC provides legal information, advice, advocacy and court representation for people with HIV and HCV related legal problems. HIV-related work remains the bulk of HALC's work, with HCV legal work generally restricted to strategic casework (such as discrimination or privacy breaches).

HALC has maintained a service which is readily available throughout the week via telephone, email or direct contact at the office.

HALC provided outreach services to people in hospital, custody, detention and in rural and regional areas. Hospital and Hospice visits, each year become more and more the exception since 2000,

nonetheless they continue to be a very valuable service to HIV positive clients and families of HIV positive persons. Home and hospital outreach visits were conducted in the period of the report.

HALC continues to deliver services to clients located in remote, rural and regional areas, predominantly by way of telephone communication, to both HIV and HCV positive clients. Lack of funding affects HALC's ability to deliver face to face work regionally and rurally. Matter types include estate planning, migration, discrimination and insurance, and include ongoing representation and court work.

All four solicitors at HALC are registered migration agents, and appropriate training is undertaken every year.

Links with healthcare providers (in both the Sydney area and beyond) continue to be excellent. Relationship building and maintenance is actively pursued with service providers, social workers, allied healthcare workers, and medical professionals, including by way of training delivery, inservice attendances and through informal connection.

HALC continues to utilise and maintain a referral list of practitioners who are able to assist on matters outside of HALC's knowledge base. Pro bono counsel assist on a number of matters including public interest/test case matters. HALC's MoU with DLA Piper and 7 Wentworth Chambers for access to specialist legal advice and referrals for matters outside HALC has now been operational for almost 2 years and specialist advice on a range of matters, as well as referrals have been effected. In addition, HALC is building relationships with other private firms and has recently

signed an MoU with Kemp Strang to utilise Kemp Strang staff in a volunteer capacity to deliver ongoing advice and casework under the auspices of HALC.

HALC's broad practice areas, its high levels of ongoing casework, and its ability to obtain specialist advice put it in a unique position to identify systemic issues, and then follow through to ensure genuine change.



PRINCIPAL'S REPORT

It's been a year of steady progress for HALC, chipping away at some substantive pieces of public interest litigation while at the same time maintaining a high volume general casework service *and* successfully running a series of funding events. As always, our dedicated volunteer base is the only thing that makes that possible.

Over 2014/15, HALC only had sufficient governmental funds to employ 3 fulltime and one part time staff member. Those four staff were the entirety of the paid legal, marketing, fundraising, administrative and management workforce. And in that time HALC saw almost 900 clients, a third of whom lived outside Sydney, ran 750 odd cases, provided another 750 telephone, face to face and email advices and ran community education, workshops, and law reform projects.

We ran public interest litigation against Centrelink (in relation to their privacy policies), the Australian Defence Forces (in relation to their refusal to allow people with HIV to continue to serve, regardless of their length of service), NSW Health (in relation to their current protocols about healthcare workers with HIV) and finalised an 8 year piece of litigation against the Department of Forensic Medicine that finally saw a change in their policy not to reconstruct the bodies of deceased people with HIV or Hep-C after autopsy.

We also pursued litigation against a variety of insurers (people with HIV cannot get income protection insurance in Australia), finalised our first report for UNAIDS, attended our first International AIDS Society Conference, and held an fundraising anti-discrimination panel with such luminaries as the Hon. Mark Dreyfus QC, Graeme Innes AO, and the head of the NSW Anti-Discrimination Tribunal head, Magistrate Nancy Hennessy.

Whew. Why do we do it though? Because we have to. There is no other funded service in the country that does what we do. And the legal needs of people with HIV are complex, cross over multiple legal jurisdictions, involve entrenched stigma, and the consequences for our clients if they do not receive assistance can be dire. For some it is a matter of life and death.

And so we have learned to do a lot with very little. The volunteer team is double the size of the paid workforce. HALC delivers something like two and a half times the number of work hours, relative to the number we are paid for, and consistently **doubles** the service targets set by our principal funder, the State and Federal Government. Volunteers generally love being with us because they get to do real work, and make a genuine difference in people's lives.

The flip side is a service delivery system that is always precarious. Volunteer programs cannot deliver or retain workplace culture or knowledge. They cannot replace a paid workforce. We see new volunteers about every 3 – 4 months who we skill up. They do marvellous work for a few short months and then the cycle starts again. Sometimes we have too many volunteers to house; other times, we can go several weeks with staff levels at half their normal levels because there just aren't any volunteers out there looking for placements.

That means that we have had to prioritise alternative funding sources, which again ultimately distracts us from getting the work done. But the work does need to get done. It must. The annual report goes through our work in some detail. It shows the complexity, the interconnections and the need. It also shows you that we need more support. We always do, and so if you are interested in making a difference, please contact us. We would love to hear from you, and so would our clients.

– *Indraveer Chatterjee*



AN OVERVIEW OF THE YEAR

Over the 2014/15 financial year,

HALC saw 878 clients: 262 outside of the Sydney area (30%)

Ran over 749 cases: 197 outside of the Sydney area (28%)

Provided 722 advices: 199 outside of the Sydney area (27.5%); and

Responded to 141 information inquiries: 38 outside of the Sydney area (27%)

Highlights included:

345 cases closed in the year:

120 were major cases,

17 with public interest

55 with Court representation

In addition, HALC completed 27 projects (including 20 Community Legal Education sessions).

This level of service delivery, critical to an effective HIV-legal service, is impossible without a significant volunteer program.

The extent of volunteer involvement in HALC delivery of services can be seen in average number of volunteer hours delivered per day, as compared to employee hours. Of a total of 418 work hours/week, approximately 266 hours (or 64% is volunteer generated).

Our principal funding source are discretionary allocation of monies from the *NSW Public Purpose Fund* (comprising 1/3rd of our income), with monies from the State and Federal Attorney Generals

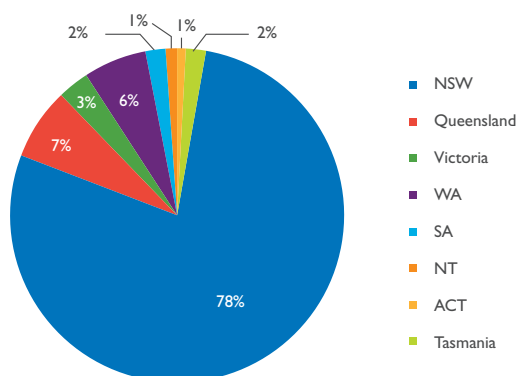
contributing a further 40%. Legal Aid NSW administers all of these funds, and HALC acquits funding against pre-determined targets (monitored electronically by way of a de-identified database).

Service outputs are approximately double the set CLSIS targets despite the fact that core funding (that is funding administered via CLSP) accounts for 85% of HALC's funding. This is principally due to size and effectiveness of HALC's volunteer program.

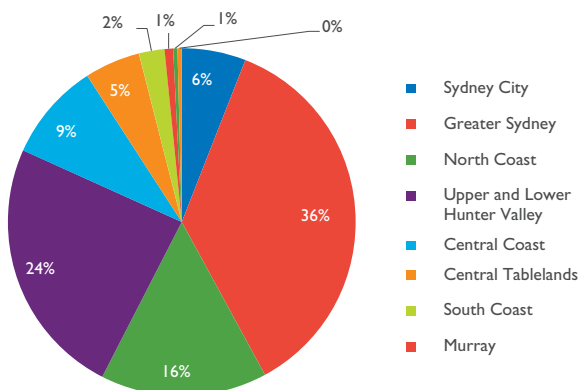
HALC's volunteer program is now entirely self-sustainable, with funding raised through year-round donation drives as well as an end of year internet-based crowdfunding campaign paying for operational and supervision costs. The volunteer program has generated capacity for HALC to take on some interstate matters where there is particular community value or individual jeopardy, in recognition of the fact that no other funded service exists in Australia. A common theme among these interstate clients is a lack of necessary specialist knowledge among existing service providers, with clients often approaching HALC as a last resort.



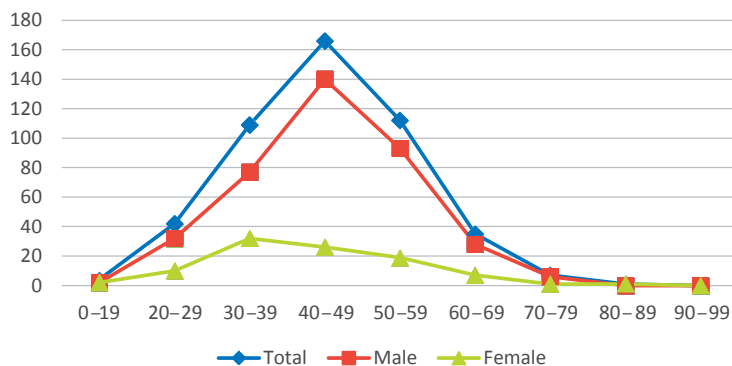
No of Clients by State and Territory



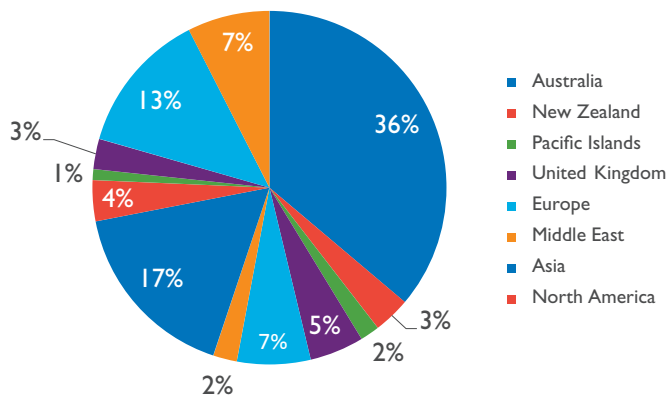
Distribution of Clients in NSW



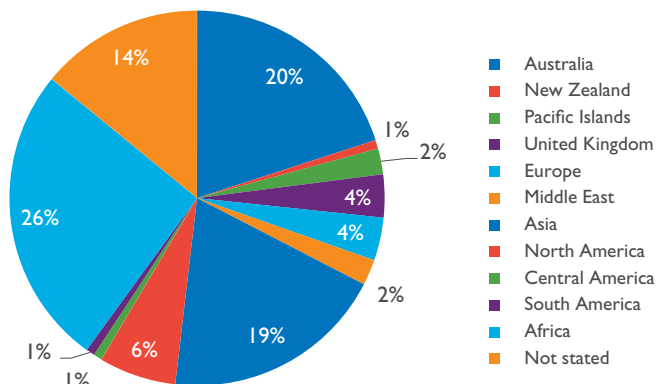
Clients: By Age and gender



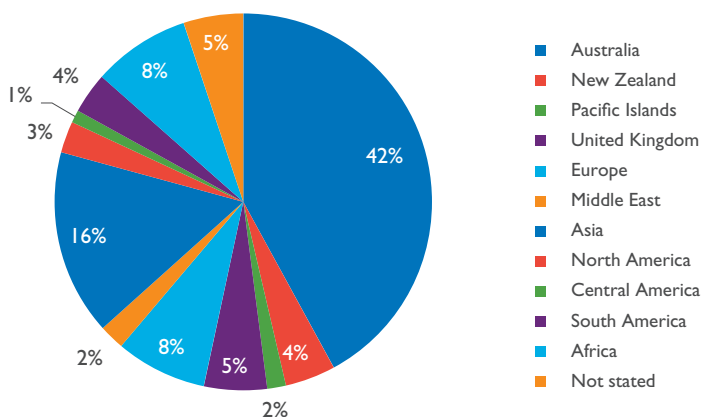
Clients: By Country of Birth



Clients: Female by Country of Birth



Clients: Male by Country of Birth



CLIENT STORIES

HIV remains a highly stigmatised condition. In addition, it disproportionately affects populations that are already at risk of harm and exclusion of social services. The recent UNAIDS Gap Report identifies 12 key populations, including children, migrants, and people with HIV. A person with HIV might thus face a number of structural inequities, emphasising the need for specialist HIV-legal services competent across a variety of legal issues.

Privacy

I'm a quiet bloke and mostly keep to myself. I used to hold down a high level job, lived in big cities and now I just live by myself out in the bush.

I've had some really bad experiences with my privacy being breached. Not everyone understands about HIV, and some people can be quite aggressive or violent about it. So you can imagine my shock when I go down to my local job find agency – I had been doing courses and asked Centrelink for assistance to get back into the workforce – and found that the woman there had all my private health information, including the fact that I had HIV! I had never given permission for this to happen, in fact I had made it absolutely clear that my health information was private and sensitive and I had asked for additional privacy protections.

HALC made a complaint on my behalf and I found out that Centrelink releases this private medical information to the job agency as a matter of course. HALC helped me to take my case to the Supreme Court of NSW, and after two years we ended up losing on a technicality. I had had to

leave my home town where I had built up a whole new life for myself after the disclosure. I had to leave all my support networks. HALC then helped me lodge a complaint under Federal Privacy legislation. It took another two years but Centrelink eventually admitted that they had breached the Federal Privacy Act, and have promised to review their policies and practices.

Discrimination

I have served in the armed forces for 12 years. My family were in it before me, and it just seemed natural that I join too. I was proud to be serving my country. I was deployed in 2004 and then again in 2008 and was promoted to the commissioned officer rank of lieutenant in 2013. But last year I was diagnosed with HIV as part of a routine medical assessment. What followed was a dull roar of bureaucracy – medical checks, questions, blood tests, doctors, forms, questions, more blood tests, and so it goes on. They didn't care about my health, or whether I could still do my job. All they cared about was that I had HIV. It was not as if there was a risk of transmission of HIV. Before my HIV diagnosis I had already been transferred to an administrative role. But the dangers of sitting behind a desk with HIV seem to outweigh the years of dedication I have given to the force. Now I find myself in my mid-30s entering the private job-market with limited non-military experience to offer my future employers. All manner of benefits and allowances have been denied or restricted to me because I was discharged on medical grounds. But more harmful than my uncertain financial situation or lack of work opportunities is the loss of a huge part of my life – just because of my blood. The service is full of brave and hardworking people, but at some point the defence force failed to protect those that serve them most. That's why I went to HALC. HALC are representing me in a discrimination complaint. I was wrongly treated, and I would like justice for it.

Migration

I am from Rwanda and when I was 14 years old, I was captured during the genocide and repeatedly raped. My father was killed and since then I have fled from country to country for safety, travelling from Rwanda to Congo to Zambia to Malawi and then back to Rwanda. I wasn't safe in any of those places. I lived in refugee camps in Congo, Zambia and then Malawi, and in each country I was assaulted and raped and had to leave. I felt I had no choice but to go back to Rwanda – there I found no safety and the government persecuted me.

When I eventually arrived in Australia I got a lawyer through a government program (IAAAS). I was told that these lawyers had a lot of experience with refugees. I was diagnosed with HIV when I went for the visa medical examinations, and this made me even more scared. I told my lawyer that I was HIV positive, she told immigration about my HIV status but didn't say anything else about it...

In my Protection visa interview I was asked a lot of questions. My original lawyer didn't help me, she only spoke for about one minute and didn't even make any written submissions on my behalf. The Department of Immigration refused my visa. My doctor told me about HALC and they represented me at the Refugee Review Tribunal. The first thing that the Tribunal said in my hearing was that they had read my extra statement that HALC had prepared, and their submissions and that they believed me. I knew from that moment on that everything would be ok. My case was very complicated but I knew that HALC was always working hard to help me, and, now they are helping my husband and young children, who are living as refugees in Malawi, to come to Australia.

Insurance

I was out at my parent's house – they are quite elderly – helping them fix up the place and I was on a ladder, painting the walls when I fell off and broke my foot. That incident and what followed really brought home to me the fact that I was ageing too. I had to take a few weeks off work and by the end of it, I was really struggling financially. It was really quite scary. So when I got back to work, the first thing I tried to arrange was income protection insurance which is when I found out that I couldn't because I had HIV. In fact, no insurance company in Australia provides income protection insurance to people with HIV. Despite the fact that I was at fulltime work, hadn't taken a day off sick in I don't know how long, and was perfectly healthy.

I went to HALC and they've taken on my complaint. We went to the Anti-Discrimination Board first, and now it's gone to the Tribunal. The insurers have such an out-dated view about HI, treating me like we were still back in the 80s and the early nineties, before treatment. HALC arranged for expert evidence to show how far we've come. It's going to take time but with HALC's help we will get there.

Criminal

I've never been in any trouble with the law, and I'll be 56 in June. I live out in the bush, about 3 hours from Dubbo. At the end of last year I was charged with possession of a small amount of cannabis, and to be honest, I panicked. I use cannabis to help relieve the side effects and symptoms of my HIV, and I also have a skin cancer problem. The police told me I had to go to court, and all I could think was that I might go to jail. I talked to

my social worker and Jackie, bless her, referred me to HALC. Although HALC were unable to send a solicitor all the way out to Dubbo to attend court, they helped me a lot to prepare. Best of all, they reassured me that I was not going to jail. They contacted my doctor for me and obtained a supporting letter for the court; my doctor knows I use cannabis to help with my medical condition.

I was really worried that my HIV would be mentioned in court, as it is something I keep private. My solicitor at HALC prepared a short letter for me to hand up to the Magistrate explaining that I wanted my medical information kept private. On the day of court, I felt well prepared. I told the Magistrate that I was pleading guilty, and handed up the letters from my doctor and neighbour and the one from HALC about keeping my HIV private. The Magistrate told me that after reading my references, and taking into account that I'd stayed out of trouble for 55 years, he was going to give me another chance and did not give me a conviction. I am now working with my doctors to find a better way of managing my symptoms so I don't end up in this situation again.

Domestic Violence

*My first words to HALC were in whispers. My neighbour had discovered I was HIV-positive and I was afraid. It all began several days earlier. I was walking to the grocery store on a Saturday morning when I encountered Phil, my neighbour. As I said hello, his face contorted with obvious disgust and anger. He responded in a furious tone "Ya f**king gay c**t". I was shocked. I had always had a pleasant and friendly relationship with Phil. We had known each other for 6 years after all. A few days later I awoke*

to violent banging on my front door. It was Phil again. In between the aggressive blows against my door, he issued a tirade of verbal abuse. This probably only lasted for 10 minutes, but it felt much longer. I was terrified he would break through and hurt me. It is a terrible feeling to be under siege in your own apartment. A couple of days later I was on the street outside my apartment with some friends, they were helping me move a sofa into my apartment. It was at this point that my neighbour leaned out of the window and yelled as loud as his lungs would allow “You HIV infected faggot!” I was afraid again. My friends had just been told the deepest details of my private life in the filthiest way imaginable.

I have no idea how my neighbour discovered my HIV status, I can only guess he saw some empty medicine bottles in the rubbish bin or heard me on the phone talking to my GP. I was scared and felt powerless. At this point a friend recommended a place called ‘HALC’. It didn’t seem like my kind of thing, the idea of lawyers and courts sounded messy, and I even thought might make things worse. But the services they offered were lifesaving. They linked me up with a ‘GLO’ police officer – a gay and lesbian liaison officer, who was really supportive and understanding. They helped me to file an accurate police report and they contacted the tenancy management and explained my situation. With an Apprehended Violence Order in place, after this I started to get my life back –

Debt

I am a gay man living with HIV, and have few friends. Since my HIV diagnosis, I sometimes feel suicidal, because I feel I’m useless and there’s no hope for my life and future. I’ve been struggling even more lately, due to the stress of a government debt I got for when I forgot to vote. I often don’t even remember what day it is sometimes. Although it wasn’t a big debt, I’m on a pension, and I had no idea how I was going to pay the

debt and pay for my other living expenses. My HIV doctor put me in touch with the HIV/AIDS Legal Centre. I was initially very reluctant but the team at the Legal Centre really made me feel comfortable and I explained my problem to them. They told me that they would contact the government agency on my behalf and tell them my individual circumstances to try to get my slate wiped clean. Within a couple of weeks, I got a call from Eileen, the volunteer who was helping me with my matter to tell me that my debt had been waived! I was so surprised that these people were willing to help me out that much and for FREE. I really couldn't believe it, a poor bugger like me, deserving such help. It has taken a huge weight off my mind and I can concentrate on moving forward with life again. –

* where needed, names of clients have been changed to respect and protect their confidentiality.



AN INSIGHT: ‘ THE HUMANS OF HALC’

Humans of HALC

The Humans of HALC are mothers, children, lovers, workers – the Humans of HALC could be you or I. Our clients are a varied and vibrant mix of vulnerable but quite often very resilient people. The experiences of HALC clients and how they came to walk in our doors are unimaginable to most of us but at the same time when you look into their faces you may easily see yourself or a loved one reflected in them. We hope that by sharing these stories of some of HALC clients* from 2014/15 that it brings the community closer to them to better understand where they have come from and why they need our help.

The Humans of HALC are mothers

“I am a 56 year old aboriginal mother of three adult sons, Nathan, Michael and Simon. Nathan was the youngest, he died in hospital when he was only 29 years old. He was so happy and healthy the last time I saw him, then he rang me up from the hospital and said he went in because he had a fever.

I didn’t hear from him again – two days later he died and no one knew why, not his doctors, no one.

The hospital told us that an autopsy should be done to find out why Nathan died. We wanted an autopsy, all of us did. The Department of Forensic Medicine told me that because Nathan was HIV positive that if they cut him up for the autopsy they wouldn’t put him back together. They said “you will get his body back in a body bag. It’s for safety reasons. You won’t be able to have an open casket funeral of course.”

I had to choose between having an answer to how he died, but getting my baby returned to me in a body bag, or leaving a question mark over why my son died and refusing the hospital advice to have an autopsy. I should never have been put in that position. Still today I don't know why he died.

I wanted to make sure that no one else would have to go through what we had to go through. It was so awful for the whole family – for his brothers, for his Dad, for me.

HALC represented us and we made a complaint under the Anti-Discrimination Act. The Department of Forensic Medicine tried to fight it saying it wasn't discrimination because Nathan was dead which meant both him and me had no rights. In the end with HALC's help I won at the tribunal and the Minister for Health got involved and the policy was changed.

Nothing will change what happened to me and my son, but I know that now no other mother will to choose between not having answers about why their baby died or having to lay them in the ground in pieces."

The Humans of HALC are lovers

"My name is Brian, I'm 78 now and my health is not so good. I had to go into hospital after some complications. I wasn't sure I was going to come out to be honest.

That's when I realised I hadn't sorted out my will. I haven't got much money, but I have got two paintings that are worth a bit, I got them years ago, when I was still working. I really wanted to make sure that Garry, my best friend, partner and lover, who's taken care of me, loved me and kept me company the last 30 years got them.

My social worker called HALC and a solicitor came out to see me at the hospital. What a service! They wrote up a will for me and finalised it all there and then. Normally they do it on the computer and print it out, but because I was in bed in hospital she handwrote it like in the old days. A weight had been lifted because of the service and I may go in peace.”

The Humans of HALC are families

“My name is Mark, I am an Australian citizen. I was working in Burma when I met the love of my life, Mya. After we had been together for almost a year, we decided we would get married and apply for a partner visa so that we could move back to Australia together and start a family. We were delighted when we discovered that we were expecting a baby.

Mya was diagnosed with HIV as part of her routine pregnancy tests. HIV is a highly stigmatised condition in Burma and Mya was initially really stressed. I found out that with specialist medical treatment, the risk of transmission of HIV from mother to baby can be significantly reduced. Unfortunately, this treatment was not available in Burma.

HALC assisted us in applying for an urgent Medical Treatment Visa so that Mya could come to Australia to give birth to our baby without contracting HIV. Mya’s family do not know about her HIV and she was afraid of them finding out because HIV is a highly stigmatised condition in Burma. I used my savings to pay for the medical treatment as that is one of the conditions of the visa.

Our baby boy, Koko was born by caesarean section, fit and healthy, and all his tests for HIV have come back negative. We have now applied for a partner visa so that we can live together as a family in Australia. HALC is assisting us with the health waiver for this visa.”

The Humans of HALC are your neighbours

“From the age of 7 to the age of 17, I was sexually, physically and emotionally abused by my stepfather.

I am 40 years old, live with HIV and have severe depression and anxiety. I am a gay man but I find it extremely difficult to trust people and I am unable to develop or maintain a relationship, which leaves me feeling very isolated.

I had to revisit the trauma of my childhood when my stepfather was charged by the police with sexually abusing me and my cousin, and I had to go through the whole trial at court a couple of years ago.

My psychologist referred me to HALC. I have trouble talking to, and relating to men, so I was relieved when HALC made an appointment for me to see a female solicitor. HALC helped me make a claim to the Victims Compensation Tribunal. After the first assessor rejected a significant part of my claim, my solicitor submitted an appeal which was successful and I was awarded the highest amount of compensation, being \$50,000. Whilst money cannot ever reverse what happened to me, it does mean that I can pay for ongoing counselling sessions with my psychologist. I intend to enrol to study a degree in graphic design and hope to pursue a career in this area and get my life back on track. I could not have got to this place, of seeing a way forward, without HALC's support.”

The Humans of HALC are running the local restaurants

“I love food. Food has been my life ever since I was old enough to spell my name in noodles. I am a chef. Or I was a chef. I moved to Australia to practice my Cuban cuisine arts on the innocent tastebuds of Bris-vagans. It was great. It wasn't my restaurant. I am too young for that. But I loved working in the kitchen. The heat. The fires. The shouting! And of course the sweet scents and the biting aromas! It was long hours and always

hard work, but it was at least fundamentally good work. Then in 2013 two events would change my life. First I became pregnant with my little boy. Second I was diagnosed with hepatitis B.

The pregnancy exacerbated my symptoms greatly and I needed to take time off work, both for myself and my unborn baby. It was a hard time for me physically and emotionally the amount of time I needed to take off work raised questions from my boss. So being an honest sort of person I told him why I needed to take so much time off work. At first he seemed okay with my situation, he approved my leave and wished me well. But when I returned to work 2 months later, he said that he did not want me to work in the restaurant anymore. He accused me of endangering the public and creating a risk for the restaurant having someone like me working there and said that because of my hepatitis condition I wasn't allowed to work in the food service industry. I was still not fully recovered and pregnant, and my employer just wanted to get rid of me because they deemed me to be a risk because of my Hepatitis B.

It was HALC that I came too when I could not take the stress of it anymore. They set my employers right. HALC made me feel empowered and helped me expose the truth about my employer. I am now back in the kitchen doing what I love and supporting my family."

The Humans of HALC are your family

"I love Australia, and becoming an Australian citizen all those years ago was one of the proudest moments of my life.

I came to Australia as a refugee after the Vietnam War. I'm 75 years old now.

I was diagnosed with HIV around 15 years ago. My beloved sister, who was my only family in Australia, refused to have any more contact with me when she found out about the HIV. I live alone, and in the last 5 years my health has got worse. I have lost a lot of my sight, developed diabetes and my balance is very bad, so I need to walk slowly and carefully with two sticks. I was so scared that I was going to have to live the rest of my life in a home, I am not ready for that.

I had a fall one night at home and broke my arm and ended up in hospital. It was lucky that the night I had the fall, my nephew, Peter, who is in Australia studying, was staying with me, and he was able to call an ambulance to take me to hospital.

Peter is more like a son to me, and we are very close. He has been studying in Australia for the last two years. When Peter finished his studies, HALC helped us with applying for a carer visa so that Peter could stay in Australia and take care of me. I need help with getting dressed and undressed and I feel comfortable with Peter helping me, as he is family. I would feel really bad if I had to rely on strangers to help me with such personal things, and my doctor said that it would be hard to get someone who could help.

Not only is Peter very good company, he is also a great cook and we eat well together. Peter and I go for short walks together and I am far more confident about going out. My memory has been getting worse, but Peter always makes sure I take my medications on time and attend my medical appointments.

If my doctor hadn't sent me to see a solicitor at HALC, I don't know what I would have done. Having Peter here has changed my life. I am going out more, I even get to see some of my friends again, because Peter helps me walk to the local café. I am looking forward to seeing Peter continue to contribute to Australia, the country that he, like me, now also calls home."

* names of clients have been changed to respect and protect their confidentiality.



COMMUNITY ENGAGEMENT

Rights and responsibilities

*“What are my rights and responsibilities as a person with HIV?
My employer told me it is not safe for me to continue working in my
job as a lab technician*

*“What are my legal obligations as a health professional who works
with people with HIV?”*

These are questions commonly fielded by the HALC team. As part of our ongoing commitment to reducing stigma and discrimination, we provide workshops, seminars and lectures to the community, including people with HIV, doctors, nurses, social workers, university students and others. This work empowers people with HIV to understand and exercise their legal and human rights and ultimately enables people with HIV to engage fully with society in their access to employment, health care, housing and legal advice as necessary, as outlined in the Seventh National HIV Strategy. This strategy embodies the principle central to Australia’s successful response to HIV of the “enabling environment” which involves delivering a supportive social, legal and policy environment that encourages people with HIV to participate actively in all aspects of the response to HIV.



Highlights from the year included:

- Three staff members attended and contributed to the International AIDS2014 Conference in Melbourne in July 2014. Human rights and HIV stigma were front and centre at the conference, and HALC participated directly in a number of events, including a criminal transmission of HIV pre-conference, and the presentation of a poster on HIV and Migration and the official launch of the UNAIDS Report on HIV and Migration, an expert report commissioned by UNAIDS and co-authored by HALC staff. The conference was an invaluable opportunity to develop collaborations with colleagues in the HIV sector, including those from specialist HIV centres in other countries.



- HALC organised and hosted a Discrimination Panel event, with 5 eminent panellists discussing the strengths and weaknesses of current anti-discrimination laws. Magistrate Nancy Hennessy, Head of the Equal Opportunity Division of the NSW Civil and Administrative Tribunal; Graeme Innes AM, former Disability Discrimination Commissioner; Mark Dreyfuss, Shadow Attorney General; Dr Chris Ward SC, and Brett Feltham, Partner at DLA Piper shared their views and experiences of discrimination law in action. This session was accredited to form part of the Continuing Professional Development requirements for solicitors who attended. All proceeds from the tickets sold to this event went towards the HALC annual fundraising campaign.

DLA Piper and the HIV/AIDS Legal Centre present

DISCRIMINATION: JUST ANOTHER COMPLIANCE COST?

Tuesday, 10 March 2015, 5.30pm - 7.30pm
DLA Piper, 1 Martin Place, Sydney



Community Legal Education

Community legal education, both in Sydney and regionally, continues and has been a significant focus for the reporting period. CLE comprises both education of professionals/ sector and community, as well as development of resources by either HALC directly, or review/ input to resources by other sector organisations.

HALC **doubled** CLE and law reform targets, again due to its effective volunteer program, completing approximately 20 CLE projects over the reporting period and delivered education both regionally and interstate. Examples include a presentation at the Paediatric HIV conference at the Royal North Shore Hospital, a lecture to Masters of Public Health students at the University of Sydney, a workshop on discrimination law to Peer Support Workers at NUAA (the peak body representing people who use drugs), and weekend workshops to Multicultural HIV and Hepatitis support workers, and Pozhets, a support service for heterosexuals living with HIV.

Over the reporting period, education included CLE sessions in Dubbo, the Blue Mountains, Blacktown and Parramatta, as well as participation in an HIV, Mental Health and the law forum in South Australia, organised by Positive Living South Australia. HALC ran sessions at a camp for HIV-positive teenagers conducted in Blue Mountains (attended by children from Australia and New Zealand) and a workshop for African communities in St Mary's Sydney. Participation in such camps/forums allows extremely cost-effective service delivery.

HALC also participated in a 'rural roadshow' with sister organization Positive Life NSW, with education provided to healthcare workers in Dubbo. Health professionals from Orange Sexual Health attended as well, and a total of three sessions were provided.

HALC has continued to partner with service providers to provide cost effective services, and reach hard to access populations. HALC delivered two sessions in conjunction with the NSW Users and AIDS Association (NUAA), providing education to peer educators based in Redfern around police powers, and anti-discrimination law. HALC provided training to workers with the Hepatitis NSW helpline on disclosure, stigma and discrimination. HALC also participated in a special in-house Legal Aid training session on the issues affecting people with HIV in NSW. Finally, HALC delivered a workshop on wills and estate planning as part of ACON's LOVE (Living Older and Visibly Engaged) project targeted at older members of NSW GLBTiQ community.

Articles for Talkabout, HIV Australia and the UNSW Human Rights Defender were authored. A poster on the entry, stay and residence of HIV-positive people at the International AIDS Conference in Melbourne was presented.

Assistance was provided to the Australian Society of HIV Medicine, in the development of a resource for healthcare workers in the aged care sector. The chapter on HIV and the law in the ASHM Monograph, HIV, viral hepatitis and STIs – a guide for primary care, was reviewed and updated.

Factsheets for Positive Life NSW for people with/without HIV who engage in risky behaviours were completed and are expected to be launched in the 2016/17 year.

Work is currently being undertaken on a chapter in the Lawyers Practice Manual on HIV.

Training on the health criteria in the migration system was provided to newly admitted migration agents as well as pro bono service partners.

Law Reform

HALC pursued over the period (that are ongoing) a number of test cases regarding the employment of Defence Force Personnel, Health care workers engaging in exposure prone procedures, and in the provision of income protection insurance. The employment matter is proceeding to hearing on a jurisdictional point before the Full Federal Court in August. Three anti-discrimination matters in relation to insurance are being progressed.

HALC successfully prosecuted the privacy complaint detailed above. Long running complaints against the Department of Forensic Medicine, NSW concerning a discriminatory policy prohibiting the reconstruction of HIV or Hepatitis infected bodies following autopsy were finalised over the reporting period, with compensation for the complainants (7 family members) as well as policy change.

HALC is active in the area of criminalisation of HIV transmission, and is currently working collaboratively with NAPWHA and its state member organisations on the development of relevant resources. 7 law reform projects have been completed over the period (being more than **double** the CLSIS targets).

Work On Hepatitis C Related Issues

HALC's focus for people with Hepatitis C remains discrimination matters. HALC continues to receive referrals from the Hep C Info Line and is pursuing avenues for service delivery via NUAA. Strong relationships with Hepatitis NSW, NUAA and HALC now exist.

Training was provided to both Hepatitis NSW and NUAA staff over the period around anti-discrimination. A significant resource on anti-discrimination and blood borne viruses (including hepatitis B and C) is in train, with focus testing and distribution for the resource planned for the 2016/17 period.

Submissions were made to PBAC for the purposes of making new hepatitis C treatments available on PBS.

Outreach services and court attendances occurred over the period. Approximately 25 cases were run over the period for people with Hepatitis alone. In addition, a further 35 cases were run for people co-infected with HIV and Hepatitis. A significant portion of people co-infected with HIV and Hepatitis C seen by HALC also have other major health issues, including drug dependency and/ or mental health issues, and represent a particularly vulnerable population.

Efforts over the 2015/16 year will be made to identify particular issues for this group, and deliver services to them.



HALC'S VOLUNTEERS

It has been said over and over but it is the way of the HALC world... no one else does what we do – we are a specialist community legal centre that provides high quality legal services to people with a HIV/AIDS-related legal matter. Beyond that, we do it with minimal paid resources – only 39% of all the work generated can be accounted for by government funding. We are **ONLY** able to do this because of our Volunteers. The work that the Volunteers undertake accounts for all other legal service delivery (61%).

The real story of HALC's Volunteer program is best told by the Volunteer's themselves.

... I had never heard of HALC and I had never considered how HIV and the law interact...my first couple of weeks at HALC were some of the most daunting and terrifying I have ever experienced. The pace is simply relentless and when the matters you are working on are literally matters of life, death, freedom and dignity, you really want to do the best job you possible can.

– Hester

Our Volunteer program generates effectively **double** the number of work hours to the funded program. Of a total of 418 work hours/week, approximately 266 hours (or 64% is volunteer generated). The advice service is principally staffed by volunteer solicitors. Volunteer solicitors and paralegals also participate significantly in every other service delivery area (general casework, court representation, project work and Community Legal Education) across a broad spectrum of legal matters. In this past year HALC has able to assist almost 900 clients from a vast array of backgrounds and cultures each with their own story to tell and legal challenge to be answered. HIV

I work in the HIV sector in a non-legal role and so there was no better place to complete my supervised legal training placement than HALC; the only dedicated community legal centre for HIV and Hepatitis C related legal matters in Australia.... thing that struck me was how diverse and hands-on the work is. From Family Law Courts to the Migration Review Tribunal, it seems HALC cover (almost) every type of law you can imagine.

– Sharna

Our robust Volunteer program equips us with the human power to be able to provide a service model that looks beyond just providing advice, legal information and referral; we are able to routinely run longer and more complex casework with a view to realizing genuine change for the community a whole. The words of volunteers say it all...

When HALC solves people's legal problems they also solve their personal problems – and in doing so HALC makes a real difference to their lives. At HALC we fight the odds every day and make sure no-one is left behind.

– Peter

it's that feeling when you've done something that has changed someone's life for the better, I get that feeling everyday working at HALC.

– Larna

Over the 2014–2015 year over 20 different volunteers gave at least three days each of week of their time to make a difference, to safeguard the lives and dignity of HALC's diverse client base. Without them we couldn't do what we do!



THE CO-OPERATIVE MODEL

HALC's service model is a holistic delivery of care. We operate in conjunction with allied services, including primary healthcare workers. For some clients, we are the entry point to the health system, linking them with medical providers, counsellors, social work support and other services. Links with healthcare providers (in both the Sydney area and beyond) continue to be excellent. Relationship building and maintenance is actively pursued with service providers, social workers, allied healthcare workers, and medical professionals, including by way of training delivery, in-service attendances and through informal connection.

HALC continues to work with organisations such as the Bobby Goldsmith Foundation (BGF), Positive Life Inc, Positive Heterosexuals, Hepatitis NSW, ACON and others to improve client services and community linkages. Work has also taken place over the period with NUAA, NSW Ministry of Health, Kirby Institute, SWOP, Positive Living Victoria, Queensland Positive People, ASHM, Positive Life South Australia, UNAIDS and International AIDS Society.

Project work with NAPWHA has progressed on particular issues relating to HIV and criminalisation. Draft national criminalisation factsheets have been prepared and laid out. Work regarding the development of police prosecution guidelines has progressed.

Organisational support and advice was provided to NUAA, BGF, SWOP, Positive Life NSW and the Kirby Institute.

ACKNOWLEDGEMENTS

STAFF

Indraveer Chatterjee	Principal Solicitor
Melissa Woodroffe	Solicitor
Alexandra Stratigos	Solicitor
Suzanne Castellas	Co-ordinator/Solicitor
Shehzad Mansuri	Co-ordinator

VOLUNTEERS

Alsadair Dougall
Amy May Griffiths
Andrew Woo
Cassandra Lowe
Chiraag Shah
Chris Harris
Chris Summers
Eileen Sisavanh
Ellen Lardner
Helen Canaris
Hema Sharma
Jennifer Smythe
Jonathan Nguyen
Kirrily Bucket
Larna Phillips
Leslie Phung

Lisa Doyle

Luke Richards

Margherita

Mark Klag

Matthew Barr

Natalie Sztolcman

Peter Mann

Sharan Quigley

Suzanne Ballard

Trupti Bapat

Vera Lee

MANAGEMENT COMMITTEE

Gregory Gahl	President
--------------	-----------

Michael Frommer	Secretary
-----------------	-----------

Kate Sullivan	Treasurer
---------------	-----------

Anna Roberts

Christopher Ward

Kristina Stefanova

Indraveer Chatterjee	Principal
----------------------	-----------

Shehzad Mansuri	Coordinator (resigned)
-----------------	------------------------

Suzanne Castellas	Coordinator
-------------------	-------------

BARRISTERS AND PRO BONO SOLICITORS

We gratefully acknowledge the significant support, advice and expertise contributed by barristers and solicitors in private practice. This includes providing pro bono representation for clients in complex litigation.

Mr Cameron Jackson	Ms Kate Eastman
Mr Charles Gregory	Mr Stephen Walsh
Dr Chris Birch, SC	Ms Deslie Billich
Dr Chris Ward SC	Ms Emma Beechey
Mr David Buchanan, SC	Ms Kat Lane
Mr David Hughes	Ms Lisa D'Ambra
Ms Georgia Huxley	Ms Lisa Powell
Mr James Sheller	Ms Natasha Case
Mr Justin Simpkin	Mr Nick Read
Mr Kerry Murphy	Ms Patricia Lowson
Mr Lachlan Robison	Ms Peggy Dwyer
Mr Mark Robinson, SC	Ms Penny Purcell
Mr Michael McHugh, SC	Mr Tim Game SC
Mr Scott Holmes	Mr Mark McDiarmid

OTHER PRO BONO PARTNERSHIPS

We gratefully acknowledge the support provided by our partners who in addition to providing professional advice, have also assisted with providing us with access to their graphic design expertise, and providing venues for launch of resources and other events.

1. The pro bono team at DLA Piper
2. ACON Health Ltd and its staff for their ongoing support and assistance
3. David Shoebridge and Alex Greenwich for their support in our fundraising efforts
4. Dr Jeffrey Post and Professor Matthew Law for their pro bono support with our insurance matters
5. Graeme Innes AO, Mark Dreyfus QC, Magistrate Nancy Hennessey and Brett Feltham for their participation at our CLE event – *Discrimination: Just Another Compliance Cost?*

HALC AUDITED FINANCIAL STATEMENT FOR 2015

INCOME	2015 (\$)
Grants received	313,200
Service income	21,328
Sundry income	6,144
Disbursements recovered	11,846
Donations received	65,848
Interest received	3,921
Parental Leave fund	10,891
Total revenue	433,178

EXPENDITURE

Amortisation & intangibles	0
Annual Leave provision	7,979
Audit and Accounting fees	6,968
Bank Charges	1,002
Bookkeeping fees	1,245
Client disbursements	12,341
Communications	12,854
Depreciation	1,926
General expenses	525
Insurance	1,633
Library	382
Long Service Leave provision	10,615
Memberships	3,750
Office Expenses	5,119
Parental Leave fund	10,891
Practicing Certificates	2,467
Programs and Planning	2,620
Rent	20,923
Repairs and Maintenance	0
Salaries	244,162
Staff Training	1,357
Superannuation	23,790
Travel and Accommodation	2,644
Workers Compensation	2,417

Total Expenses	377,610
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NET SURPLUS/(DEFICIT)	55,568
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HIV/AIDS Legal Centre Incorporated

(an incorporated association)

ABN 39 045 530 926

Financial Report 30 June 2015

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HIV/AIDS Legal Centre Incorporated

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Corporate Information

HIV/AIDS Legal Centre Incorporated

Responsible Entities	G Gahl	President
	S Castellas	
	I Chatterjee	
	M Frommer	Secretary
	K Stefanova	
	K Sullivan	Treasurer
	C Ward	
Public Officer	Gregory Gahl	Public Officer
Registered Office and Principle Place of Business	414 Elizabeth Street Surry Hills NSW 2011	
Auditors	Steven J Miller & Co Chartered Accountants	

Responsible Entities' Report

HIV/AIDS Legal Centre Incorporated

Your responsible entities present this financial report to the members of the association for the year ended 30 June 2015.

Responsible entities

The names of the responsible entities in office during the year and until the date of this report are:

	Date appointed	Date of cessation	Committee	
			A	B
G Gahl (President)	15 Oct 14		5	6
A Mackenzie (President)	15 Oct 10	16 Oct 14	1	1
S Castellás	17 Nov 14		4	5
I Chatterjee	16 Jul 13		6	6
M Frommer (Secretary)	30 Jan 12		4	6
S Mansuri	7 Jan 09	16 Oct 14	1	1
A Roberts	16 Jul 13	3 Jun 15	4	6
K Stefanova	17 Dec 13		5	6
A Smith	24 Sep 12	16 Oct 14	1	1
K Sullivan (Treasurer)	17 Dec 13		3	6
C Ward	14 Oct 14		4	6
I Zabłotska	15 Oct 10	16 Oct 14	0	1

A Number of meetings attended

B Number of meetings held during the time the responsible entity held office during the year

Principal activities

The association's principal activities during the year were the provision of legal services for HIV/AIDS related legal matters. There were no significant changes in the nature of the activities of the association during the year.

Short and long term objectives

- To provide free legal advice, assistance and representation (within the operational guidelines of HALC) to anyone with an HIV related legal problem.
- To operate as a not for profit community legal centre specialising in HIV related legal matters and, where resources allow, to carry out community education and law reform projects in areas relating to HIV/AIDS.
- To provide legal training, education and experience to employees and volunteers.
- To build on the skills and expertise developed by the Association in relation to HIV related legal problems, to extend the operations of the Association into other specific areas such as Hepatitis C related legal problems.
- To work with other appropriate organisations to achieve the above objectives.

Responsible Entities' Report

HIV/AIDS Legal Centre Incorporated

Strategies to achieve objectives

- Provide up-to-date legal information to target groups.
- Provide legal services in a flexible manner.
- Establish and maintain efficient management, administrative and financial reporting systems and comply with accountability requirements.
- Provide community legal education activities to educate and inform both affected communities and interested professionals.
- Conduct law reform activities.
- Provide appropriate ongoing staff training, education and experience in a specialist community legal centre context.
- Provide an appropriate environment for volunteers to gain experience in a specialist community legal centre.
- Provide up-to-date legal information, advice and assistance to PLHCV.
- Provide advice and assistance to more people with HIV/AIDS related legal issues.

Auditor's independence declaration

The auditor's independence declaration for the year ended 30 June 2015 has been received and can be found on page 6 of the Responsible Entities' report.

Signed in accordance with a resolution of the responsible entities.



GREGORY GAHL
President

Sydney

Dated 19 / 10 / 2015



Auditor's Independence Declaration

To the responsible entities of the HIV/AIDS Legal Centre Incorporated:

In accordance with the requirements of section 60-40 of the Australian Charities and Not-for-profits Commission Act 2012, as the lead auditor for the audit of HIV/AIDS Legal Centre Incorporated for the year ended 30 June 2015, I declare that, to the best of my knowledge and belief, there have been:

- a) No contraventions of the auditor independence requirements of section 60-40 of the Australian Charities and Not-for-profits Commission Act 2012 in relation to the audit; and
- b) No contraventions of any applicable code of professional conduct in relation to the audit.

STEVEN J MILLER & CO
Chartered Accountants

S J MILLER
Registered company
Auditor No 4286

Sydney

Dated 15, 10, 15

Steven J Miller & Co
Chartered Accountants
18-20 Victoria Street
PO Box 477 Erskineville NSW 2043
Tel (+61 2) 9560 3777
service@stevenjmiller.com.au
www.stevenjmiller.com.au
ABN 23 690 541 177



Statement of Surplus or Deficit and Other Comprehensive Income

for the year ended 30 June 2015
HIV/AIDS Legal Centre Incorporated

	Note	2015 \$	2014 \$
Revenue	4	433,178	404,323
Expenses			
Administration expenses		(69,304)	(84,167)
Employee benefits expense		(301,261)	(276,125)
Depreciation and amortisation expenses		(1,926)	(2,449)
Office overheads		(5,119)	(6,704)
		-----	-----
Net surplus for the year		55,568	34,878
		=====	=====
Other comprehensive income		-	-
		-----	-----
Total comprehensive income attributable to members of the entity		55,568	34,878
		=====	=====

The above statement of surplus or deficit and comprehensive income should be read in conjunction with the accompanying notes.

Statement of Financial Position

for the year ended 30 June 2015
HIV/AIDS Legal Centre Incorporated

	Note	2015 \$	2014 \$
ASSETS			
Current assets			
Cash and cash equivalents	5	193,862	91,848
Trade and other receivables	6	1,620	27,271
Prepayments		770	1,689
		-----	-----
Total current assets		196,252	120,808
		-----	-----
Non-current assets			
Plant and equipment	7	5,051	5,436
Intangibles	8	-	-
		-----	-----
Total non-current assets		5,051	5,436
		-----	-----
TOTAL ASSETS		201,303	126,244
		=====	=====
LIABILITIES			
Current liabilities			
Trade and other payables	9	24,160	23,263
Provisions	10	46,690	38,711
		-----	-----
Total current liabilities		70,850	61,974
		-----	-----
Non-current liabilities			
Provisions	10	24,973	14,358
		-----	-----
Total non-current liabilities		24,973	14,358
		-----	-----
TOTAL LIABILITIES		95,823	76,332
		=====	=====
NET ASSETS		105,480	49,912
		=====	=====
FUNDS			
Unrestricted funds		105,480	49,912
		=====	=====

The above statement of financial position should be read in conjunction with the accompanying notes.

Statement of Changes in Funds

for the year ended 30 June 2015
HIV/AIDS Legal Centre Incorporated

	UNRESTRICTED FUNDS	
	2015	2014
	\$	\$
General Funds		
Balance at 1 July	49,912	15,034
Net surplus for the year	55,568	34,878
Balance at 30 June	105,480	49,912
	=====	=====

The above statement of changes in funds should be read in conjunction with the accompanying notes.

Statement of Cash Flows

for the year ended 30 June 2015
HIV/AIDS Legal Centre Incorporated

	Note	2015 \$	2014 \$
Cash flows from operating activities			
<i>Receipts</i>			
Interest received		3,921	2,691
Receipts from grants		344,520	349,837
Receipts from donors		65,848	28,854
Receipts from customers		84,666	52,496
<i>Payments</i>			
Other suppliers		(151,236)	(162,592)
Wages and salaries		(244,164)	(250,260)
Net cash inflow from operating activities		103,555	21,026
Cash flows from investing activities			
Payments for plant and equipment	7	(1,541)	(1,341)
Net cash outflow from investing activities		(1,541)	(1,341)
Net increase in cash and cash equivalents held		102,014	19,685
Cash and cash equivalents at the beginning of the financial year		91,848	72,163
Cash and cash equivalents at the end of the financial year	5	193,862	91,848

The above statement of cash flows should be read in conjunction with the accompanying notes.

Notes to the Financial Statements

for the year ended 30 June 2015
HIV/AIDS Legal Centre Incorporated

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Notes to the Financial Statements

for the year ended 30 June 2015
HIV/AIDS Legal Centre Incorporated

1 General information and statement of compliance

The financial report includes the financial statements and notes of HIV/AIDS Legal Centre Incorporated.

These financial statements are general purpose financial statements that have been prepared in accordance with Australian Accounting Standards – Reduced Disclosure Requirements and Division 60 of the *Australian Charities and Not-for-profits Commission Act 2012*. HIV/AIDS Legal Centre Incorporated is a not-for-profit entity for the purposes of preparing the financial statements.

The financial statements for the year ended 30 June 2015 were approved and authorised for issuance by the Board of responsible entities.

2 Changes in accounting policies

(a) New and revised standards those are effective for these financial statements

AASB 2013-6 makes amendments to AASB 136 *Impairment of Assets* to establish reduced disclosure requirements for entities preparing general purpose financial statements under Australian Accounting Standards – Reduced Disclosure Requirements arising from AASB 2013-3 *Amendments to AASB 136 – Recoverable Amount Disclosures for Non-Financial Assets*. AASB 2013-3 made narrow scope amendments to AASB 136, addressing disclosure of information about the recoverable amount of impaired assets if that amount is based on fair value less cost of disposal.

The adoption of these amendments has not had a material impact on the association.

3 Summary of accounting policies

(a) Overall considerations

The significant accounting policies that have been used in the preparation of these financial statements are summarised below.

The financial statements have been prepared using the measurement bases specified by Australian Accounting Standards for each type of asset, liability, income and expense. The measurement bases are more fully described in the accounting policies below.

Notes to the Financial Statements

for the year ended 30 June 2015
HIV/AIDS Legal Centre Incorporated

3 Summary of accounting policies *continued*

(b) Significant accounting judgements, estimates and assumptions

The presentation of financial statements requires Management to make judgements, estimates and assumptions that affect the application of policies and reported amounts of assets, liabilities, income and expenses. The estimates and associated assumptions are based on historical experience and other various factors that are believed to be reasonable under the circumstances, the results of which form the basis of making the judgements. Actual results may differ from these estimates.

The estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period or in the period of the revision and future periods if the revision affects both current and future periods.

Significant accounting estimates and assumptions

The key estimates and assumptions that have a significant risk of causing a material adjustment to the carrying amounts of certain assets and liabilities within the next annual reporting period are:

Provisions for employee benefits

Provisions for employee benefits payable after 12 months from the reporting date are based on future wage and salary levels, experience of employment departures, and periods of service. The amount of these provisions would change should any of these factors change within the next 12 months.

(c) Taxation

Income tax

The association is a public benevolent institution for the purposes of Australian taxation legislation and is therefore exempt from income tax. This exemption has been confirmed by the Australian Taxation Office. The association holds deductible gift recipient status.

Goods and services tax (GST)

Revenues, expenses and assets are recognised net of the amount of GST except where the amount of GST is not recoverable from the ATO, in which case it is recognised as part of the cost of acquisition of an asset or as part of an item of expense.

Notes to the Financial Statements

for the year ended 30 June 2015
HIV/AIDS Legal Centre Incorporated

3 Summary of accounting policies *continued*

Receivables and payables are recognised inclusive of GST. The net amount of GST recoverable from or payable to the ATO is included as part of receivables or payables.

Cash flows are included in the statement of cash flows on a gross basis. The GST component of cash flows arising from investing and financing activities which is recoverable from or payable to the ATO is classified as operating cash flows.

(d) Cash and cash equivalents

Cash and cash equivalents in the statement of financial position comprise cash at bank and in hand and short term deposits with an original maturity of three months or less. For the purposes of the statement of cash flows, cash and cash equivalents as defined above, net of any outstanding bank overdrafts.

(e) Plant and equipment

Each class of plant and equipment are carried at cost or fair value less, where applicable, any accumulated depreciation and less any impairment losses recognised after the date of revaluation.

Items of plant and equipment are depreciated over their useful lives to the association from the time the asset is held ready for use. Depreciation is calculated on a straight line basis over the expected useful economic lives of the assets as follows:

The useful lives for each class of depreciable asset are:

Computer equipment	4-10 years
Furniture and fittings	6-10 years
Website	3 years

Impairment

The carrying values of plant and equipment are reviewed for impairment at each reporting date, with recoverable amounts being estimated when events or changes in circumstances indicate that the carrying values may be impaired.

The recoverable amount of plant and equipment is the higher of fair value less costs to sell and value in use. Depreciated replacement cost is used to determine value in use. Depreciated replacement cost is the current replacement cost of an item of plant and equipment less, where applicable, accumulated depreciation to date, calculated on the basis of such cost.

Notes to the Financial Statements

for the year ended 30 June 2015
HIV/AIDS Legal Centre Incorporated

3 Summary of accounting policies *continued*

(e) Plant and equipment *continued*

Impairment exists when the carrying value of an asset exceeds the estimated recoverable amount. The asset is then written down to its recoverable amount.

Impairment losses are recognised in the statement of surplus or deficit and other comprehensive income.

De-recognition and disposal

An item of plant and equipment is derecognised upon disposal or when the item is no longer used in the operations of the association. Any gain or loss arising from the de-recognition is recognised in the statement of surplus or deficit and other comprehensive income.

(f) Employee benefits

A liability is recognised for benefits accruing to employees in respect of wages and salaries, annual leave and long service leave where it is probable that settlement will be required and they are capable of being measured reliably.

Liabilities recognised in respect of short-term employee benefits are measured at their nominal values using the remuneration rate expected to apply at the time of settlement.

Liabilities recognised in respect of long-term employee benefits are measured as the present value of the estimated future cash outflows to be made by the company in respect of services provided by employees up to reporting date.

The association pays contributions to certain defined contribution superannuation plans. Contributions are recognised in the statement of surplus or deficit and other comprehensive income when they are due. The association has no obligation to pay further contributions to these plans if the plans do not hold sufficient assets to pay all employee benefits relating to employee service in current and prior periods.

Notes to the Financial Statements

for the year ended 30 June 2015
HIV/AIDS Legal Centre Incorporated

3 Summary of accounting policies *continued*

(g) Revenue recognition

Revenue is measured at the fair value of the consideration received or receivable. Amounts disclosed are net of goods and services tax (GST). Revenue is recognised for the major business activities as follows:

Grants Received

The association has received a number of government grants during the year. Once the association has been notified of the successful outcome of a grant application, the terms and conditions of each grant are reviewed to determine whether the funds relate to a reciprocal grant (i.e. payment for services rendered) in which case it is accounted for under AASB 118 Revenue or a non-reciprocal grant in which case it is accounted for under AASB 1004 Contributions.

Interest income

Revenue is recognised as interest accrues using the effective interest rate method. This is a method of calculating the amortised cost of a financial asset and allocating the interest income over the relevant period using the effective interest rate, which is the rate that exactly discounts estimated future cash receipts through the expected life of the financial asset to the net carrying amount of the financial asset.

Donations

All donations are brought to account as income in the year that they are received.

(h) Trade and other receivables

Trade receivables are recognised and carried at original invoice amount less allowance for doubtful receivables. Trade receivables are due for settlement no more than 30 days from the date of recognition.

Collectability of trade receivables is reviewed on an ongoing basis. Receivables which are known to be uncollectible are written off. An allowance for doubtful receivables is established when there is objective evidence that the association will not be able to collect all amounts due according to the original terms of receivables. The amount of the allowance is recognised in the statement of surplus or deficit and other comprehensive income.

(i) Trade creditors and other payables

Trade creditors and other payables represent liabilities for goods and services provided to the association prior to the end of the financial year that are unpaid. These amounts are usually settled in 30 days. The notional amount of the creditors is deemed to reflect fair value.

Notes to the Financial Statements

for the year ended 30 June 2015
HIV/AIDS Legal Centre Incorporated

3 Summary of accounting policies *continued*

(j) Comparative figures

When required by Accounting Standards comparative figures have been adjusted to conform to changes in presentation for the current financial year.

(k) Intangibles

Basis of measurement of carrying amount

Intangibles are stated at cost less accumulated amortisation and any accumulated impairment losses.

Any intangibles donated to the association or acquired for nominal cost is recognised at fair value at the date the association obtains control of the assets.

Amortisation

Items of intangibles are amortised over their useful lives to the association commencing from the time the asset is held ready for use.

(l) Going concern

The financial report has been prepared on a going concern basis, which contemplates continuity of normal trading activities and the realisation of assets and settlement of liabilities in the normal course of business. The association's continued existence is ultimately dependent upon the success of future donations and government support.

If the association is unable to continue as a going concern it may be required to realise its assets and extinguish its liabilities other than in the normal course of business and in amounts different from those stated in the financial report.

At the date of the report, the association has received grant funding for its 2015/16 financial year.

Notes to the Financial Statements

for the year ended 30 June 2015
HIV/AIDS Legal Centre Incorporated

	Note	2015 \$	2014 \$
4 Revenue			
From continuing operations			
Grants received	4(a)	313,200	318,034
		-----	-----
		313,200	318,034
		-----	-----
Other revenue			
Donations		65,848	28,854
Disbursements recovered		11,846	15,906
Interest received		3,921	2,691
Legal fees/ service income		11,328	22,085
Publication fees		10,000	10,455
Parental leave fund		10,891	-
Sundry income		6,144	6,298
		-----	-----
		119,978	86,289
		-----	-----
Total revenue		433,178	404,323
		=====	=====

4(a) Grants revenue

Grants received during the year			
Legal Aid NSW – State		93,455	90,362
Attorney Generals Department - Commonwealth		96,733	91,177
Legal Aid NSW – Public Purpose Fund		123,012	136,495
		-----	-----
		313,200	318,034
		=====	=====

5 Cash and cash equivalents

Cash at bank and on hand		193,862	91,848
		=====	=====

(a) Reconciliation to cash at the end of the year

The above figures are reconciled to cash at the end of the financial year as shown in the statement of cash flows as follows:

Balance per statement of cash flows		193,862	91,848
		=====	=====

Notes to the Financial Statements

for the year ended 30 June 2015
HIV/AIDS Legal Centre Incorporated

	2015 \$	2014 \$
6 Trade and other receivables		
Current		
Trade debtors	1,620	29,206
Less: allowance of doubtful debts	-	(1,935)
	-----	-----
	1,620	27,271
	=====	=====

7 Plant and equipment

Computer equipment

Computer equipment - at cost	14,821	13,280
Accumulated depreciation	(11,730)	(10,263)
	-----	-----
Total computer equipment	3,091	3,017
	-----	-----

Furniture and fittings

Furniture and fittings - at cost	4,572	4,572
Accumulated depreciation	(2,612)	(2,153)
	-----	-----
Total furniture and fittings	1,960	2,419
	-----	-----

Total plant and equipment

	5,051	5,436
	=====	=====

Reconciliations

Reconciliation of the carrying amount of plant and equipment:

	Computer Equipment \$	Furniture & Fittings \$	Total \$
Carrying amount – 1 July	3,017	2,419	5,436
Additions	1,541	-	1,541
Depreciation	(1,467)	(459)	(1,926)
	-----	-----	-----
Carrying amount – 30 June	3,091	1,960	5,051
	=====	=====	=====

Notes to the Financial Statements

for the year ended 30 June 2015
HIV/AIDS Legal Centre Incorporated

	2015 \$	2014 \$
8 Intangibles		
Website development		
Website development - at cost	1,364	1,364
Accumulated amortisation	(1,364)	(1,364)
	-----	-----
Total website development	-	-
	-----	-----
Total intangibles	-	-
	=====	=====
Reconciliations		
Reconciliation of the carrying amount of intangibles at the beginning and end of the current financial year:		
Carrying amount – 1 July	-	170
Amortisation	-	(170)
	-----	-----
Carrying amount – 30 June	-	-
	=====	=====
9 Trade and other payables		
Current		
Trade creditors	-	8,954
GST and taxation payable	11,709	4,414
Sundry creditors and accruals	12,451	9,895
	-----	-----
	24,160	23,263
	=====	=====
10 Provisions		
Current		
Annual leave	46,690	38,711
	=====	=====
Non-current		
Long service leave	24,973	14,358
	=====	=====

Notes to the Financial Statements

for the year ended 30 June 2015
HIV/AIDS Legal Centre Incorporated

11 Related parties and related-party transactions

(a) Key management personnel

Any entities having authority and responsibility for planning, directing and controlling the activities of the association, directly or indirectly, including any responsible entity is considered key management personnel.

The total remuneration paid to key management personnel of the association during the year is as follows:

	2015 \$	2014 \$
Total key management personnel compensation	105,139	96,025
	=====	=====

12 Commitments for expenditure

Minimum commitments payable represent the rental commitments associated with the execution of the lease over Level 5 414 Elizabeth Street, Sydney and the office's IT and computer expenses are as follows for :

Due within 1 year	20,922	20,922
Due after 1 year but no after 5 years	104,610	104,610
Due after more than 5 years	-	20,922
	-----	-----
	125,532	146,454
	=====	=====

13 Economic dependence and going concern

The responsible entities present the financial statements which report a surplus of \$55,568 for the year ended 30 June 2015 and net assets of \$105,480 as at 30 June 2015.

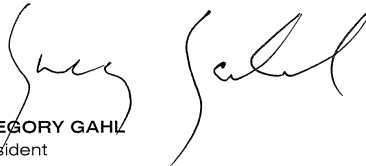
This surplus was assisted as a result of a one-off donation. The association's ability to continue as a going concern in the ensuing financial year and subsequent financial years is dependent upon the association's ability to continuously source additional grant funding and donations.

Responsible Entities' Declaration

In the opinion of the responsible entities of HIV/AIDS Legal Centre Incorporated:

- (a) the financial statements and notes, set out on pages 7 to 21 are drawn up in accordance with the *Australian Charities and Not-for-profits Commission Act 2012*, including:
 - (i) giving a true and fair view of the financial position of the association as at 30 June 2015 and of its performance, as represented by the results of its operations and its cash flows, for the year ended on that date; and
 - (ii) complying with Australian Accounting Standards and Reduced Disclosure Requirements (including the Australian Accounting Interpretations) and the *Australian Charities and Not-for-profits Commission Act 2012*;
- (b) there are reasonable grounds to believe that the association will be able to pay its debts as and when they become due and payable. (Refer Note 13)

This statement is made in accordance with a resolution of the responsible entities.



GREGORY GAHL
President

Sydney

Dated 19 / 10 / 2015



Independent Audit Report

To the members of the HIV/AIDS Legal Centre Incorporated

Report on the financial report

I have audited the accompanying financial report of the HIV/AIDS Legal Centre Incorporated, which comprises the statement of financial position as at 30 June 2015 and the statement of surplus and deficit and other comprehensive income, statement of changes in funds and statement of cash flows for the year ended on that date, a summary of accounting policies and other explanatory notes and responsible entities' declaration.

Responsible Entities' Responsibility for the financial report

The responsible entities of the association are responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards (including the Australian Accounting Interpretations) and the *Australian Charities and Not-for-profits Commission Act 2012*. This responsibility includes designing, implementing and maintaining internal control relevant to the preparation and fair presentation of the financial report that is free from material misstatement, whether due to fraud or error; selecting and applying appropriate accounting policies; and making accounting estimates that are reasonable in the circumstances. In note 1, the responsible entities also state, in accordance with Australian Accounting Standards AASB 101 *Presentation of Financial Statements*, that, compliance with the Australian Accounting Standards – Reduced Disclosure Requirements ensures that the financial report, comprising the financial statements and notes, complies with Australian Accounting Standards – Reduced Disclosure Requirements.

Auditor's responsibility

My responsibility is to express an opinion on the financial report based on my audit. I have conducted my audit in accordance with Australian Auditing Standards. These Auditing Standards require that I comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance whether the financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the association's preparation and fair presentation of the financial report in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the association's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the responsible entities, as well as evaluating the overall presentation of the financial report.

Steven J Miller & Co
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www.stevenjmiller.com.au
ABN 23 690 541 177



Independence Audit Report

To the members of the HIV/AIDS Legal Centre Incorporated

In my opinion the financial report of HIV/AIDS Legal Centre Incorporated has been prepared in accordance with Division 60 of the *Australian Charities and Not-for-profits Commission Act 2012*, including:

- (a) giving a true and fair view of the registered entity's financial position as at 30 June 2015 and of its financial performance and cash flows for the year ended on that date; and
- (b) complying with Australian Accounting Standards and Division 60 of the *Australian Charities and Not-for-profits Commission Regulation 2012*.



STEVEN J MILLER & CO
Chartered Accountants



S J MILLER
Registered Company
Auditor No 4286

Sydney

Dated 26 / 10 / 15

Disclaimer

HIV/AIDS Legal Centre Incorporated

The additional financial data presented on pages 26 is in accordance with the books and records of the association which have been subjected to the auditing procedures applied in my statutory audit of the association for the year ended 30 June 2015. It will be appreciated that my statutory audit did not cover all details of the additional financial information. Accordingly, I do not express an opinion on such financial information and no warranty of accuracy or reliability is given.

In accordance with my firm's policy, I advise that neither the firm nor any member or employee of the firm undertakes responsibility arising in any way whatsoever to any person (other than the association) in respect of such information, including any errors or omissions therein, arising through negligence or otherwise however caused.



STEVEN J MILLER & CO
Chartered Accountants



S J MILLER
Registered Company
Auditor No 4286

Sydney

Dated 26 / 10 / 15

Detailed Statement of Surplus or Deficit

for the year ended 30 June 2015
HIV/AIDS Legal Centre Incorporated

	Note	2015 \$	2014 \$
INCOME:			
Disbursements recovered		11,846	15,906
Donations received		65,848	28,854
Grants received	4(a)	313,200	318,034
Interest received		3,921	2,691
Legal fees/ Service income		11,328	22,085
Publication fees		10,000	10,455
Parental leave fund		10,891	-
Sundry income		6,144	6,298
		-----	-----
Total revenue		433,178	404,323
		=====	=====
EXPENSES:			
Provision for doubtful debts provided		-	1,935
Annual leave provided/(written-back)		7,979	(3,707)
Audit and accounting fees		6,968	6,180
Bank charges		1,002	141
Bookkeeping fees		1,245	422
Client disbursements		12,341	18,862
Communications		12,854	12,476
Depreciation of plant and equipment	3(e)	1,926	2,449
General expenses		525	1,394
Insurance		1,633	1,703
Library		382	382
Long service leave provided		10,615	729
Memberships		3,750	5,768
Office expenses		5,119	6,704
Parental leave fund		10,891	-
Practicing certificate		2,467	3,260
Programs and planning		2,620	8,758
Rent		20,923	20,391
Repairs and maintenance		-	729
Salaries		244,162	250,260
Staff training		1,357	1,091
Superannuation		23,790	24,492
Travel and accommodation		2,644	3,565
Workers compensation insurance		2,417	1,458
		-----	-----
Total expenses		377,610	369,445
		-----	-----
NET SURPLUS		55,568	34,878
		=====	=====

The above UNAUDITED detailed statement of surplus or deficit should be read in conjunction with the disclaimer.

