



Annual Report

2010/2011



HALC HIV/AIDS Legal Centre Inc

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Surry Hills NSW 2010

www.halc.org.au

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Our Vision, Mission and Values

Our vision

To see an end to the HIV/AIDS crisis.

Our values

To provide high quality legal services and display an appreciation of and sensitivity to the special needs of people with an HIV/AIDS related legal matter.

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/AIDS.

Our Objectives and the Service we Provide

HALC is a community legal centre that specialises in dealing with HIV related legal matters and issues. Recognising that people living with and affected by HIV/AIDS have special legal needs, we provide free legal services to people with HIV related or Hepatitis C related legal issues. Our clients are people who often experience significant disadvantage as a result of their medical condition, related discrimination or poverty. We provide a legal service that is accessible and supportive to assist such individuals.

Our offices are open 10.00 am to 6.00 pm Monday to Friday.

We offer a range of legal services including:

- Ongoing legal representation in courts and tribunals;
- Legal advice – face to face, by telephone and by email;
- Information and referrals;
- Outreach services to homes, hospitals and hospices in cases where the client is unable to come to us;
- Outreach services to areas outside of Sydney;

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- Community legal education on issues related to HIV and Hepatitis C;
 - Law reform and policy work related to HIV and Hepatitis C

Our objectives are:

- Within the operational guidelines of the Association, to provide free legal advice, assistance and representation 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;
 - Building 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 related areas such as Hepatitis C related legal problems;
 - To work with other appropriate organisations to achieve our objectives.
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Our Funders

The services we provide are made possible by the funding received from the NSW Government and Commonwealth via its Community Legal Services Plan (CLSP)

We received funding from the Law Foundation of South Australia for the South Australia Disclosure Guide and from the WA AIDS Council for the Western Australia Disclosure Guide and training in migration health issues.

President's Message

This has been an exciting year for HALC. The organisation moved offices which provided particular challenges. Despite these challenges the Centre has completed an impressive caseload while maintaining services as normal. While the Centre has not met the outcomes we aspired to at the beginning of the year, we have learned valuable lessons and made some real progress towards the achievement of our strategic goals.

We have provided legal services to more clients, and represented clients in more and more varied cases than anytime previously. Each of those clients had particular issues to deal with that have had a range of impacts on their daily lives. The number and quality of successful outcomes HALC is able to assist clients in obtaining is exceptional for an organisation of its size. HALC's work engages clients with the society and challenges the legal and administrative systems to better accommodate the particular issues HIV positive people face in their everyday lives.

The challenge ahead for HALC is to effectively communicate the range and depth of legal work that it performs to the Federal and State Governments and other relevant funding bodies. If HALC is to reach its goal of an expanded scope of service, and obtain new funding to sustain that service, we must better communicate our achievements and capacities within the sector and beyond. That will entail new and stronger partnerships within the sector and on a national level. A new approach to the role of making HALC visible and recognised by the community and by funding bodies is an important next step.

Denis Fuelling

President, HALC Management Committee

Principal Solicitor's Report

The Role of an HIV Specialist Legal Centre

A Community Legal Centre (CLC) is invested with an important role in providing access to justice and ensuring representation is available for all, including the most vulnerable and unpopular in our society. Our work is a vital component in generating rule of law, and a more just society. On a daily basis, HALC helps individuals to find solutions to legal, administrative and social problems.

Historically, HALC pursued its specialist role by defining a narrow scope of work, targeted to assist with identified issues facing HIV positive people. End of life (wills, enduring guardianships), disablement (total and permanent disablement insurance), freedom of movement (partner migration) and discrimination complaints were the principal areas of the Centre's work. The restricted range of work reflected the very limited funding and staffing of the Centre and the desire to provide 'gold class' service to each client.

HALC's role has changed along with the changing face of the epidemic. The scope of work has extended to encompass virtually any problem an HIV positive person may have, where there is a nexus with HIV in generating or resolving the problem. To the existing scope of work has been added: privacy rights (privacy, discrimination, court suppression), family (divorce, parenting rights), freedom from stigma (vilification remedies, Apprehended Violence Orders, defamation), housing (tenancy), welfare (Centrelink benefits), equal freedom of movement (economic and other migration), engagement of social transgression (minor criminal matters, mental health, guardianship and protective commissioner, public health orders). In determining if a nexus exists between HIV and the legal problem presenting, HALC now looks beyond the façade to the concatenation of events and issues leading to the legal problem.

In pursuing this expansion of services, HALC has drawn from the ethos driving the advent of Community Legal Centres. This is an

ethos of leveraging limited resources to assist as many people as possible, challenging the existing laws and structures, and creatively extending services to meet need. But we have also operationalised a more expansive engagement with generating the enabling environment.

The enabling environment is central to the internationally recognised Australian response to the HIV epidemic. It encourages people living with HIV and the broader community to engage with health services, while combating stigma. The results are reduced infection rates and a reintegrated community.

By focusing on the social effects of HIV, we assist people to reduce the impact of HIV on their lives. Through engagement we are able to help reduce instances of transmission and new infections by changing behaviours and lifeways and engendering social inclusion.

Structural achievements

In the last year we:

- secured continuity of our Public Purpose Fund grant (half of HALC's core funding), ensuring continuing employment of our four solicitors;
- moved offices with ACON;
- maintained accountability and transparency requirements with perhaps the lowest administrative budget for comparably funded organisations (employing a part time administrator and occasional bookkeeping assistance);
- pursued work on five project grants;
- continued a prodigious casework load in an increased range of legal matters;
- engaged in increased law reform activities.

Brady

Principal Solicitor, HALC

Trends

¹ Erratum, Annual Report 2009/2010:
This data inverted at page 6 incorrectly.

Geography of People Living with HIV in Australia and NSW

Trends in HIV diagnosis have remained stable from 2009/2010. NSW leads the nation in reducing the rate of new infection/diagnosis with HIV.

HIV Trends - Australia

Of the estimated 20,956 people living with HIV (PLHIV) in Australia, 9,924 (47.4%) reside in NSW¹. 53% of PLHIV live outside NSW and do not (formally) have access to specialist HIV focused legal services.

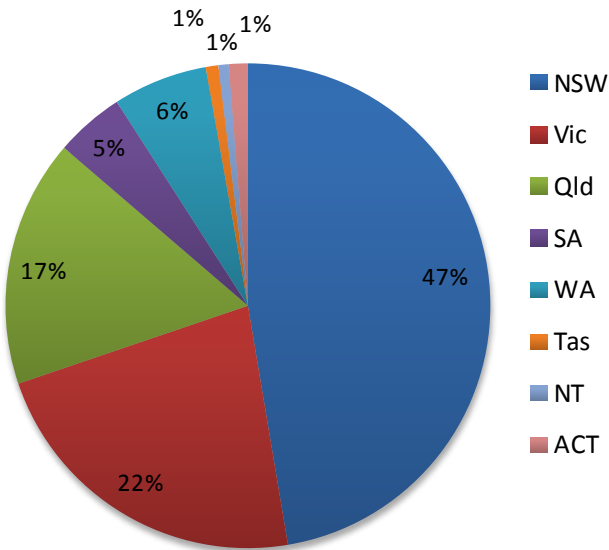
HIV Trends NSW

The rates of increase of HIV diagnoses in NSW are expected to remain low, whilst those in other states are predicted to be higher, but from smaller base populations. This is likely to contribute to an evening out in distribution of PLHIV across several states, with Victoria and Queensland's PLHIV populations closing on the NSW figure. It is predicted that only 41% of the PLHIV populations will reside in NSW by 2020, with 43% expected to reside in Victoria and Queensland.

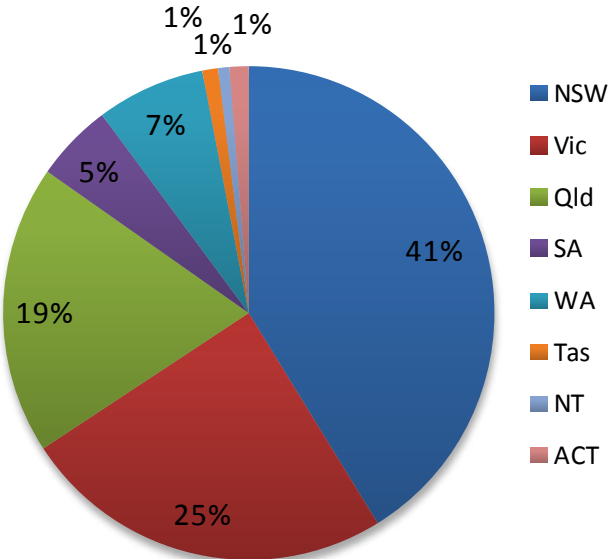
In NSW, the pattern of centralisation of PLHIV in the inner Sydney area effectively makes everywhere outside the inner Sydney area regional in terms of access to specialist services. Greater Sydney has around 80% of the PLHIV population. The four (roughly contiguous) inner Sydney areas of the inner city, eastern suburbs, inner west and lower north shore alone comprise 54% of the total Sydney PLHIV population and 43% of the entire State PLHIV population.

Only around 20% of PLHIV (approximately 2000 people) live in areas ordinarily indicated as regional or rural. Of that, approximately a quarter of the PLHIV population resides in the Hunter region, the remainder being located across the state.

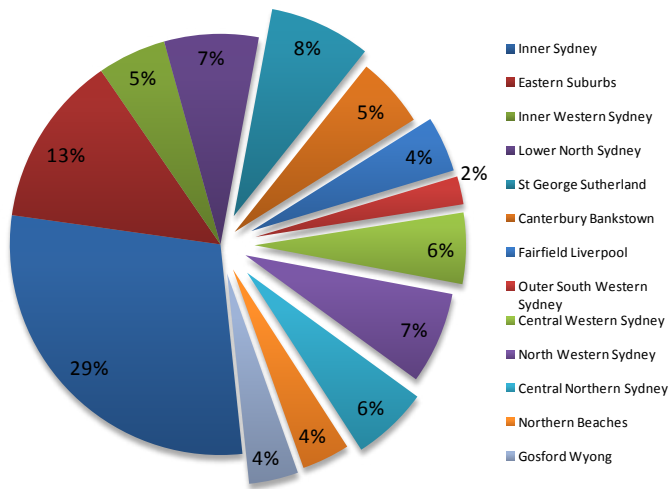
PLHIV 2010/ Total: 20956



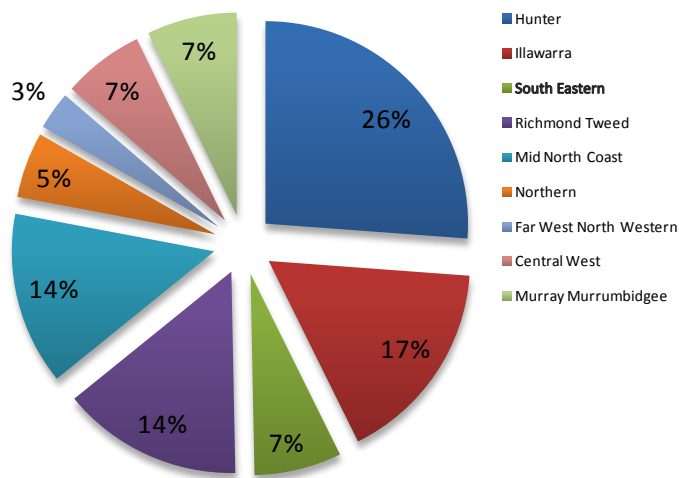
PLHIV 2020/ Total: 28422



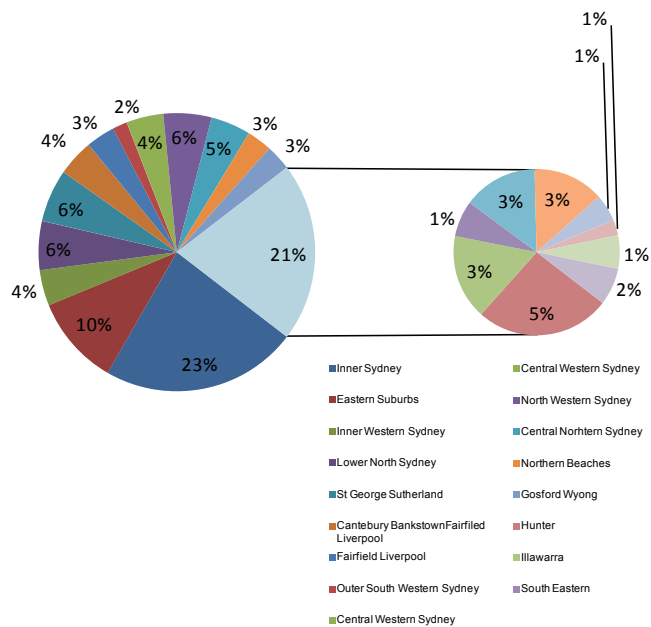
Distribution of PLHIV in Sydney



Distribution of PLHIV in Regional NSW



Distribution of PLHIV in NSW



The data upon which these figures are based is sourced from ‘Mapping outcomes: geographical and clinical forecasts of numbers of people living with HIV in Australia’ (2010) by the NAPWA and the Kirby Institute.

A note on the HALC client data used in this report: HALC collects a variety of useful data from its client base to ensure that services are appropriately targeted and useful. While always mindful of preserving privacy, HALC has improved collection of client information and this data is shedding significant light on the services provided. Some aspects of data collection prior to this year were ad hoc. Streamlining of processes, and improved volunteer training, has resulted in significantly better data collection compared to past years. This disparity can be noted in some categories reported on below.

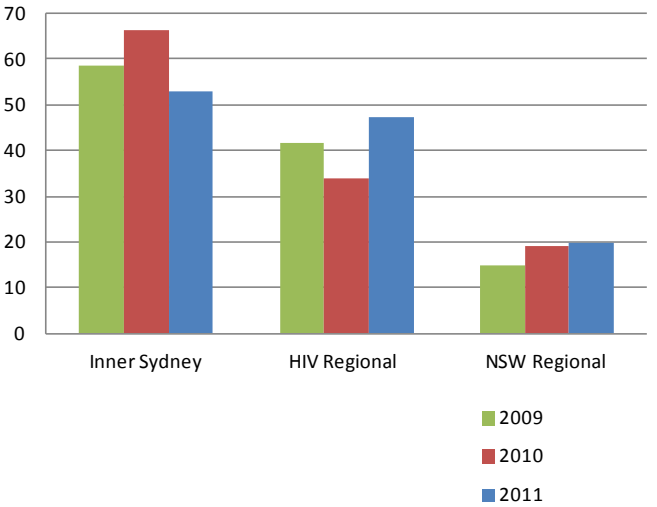
HALC’s Clients

Location

HALC has been active in improving access to our service for people in rural and regional NSW. Through both regular visits and increased contacts with health sector workers in regional centres, HALC has steadily built better linkages and increased its rural and regional client base.

Figures from the last three years show small but steady increases in clients from rural and regional locations. Around 20% of HALC clients are from rural and regional locations, which is proportional to the Statewide distribution of PLHIV. If viewed from the HIV services perspective, HALCs representation of clients outside the inner Sydney area, where specialist services are less available, is running at near 50%. We have termed this HIV Regional as opposed to the usual areas considered regional.

% Client Location



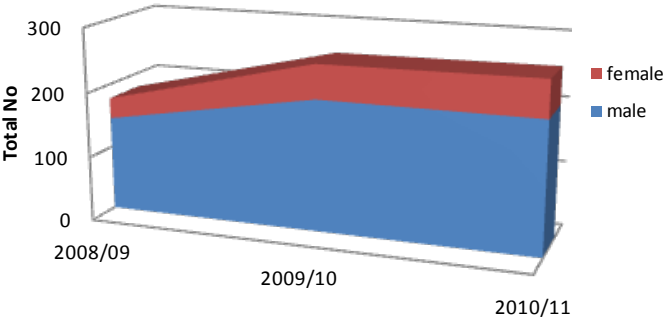
¹ Mapping HIV, Table 8
³ Mapping HIV, Table 9
⁴ Mapping HIV, Table 10
⁵ Mapping HIV, Table 10
⁶ Annual Surveillance Report 2011, Kirby Institute, pg 19, figure 21

Gender

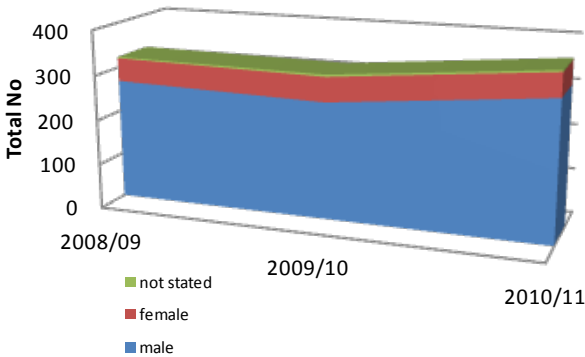
Nationally, women make up around 10% of PLHIV². NSW has the lowest proportion, with only 7.3% being female PLHIV³. Women generally make a greater proportion of the PLHIV population outside cities⁴. Albeit from a very low base, the rate of increase in incidence of HIV among women is expected to remain almost double that of men⁵.

Women are disproportionately represented in HALC’s casework. The proportion of casework performed for female clients has grown from around 18% to 22% in the last three years. Provision of advice to women as a proportion of HALC clients has reduced marginally in the period.

Proportionate increase of male and female clients in casework



Proportion of male and female clients in advices



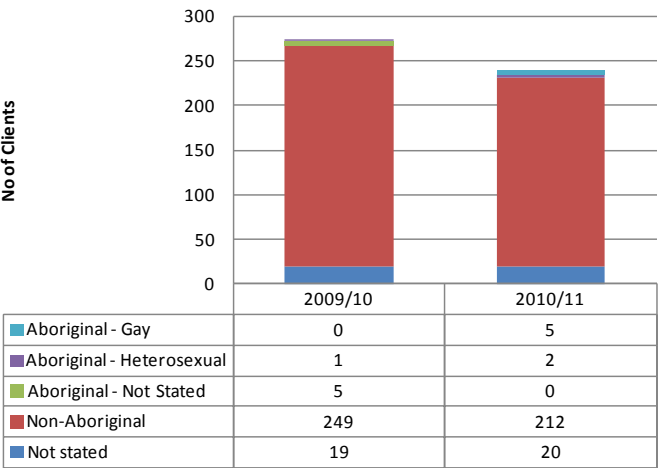
A small number of HALC's clients identify as transgender, and often face heightened stigma and vulnerability which impacts on access to services. This population is also at increased risk of infection, even compared to the general gay population. HALC is committed to ensuring accessibility to informed and targeted services.

Aboriginal and Torres Strait Islanders

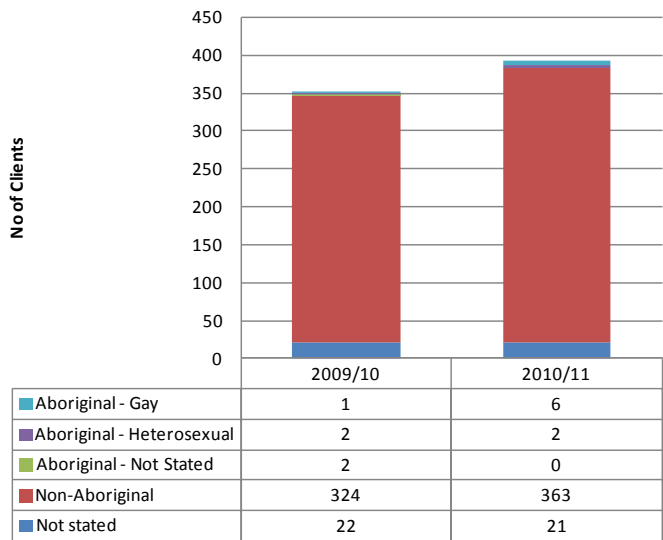
2006 ABS Census figures indicate that Aboriginal and Torres Strait Islanders make up around 2.2% of the NSW population. The rate of HIV diagnosis among Aboriginal and Torres Strait Islander communities is roughly equal to the overall average.⁶

The number of HALC clients who identified as Aboriginal or Torres Strait Islander has risen slightly in representation in both casework and advice. Among those of identified ethnicity, there has been increase in casework, from 2.4% to 3.3 % of clients. Among advices provided, there has been a greater than proportionate increase from 1.5% to 2.2%.

Proportion of Aboriginal clients in Casework by Sexuality



Proportion of Aboriginal clients in Advices by Sexuality

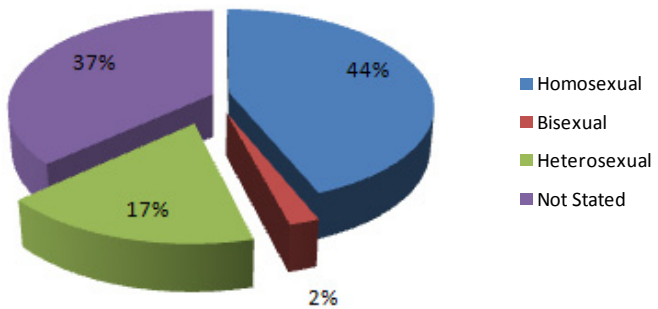


Our data also shows that HALC is working with gay-identifying HIV-infected indigenous men. This is a sub-group at even greater vulnerability, from a community that is already one of the most marginalised groups in the country. HALC is committed to increasing its availability and accessibility to Aboriginal and Torres Strait Islanders for casework and representation. HALC has initiated a project to improve linkages with AMS and other health and community services to increase our availability to Aboriginal and Torres Strait Islander clients.

Sexuality

HALC’s capture and recording of this data has improved. Figures from 2008 – 2010 are of limited value. Perhaps 76% of PLHIV are men who have sex with men, including those who identify as gay.⁷ There is still a significant reticence to identify sexuality among our clients, with 37% of clients in 2011 preferring not to disclose their sexuality. Of those who disclosed their sexual preference, 27% were heterosexual. This indicates a slightly higher than proportionate number of heterosexual clients.

Clients’ Sexuality 2010/11

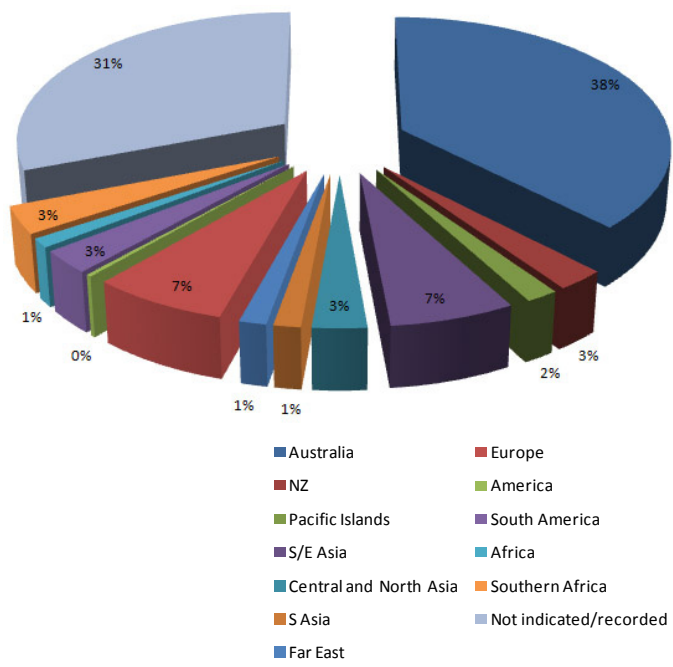


Heterosexuals with HIV are recognised to have distinct stigmatisation, and are the fastest growing component of the PLHIV population. They have traditionally been a difficult community to service, partly due to the general focus of most HIV services on the gay community, but also due to heterosexuals’ higher self-stigmatisation and geographical isolation. HALC has been proactively engaging this population and the higher than proportionate representation amongst our clients indicates our success at making this service accessible and responsive to the community needs.

⁷The Kirby Institute. HIV, viral hepatitis and sexually transmissible infections in Australia Annual Surveillance, Report 2011. The Kirby Institute, the University of New South Wales, Sydney, NSW, pg 17

Ethnicity

Clients' origins 2010/2011



⁸The Kirby Institute. HIV, viral hepatitis and sexually transmissible infections in Australia Annual Surveillance, Report 2011. The Kirby Institute, the University of New South Wales, Sydney, NSW, pg 24, figure 31

Similar to heterosexual PLHIV populations, migrant PLHIV populations are among the fastest growing segments of the total PLHIV community⁸. Clients from Asia and Africa report significantly higher levels of stigma, intolerance and ignorance. Language and a lack of cultural knowledge also impacts on the accessibility of HIV services. Providing such populations with specialist legal services is part of engaging them with the broader PLHIV community, HIV services and generating the enabling environment.

HALC’s client diversity indicates success in making our service relevant, accessible and available to migrant PLHIV communities.

HALC is providing advice and representation to clients from a broader range of ethnic and national origins. The comparison of the ethnicity of HALC clients from 2009/2010 is of limited value due to the variable data quality. However, the 2010/2011 data on ethnicity of HALC clients shows a broad range of ethnic diversity among our clients. This reflects HALC's relative accessibility and visibility to clients from ethnically diverse backgrounds, due in large part to our partnering with social workers and health care providers.

Region	2009/2010	2010/2011
Australia	30	132
NZ	3	9
Pacific Islands	3	6
S/E Asia	7	23
Central and North Asia		10
S Asia	2	5
Far East	3	5
Europe	6	25
America	2	1
South America		10
Africa		4
Southern Africa	4	12
Not indicated/recorded	271	108
Nationality	16 Countries	49 Countries

Age

⁹Mapping HIV, p 48

In common with the broader community, the PLHIV population is ageing. This reflects greater longevity of PLHIV due largely to the improved treatments available now⁹. This is likely to bring changes in medical and social problems encountered by PLHIV. It may have impacts on the legal issues to be addressed. Ensuring HIV awareness in aged care workers who have previously not had

to deal with such issues will be one likely challenge. Increased mental health issues, including dementia and cognitive deficits will undoubtedly be another. In recognition of the ageing of the PLHIV population and emergent issues of accelerated ageing caused by treatment regimes, HALC is skilling up to meet the new challenges and needs of the PLHIV community.

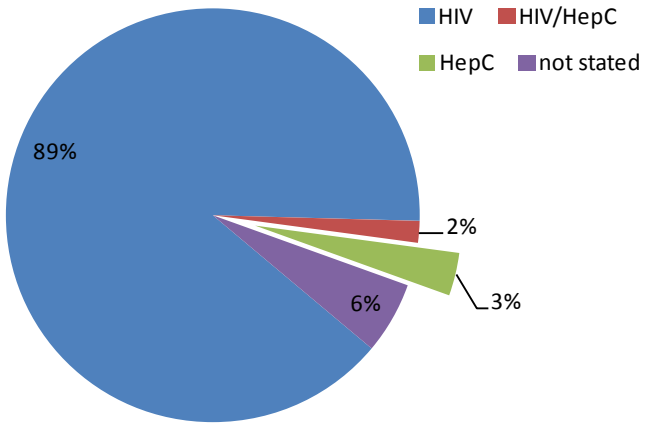
HALC has been building experience in assisting clients with mental health and cognitive problems. HALC has initiated a project to engage training and awareness of these issues across the sector. HALC is also now collecting data on client age as part of improved data collection and accountability processes

HIV/HCV Client Mix

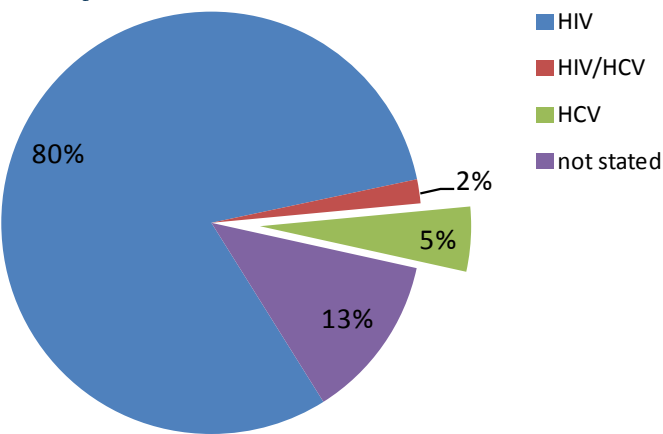
HALC provides legal advice and representation to both people living with HIV and people living with Hepatitis C (HCV).

The provision of representation and advice to persons with HCV has remained steady during the last three years. The HCV casework is chosen where it overlaps with the core areas of particular concern to HIV, being discrimination and privacy. While HCV work tends to be a small proportion of general work undertaken, it assists in generation of the enabling environment for both communities.

Casework provided - HIV and HCV



Advices provided - HIV and HCV



HALC Contacts at Reception

ACON reception collects records its contacts with clients of HALC. These contacts include clients attending appointments and walk-in clients without an appointment. There were recorded a total of 1,382 face to face contacts with clients during the year at our offices in the ACON building, representing approximately 6 client meetings per day.

HALC’s Work

HALC’s casework and advice has increased from year to year. This represents more HIV and HCV positive people being assisted in a greater range of legal matters than ever previously in NSW.

HALC engages in a broad mix of casework spanning traditional areas such as Wills and Insurance, as well as newer areas (for HALC) such as Employment and Family law. A breakdown of the range of matters HALC worked on through the year 2010-2011 shows the diversity of the casework HALC undertakes. Percentages are rounded (o = less than 1%, more than o).

Centre Summary Report

Current Date: 19/09/2011	Report Period: 1/07/2010	To: 30/06/2011
Clients		
Total number of Clients		829
	New Clients	375
	Repeat Clients	102
	Existing Clients	352
Activities		
Information Activities		46
Total Advice Activities		401
	- With Public Interest dimension	0
Cases		
Total cases open during period (Open and New)		823
	- Open at period start	451
	- New (opened in period)	372
	- Still open at period end (Ongoing)	549
Total cases closed during period		274
	- Minor Cases closed	131
	- Medium Cases closed	81
	- Major Cases closed	62
	Closed involving court representation	70
	Closed involving primary dispute resolution	25
	Closed test cases	3
	Closed with Public Interest Indicator	4
Non-Casework Projects		
Total projects open during period (Open and New)		23
	- Open at period start	3
	- New (opened in period)	20
	- Still open at period end	3
	Open Community Legal Education Projects	1
	Open Law Reform & Legal Policy projects	2

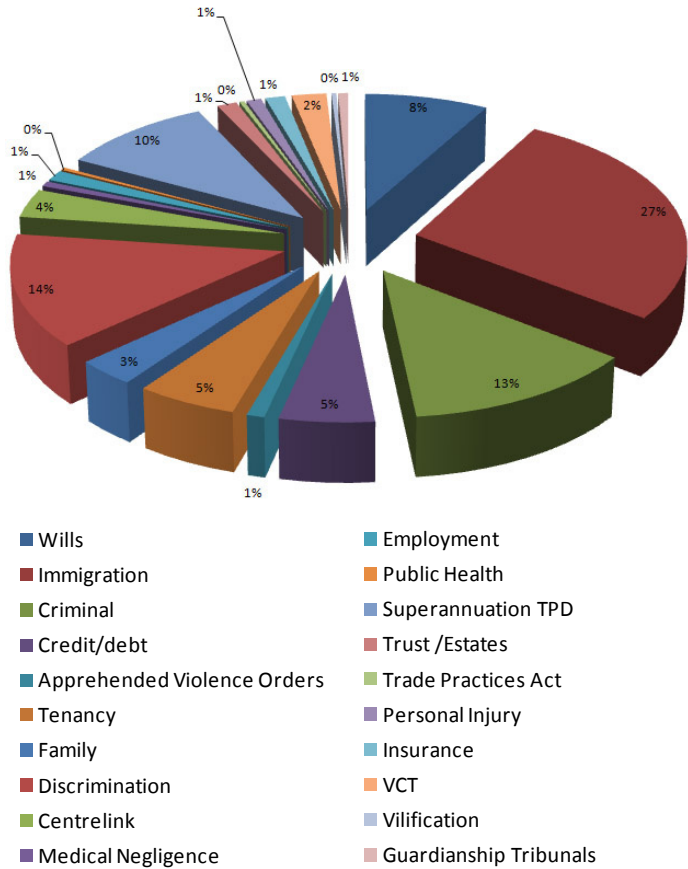
Information: legal information given to a client, not specific to their circumstances

Advice: legal advice and information provided to client tailored to specific circumstances

Casework: representation, advice and assistance provided to a client

Non-Casework Projects (cont.)		
Total projects completed during period		20
	- Minor projects completed	17
	- Medium projects completed	3
	- Major projects completed	0
	CLE projects completed	12
	LRLP projects completed	1
Projects deferred during period		3

Casework 2010/2011



Case Studies

The following case studies are based upon HALC files. Names and some details have been changed in order to protect our clients' confidentiality

Public Health Orders

A client approached us after he was served with an application for behavioural orders by a State Health Department. The application alleged he had been engaging in behaviour that might place others at risk of contracting HIV. The matter was being dealt with by the local magistrate's court.

The orders sought were that the client should attend a program of formal counselling with a person nominated by the Health Department.

Our client was very distressed by the allegations made, and was not keen to attend counseling with the person nominated due to a previous history with this individual.

We represented the client at the local court and entered into extensive discussions with the Health Department in order to achieve an outcome that protected public health whilst at the same time ensuring that the client remained engaged with the system and had his rights protected.

The matter was successfully resolved by negotiating a management plan for the client that satisfied the Health Department in terms of managing any potential risk and which kept the client engaged with his treating doctors and counselors.

Medical treatment visa

When Jack, an Australian man and his Thai partner, Chompoo, discovered they were expecting a baby they were delighted. They were planning to get married and raise a family in Australia.

However, their joy turned to fear as, during routine tests in the later stages of her pregnancy, Chompoo discovered that she was HIV positive. A child born to an HIV positive mother is at great risk of contracting HIV unless the mother receives specialist medical treatment before, during and after the birth. Such treatment was not readily available to Chompoo in her home country of Thailand.

We assisted the couple in applying for an urgent medical treatment visa which would allow Chompoo to come to Australia to give birth to her baby with appropriate specialist intervention to protect the baby from contracting HIV. Medical treatment visas allow a person to visit Australia for essential medical treatment, provided they meet the costs of all such treatment. The urgency of finalising the application was increased by the fact that airlines do not generally allow pregnant mothers to fly after 34 weeks of pregnancy. The visa was granted just before this time and Chompoo had a successful caesarean birth. At the moment, tests show that the baby is HIV negative, and the family are doing very well. They are now applying for Chompoo's partnership visa so that they can live together as a family in Australia.

Hep C discrimination in work

Nicole was a health professional who had worked for the health service for over ten years. She had Hepatitis C and had several years ago undergone a liver transplant and treatment for her Hepatitis C, that was unfortunately not successful. Whilst initially supportive of her condition and her need for time off work in the form of sick leave and unpaid leave, the employer's attitude towards her became far less tolerant as time progressed. Nicole's work was monitored excessively, inappropriate comments were made about her illness, onerous reporting requirements were imposed upon her and the working environment became so intolerable to her that

she felt she had no option but to resign. A discrimination complaint was lodged. The matter could not be resolved at the initial conciliation stage and proceeded to court where it was successfully settled prior to hearing with a payment of \$18,000 to the client.

Person with brain injury under Guardianship Order

Henry suffered an acquired brain injury following a violent assault several years ago. He presents with significant cognitive problems, and limited insight into his condition. He also has difficulty with impulse control and anger management. He is subject to a Guardianship Order that appointed a responsible third party to manage his finances.

Henry came to us with a plethora of problems. He was in trouble with the police for behaving in an offensive manner and resisting a police officer. We worked with him and his treating doctors to develop a treatment plan that would include anger management and counselling. The court accepted our submissions that the most appropriate way to deal with Henry was to discharge him on condition that he enter into the treatment plan proposed by his medical team. As such, Henry was dealt with under Mental Health legislation rather than by way of criminal legislation.

Further, Henry had some significant issues regarding the management of his finances. The responsible party appointed by the Guardianship Order had entered into an agreement with a bank whereby a significant amount of money (Henry's compensation payment for his head injury) was invested for Henry's future. There was a written agreement that the funds could only be accessed with the written authority of two people other than Henry. However, the bank allowed Henry to withdraw over \$100,000 on his signature alone, in clear breach of the agreement. Due to his brain injury,

Henry was unable to make prudent spending decisions, and so he had nothing worthwhile to show for the money he had withdrawn. This illustrates precisely why he was under a Guardianship Order; he did not have the capacity to manage his own finances in a sensible manner. Following significant advocacy on Henry's behalf, a claim was made against the bank. After a full investigation, the bank agreed that the funds should not have been handed to Henry and they repaid the amounts withdrawn in full. Henry now has money remaining in his account for his future.

We also provided assistance to Henry in respect of his Disability Support Pension. As a result of his compensation payout, Henry was precluded from receiving a Centrelink Pension until 2016, on the basis that his compensation payment should cover his living expenses until then. However, after the bank negligently allowed him to withdraw and spend his compensation money despite instructions preventing this, he had no money left to live on. We appealed the decision of Centrelink to the Social Security Appeals Tribunal, where the original decision was upheld. We subsequently appealed to the Administrative Appeals Tribunal where the matter was settled and Henry's Disability Support Pension was re-instated immediately.

Henry is an example of one of the many clients we assist who have complex mental health problems that have a significant impact on their lives and result in them requiring legal assistance in multiple areas, as well as referral to other services such as social work support.

Discrimination

AMI, a business specialising in the treatment of erectile dysfunction, refused to provide injectable treatments to Frank, because he was HIV positive. We assisted him with an anti-discrimination complaint against AMI. They defended their position on the basis that the use

of injectables by HIV positive persons increased the chances of blood to blood contact (and thus the risk of transmitting HIV), so their refusal to prescribe these treatments was therefore necessary in the interests of public health. This was the first use of the “public health defence” in the NSW Anti-discrimination Act that we are aware of, and while the Administrative Decisions Tribunal dismissed the defence (and awarded our client \$30,000 in damages), the action took some 2½ years to complete and the defendants declared bankruptcy shortly after the decision.

Discrimination

HALC is assisting several clients bring action against the Department of Forensic Medicine, which conducts autopsies ordered by the NSW Coroner. The Department has a policy of not reconstructing HIV positive bodies. This policy causes significant distress to grieving family members, and often results in forced disclosure of the deceased’s HIV status to family, friends and associates. It is, to our knowledge, only applied in NSW; all other Australian jurisdictions apply standard policy and reconstruct autopsied HIV and HCV positive deceased persons. HALC is aware now of at least five instances in the last four years where this policy has been applied.

The respondent in these matters claims that the various anti-discrimination statutes only apply in relation to actions against living persons; as their policies relate to the deceased, they argue, they are not discriminatory. This argument – having been rejected by the Administrative Decisions Tribunal – is currently at the High Court. Should we receive a positive decision, the matter will be remitted so that trial of the real issues can begin.

Criminalisation of HIV infection and its consequences

Sharon's partner did not tell her that he was HIV positive and remained silent even as their baby became seriously ill. The baby was eventually diagnosed with AIDS, but treatment came too late and she died. This led to the discovery that Sharon's partner had infected her with HIV, and she had unknowingly passed this on to the baby and one of their other children. Sharon's partner was found guilty of criminal transmission of HIV and imprisoned. HALC assisted Sharon throughout her partner's trial.

HALC has been assisting her to obtain sole parenting orders. The Family Court action has been proceeding for some two years now and, while the process is slow, we have successfully obtained interim sole parenting orders and helped Sharon in using the Family Court mediation processes to begin the slow (and often painful) process of re-integrating the paternal family into her children's lives.

HALC also successfully assisted with a victims compensation claim on behalf of Sharon and her child. This involved providing the Victims Compensation Tribunal with material on HIV, and the impact that diagnosis and living with HIV has on a person.

Discrimination

When Alfred commenced treatment for hepatitis C he decided to confide in his supervisor so he would have some support at work if needed. Alfred believed that, as a valued employee of approximately 25 years' service, he would be given support, if needed, from his employer. However, once his employer heard that Alfred was on hep C treatment, Alfred was instructed to stay at home. Once his sick leave ran out, he received no pay at all. All his employer could suggest was that Alfred approach Centrelink for support. Since he still had a job, he was not eligible for unemployment benefits; and since he was not actually sick, he was not eligible for sickness benefit either.

Alfred contacted our office to seek assistance as his limited savings were fast running out and he had no income. He felt stigmatised and discriminated against, and told us that he felt that he had somehow done something wrong.

We lodged an urgent complaint with the Anti-Discrimination Board. A week later Alfred's employer placed him on paid leave and provided back pay for about a month that he was on forced leave. Another month later Alfred was allowed to return to work, albeit on restricted duties with a requirement that he attend semi-regular appointments with a doctor appointed by his employer.

Although the financial damage was relatively small, we continued with the complaint with the Anti-Discrimination Board on the basis of the pain and suffering caused to Alfred due to the employer's actions. The matter did not settle and was pursued to the Administrative Decision Tribunal (ADT). The ADT granted suppression in this matter due to the stigma and discrimination suffered by people with HCV.

The ADT found against us, citing the reason that, although some of the employer's actions appeared to be discriminatory, the main reason for their actions was Occupational Health and Safety. Additionally, the ADT found that Alfred had not suffered damage since he had only suffered limited financial damage. Despite finishing his treatment, Alfred has still not been returned to his former duties. We are presently appealing the decision to the Appeals Panel of the ADT.

Suppression and Tort of Negligence

In 2007, Donald and Cameron had a 'one night stand'. Donald was diagnosed HIV positive one month after the sexual encounter. He claims that he contracted HIV from Cameron, our client. In 2010,

Cameron was diagnosed with HIV. Donald filed a claim of Negligence for Personal Injury against Cameron in the District Court.

As Cameron's legal representatives, we made submissions requesting suppression of any information that could identify either Donald or Cameron, and requested closed court for any hearing that Donald or Cameron would have to give evidence. Donald's legal representatives had neither suggested nor taken any such steps to protect their client, but our suggested orders included both Donald and Cameron. The orders for suppression were made in accordance with *The Court Suppression and Non-Publication Orders Act 2010* (NSW). This is a new NSW Act that commenced in mid-2011. The court has always had the power to make such orders under common law, however, decision makers are often conservative on this point and take the view that open justice is paramount. This act, which is applicable to all NSW courts, makes it clearer to the decision maker that they have the power to make such orders. His Honour made the orders as sought and at no point was Donald or Cameron's HIV status disclosed in open court.

This ongoing matter, has been difficult to pursue for both sides, with expert reports being obtained and subpoenas issued. The claim has caused our client significant stress and anxiety, and the other party appeared to be visibly distressed by the proceedings on the last occasion before the court. It is likely that the matter will be withdrawn by the other side. Our costs in the matter to date have amounted to close to \$50,000 on a standard fee scale, although, of course, our client has not been charged anything. The other side's costs are most likely similar, if not more. Had we not represented our client, he would have been required to pay this amount to a private solicitor as the likelihood of recovery from the other side is minimal.

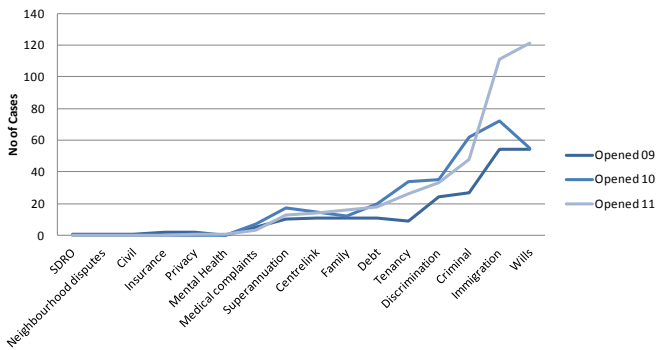
3 Year Trends in Casework

HALC has increased both its overall number of cases and the range of cases undertaken. Traditional areas such as Wills and Discrimination continue to be significant areas of operation. Indeed, the figures show that these areas have had sustained growth over the past three years. This increase in work is reflective both of higher client numbers, as well as the greater number of services HALC has provided (for instance, court representation) within those traditional areas.

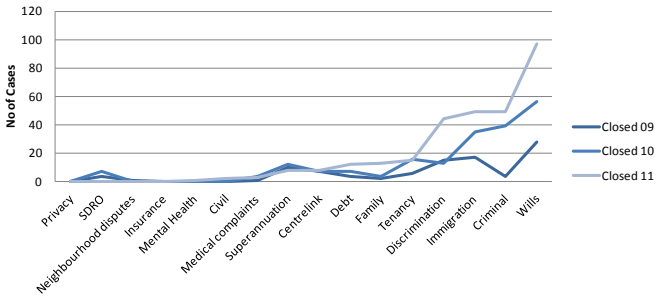
A steady increase in other fields, such as Family and Criminal matters, shows the changing nature of problems affecting people living with HIV. HALC has proactively cultivated experience in a number of these fields whilst also developing relationships with specialist practitioners. HALC’s assistance is not simply limited to advice in these areas, but extends to court representation, Ministerial submissions and other forms of advocacy to obtain the best possible outcomes for clients.

The following tables indicate the matter types for files opened and closed (respectively) for the years 2008 – 2011.

Cases Opened by Matter Type, 2008 - 11



Cases Closed by Matter Type, 2008 - 11



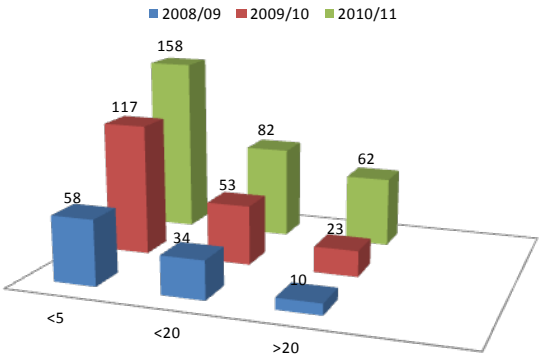
Distribution in NSW	PLHIV NSW:		HALC Clients:					
NSW	9924	Percentage		Percentage		Percentage		Percentage
			2009		2010		2011	
Inner Sydney	2268	22.85	94	31.02	105	37.77	71	22.19
Eastern Suburbs	1036	10.44	21	6.93	26	9.35	25	7.81
St George Sutherland	611	6.16	0	0.00	3	1.08	1	0.31
Hunter	2196	22.13	7	2.31	11	3.96	12	3.75
Inner Western Sydney	414	4.17	56	18.48	48	17.27	66	20.63
Central Western Sydney	1354	13.64	62	20.46	38	13.67	72	22.50
North Western Sydney	1304	13.14	19	6.27	0	0.00	15	4.69
Lower North Sydney	568	5.72	6	1.98	5	1.80	7	2.19
Gosford Wyong	296	2.98	5	1.65	5	1.80	8	2.50
Illawarra	342	3.45	6	1.98	10	3.60	5	1.56
Mid North Coast	286	2.88	7	2.31	11	3.96	12	3.75
Northern	172	1.73	7	2.31	11	3.96	16	5.00
Central West	135	1.36	6	1.98	5	1.80	8	2.50
Murray Murrumbidgee	294	2.96	7	2.31	0	0.00	2	0.63
			303		278		320	

Regional Reach

HALC’s increased funding through the Public Purpose Fund was partly aimed at improving access to its services for PLHIV in rural and regional settings. HALC has steadily increased service provision to clients in rural and regional locations. In some locations we have been more successful than others. We are identifying locations where we have few clients, to ensure we create the linkages with local services and increase our accessibility.

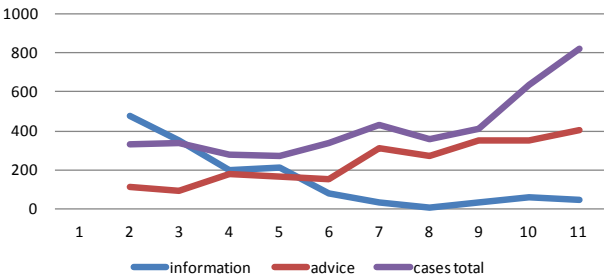
HALC’s caseload in 2011 was not just more diverse; the work undertaken was also more complex. HALC’s focus in the last few years on developing competencies in a broader range of legal areas and in pursuing matters more fully has resulted in better outcomes for clients and by extension the broader community. HALC has conducted a number of test cases over this period, whilst also pursuing a diverse range of matters in Courts and Tribunals as part of general casework. This is reflected in the increase in hours worked on individual cases as well as the overall increase in the caseload HALC has undertaken. The table below shows the hours worked on matters for the period 2008-2011. Only closed files appear in these figures for obvious reasons.

Cases Closed - 2008 - 2011, Broken Down by Hours Worked



Ten Year Review

Comparative Totals 2002-2011: Cases, Advices and Information

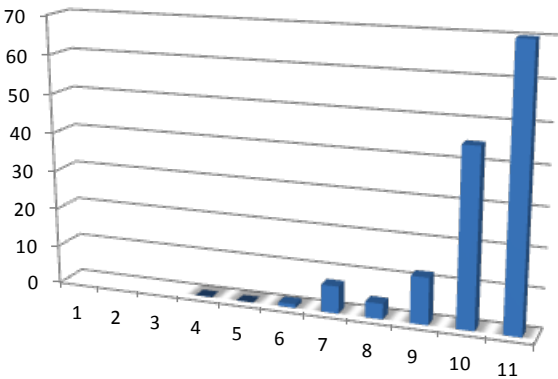


Information: legal information given to a client, not specific to their circumstances

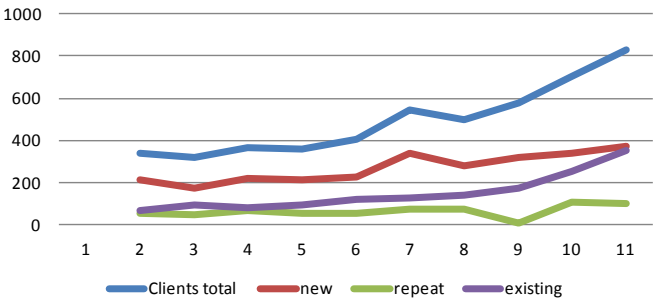
Advice: legal advice and information provided to client tailored to specific circumstances

Casework: representation, advice and assistance provided to a client

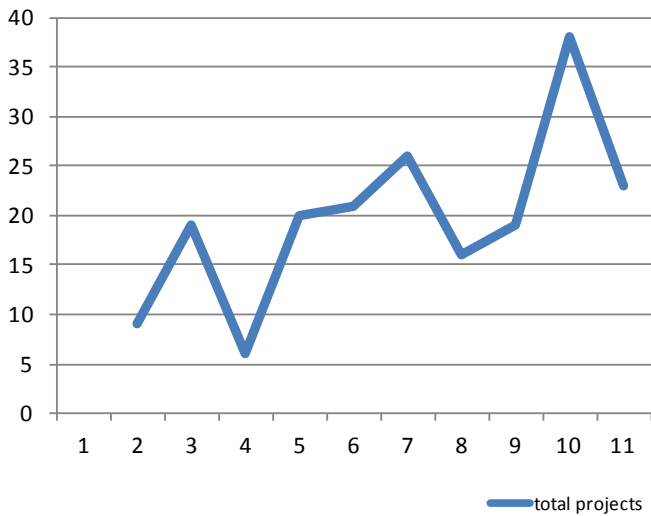
Matters with Court Attendances



Comparative Totals 2002-2011: New, Repeat and Existing Clients



Total Projects



Review

Mental health and Intellectual impairment: emergent issues in HIV law

A large proportion of our clients are socially and economically disadvantaged, living with a chronic illness, often on a pension and/or suffering from other health problems, commonly mental health issues.

Living with a chronic disease can impact on a person's mental health in a number of ways. Many people will experience depression to a greater or lesser degree, including at the most severe, suicidal ideation. Further, a number of our clients will suffer from HIV-related dementia or other mental health issues directly related to their HIV.

A person's mental health may directly affect their interactions with the legal system. For example, a person may struggle to understand the consequences of their actions; behave erratically, inappropriately or get into legal trouble as a result of their mental health problems.

HALC provides assistance to clients with a mental illness so they can resolve their legal problems. This has included representing clients facing criminal charges; as well as those appearing before the Guardianship Tribunal, Mental Health Tribunal and Department of Immigration. A key part of this work involves taking a holistic approach to a client's problem and assisting them to access appropriate support services, whilst working collaboratively with their health care and support workers to achieve a successful outcome.

An example of this type of work would be in making applications to the Local Court under section 32 of the Crimes (Forensic Procedures) Act 2000. The purpose of section 32 is to allow the court to divert people with mental health problems or a developmental disability who have been charged with a criminal offence out of the criminal justice system and into a supported treatment plan. Once discharged from the court system into this treatment plan, the client

is able to address the circumstances that led to or contributed to the charges in the first place. Making a successful application involves linking the client with appropriate services and liaising with those services to develop a support and treatment plan that will be acceptable to the client and to the court.

Clients with mental health problems pose particular challenges. They may have difficulty in giving coherent instructions and have problems with remembering details of events or understanding the legal process they are encountering. Some clients have behavioural issues that are confronting and require considerable compassion, patience and communication skills in order to engage and continue representing them.

HALC is developing its experience and capacity to provide assistance to such difficult clients. Assisting them to resolve legal problems provides a beneficial outcome for the client, but also usually provides an efficient and sustainable outcome for the legal and social system.

Melissa Woodroffe,
Solicitor, HALC

Problems in Anti-Discrimination Protections

HALC prosecutes a number of discrimination matters every year in both the federal and state jurisdictions, through both the discrimination and industrial relations laws. We take matters through initial conciliation, hearing and appeal if necessary. Prosecuting discrimination matters is obviously integral to our service and the goals we seek; however, general Community Legal Centre participation in this field is vital as payouts from the jurisdiction are often too low to attract private lawyers, and a number of applicants only wish to obtain a change in policy and training for the offenders.

A look at the complaint structures show that the legislatures understand this – there are no (or very low) application fees, mandatory conciliations, and the complaint processes terminate in low technicality, low cost jurisdictions.

Our experience in the jurisdiction, however, has been disheartening. The applicable legislation begs technical defences and has numerous exemptions; the conciliation and court processes are generally slow; and the quality of the decisions (particularly in the Tribunals) has been uneven. As a rule of thumb, those matters that settle (particularly at initial conciliation) are probably those that offer the greatest cost/ benefit advantage to applicants, but comprehensive settlements that actually address problems are only really likely where the respondents already have good policies in place and are willing to listen. Litigious respondents, we suspect, will often get away with offering nothing but token compensation.

Too often though, even where we have enjoyed ultimate success at Court/ Tribunal, the damages have failed to compensate applicants for a long and difficult process. Matters taken through the NSW Anti-Discrimination Board/ Administrative Decisions Tribunal route in our experience take 2 – 2½ years to finalise. Initial conciliation takes 6 months, referral and preparation for hearing takes a further year to 18 months, and a decision normally takes a further 6 odd months to be issued. The federal process (hearing at the Federal Magistrates Court, via a complaint lodged with the Australian Human Rights Commission) is a little speedier but the costs jeopardy is a significant disadvantage.

Some hope was held out for the amendments to the industrial relations legislation – a jurisdiction that offers far quicker turnaround than the discrimination jurisdictions – but these are unlikely to assist most complainants. The process is still generally more advantageous– there is a reversal of onus of proof, requiring respondents to show that any punitive actions taken against complainants were in fact not discriminatory – but it only covers

discrimination in employment and is hamstrung by the same legislation that covers the discrimination forums, meaning a surfeit of technical defences and narrow coverage.

The technical complexity of the various Acts runs directly contrary to the general purpose of the legislation and the apparent structure of the complaint mechanisms – low technicality jurisdictions where legal representation is not an automatic right. In reality, we have found that most respondents – particularly where they are companies and/or richer individuals – obtain counsel. More often than not, we attend the Administrative Decisions Tribunal to find the respondents armed with a solicitor (or two) and counsel, launching technical arguments at a panel that – at best – has a single Magistrate and perhaps one other “judicial” member (as a general rule, the panels always have at least one non-judicial member). In perhaps half the matters I have been involved in, the respondents have raised jurisdictional arguments.

Given the unlikelihood of complainants being able to attract private representation (and noting that the discrimination jurisdiction, at any rate, ostentatiously aims to protect those members of our society that are disenfranchised), it is little wonder that few anti-discrimination complaints result in positive findings for complainants.

Even where we have had success by way of findings in our favour, the matters have not ended there. HALC has had recent success (in terms of Court finding in our favour) in three matters – in two, the respondents went bankrupt and we were forced to take further action to recoup the damages and the third was a personal complaint against a director after the employer company had gone bankrupt.

While the picture I paint appears bleak, the importance of taking complaints against discriminatory individuals, policies and companies cannot be over-emphasised. HALC remains committed

to assisting complainants, litigating their matters and appealing decisions that we believe to be deficient. We are also committed to reforming the jurisdiction and hope that the stories we come across will at least have long term benefit in the creation of an anti-discrimination jurisdiction that genuinely provides redress and a tool for societal change.

Indraveer Chatterjee

Solicitor, HALC

Client Satisfaction

HALC sends a client satisfaction survey to each client upon closing their file. Of the 274 files closed during the period, 30 surveys were returned, around 10%. There were also several cards and notes delivered, providing feedback. The satisfaction survey is a three page questionnaire with closed and open questions to elicit qualitative and quantitative data. The responses are designed to allow respondents to remain anonymous.

HALC is reviewing its surveying method to improve the response rate and quality of data to facilitate service improvement.

The responses received indicate that while most responses indicated satisfaction, some clients were unhappy with the service. HALC staff review and reflect on all responses and analyses those which relate to service delivery, with a view to improvement. It is the nature of legal services that not all clients will be satisfied or feel assisted by the service, however HALC evaluates all client feedback to facilitate self-criticism.

Seeing clients promptly, returning calls and keeping clients informed of progress in their matter were the main areas for improvement. These are fairly standard issues for busy legal practices. HALC is trying ways to better manage client needs for updates and contact in line with these responses.

Client Satisfaction

Responded yes

Nature of enquiry	Number	Easy access	Seen quickly	Understood advice	Comfortable	Solve enquiry	Return call promptly	informed of progress	HALC successful
Immigration	9	7	8	8	7	7	7	8	9
Super	1	1		1	1	1	1	1	1
Debt	2	1		2	2	2		1	2
Will, EG, POA	9	9	9	9	9	9	6	9	9
Discrimination	2	2	2	2	1	1	1	1	2
Other	7	7	7	7	7	7	7	7	7
Total	30	29	26	29	27	27	22	27	30

Sector Engagement

Throughout this year HALC has:

- strengthened our engagement with AIDS Councils and People Living with HIV organisations interstate, particularly in Queensland, South Australia and Western Australia;
- worked with AFAO, Positive Life NSW, ACON and ASHM on the NSW Public Health Act changes;
- worked with ASHM on its dentistry resource and its Hepatitis C training;
- continued our close work with ACON and Hepatitis NSW from client referrals;
- through NAPWA, formed links with the newly formed HIV Legal Centre in PNG;
- hosted visitors from China’s public health sector as part of the Kirby Institute Master in Public Health program; and
- continued work with the National Centre for HIV Epidemiology and Clinical Research on one of its studies.

Community Legal Education Activities

- BGF: Presented session at Phoenix workshops for newly diagnosed persons, November 2010 and March/April 2011
- Kirby Institute: Legal advice for planning of Serodiscordant study, 3 meetings and written advice, Sept/Oct 2011, and Nov 2010
- Positive Life NSW: Health Advocacy Project planning, June 2011
- ASHM: Panel discussion at Hep C Clinical Nurse Specialist workshop Sydney March 2011 and Melbourne May 2011
- ASHM: Dental resource assistance, review, 2010
- ASHM: Media release on dental resource, assistance with quote, June 2011.
- UNSW: Chinese public health and HIV workshop, April 2011
- BGF: Presented session on wills, enduring guardianship and advance care directives workshop, St George Hospital, January 2011
- AIDS Medical Unit: Presented session on migration issues for doctors and nurses to assist their patients workshop, Brisbane, June 2011
- QPP and Positive Directions: Presented session on migration issues workshop, Brisbane April 2011
- Mature Age Gays (MAG): Presented session on Wills workshop, Taxi Club, Sydney April 2011

Articles

Positively – newsletter of AIDS Action ACT, Article on travel July 2010

‘Don’t ask, don’t tell: Act right, play safe!’ *Public Health Act 2010 review article, HIV Australia*, Feb 2011

‘Closed courts for open justice’ Court and justice system disclosure issues for HIV+ persons article, *HIV Australia*, Feb 2011

‘HIV and consent: when yes means no’ Consent and Criminalisation of HIV article, *HIV Australia*, Feb. 2011

‘Closed courts for open justice’, Court and justice system disclosure issues for HIV+ persons article, *Journal of the Law Society of NSW*, April 2011

‘Health care in custody: state fails its duty of care’ Access to treatment for HIV+ persons in custody article, *HIV Australia*, April 2011

Law Reform Projects

Public Health Bill submissions – ASHM, AFAO, ACON and Positive Life NSW

Positive Life HIV Human Rights Roundtable April 2011

NUAA Workshop February 2011 – Harm Reduction Alliance

Other Projects

MOU Western Australia AIDS Council, 2011

Disclosure Project: South Australia, September 2010 – November 2011
Disclosure Project: Western Australia, 2010 -2011

Office space funding and relocation resourcing, January – July 2011

Office move, April - May 2011

Our People

Management Committee

Denis Fuelling (President)

A Mackenzie (Secretary)

P Purcell (Treasurer)

L Forbes

T Parsons

I Walker

I Zabloska

N Behan

Committee Members Retiring during the period:

T Ziems

L Riches

I Jordan

J Appleby



HALC staff members and volunteers

Staffing

Shehzad Mansur	Co-ordinator (maternity leave November to July)
Alexandra Stratigos	Solicitor/ Co-ordinator (November to July)
Melissa Woodroffe	Solicitor
Indraveer Chatterjee	Solicitor (leave April to July)
Brady (<i>Iain S Brady</i>)	Principal Solicitor

On core funding of around **\$300,000** we have managed to maintain employment for 4 full-time solicitors and a 3 day per week Co-Ordinator.

Alexandra Stratigos has ably continued our administration whilst Shehzad Mansuri, HALC Coordinator has been on maternity leave. Alexandra’s able performance in the Coordinator role as well as her excellent work as solicitor has been remarkable and prodigious. She leaves the administration of the Centre in very good order and ready for our next expansion. Nonetheless, Alex would be the first person to be grateful for the return of Shehzad to take the reins of the administration of the centre. Shehzad Mansuri’s return provides confidence, to the Management Committee and staff alike, that the centre will be well prepared and managed to undertake next year’s opportunities and challenges.

Indraveer Chatterjee’s three month world tour on leave without pay allowed the centre the funds for continued employment of Alexandra in the solicitor role.

All four solicitors have now completed the practice management course and can apply for unrestricted practising certificates, allowing for greater staffing flexibility and succession planning.

Volunteers

HALC performs a training role by providing volunteer placements for law students, particularly those undertaking their practical legal training requirement prior to admission.

Our Centre thrives on the work and energy these students give. Our supervised training and experience model involves the students with direct client contact; involvement in numerous and diverse matters; usually some court appearances; submission writing; drafting of legal documents; strategising for client outcomes and hands on carriage (with supervision) of matters. Through our volunteers we are able to expand the ability of our small centre so we can provide direct representation and assistance to a greater number of clients.

In 2010/2011 our volunteers gave 1105 days, being **7735 hours** of paralegal work. This is a direct example of the ability of Community Legal Centres to leverage limited resources into high value work. Conservatively calculated at Community Services pay rates (SACS level 3), this equates to **\$150,664.65** of equivalent paid work. The work of our volunteers costed at a fairly respectable mid-tier firm's rates would be over \$1.1 million dollars!

Paralegal and Solicitor volunteers

Lawrence Mwangi Kariithi	Solicitor
Francesca Ciantar	University of Technology, Sydney
Rohan Pratt	University of Western Sydney
Jennifer Smythe	University of Western Sydney
Nicholas Behr	Fordham University, New York
Debra Humphrey	Fordham University, New York
Claire Poppelwell-Scevak	Macquarie University
Joshua Mestroni	University of Technology, Sydney
Shannon Macaulay	University of Technology, Sydney
Aikoo Lee	University of New South Wales

Edward Brockhoff	Bond University
Gerardo Roldan Macko	Solicitor (Argentina)
Michael Jones	University of New South Wales
Jodie Dykes	University of West Florida, Florida
Sarah Hullah	LPAB, College of Law
Julie Peno	University of Technology, Sydney
Findley Hipkin	University of Wollongong
Trupti Bapat	Macquarie University
Shahed Sharify	University of Western Sydney
Avi Primov	University of Western Sydney
Jason Mak	Australian National University
Wei Ming Tan	University of New South Wales
Robyn Boucher	Bond University
Nic Van Stom	LPAB

Barristers assisting on pro bono or contingency basis

Mr Clive Evatt	Mr Roger Rasmussen
Dr Chris Ward	Mr Steven Walsh
Mr Lachlan Robison	Mr Paul Charman
Mr Greame Bassett	Ms Liz Picker
Mr Robert Reitano	

Solicitors assisting on pro bono or contingency basis

Deslie Billich	Andrew Crabb
Simon Howard (Legal Aid employment specialist)	

Purcell Felton

Penelope Purcell

Watson's

Chris Watson	Charles Abbott
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Taylor & Scott

Lachlan Riches

D'Ambra Murphy Lawyers

Lisa D'Ambra

Kerry Murphy

Cronin Litigation

Derek Cronin

Mathew Hansford

Colman Greig Lawyers

Mark MacDiarmid

Macquarie Legal Centre

Sarah Hart

**Audited Financial
Report**

Management Committee

HIV/AIDS Legal Centre Incorporated
(an incorporated association)

ABN 39 045 530 926

**Financial Report
30 June 2011**

**Corporate
Information**

HIV/AIDS Legal Centre Incorporated

Committee Members

D Fuelling (President)
A Mackenzie (Secretary)
P Purcell (Treasurer)
L Forbes
T Parsons
I Walker
I Zybloska

Association Secretary

A Mackenzie

**Registered Office and
Principle Place of Business**

414 Elizabeth Street
Surry Hills NSW 2011

Auditors

Steven J Miller & Co
Chartered Accountants

Committees'

Report

HIV/AIDS Legal Centre Incorporated

Your committee members present this financial report to the members of the association for the year ended 30 June 2011.

Committee Members

The names of the committee members in office during the year and until the date of this report are:

	Date appointed	Date of cessation	Committee	
			A	B
D Fuelling (President)	25 Feb 09		7	7
A Mackenzie (Secretary)	15 Oct 10		5	5
P Purcell (Treasurer)	17 Nov 08		1	7
J Appleby	25 Nov 09	15 Oct 10	-	2
N Behan	19 Dec 07		3	7
L Forbes	25 Nov 09		3	7
I Jordan	1 Jan 07	15 Oct 10	2	2
T Parsons	15 Oct 10		4	5
L Riches	19 Dec 07	15 Oct 10	2	2
I Walker	15 Oct 10		4	5
I Zybloska	15 Oct 10		1	5
T Ziems	28 Jan 09	15 Oct 10	2	2

A Number of meetings attended

B Number of meetings held during the time the director 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 a 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.

Committees' Report

HIV/AIDS Legal Centre Incorporated

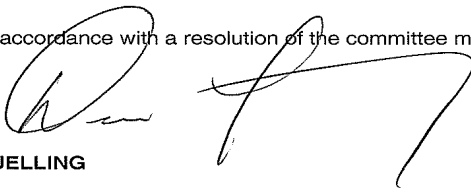
Strategies to achieve objectives

- 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 2011 has been received and can be found on page 8 of the committee members' report.

Signed in accordance with a resolution of the committee members.


X

DENIS FUELLING
President

Sydney

Dated 07/12/2011 X




Auditor's Independence Declaration

To the Committee Members of the HIV/AIDS Legal Centre Incorporated:

I declare that, to the best of my knowledge and belief, during the year ended 30 June 2011 there have been no contraventions of:

- (i) The auditor independence requirements of the Corporations Act 2001 in relation to the audit
- (ii) Any applicable code of professional conduct in relation to the audit.


STEVEN J MILLER & CO
 Chartered Accountant


S J MILLER
 Principal

Sydney

Dated 29, 11, 11



Income Statement

for the year ended 30 June 2011

HIV/AIDS Legal Centre Incorporated

	Note	2011 \$	2010 \$
Revenue	3	371,792	315,256
Expenses			
Employee benefits expense		(277,582)	(295,207)
Depreciation and amortisation expenses		(2,560)	(2,089)
Accounting and audit fees		(7,496)	(7,016)
Administration expenses		(25,814)	(17,142)
Office overheads		(5,193)	(4,540)
		-----	-----
Net surplus/(deficit) for the year		53,147	(10,738)
		=====	=====

The above income statement should be read in conjunction with the accompanying notes.

Balance Sheet

for the year ended 30 June 2011
HIV/AIDS Legal Centre Incorporated

	Note	2011 \$	2010 \$
ASSETS			
Current assets			
Cash and cash equivalents	4	111,238	57,369
Trade and other receivables	5	3,624	-
Inventories	6	1,235	1,723
		-----	-----
Total current assets		116,097	59,092
		-----	-----
Non-current assets			
Plant and equipment	7	8,304	9,977
Intangibles	8	443	716
		-----	-----
Total non-current assets		8,747	10,693
		-----	-----
TOTAL ASSETS		124,844	69,785
		=====	=====
LIABILITIES			
Current liabilities			
Trade and other payables	9	19,398	17,172
Government grants	10	-	2,816
Provisions	11	24,268	23,662
		-----	-----
Total current liabilities		43,666	43,650
		-----	-----
Non-current liabilities			
Provisions	11	5,463	3,567
		-----	-----
Total non-current liabilities		5,463	3,567
		-----	-----
TOTAL LIABILITIES		49,129	47,217
		=====	=====
NET ASSETS		75,715	22,568
		=====	=====
EQUITY			
Accumulated funds		75,715	22,568
		=====	=====

The above balance sheet should be read in conjunction with the accompanying notes.

Cash Flow Statement

for the year ended 30 June 2011
HIV/AIDS Legal Centre Incorporated

	Note	2011 \$	2010 \$
Cash flows from operating activities			
<i>Receipts</i>			
Interest received		4,271	3,595
Receipts from grants		387,512	310,063
Receipts from donors		1,374	2,209
Receipts from customers		8,165	10,652
<i>Payments</i>			
Other suppliers		(97,986)	(90,117)
Wages and salaries		(248,562)	(258,480)
Net cash inflow/(outflow) from operating activities		54,774	(22,078)
Cash flows from investing activities			
Payments for plant and equipment	7	(905)	(4,897)
Net cash outflow from investing activities		(905)	(4,897)
Net increase/(decrease) in cash and cash equivalents held		53,869	(26,975)
Cash and cash equivalents at the beginning of the financial year		57,369	84,344
Cash and cash equivalents at the end of the financial year		111,238	57,369

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

Client Survey Comments 2010 - 2011

I would like to thank you for all your help and support in regards to my visa application. I really appreciate all the hard work and integrity you possess to help me succeed in obtaining permanent residency. I don't know how to thank you so hopefully this card is a start. I know I am a difficult client with a strong accent who is not listening properly. You kept up with it so I really appreciate that. Good luck with your future career and thanks again.

Faster service when needed, especially when it has to do with law.

Having a copy of the will emailed made it easier to check and advise of changes rather than having to make an extra trip into the office.

Your solicitor has saved my home for me. I will be forever grateful.

I appreciate your service basically my case was with legal centre in ACON they helped me a lot. I appreciate the effort and hard work of Alex (Legal). She helped me a lot in every matter and I am very thankful to her. Overall your service is very good everyone is friendly and helpful to give information.

It is a great service and I hope it continues to be available.

Please inform clients when to use HALC and when not. Don't tell them half way in the process they have to find another lawyer as HALC is just for emergencies, not for people who have HIV and are healthy. That would have saved a lot of trouble from your side and my side.

Very appreciative of the service provided which had a positive outcome for all parties. Indraveer and Francesca were particularly helpful. Thank you for your assistance, which has eased a huge psychological burden for me.

My initial contact was with legal students who seemed ill prepared to answer simple questions re wills and bequethments [sic]. Months later when my will was handled by a solicitor everything was resolved very quickly. However this was only after I rang and had to chase up the issue.

Brady was very helpful and friendly. We were confident with the advice he offered. It seems that everyone is overworked at the Centre, so we appreciate the help offered. Thank you for making a difference to our lives.

Would have probably not been able to afford legal costs, given up and had a nervous breakdown.

I think it is important to remember the human as well as the legal side of the matters/cases you are handling. You should not be too complacent on providing information that is overly positive hence creating unrealistic ideas for the client of what the outcome may be and how long it may take.

I wish to give my great appreciation and regards to HALC for all they did for me. They were a great help for me and a very lovely people. I wish to say thank you to Brady and I wish to say thank you to Lauraence for all they did to help me stay in Australia and to become an Australian citizen, and I wish to say thank you for the Department of Immigration for accepting me in Australia which is for me, my new home.

I am very grateful for the work they did, I was very helpful in those moments was going on, just thank them for me and for those who are experiencing similar case or different case.

Very professional, friendly and helpful.

The services at HALC, which I have utilised three times, have been of invaluable assistance for which I am extremely grateful.

I could not put in words my gratitude for the understanding and help provided. The weight has been lifted because of the service and I may go in peace. Thank you.

In the most recent case, I place the reason for a less than favourable, though not totally unfavourable outcome as being the result of communication issues. More focus on the client and less on internal discussion would have led to avoid the error in judgement ie: signing off a useless stat dec. I am grateful for the effort but need to express my take on the customer process.

Melissa's considerable insight and wisdom led to a successful appeal and to this end I am eternally grateful. It is not just the fact that the outcome was extremely favourable, rather it is the exceptional strength and vigour that Melissa exhibited that gives rise to considerable praise.

We were treated very kindly.

Service was overall very good, but some information given wasn't thought through very well.

I would like to thank you and your team for the support and help during my time in Sydney. During this whole process I could grow a lot in my character and life. Unfortunately, the results didn't come as I expected, but who knows what is in the future?

As husband and wife we would really want to thank HALC for helping us to overcome our problem which could have resulted in jeopardy of our future, and the future of our children. HALC provided light at the end of a very dark tunnel for our entire family, and for that we are truly grateful. We are more than happy to be contacted in future for more donations to keep those wonderful services running.

HALC should have their own client or meeting rooms that will help and comfort for clients.

I did try calling a few times through the legal department before my case and wasn't able to get hold of anyone before the actual day before court. Perhaps when some client calls the person in charge should at least give a courtesy call to let them know that they got the documentation or just to put the client at ease.

The service and help of those involved was superb. Particularly understanding with a very human approach.

HALC has assisted my partner and I with an immigration matter which has been complex and time consuming. I cannot imagine who we both would have coped without their support and assistance. My partner's health would have been in jeopardy without them. HALC you have been a life saver. Thank you.

I am greatly honoured to be assisted by HALC. They have helped me obtain some good results and I give them credit. Great to be cared by them.

Words can't express my thanks to you and your firm for helping me stick it up that doctor!

The service your team provided was competent, very helpful and humane. Thank you for your support. A greatly needed service for people on the breadline living with HIV. Can't thank you enough.

Production

Design and Production of this 2010/2011 HALC Annual report was performed by Emma Michelsen of Gilbert + Tobin. HALC thanks Gilbert + Tobin for their support and assistance.

Jennifer Smythe: editor in chief



Linda from the PNG HIV legal projects



Trupiti at work



Thanks and appreciation to Gilbert and Tobin Lawyers and the Pro Bono section for assistance with production and printing of this annual report. This assistance allows HALC to report better on its services and be more transparent and accountable, allowing us to do more work for more clients. Gilbert and Tobin's assistance has been invaluable to HALC.

