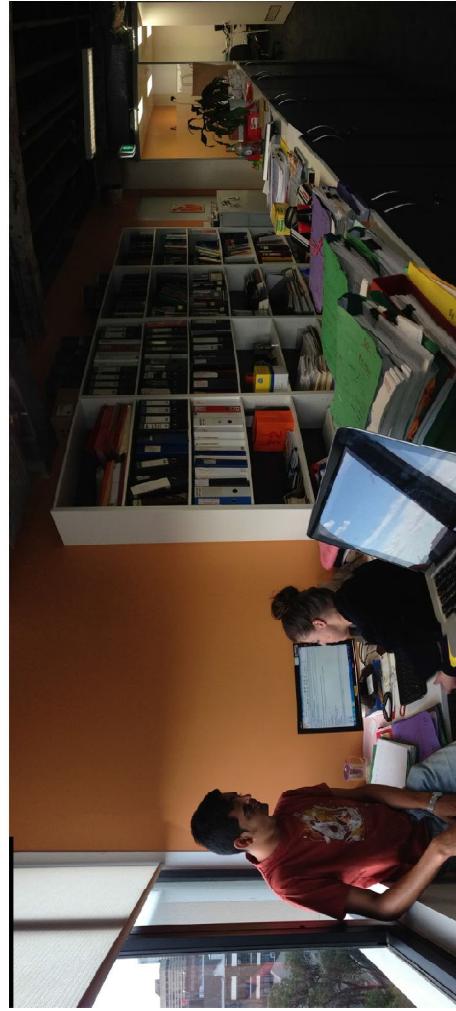


HALC Annual Report

2011 - 2012

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This Annual Report's front cover is a painting by one of our clients, donated to us in the last financial year, and used with his permission and our thanks.

About us

Our Vision

To see an end to the HIV/AIDS 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 Services

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 (HCV) 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.

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

Our Objectives

- 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;
- 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 extend the operations of the Association into other related areas such as Hepatitis C related legal problems by building on the skills and expertise developed by the Association in relation to HIV-related legal problems;
- To work with other appropriate organisations to achieve these objectives.

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 via the NSW Public Purpose Fund.

President's Report

The 2011-2012 year has brought new challenges for HALC, as the funding environment becomes increasingly fraught for community legal centres.

Despite this, HALC continues to increase the overall number of cases and the range of cases undertaken. This is entirely due to the tireless dedication and professionalism of the staff and volunteers. Shehzad, Brady, Indraveer, Melissa and Alex have worked successfully as a team for a number of years, and their achievements are roundly supported by the ever increasing team of highly skilled volunteers including PLT and law students.

A report released in 2012 by the National Association of Community Legal Centres provided an average cost benefit ratio of 1:18 for community legal centres across Australia and HALC certainly provides a great return on investment. As a specialist legal service the scope of their work includes immigration, criminal matters, discrimination, wills, and privacy.

HALC is active in law reform around HIV and hepatitis C, resulting in successful outcomes for people with HIV in the review of the NSW Public Health Act among others and thus the impact of their work goes further than their clients.

The plans for expanding HALC services continue and the partnerships with a number of interstate and federal organisations show a strong need for the expansion to go ahead throughout Australia. HALC has been strengthening ties with these organisations to increase opportunities for further funding to expand services.

A highlight of the year was the launch of the 2012 HIV & Society guides in June 2012. The probate guide and positive migration guide and accompanying posters are testimony to HALC's commitment to informing the HIV and Hepatitis C affected communities of their rights.

Principal Solicitor's Report

The Treatment as Prevention Revolution is here. Science has given us a new understanding of HIV and how its transmission may be reduced. If viral load is decreased, we believe the risk of transmission is greatly reduced. If we can get more people tested, the lead edge of new transmissions (principally, transmission of HIV by people who don't know they have it) can be addressed. This revolution is timely. People who know their HIV viral load can take appropriate measures to prevent transmission, and by uptake of treatment early to reduce viral load transmission risk can be reduced. This revolution in the approach to HIV comes as new diagnosis rates for HIV in NSW have spiked by 8%. Some clinicians, with years of experience on the front lines, believe that for the first time since the discovery of HIV, we have within sight not just the hope, but the real possibility of an end to the epidemic, a turning of the tide and a steady reduction in transmission rates.

This all starts with a testing and treatment conversation between clinician and patient – but it doesn't end there. The role of human rights has been acknowledged within this Treatment as Prevention Revolution. As an increased cohort come to know their HIV status, there will be renewed need for advice and representation on a range of HIV related legal issues. Some will need advice on disclosure obligations, and their responsibilities to take reasonable precautions to safeguard others. Many will have privacy concerns or suffer unwanted privacy breaches by service providers or by those they confide in. They will need to know how they can protect their sensitive health information. Some will have discrimination concerns as they mediate their status in the workplace or community. New instances of discrimination will no doubt occur, and representation will be needed to effect rights for those subject to unfair treatment. In some instances, advice on criminal aspects of transmission may be needed. The new understanding of HIV heralded by the Treatment as Prevention Revolution will force a reconsideration of criminal laws and sanctions, which in itself will require much analysis and work.

The need for the specialist experience of the HIV/AIDS Legal Centre will grow in the medium term, not diminish. More support for people to enable their decisions and engagement with the public health goals will be needed to help deliver the Treatment as Prevention Revolution's promise. Support for people to understand their rights and options in the face of their diagnosis. Support for people to stand up to the fear or actuality of discrimination and unwanted disclosure of their HIV status. Support for people to assert their human right: to live with dignity, equality and without stigma regardless of their HIV status.

The HIV/AIDS Legal Centre stands at a crossroads. For some years, due to a combination of luck, creative management and significant personal sacrifice, we have been able to sustain the Centre employing four solicitors and engaging five volunteer paralegals on a full time basis. We have been able to engage in complex and protracted legal representation to advance the cause of human rights. We have been able to expand our work to offer core HIV related legal services via our partners interstate, and provide direct advice and representation to people with HIV related matters in every State and Territory in Australia. Moreover, we have been able to expand our production of resources and our engagement in advocacy in legal and policy areas relating to HIV.

But this increased engagement and output cannot be sustained without increased funding. Our small centre faces increased costs that mean we cannot afford to sustain the current services. New premises rental and services costs, brought by a change in State Government policy, will hit our budget this year.

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The end of a flow of one-off and project related grants, increased staffing costs, and the uncertainty of continued funding via the Public Purpose Fund mean that our Centre cannot properly continue to run at current staffing levels. HALC needs new increased funding for 2013, or faces cutting staff and reducing its service provision.

A solution to HALC's funding shortfall proposed by Legal Aid (NSW) is to merge with another legal centre. The theory is that economies can be made in administration costs with shared services. The reality is that HALC already runs effectively and efficiently with only 0.6 of a full time staff position devoted to administration. In fact, even this position performs substantial work directly on service provision and output of resources and community legal education. It is difficult to see how significant or even marginal economy is available via such a merger.

Further there is the problem of focus. How will there be a continued commitment to HIV as a significant and exceptional public health and human rights concern in a merged centre: one where existing and competing legal needs and funding obligations may well dilute the interest in HIV? Any merger will necessarily mean a diminution of HIV as the focus of services. There can be no other way to view a merger with another legal centre than as a reduction in centrality, importance and concern for HIV related human rights by our State and Federal funders. It is certain that existing staff, with their experience and depth of commitment cannot be assured of continued engagement even with any merger. Beyond the obvious structural management issues, without increased funding HALC cannot sustain its current staff levels and no sufficient savings are identified in a merger to sustain them. A merger will likely reduce both centres if it happens.

Thus, at a time of renewed hope for a path to the end to the epidemic, and the corollary increased need for the very services we provide, we face uncertainty as to the very future of our HIV/AIDS Legal Centre. We need renewed funding, and funding certainty. We need renewed commitment to the human rights aspect of the HIV response, and commitment to HALC's place in delivering the Treatment as Prevention Revolution throughout Australia.

HALC has developed a comprehensive plan for funding and for continued delivery of the services we have slowly extended across the country. We have engaged with our civil society and Health Department partners in the sector for effective service delivery and targeting. We need our service partners, and the funding partners, the federal government acting for the States, to provide direct increased funding to HALC to ensure full engagement, that the promise of the Treatment as Prevention Revolution is fulfilled. HIV has been a scourge on the world for over twenty-five years, destroying communities, damaging economies and ravaging generations of people. We need our partners and the funders to look beyond the momentary economic contractions of today, and make a modest but vital commitment towards the long-term goal, encapsulated by the Treatment as Prevention Revolution, of ending the HIV epidemic by cutting new transmissions. We need to make an investment of money and commitment now, in the hope of quashing this epidemic within the horizon of our lifetime.

Brady

4

Trends

The 6th National HIV Strategy (2010 - 2013) notes that:

"While the HIV epidemic in Australia remains concentrated it is now resurgent among gay men with increasing numbers of new infections. There are also clear indications of smaller but significant epidemics emerging among Australians travelling and working in high prevalence countries, among some culturally and linguistically diverse (CALD) communities and among injecting drug users in some Aboriginal and Torres Strait Islander communities. This indicates that the national response has entered a challenging period."

The most recent Annual Surveillance Report (2012) on HIV reflects this challenge, with NSW having its first significant increase in new HIV diagnoses since 2007, when infection levels had plateaued (See Table 1). There continues to be a steady increase in HIV infections nationally, with Victoria in particular experiencing a growth in rate of diagnoses (per 100,000 pop.) from 4.1 in 2003 to 5.7 in 2011.

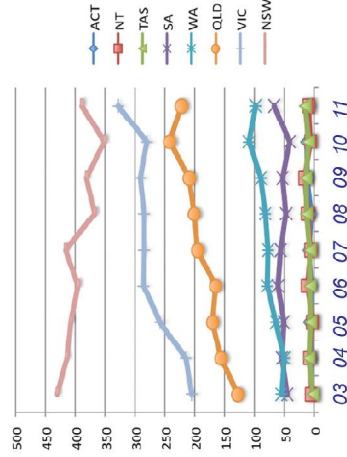


Table 1: HIV Diagnoses by State/ Territory - 2003 - 2011

The broader context within which these diagnoses take place is a renewed commitment to access to testing and treatment, in light of growing medical consensus as to the benefits of early treatment. These benefits accrue not only to the health of the individual with HIV, but also to population health as a whole by reducing the risk of transmission. NAPWA launched the campaign for this 'treatment as prevention revolution' in 2012.

The Swiss Statement and other studies indicate that people with undetectable viral loads due to treatment are significantly less infectious. Consideration is being given to the introduction of HIV medication as Pre-Exposure Prophylaxis (PREP) to groups at high risk of infection.

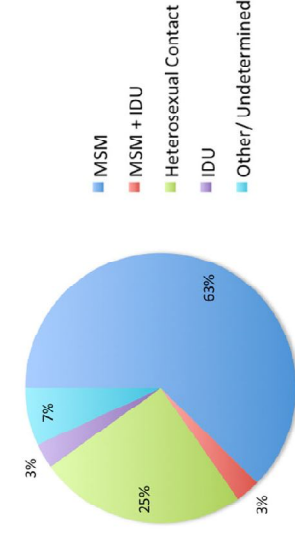


Table 2: HIV Infections Diagnosed: 2010-11

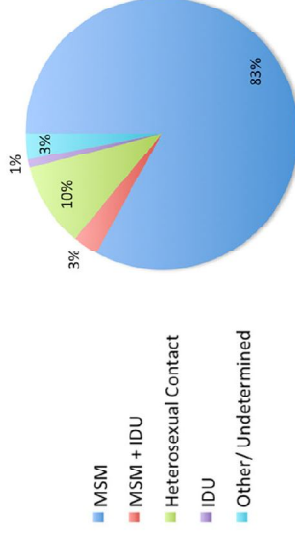


Table 3: HIV Infections Acquired: 2010-11

In the period 2010-11, persons who acquired HIV via heterosexual contact experienced a substantially higher rate of diagnosis with advanced HIV infection (approx 30%), than men who have sex with men (approx 15%). Since advanced HIV infection at the time of diagnosis usually indicates a longer time between infection and diagnosis, this suggests that the heterosexual community continues to lack awareness of the risk of HIV.

Of some concern are the smaller epidemics among particular populations. As can be seen from Tables 4 & 5, Australians born in Sub-Saharan Africa, South and Central America and Asia are significantly over represented among the HIV-positive population, with rates (per 100,000 pop.) of approx. 28, 20 & 7 respectively. All three groupings have experienced an approximate doubling in rate of infections in the period 2007-11 compared with 2002-06.

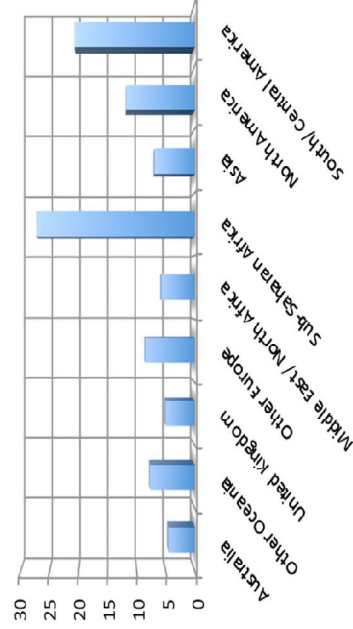


Table 4: Heterosexual HIV Diagnoses 2010-11 by Region of Birth

Our Clients

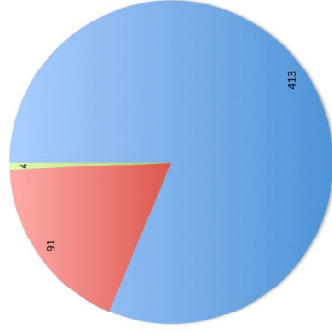


Table 1: Clients by Sex 2011-12

Age

HALC's clients come from a variety of age groups (see Table 2, left).

As HIV has transitioned to a chronic condition, there has been a growing ageing population of people with HIV, reflected in our client age groups.

Ageing raises particular legal issues that have been reflected in our caseload (for instance AIDS-related dementia, see further at p 18).

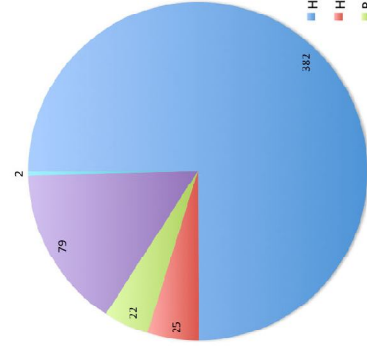


Table 3: Clients by Disability

We had approximately 900 clients (casework and advice) over the period 2010 - 11, an increase of around 10% from last year.

Sex

Women make up around 10% of the national HIV population, though they form a smaller proportion in NSW. Around 18% of HALC's clients are female, continuing a general proportionate increase over the last four years.

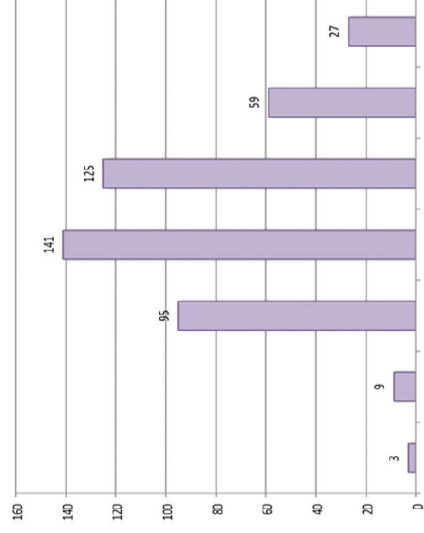


Table 2: Clients by Age

We have also introduced a focus on "at risk" communities, that is, groups at particular risk of contracting HIV.

Such communities are often already marginalised and/or stigmatised - sex workers, injecting drug users and transgender people are examples. See further at p 17 for work with these communities.

However, the overwhelming bulk of HALC's clients continue to be people with HIV.

Sexuality

Men who identify as homosexual or men who have sex with men (MSM) form around half of all of HALC's clients. Heterosexually identifying men and women are a growing part of our clientele.

Historically, this has proved to be a more difficult client group to reach, but they now form 30% of all clients. Given that 25% of recent HIV infections were heterosexually acquired, this is a growing subpopulation for the HIV sector to engage.

Our data collection regarding sexuality has significantly improved from previous years and it is expected that these figures will be very useful within the next year or two in targeting service delivery.

Table 4: Clients by Sexuality

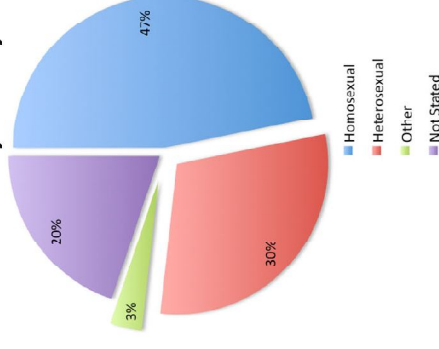


Table 5: Clients by Country of Birth

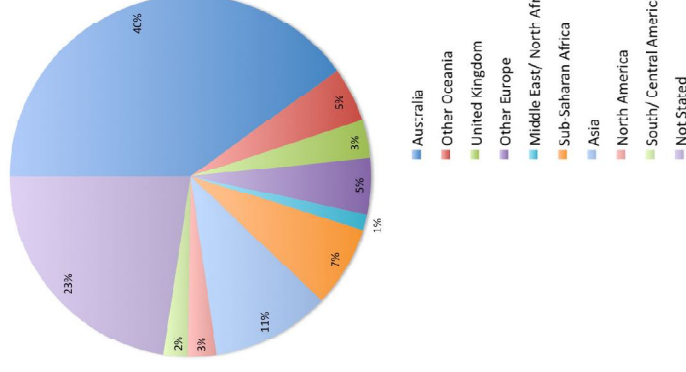


Table 1: HALC Advices 2011-12 broken down by ATSI/ Non-ATSI

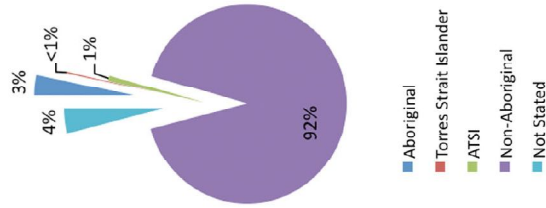
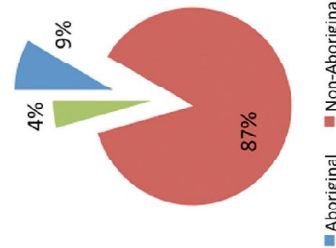


Table 2: HALC Cases 2011-12 broken down by ATSI/ Non-ATSI



Aboriginals and Torres Strait Islanders make up around 2.2% of the NSW population (ABS 2006). The per capita rate of HIV diagnosis in the Aboriginal and Torres Strait Islander population was similar to that in the non-indigenous population, excluding cases and populations from high HIV prevalence countries.

Aboriginal and Torres Strait Islander cases of HIV infection differed from non-indigenous cases, in that a substantially greater proportion were attributed to injecting drug use (16% compared with 2%) in the five years 2007–2011.

As stated in the NSW HIV Strategy 2012-2015:

“Aboriginal people in NSW suffer a greater burden of ill health than other populations. A large number of the health conditions experienced by Aboriginal people are associated with broader social and economic disadvantage. Aboriginal people continue to experience significantly shorter life expectancy and higher rates of chronic disease.”

HALC makes a priority of assisting Aboriginal and Torres Strait Islander clients, as they may be unwilling to seek assistance on HIV or HCV related matters from other services for fear of disclosure of their status within the community. Aboriginal and Torres Strait Islanders also constitute a subset of clients who are ‘at risk’, being at disadvantage in both health outcomes and in access to services.

Fred owns an unimproved property in rural NSW and lives in the town nearby. The property has neither town water nor garbage collection. The Council began proceedings against Fred for arrears of council rates for both water and garbage services. Fred is on Disability Support Pension and works part-time. He objected to paying rates for services he did not receive. We represented Fred at court and secured a settlement of the matter.

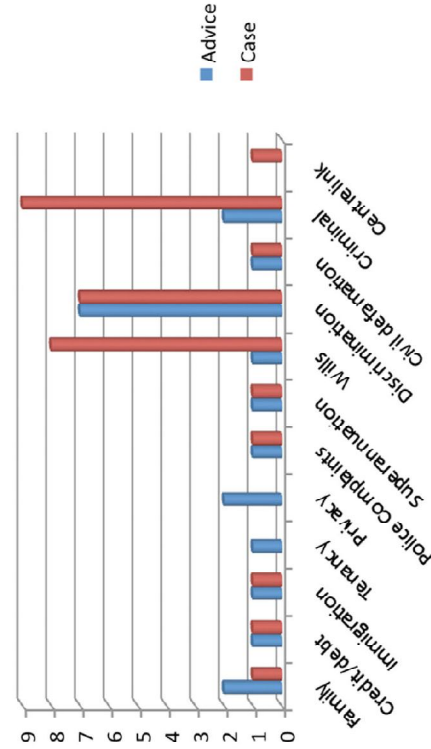
The proportion of Aboriginal and/or Torres Strait Islander clients to whom HALC has provided legal advice has increased slightly from 2.2% in 2010 to over 4% of advices given. In casework, Aboriginal and Torres Strait Islanders increased from 3.3% of clients represented to 9% of casework clients.

These casework increases represent a few clients for whom HALC has provided representation in relation to multiple matters. This is an example of the whole person - whole problem approach HALC employs. The range of matters HALC provided casework and advice on has similarly increased. (See Table 3)

Sean’s marriage broke down. He had been in dispute with his wife over custody and parental responsibility of their ‘special needs’ child for more than two years. His relationship with previous solicitors broke down. We assisted Sean to obtain final orders which give him more time with his son. We are assisting him to obtain better housing to allow him to have still more time with his son.

John has ongoing mental health problems. Healthcare workers visited his home following a suicide attempt. The health workers disclosed his HIV status in front of friends and neighbours who were unaware of it. This caused distress and embarrassment to John and caused him to distrust the workers. John felt that this was a serious breach of his privacy, since his HIV condition was not relevant to his treatment and he had given no authority to disclose the HIV condition to others. We assisted John to make a privacy complaint and the matter was settled, with the medical provider agreeing to provide training to staff.

Table 3: HALC Distribution of Casework: No of Cases for ATSI-identifying clients



Casework

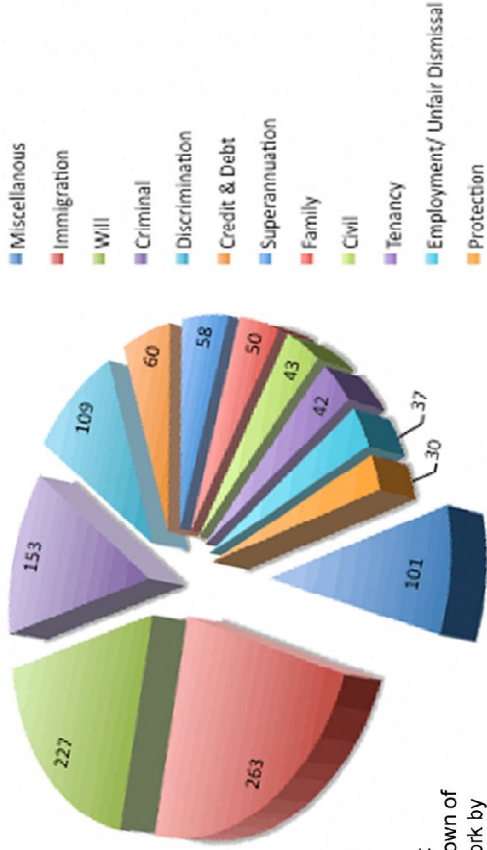


Table 1:
Breakdown of
Casework by
Matter Type

HALC provides one-off advice (telephone and face to face), ongoing casework and representation. Tables 1 & 2 show total instances of work performed (advice and case-work), divided into areas of work.

HALC's main areas of work are Immigration (22%), Estate Planning (19%), Discrimination (9%) and Criminal (13%). While the first three have been mainstays of HALC's work since inception, Criminal law has shown a steady increase, reflecting HALC's commitment to building capacity to effectively react to the changing face of the epidemic. HALC has also increased its work in other areas such as Employment and Family law.

HALC's primary focus is on ongoing casework, rather than merely the provision of advice. The philosophy behind HALC's approach is in tune with the general principles of the enabling environment. HALC's aim is to address both a client's legal issues and - to the extent possible - contributing factors, thus providing people with HIV with the freedom to engage in society on equal terms with HIV negative people.

To effect this, HALC has developed strong relationships with medical, drug and alcohol, counselling and tenancy workers; taken on public interest cases; and actively pursued law reform.

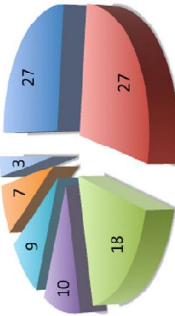
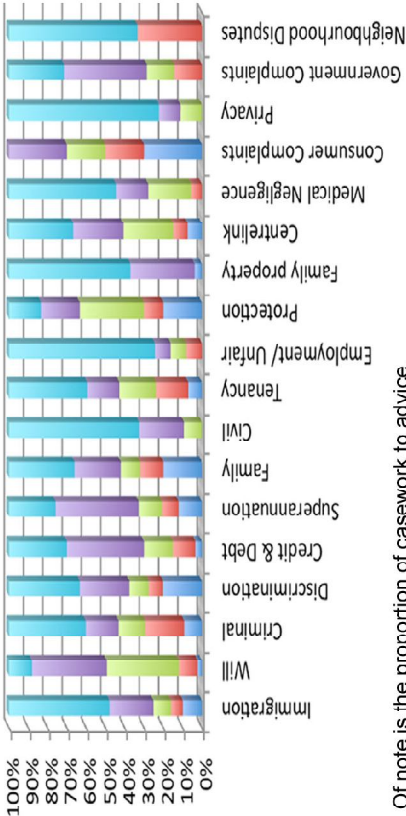
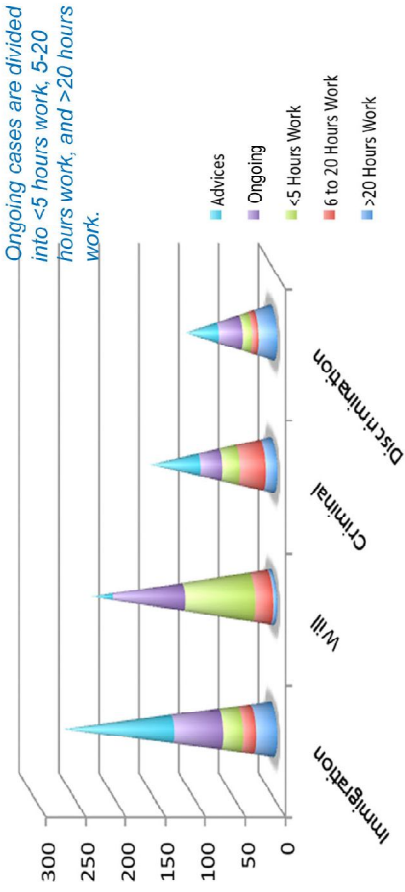


Table 2:
Breakdown of
Miscellaneous
Matters
(See Table 1)

Of the four principal matter types (Table 3), HALC provided in-depth assistance (more than 20 hours) for two fifths of all immigration matters and half of all discrimination matters. Note that estate planning matters are, by nature, generally shorter matters.

See overleaf for a Centre Summary Report which contains a detailed summary of all work undertaken by HALC for the periods 2010-11 and 2011-12.

Table 3: Principal Matter Types:
No of Instances of Legal Work broken down by hours worked



Of note is the proportion of casework to advice. HALC has deliberately moved away from the more usual CLC model of predominantly advice provision. Averaging across all matter types, HALC had a casework/ advice ratio for the 2011-12 period of 4:3 (See Table 5).

Table 3 & 4 show the number of advices and cases provided by HALC for 2011-12, broken down by hours worked.

An instance of work is counted as an advice when a one-off legal advice is provided (that is, there is no continuing matter).

Ongoing cases are divided into <5 hours work, 5-20 hours work, and >20 hours work.

Table 4: Matter Types, broken down by case hours as percentages

The Raw Data

2011 v 2012

CLSIS

	2011-2012	2010-2011
Total number of Clients	889	853
New Clients	341	384
Repeat Clients	124	109
Existing Clients	424	360
Total Advices	448	420
- with Public Interest dimension	6	0
Total cases open during period (Open and New)	1048	982
- Open at period start	685	539
- New (opened in period)	363	443
- Still open at period end (Ongoing)	644	685
Total cases closed during period	404	297
- Minor Cases closed	163	142
- Medium Cases closed	121	30
- Major Cases closed	115	75
Closed involving court representation	88	74
Closed involving primary dispute resolution	28	29
Closed test cases	4	3
Public Interest cases completed	17	5
Total projects open during period (Open and New)	43	28
- Open at period start	7	5
- New (opened in period)	36	23
- Still open at period end	10	7
Open Community Legal Education (CLE) Projects	5	3
Open Law Reform & Legal Policy (LRLP) projects	4	3
Total projects completed during period	33	21
- Minor projects completed	13	17
- Medium projects completed	15	4
- Major projects completed	5	0
CLE projects completed	18	13
LRLP projects completed	5	1
Projects deferred during period	3	3

A note on the data used in this report

All data in this report is drawn from the CLSIS database, common to most NSW CLCs. CLSIS is the reporting system for Federal and State Attorney Generals. HALC is working on refining the categories in CLSIS to better capture data. However, there remain systemic issues that make CLSIS a poor point-in-time snapshot of casework due to its data modelling methods.

For instance, CLSIS does not allow multiple open case entries for an individual client, resulting in an under reporting of data. This data tends to settle over time as matters close, and we will be retrospectively publishing casework data for past years.

The 2011 data presented on the left is updated from our previous annual report, and will show a higher number of clients and matters when compared to that report. Similarly, figures from this year will only "settle" finally in another year or two.

CLSIS also divides cases by time spent (<5, 6-20, and >20 hours). HALC has a large number of matters over 20 hours; indeed, at any given time we have 10 - 15 open matters that have already exceeded 100 hours.

Also, due to the design (and our particular use) of CLSIS, it is difficult to ascertain the number of ongoing cases in any given year. Only records created, modified or closed in a given year can be retrieved. Complex cases opened prior to the year in question and still ongoing at year end are entirely missed. Most statistics (for instance, the breakdown of our client group by sex) are therefore reported as percentages on a statistical sample (for instance, cases opened in a given year).

The most comprehensive report available from CLSIS is the Centre Summary Report, presented in full on the previous page.

Discrimination

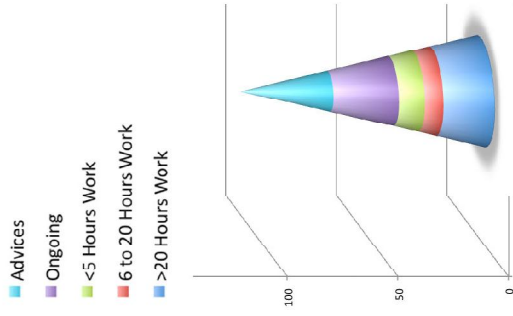


Table 1: Discrimination casework for the period 2011-12 by hours worked

Cases and Advices	
No of Advices	40
Minor Cases (<5 Hours)	11
Medium Cases (6 – 20 Hours)	8
Major Cases (>20 Hours)	22
Hours not recorded	28
Total Cases	69
Cases involving Court/Tribunal Representation	16
No of Public Interest Matters	6
Advice/Casework Proportion	1:2

One of HALC's principle practice areas remains Discrimination - one of the four core areas at time of inception, along with estate planning, privacy protection and insurance.

We offer one-off advice, along with ongoing casework and representation through formal and informal processes. The discrimination complaints process involves an initial conciliation, followed by trial if settlement cannot be effected.

We provide assistance in both the State (Anti-Discrimination Board of NSW) and Federal (Australian Human Rights Commission) spheres, as well as through the industrial relations framework (Fair Work Commission, Ch).

HALC also engages in informal processes where appropriate - particularly in the employment sphere where it is often of significant practical importance to maintain the ongoing relationship between employer and employee.

Ursula came to our offices last year - she had just disclosed her HIV-positive status to her employer as she needed to take time off work - and now her employer wanted to dismiss her on medical grounds.

Ursula required a significant (but temporary) reduction in working hours. HALC acted on Jane's behalf, obtaining reports from her doctor and attending a number of meetings with her employer. The result was a phased return to work over several months, with both Ursula and her employer understanding more clearly each other's needs.

Over the years, HALC has been able to obtain the assistance of a number of experienced counsel, and has developed a network of practitioners from whom we can obtain advice and assistance on a pro bono basis.

Katya came to our offices last year after facing significant discrimination at the hospital where she gave birth to her child.

An infection control notice was placed on the door to her room, and inappropriate and unnecessary precautions were taken by the nurses attending on her newborn baby. A doctor treating her also loudly discussed her status and the presumed HIV-positive status of her baby within earshot of other patients in her ward.

We lodged her discrimination complaint with the Anti-Discrimination Board, however conciliation attempts failed. We engaged counsel and conducted further negotiations with the hospital, prior to an Administrative Decisions Tribunal hearing. The hospital settled before the hearing, with damages for the pain and distress caused to Katya as well as the introduction of training and procedures by the hospital to ensure systematic change.

HALC provides representation at all levels, including appeals from unsatisfactory determinations. This year saw the end of one of HALC's longest ongoing discrimination matters, following an unsuccessful application for special leave to appeal to the High Court from a determination by the Supreme Court of NSW.

The matter concerned a discrimination complaint against the Department of Forensic Medicine, Glebe, the State body responsible for autopsies in NSW.

Until recently, the Department had refused to reconstruct the bodies of people with HIV or Hepatitis C following autopsy. The complaint was brought by the de facto partner of the deceased person, on the basis that 'associates' of HIV positive people are also permitted to bring complaints of discrimination.

However, the Supreme Court rejected the complaint on the basis that the deceased person no longer had any 'associates' and so their partner did not have standing to pursue the complaint. The High Court declined to hear an appeal.

The Department has now changed its policy. HALC continues to advocate on behalf of other families that were discriminated against while the policy was still in effect.

Discrimination

WHAT CAN YOU DO ABOUT DISCRIMINATION OR VILIFICATION?

- If you feel you have been discriminated against or vilified, you can:
 - Write your complaint to the relevant authority
 - Write your complaint to the relevant authority
 - Write your complaint to the relevant authority

WHEN IS IT UNLAWFUL TO DISCRIMINATE ON THE BASIS OF HIV STATUS?

- In employment generally, including when you apply for a job and at any time during your employment
- In the provision of goods and services, for example from shops, banks or medical practitioners
- Where you try to enter or leave a registered club, or when you are inside one

There are exceptions making it lawful to discriminate in these areas, such as where the discrimination is based on the person's ability to perform the job or service properly.

WHAT IS VILIFICATION?

Any act or statement that encourages hatred, contempt or severe dislike of a person because of his or her HIV status (actual or assumed) is called vilification. Vilification on the basis of a person's HIV status is unlawful under the Anti-Discrimination Act 1991 (NSW) if it is done in a public place or to a large group of people.

HAVE YOU BEEN VICTIMISED?

Complaints are accepted from anyone who has been victimised by discrimination or vilification. You do not need to be a person who has been victimised by discrimination or vilification to make a complaint. This is called 'vicarious' and can also be the basis for a complaint.

CALL 1800 080 080

HALC can provide you with legal advice and support with your complaint.

HALC CAN PROVIDE LEGAL CENTRE

HALC can provide you with legal advice and support with your complaint.

444 Elizabeth Street, Sydney NSW 2017
Tel: (02) 9250 5000 Fax: (02) 9250 5001 Email: info@halc.org.au

At Risk

HALC has recently expanded its focus to undertake selected casework with communities that are at high risk of contracting HIV.

This involves both acting in selected matters, as well as building relationships with organisations already involved with at risk groups.

Mahmud is a gay man from Iran, here on a temporary visa. He has only recently come out, and formed a relationship with an Australian permanent resident which ended acrimoniously.

His partner threatened to disclose his sexuality and share personal emails with his family in Iran and government authorities. Iran imposes the death penalty on homosexual men.

HALC assisted Mahmud with an application for an AVO. Although the AVO was not granted, the matter was decisive in protecting Mahmud from further threats. We are also assisting Mahmud with his migration matter.

HALC has been building a close relationship with the Sex Workers Outreach Project (SWOP) over the last year, both through the provision of legal advice to mutual clients, as well as through advice to SWOP on resources that they produce.

HALC is also engaged in the NSW Harm Reduction Alliance, and the NUAA Policy and Advisory Committee.

Joseph is a gay man from Tonga. As a boy he experienced significant physical and verbal abuse due to his sexuality. He entered Australia on a tourist visa several years ago and has been here unlawfully since.

He feared for his life should he be returned - he had already been excommunicated by his church and shunned by his family and warned never to return.

HALC successfully assisted Joseph to obtain a protection visa. Joseph knew several other gay Tongans in similar circumstances who have now also approached HALC for help.

HALC initially began seeing at risk clients following a number of queries from transgender and transsexual clients, often around discrimination.

Transgender and transsexual people are a high risk group for HIV-infection; studies in the United States showed that up to 40% of the transgender community in some areas were HIV-positive. A number of HALC's clients identified as transgender/ transsexual and we are committed to working with this highly marginalised community.

Mental Health

A small but significant proportion of HALC's clients suffer from mental health and cognitive issues. Some clients may be suffering from temporary (but acute) mental illness - for instance, depression - and as a result may have difficulty dealing with daily matters such as housing or Centrelink.

Others may have ongoing disabilities such as schizophrenia or acquired brain injury and require a higher level of daily support such as assisted housing.

A significant amount of HALC's work in this vein arises through the criminal law, where incarceration is often the worst outcome possible, both for clients and the system.

Michelle is transsexual. Following failed surgery, she began supplying drugs to her friends to try and raise money for corrective surgery. After a short period of time, she was apprehended by police. She had absolutely no prior criminal record.

HALC represented Michelle at Court, obtaining a suspended sentence. This was an excellent outcome, since she faced a real possibility of imprisonment due to the seriousness of the charges against her. As the matter progressed, it became clear that Michelle was affected by depression and HIV Associated Neurocognitive Disorder (HAND) that had seriously impaired her judgement. She addressed those issues, was referred to specialist practitioners, and is now in regular contact with her treating medical team.

A particular issue for people with HIV (and particularly those living long term with HIV) is that of HAND. The medical evidence indicates that a substantial proportion of the HIV-positive population may be living undiagnosed with dementia, and it is an issue that is becoming more frequent in our casework.

Matthew began suffering side effects from his HIV medication, including mood disorders. This was not realised at the time, but his changed mood caused conflicts with health service providers as well as the general public - the latter resulting in criminal charges.

HALC represented Matthew on his criminal charges, as well as with liaising with service providers to try and ensure he received adequate support. Finally, HALC also assisted Matthew with an anti-discrimination complaint against NSW Police for treatment he received in custody.

Criminal

Advices

Ongoing

<5 Hours Work

6 to 20 Hours Work

>20 Hours Work

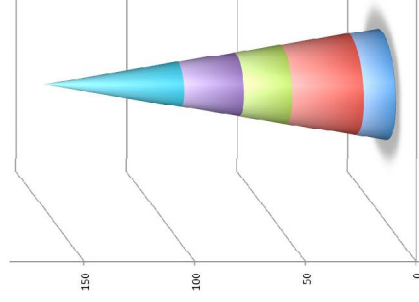


Table 1: Criminal casework 2011/12 by hours worked

Cases and Advices

No of Advices 61

Minor Cases (<5 Hours) 21

Medium Cases (6-20 Hours) 31

Major Cases (>20 Hours) 14

Ongoing at year end 26

Total Cases 153

Cases involving Court/ Tribunal Representation 70

No of Public Interest Matters 0

Advice/ Casework Proportion 2:3

HALC has been expanding its criminal work, particularly in relation to court representation.

Over the last two years, representation has expanded to include appeals on both merits and sentence to the District Court from the Local Court.

The majority of HALC's criminal work remains minor criminal matters - for example, possession of marijuana for personal use. Marijuana can have therapeutic benefits for people with HIV, and particularly for people who have developed certain forms of AIDS.

We have a steady number of clients every year (some of whom have had the use of marijuana informally recommended to them by their specialist medical practitioners) brought into contact with the criminal justice system for the use of small amount of marijuana. Sue Doran, a volunteer solicitor with HALC, authored an article on the topic for Talkabout, the magazine of Positive Life NSW.

HALC's other principal involvement in the criminal law is at the other end of the spectrum - in the criminal transmission of HIV, which is a serious crime carrying penalties of imprisonment of up to 25 years.

We remain active in the area of law reform as well as community education - not just for people with HIV, but also for other legal practitioners, the police, and the judiciary.

David suffers from an acquired brain injury and lives in assisted housing. After becoming involved in a confrontation, he was charged with assault. HALC acted for David at Court and helped him obtain a s32 discharge on mental health grounds.

There remains limited knowledge among both the judiciary and legal practitioners about the applicability of s32 to people with intellectual disabilities, as such applications normally require "treatment plans" which are not possible in cases of permanent brain injury.

HALC also provides a small but significant amount of ancillary support to other legal practitioners.

We often compile material (including specialist medical reports) that can then be used by private and legal aid practitioners in advocating for appropriate sentencing of people with HIV who have been charged with criminal offences. HALC also appears on bail applications on a regular basis (including emergency bail applications over the weekend).

People with HIV often cannot access their medication while on remand. Even short term breaks in adherence to medication regimes can have long term effects on the health of people with HIV. Less than 98% adherence to treatment can have significant detrimental impacts in terms of the development of drug resistance in the virus - necessitating changes in treatment with corresponding poorer health outcomes and higher public health costs.

HALC has also done considerable work in improving access to Court orders for suppression of names or other identifying information of HIV-positive people.

While this is more common place in civil jurisdictions (for instance, family law or discrimination), there remains a significant lack of education among criminal practitioners that suppression orders are available in appropriate instances. Unfortunately, the general impression remains that criminal law is bound by the principle of open justice. This is particularly problematic in relation to victims who are HIV-positive, with court proceedings potentially adding to the harm already suffered.

Jake lives in rural NSW, having moved there around three years ago for health reasons.

He formed a relationship which subsequently broke down when he disclosed his HIV status to his partner. Since then he has experienced significant harassment from his partner, as well as disclosure of his status to the local community. His partner also alleged domestic violence and took an AVO out against Jake.

HALC assisted Jake in contesting the AVO, as well as dealing with his partner who was determined to raise his HIV positive status in Court.

Migration

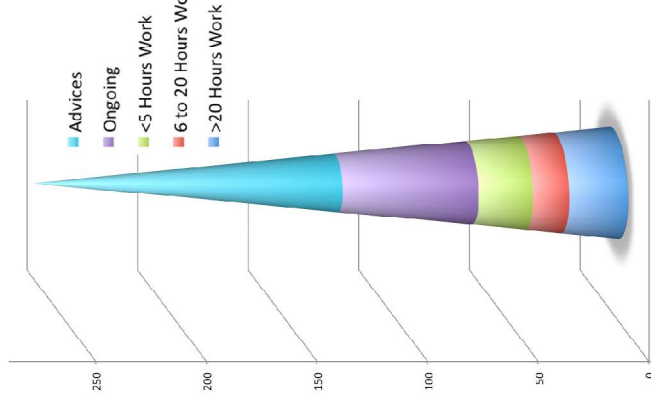


Table 1: Immigration casework for 2011-12 by hours worked

Cases and Advices	
No of Advices	137
Minor Cases (<5 Hours)	24
Medium Cases (6 – 20 Hours)	16
Major Cases (>20 Hours)	26
Ongoing	60
Total Cases	126
Cases involving Court/	
Tribunal Representation	7
No of Public Interest Matters	1
Advice/ Casework Proportion	1:1

HALC provides advice and representation on a range of different visas for people with HIV. While initially HALC's expertise lay in the health waiver aspect of the migration process, we have developed expertise across a range of skilled and other visa pathways.

This has come in part from the development of the Employer Nomination Scheme, which now provides a skilled pathway for people with HIV; and from the number of skilled applicants, particularly Zimbabweans, who face significant jeopardy to their life and well-being due to their HIV-positive status.

Tati and Josephine are from Zimbabwe. They have two children of their own and have adopted Tati's brother's daughter after her parents died of AIDS. Both Tati and Josephine are HIV-positive, and source their medication from overseas.

Tati is a skilled tradesman, while Josephine is a health care professional and both are employed and live regionally. All three of their children attend school, for which they pay international school fees.

They had originally been advised that their only option was to seek a visa from the Minister for Immigration on compassionate grounds, and had already spent several thousands on migration advice before coming to HALC. HALC successfully put Josephine and Tati onto an appropriate skilled migration track, and helped them obtain permanent residency without the complexity and uncertainty of a Ministerial application.

Tati and Josephine are fairly typical of our skilled migration clients. Although both are employed, they have limited disposable incomes. Both possess skills that are in great demand in Australia, and they would ordinarily be able to obtain permanent residency fairly easily.

We had over one hundred migration cases last year. We gave migration advice, advocated before the Department and Tribunals, negotiated sponsorships from employers, obtained Medicare, and assisted numerous applicants to obtain permanent residency.

Protection

HALC also provides specialist advice and representation for people seeking humanitarian or protection visas on the grounds of their HIV-positive status.

HIV remains a life threatening condition for people in many parts of the world, and the attached stigma and discrimination can in themselves place people at risk of severe physical harm or death.

Monica came to Australia around 15 years ago. She had been trafficked, and was kept under 24 hour guard in a brothel.

She escaped, and was diagnosed with HIV (and AIDS-related dementia) following a collapse on the street and subsequent admission to hospital.

The trafficking syndicate had previously lodged a protection visa application without her knowledge (in order to obtain a temporary bridging visa that had long since expired) and because of this she was statute barred from applying for any further visas.

HALC obtained leave from the Minister to put in a further application and then successfully represented Anya to get a permanent protection visa.

HALC obtained fifteen protection visas last year, at either the Delegate or Tribunal stage. We represented clients at all levels, including one application on appeal to the Federal Court as well as making applications to the Minister. HALC took four applications before the RRT in the last year. HALC also had two successful Ministerial applications.

There remains a significant lack of knowledge around HIV among migration agents and solicitors. It is not uncommon for us to see clients who have been given poor or even entirely incorrect advice by their previous agents. To remedy this, HALC will begin delivering accredited training sessions in line with the mandatory education requirements for migration agents.

In conjunction with the West Australian AIDS Council and the Migration Institute of Australia, HALC will be running a 1 day workshop for migration agents in Perth in September 2012.

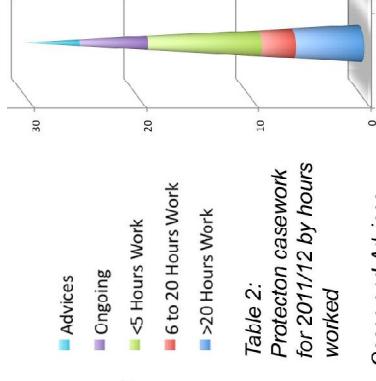


Table 2: Protection casework for 2011/12 by hours worked

Cases and Advices	
No of Advices	5
Minor Cases (<5 Hours)	10
Medium Cases (6 – 20 Hours)	3
Major Cases (>20 Hours)	6
Ongoing	6
Total Cases	25
Cases involving Court/	
Tribunal Representation	5
No of Public Interest Matters	1
Advice/ Casework Proportion	1:5

Immigration

APPLYING FOR ENTRY TO AUSTRALIA

As holder of a valid passport for permanent entry to Australia, you will need to apply for a visa to enter Australia. The visa application process is a legal process and you must follow the rules and regulations of the Australian Government. The visa application process is a legal process and you must follow the rules and regulations of the Australian Government. The visa application process is a legal process and you must follow the rules and regulations of the Australian Government.

ADVICE

For advice on your particular circumstances, please contact HALC. HALC can provide you with information on the visa application process, the requirements for a visa, and the costs of a visa. HALC can also provide you with information on the visa application process, the requirements for a visa, and the costs of a visa.

CALL 1800 043 840

UNIVERSITY OF AUSTRALIA

LEGAL CENTRE

INVESTMENT CASE

CALL 1800 043 840

Court Work

HALC has continually expanded the variety, depth and amount of Court work that we do. We have been active in building relationships with private firms to leverage their expertise and often, their administrative supports. We have also developed good relationships with a number of senior barristers and solicitors who assist us with our trial matters.

Our growing knowledge and experience of the jurisdictions we operate in, at trial and appellate levels, informs the general work we do and enables us to appropriately advise clients and conduct matters in a way to maximise their chances of success.

Over the last year, HALC has conducted matters, at either trial or appellate level, at a number of Courts and Tribunals including the following:

- High Court
- Federal
- Federal Magistrates Court
- Family Court
- District Court
- Local Courts (Downing Centre, Central, Newtown, Burwood, Penrith, Balmain, Parramatta, Hurstville, Hornsby, Kogarah, Ryde)
- Administrative Decisions Tribunal
- Social Security Appeals Tribunal
- Administrative Appeals Tribunal
- Mental Health Review Tribunal
- Fair Work Commission
- Consumer, Trader and Tenancy Tribunal

Outreach

Our Court work includes work at rural, regional and interstate Courts and Tribunals. Over the last year, HALC has appeared at:

- Brisbane: Federal Magistrates Court, Magistrates Court, Refugee Review Tribunal, Guardianship Tribunal, and Department of Immigration Interviews
- Melbourne: Migration Review Tribunal and Victims of Crime Assistance Tribunal
- Perth: Department of Immigration Interview
- Newcastle Local Court
- Wollongong: District Court and Social Security Appeals Tribunal
- Penrith: Local Court and Guardianship Tribunal
- Local Courts and Tribunals at Parramatta, Ryde and Hurstville

HALC also performs regular outreach, in the form of home and hospice visits for clients who could not otherwise access our services. Predominantly, these were for wills and estates matters. HALC can also conduct matters even if clients are rural or regionally based. A focus of the regional and rural community education that we undertook was to inform clients and service providers of the variety of matters that can be undertaken even where the clients are located in physically remote areas.

HALC undertook discrimination, privacy, insurance, wills and estates and migration work over the year for clients living in rural and regional (including remote) areas.

Public Interest Litigation

HALC actively pursued law reform over the year. Public interest litigation received priority during the year, with HALC making its maiden appearance at the High Court on a special leave application.

The matter was a discrimination complaint against the Department of Forensic Medicine, attacking an internal policy that prevents the reconstruction of HIV or Hepatitis C-infected bodies following autopsy.

The matter raised a number of novel questions of law, as the Department argued that existing discrimination laws did not cover deceased persons, and that the extension of the Act to cover "relatives" and "associates" did not go so far as to cover discrimination against persons because of their deceased relatives or associates. The Department were ultimately successful on one of their arguments, leaving open a number of those questions. However, the policy has since been changed.

HALC continues to advocate for those family members who had been discriminated while the policy was still in effect.

HALC is also pursuing a privacy complaint that raises constitutional issues. There exists differing state and federal privacy legislation, with the state legislation providing more beneficial protections for applicants.

HALC's general experience with the privacy legislation (state and federal) has thus far proved more than disappointing. Practically, there is no teeth in the legislation. As privacy remains a paramount issue for people with HIV, this case, if successful, will broaden the remedies available to people with HIV residing in NSW (and clearly give to them all the rights intended by the NSW Parliament).

HALC also pursued two migration appeals to the Federal Court, both of which raised broader questions of law, and is currently pursuing an Anti-Discrimination matter against a large insurer. Insurance remains behind the times in Australia, with no options available for people with HIV in relation to a range of insurance products, including life cover, income and mortgage protection. Positive people are often also denied more basic insurance such as travel and accident cover.

Our casework experience has shown that insurance companies rely on data that is sometimes more than a decade out of date. With insurance a practical necessity for peaceful daily living, such discrimination goes to the core of allowing people with HIV to simply get on with their lives.

Finally, HALC represented Positive Life NSW in an amicus appearance before the State Coroner, in an attempt to get suppression orders around an ongoing enquiry into the death of an HIV-positive man in Albury. HALC had previously successfully obtained suppression orders for a number of witnesses (who were also HIV-positive) but were unsuccessful in this case. We became involved due to concerns from the local community over the sensational and scurrilous reporting by the local paper of the event.

See overleaf for the policy work HALC pursued over the year.

Projects, Publications and CLE

HALC has been actively engaged with medical, government and non-government service providers throughout the year. We have provided education to PLHIV groups, clinicians, legal practitioners, academics and overseas organisations; assisted sister agencies with the development of resources; and delivered joint sectoral submissions on law reform issues.

HALC also successfully launched a number of resources on various aspects of HIV and the law, targeted at women, migrants and the general public.

We continue to expand our education and law reform activities, recognising that they are an important aspect of a community legal centre's work.

Sectoral Engagement

HALC has strengthened its ties with a number of State AIDS Councils, entering into agreements with the West Australian and South Australian AIDS Councils to develop State specific versions of a HALC's NSW disclosure guide. This is a guide for people with HIV on the legal aspects of disclosure of one's HIV positive status.

HALC worked with Positive Life SA to run a number of community consultations in urban, regional and rural South Australia, which also afforded us the opportunity to deliver community legal education.

We partnered with Positive Life NSW and NAPWA to join their roadshow to rural and regional NSW, meeting with clients and health care workers and delivering community legal education. We have been to Dubbo, Tamworth and Bangalow, with more events planned for this coming year.

HALC also developed law reform submissions with organisations such as Positive Life, ACON, Hepatitis NSW and the NSW Users and AIDS Association (NUAA). HALC is engaged in the NSW Harm Reduction Alliance, and the NUAA Policy and Advisory Committee.



The HALC Launch:
From L to R: HALC President Althea McKenzie, Committee Members Ian Walker and Nadine Behan, the Hon. Tanya Plibersek, MP, President of NAPWA, Robert Mitchell, HALC Solicitor Alexandra Stratigos and President of Positive Life NSW, Sonny Williams

Publications

HALC launched three guides for positive people - on probate, immigration (with funds from the Law and Justice Foundation NSW) and for women with HIV (with a Federal Attorney General's grant); and five posters - on immigration, wills and estates, privacy, insurance and discrimination (with a grant from the City of Sydney). The probate guide will have application outside the HIV sector, containing as it does general information on obtaining probate or letters of administration.

International Liaisons

The National Centre for Social Research conducted a program for capacity building on HIV and the law for the Chinese government. Twelve Chinese leaders in public health visited HALC for a workshop on HALC and its role in the enabling environment.

The International Development Law Organisation with the UN and others organized an 'Asia Pacific Regional Consultation on HIV-related Legal Services and Rights' in Bangkok, Thailand. HALC was contacted seeking our participation. Representatives attended from around Asia, and included government and civil society representatives, including those from key affected populations.

Over 2011 - 2012 we:

- > launched three guides and five posters;
- > appeared on a number of expert panels for clinicians, the sector, and the wider community;
- > published articles in the Law Society Journal, HIV Australia and Talkabout;
- > ran workshops for people with HIV at Dubbo, Tamworth, Bangalow, Tweed Heads and Sydney;
- > assisted ACON Northern Rivers, the Sex Workers Outreach Project, the Multicultural HIV/AIDS and Hepatitis C Service and the NSW Users and AIDS Association (NUAA) develop their resources;
- > ran five workshops for social and allied health care workers (including a combined

Asia Pacific Regional Consultation on HIV - related Legal Services and Rights Bangkok, Thailand 9 - 10 February 2012



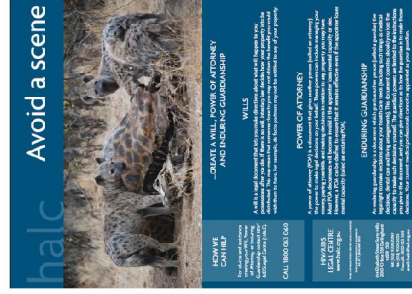
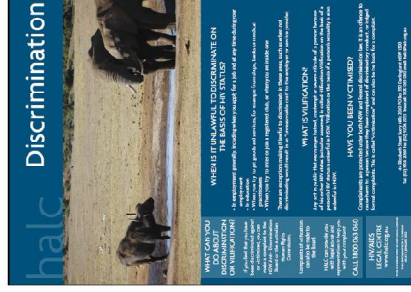
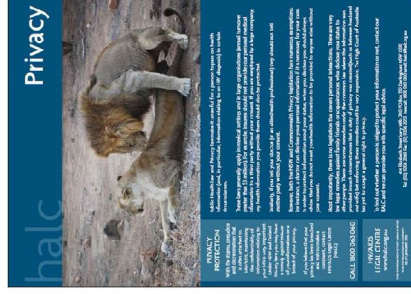
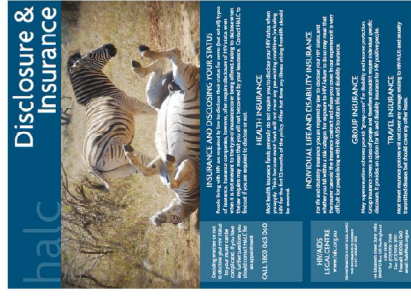
Principal Solicitor Iain Brady (4th from left) at the Asia Pacific Regional Consultation held in Thailand, February 2012

Publications 2012

Posters

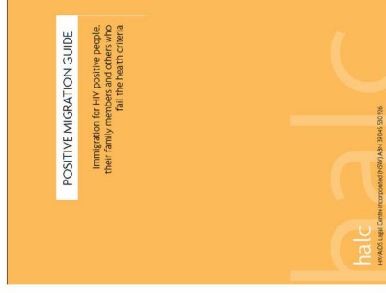
HALC produced posters on Disclosure and Insurance, Wills and Estates, Immigration, Privacy and Discrimination in 2012.

The posters are targeted at sexual health clinics and allied health workers and aim to provide concise guides for both the community and professionals. We specifically chose to not talk down to our audience - the posters, while concise, deliver information in some detail.



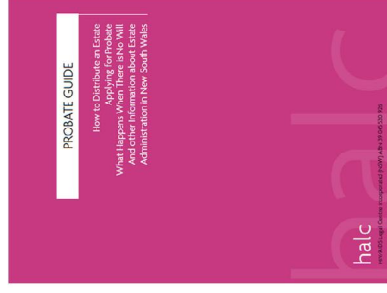
Guides

HALC also produced two detailed guides to probate and immigration law over the period.



The *positive migration guide* give detailed information on the various migration options available to people with HIV, including both permanent and temporary visas.

The guide address the various health criteria applicable to the different visas, and explains how an HIV-positive person could satisfy the different criteria.



The *probate guide* explains how to apply for probate or letters of administration. The guide includes the relevant Supreme Court forms, and it is expected that it will be used outside the sector as it is not HIV-specific.



Unravelling the law is a guide for women with HIV, and addresses legal issues arising from care and treatment, sex and relationships, pregnancy and childbirth, raising children and family violence.

Acknowledgements

Our Management Committee

We appreciate the time and commitment of our management committee members through the year. Their involvement, enthusiasm and encouragement to HALC has enhanced our networking with other organisations in the HIV and Hepatitis C sector, resulting in more visibility and growth.

A very special note of appreciation for Nadine Behan who was on the HALC management committee for over 6 years. Nadine retired from the committee this year. She has made significant contribution over the years to most of HALC's resource productions and is the writer of one of the latest resources 'Unravelling the Law – A Guide for Women Living with HIV/AIDS'.

Committee members at the end of the year: Committee Members who retired in the year:

Althea Mackenzie	President	Denis Fuelling
Tim Parsons	Treasurer	Ian Walker
Iryna Zablotska		Nadine Behan
Lance Feeney		Linda Forbes
Michael Frommer		Penelope Purcell

Our Staff

Brady (Iain S. Brady)	Principal Solicitor
Indraveer Chatterjee	Solicitor
Melissa Woodroffe	Solicitor
Alexandra Stratigos	Solicitor
Shehzad Mansuri	Coordinator

Our Volunteers

Our Centre thrives on the work and energy these students bring to work each day. Our supervised training and experience model involves the students with direct client contact, involvement in numerous and diverse matters, court appearances, drafting legal documents, strategising for client outcomes and hands on carriage of matters with supervision from a solicitor. Through our volunteers we are able to expand the capacity of our small centre so we can provide direct representation and assistance to a greater number of clients.

Trupti Bapat, Jennifer Smythe and Susan Doran started as practical legal training students and have continued to provide invaluable support as volunteer solicitors over the last two years. They play an important role in mentoring new volunteers and have since become critical to our work.

Our volunteers from different professional and geographical backgrounds make the office environment vibrant. As a snapshot – last year we had solicitor volunteers from Argentina and South Africa and student volunteers from the United States of America, Canada, England and Singapore.

Our Volunteers

Trupti Bapat	Solicitor
Jennifer Smythe	Solicitor
Susan Doran	Solicitor
Francesca Ciantar	University of Technology, Sydney
Cyndy Kim	University of Technology, Sydney
Julie Peno	University of Technology, Sydney
Raja Sukhdeo	University of Sydney
Phillipa Green	University of Newcastle
Gilda Shoostovien	University of New England
Stephen Hack	Macquarie University
Jessica Schulman	Macquarie University
Jodi Dykes	University of West Florida, USA
Gerardo R Macko	Solicitor from Argentina
Sarah Hullah	Legal Profession Admission Board (LPAB)
Findley Hipkin	University of Wollongong
Ricky Russel	University of New South Wales
Julie Hoang	University of New South Wales
Avi Primov	University of Western Sydney
Wei Ming Tan	University of New South Wales
Daniel Cater	University of New South Wales
Amanda Jones	Macquarie University
Sam Spencer	University of Nottingham, England
Sarah Bond	Bond University, Gold Coast
Jean-Louis Potgieter	Solicitor from South Africa
Matt Drake-Brockman	University of New South Wales
Jordan McDaniel	University of Central Florida, USA
Charissa Sun	University of Melbourne, National University of Singapore
Gizelle van Zyl	Macquarie University

Pro Bono Barristers and Solicitors

Our sincere thanks to the following for assisting us with their expert advice;

Barristers	Solicitors
Mr Clive Evatt	Mr Lachlan Riches
Dr Chris Ward	Ms Deslie Billich
Mr Robert Reitano	Mr Andrew Crabb
Mr Roger Rasmussen	Ms Lisa D'Ambra
Mr Stephen John Walsh	Ms Kerry Murphy
Mr Graeme Blank	Mr Derek Cronin
Mr Paul Charman	Mr Mathew Hansford
Ms Liz Picker	Ms Sarah Hart
Mr Lachlan Robison	Mr Chris Watson
Mr Graham Bassett	Mr Charles Abbott

Client Feedback

HALC sends all clients a client satisfaction survey upon completion of their matter. Unfortunately, only a fraction of clients return surveys.

This year, of 401 surveys sent, 40 were returned. Working on the general assumption that clients who had issues with our service are more likely to return surveys, it appears that a high percentage of our clients are satisfied with the service - only one survey was negative in terms of overall service. We note, however, that we can continue to improve our service, particularly with regards to client wait times at appointments and return phone call times.

It is worth mentioning that one client of the service specifically wished to comment but he could not use the survey form as he was visually impaired. The client was provided with a telephone interview to take down his comments (which were highly complimentary) but it is noted that the lack of anonymity may affect a client in similar circumstances with less positive feedback.

We are considering alternative media for the client satisfaction survey and will be working on this over the following financial year.

Snapshot of responses from satisfaction survey

Enquiry type	Number	Easy Access	Seen quickly	Understood advice	Comfortable	Solve enquiry	Return call promptly	Informed of progress	Outcome Successful?
Immigration	11	7	7	11	11	11	11	11	11
Criminal	5	5	4	5	5	5	5	5	5
Debt	3	3	3	3	3	2	3	3	3
Wills, EG, POA	14	14	14	14	14	5	5	13	14
Discrimination	3	2	2	3	3	2	3	3	3
Other	4	1	3	4	4	4	4	4	4
Total	40	32	33	40	40	40	30	36	40

Comments via survey, emails or cards

Some clients chose to also include in their surveys (or by way of gifts, emails or cards) general comments on their service. All comments (positive and negative) are included here:

- "I phoned HALC this week to get some information for a regular at SWOP who was very distressed about pending visa expiry. Although it was late afternoon, Indraveer came down in a flash; he was patient with SWOP client and advised her well. He explained that HALC may NOT be able to take on her case but he offered to find someone to accompany her to Dept Immigration to ensure temp visa."

- "You gave voice to the voiceless..... I felt that a very heavy burden I had been carrying for a long time had been lifted.....It is comforting to know that there are people out there who are prepared to listen and help."

- "Thanks for the fantastic job you are doing helping the outcasts and unwanted...I did not used to believe that they are atleast people like you who sacrifice their time and effort to fight for people with my condition"

- "...I am still at a loss for words to describe how you shapped (sic) and put back on tract our Australian dream which was turning into pitch darkness. Your magnetic professional touch turned everything around all the children dropped 'dead' in a joycus trance and disbelief when I broke the news to them this morning. May the good Load (sic) please bless you all the way."

- "You should be very proud of your service and help provided"

- "My wife and I have been very impressed by the service from HALC – giving timely, accurate and comprehensive advice even though we are living in another country. We are indebted to Alex for her invaluable service – it has resulted in us successfully adopting our foster child and gaining an adoption visa for entry into Australia"

- "We hope that HALC continues to get the support it needs to keep operating and can increase the number of full time staff it has so as to be able to continue providing such an important service. Thank you."

- "...you did not only provide the legal support but also the moral and emotional support as we worried about our future in Australia. Your professionalism is outstanding and your confidence and commitment to helping those in our position/ situation is just amazing"

- "Melissa and Trupti 'Brilliant' angels sent from heaven, these ladies are worth more money"

- "Did you help? No! Nothing has changed"

- "It was nice to take to professionals who didn't talk over your head and explained everything in laymans English"

- "Overall just fine except for waiting time when one has an appointment"

Finances

A little under one half of total funding is from the Federal and State Attorney Generals. The bulk of the remainder is sourced from the NSW government's Public Purpose Fund, currently expected to continue at least until 2014.

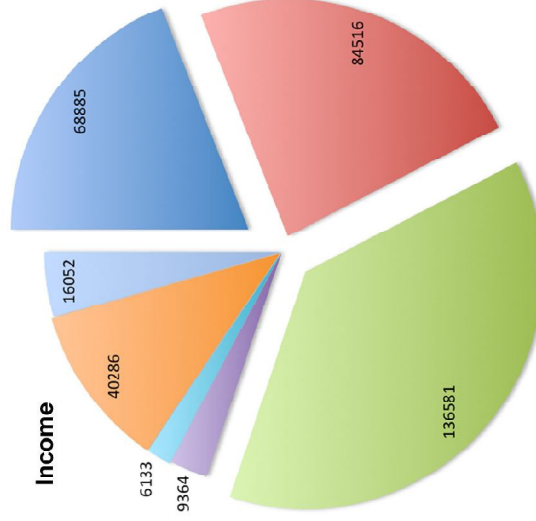
The bulk of HALC's expenses is wage spend: HALC employs 4 full time solicitors and 1 part time coordinator.

<i>Equity – 30 June 2011</i>	<i>75,715</i>
<i>Total Income:</i>	
• Federal	84,516
• State	68,885
• PPF	136,581
• Other	71,835
<i>Total</i>	<i>361,817</i>
<i>Total Expenditure:</i>	
• Wages	331,435
• Rent + Office	35,392
• Other	48,284
<i>Total</i>	<i>415,111</i>
<i>Equity – 1 July 2012</i>	<i>22,419</i>

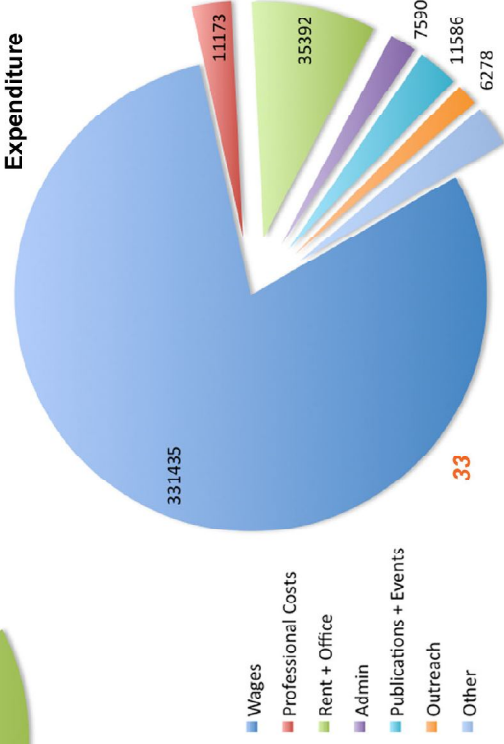
Year end equity as of 2011 was distorted as the result of a one-off grant of \$60,000 from the NSW Attorney General for the purposes of relocation, and to meet future rental costs.

As of 2011 onwards, HALC is required to make contributions towards rent - an ongoing annual cost of \$30,000. Unfortunately, HALC has been unable to secure a corresponding increase in funding, which may force a decrease in service provision.

HALC's annual accounts are audited by Steven J Miller & Co. A full copy of the audited accounts can be obtained at the HALC website.



Expenditure



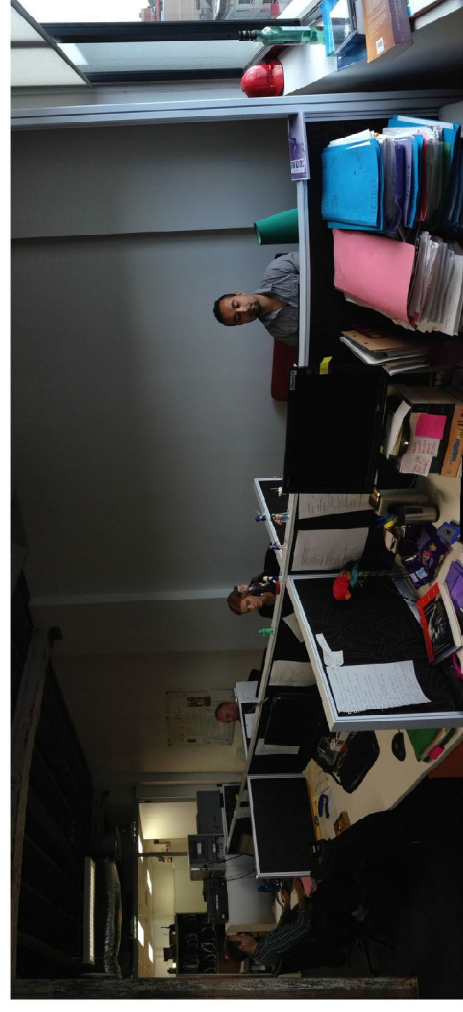
Some Figures for the last year:

- Phone calls received through the ACON switchboard (Calls to the direct HALC line cannot be recorded)	959
- Face to face appointments	1,307
- No of volunteer days	963
- Visits to the website	5,710
- No of unique visitors	4,131
- Visit duration (total)	205 hours
- Visit duration (average)	2 min, 9 sec

HALC Annual Report 2012

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