



VICTORIAN
AIDS COUNCIL
GAY MEN'S
HEALTH
CENTRE
ANNUAL
REPORT
2000-01





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The Victorian AIDS Council was formed in 1983 as the central part of the Victorian gay community's response to HIV/AIDS. In 1986 the Gay Men's Health Centre was formed to address the broader health needs of the gay community. Together, the Victorian AIDS Council and Gay Men's Health Centre

work to confront the continuing challenges of the HIV/AIDS epidemic and, increasingly, the gay community's broader health concerns. Our core work aims to preserve the independence, dignity and health of people with HIV/AIDS and to reduce the transmission of HIV. We are committed to social justice and social change. Since our inception we

have been a strategic partner of government, hospitals and other service providers. Our effectiveness and inspiration come from the hard work and dedication of our volunteers and paid staff, who are men and women of many backgrounds, and from the ongoing support of the communities we serve.

Statement Of Purpose

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President's Report

I have had the honour of being the president of the VAC/GMHC for the last twelve months. This has been my first term on the Board and I have been constantly amazed at the hard work and dedication of the people who make up this organisation. Staff and volunteers are united in their desire to see the organisation perform its key tasks, to educate and to care.

There have been significant challenges throughout the last 12 months, notably the increase in notifications of HIV infections in Victoria during the year 2000 and continuing into 2001. Our financial position has remained tight, and this has meant that we have had to respond fully to a potentially worrying situation with no initial increase in funding. Fortunately, we have been able to secure additional funding to deal with this development. There remains considerable debate, however, as to whether the increase in notifications indicates there is a real rise in the actual number of new HIV infections. Notifications don't equate to the total number of infections, but rather they only pick up those people who present to be tested. There is much work being carried out in Victoria to try to determine whether or not there is a true increase in the number of people contracting HIV, and the VAC/GMHC is involved with these studies.

There have also been broad accusations that gay men in Victoria have abandoned safer sex and are launching themselves unthinkingly into risky sexual encounters. This is in spite of the fact that all the evidence to date shows that the majority of gay men continue to use condoms the majority of times for casual sex. When gay men choose not to use condoms in sexual encounters with other men, it is often just that, a choice. This is sometimes based on sound reasoning, as in HIV-positive men having unprotected sex with other HIV-positive men, or when two HIV-negative men talk through the issues concerned with such an important decision. Your AIDS Council has a lot of ongoing work, however, in continuing our education campaigns among communities at risk for HIV-infection, to reinforce the message that HIV is still present in the community, in spite of the new treatments that have dramatically decreased transmission rates and death rates, and that have allowed the majority of HIV-positive people to live longer and healthier lives.


In August an HIV-positive woman attempting to gain access to assisted fertility at the Monash Medical Centre was caught up in the ongoing issue of the rights of HIV-positive individuals to live their lives like their non-infected counterparts. An amazing amount of media interest was generated, with many members of the public implying that this woman was being grossly irresponsible. This is despite the fact that the risk of transmission from a mother to baby is less than 2% in the Western world, and in this woman's case was likely to be very

much lower. As far as is known there have been no HIV-positive babies born in Australia in the last five years. This story had a happy outcome with the Hospital agreeing to consider her request, and to consider further cases on a case-by-case basis. Underlying the whole story, however, was an unhealthy amount of discrimination and ignorance, a pointer to the battles that many HIV-positive individuals face on a daily basis. We are committed to fighting this type of discrimination, wherever it occurs.

Over the last year the Board has been involved with implementing our Strategic Vision, which will guide the organisation over the coming years. The document underpinning this was put together by the previous Board, and represents a wonderful opportunity to define and further refine our *raison d'être*, and to maintain a strong profile in the community. We have identified areas of need, and have taken steps to strengthen our organisation and to find and fill the gaps in service delivery.

Fundraising remains a particular problem for the VAC/GMHC, as it currently does for many other community-based organisations. Our ability to improve our services for those with HIV/AIDS depends on our capability to improve our fundraising efforts. We will be endeavouring to improve our performance in this key area.

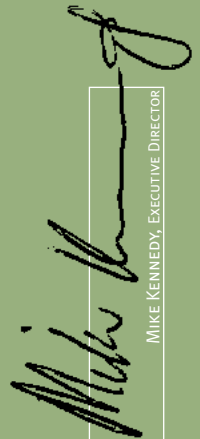
I commend our Annual Report to you and hope you will take the time to read through it and see just how many tasks the Victorian AIDS Council/Gay Men's Health Centre performs. I thank you for your ongoing support for our most important work.



DARREN RUSSELL, PRESIDENT



Executive Director



MIKE KENNEDY, EXECUTIVE DIRECTOR

While preparing my contribution for the Annual Report, I have been reflecting on the fact that I have come to the end of my first two-year contract with VAC/GMHC. It has been a remarkable, busy and productive period of time for me, and for the organisation. I am struck again by the breadth and complexity of issues with which our Board, volunteers and staff deal on a daily basis. The program reports which form part of this Annual Report give some of the flavour of this complexity and I commend them to you as an interesting read.

Writing the Annual Report is a naturally reflective process as we look back on the year that has just passed and look forward to the coming year. Some of the issues with which we are dealing, such as the need to expand our funding base so that we can meet the expanding challenges of the epidemic, are perennial challenges. Others, such as the sharp increase in new HIV notifications, are ones we have not had to face for several years.

One of the challenges which faces all areas of the HIV/AIDS sector is ensuring that our work remains relevant to the changing epidemic. We have responded to this challenge in several ways this year.

The Strategic Vision process, which is covered in more detail in the Board Report, has given us the opportunity to look at our key strengths, at the areas of greatest need in the epidemic and at the priorities for addressing those needs. In engaging in this process we gained valuable insights from our volunteers, our staff, and from a number of organisations and stakeholders with whom we work.

Moving from the broad Strategic Vision to operational and program plans has given us the opportunity to reflect further on how we are delivering services.

The Community Education program has implemented a restructure as the result of an internal review. That restructure met its first test with the need to respond to the rise in new HIV notifications and the substantial increase in funding made available by the Department of Human Services through its HIV Action Plan is a clear demonstration of the speed with which the program is geared to respond to the challenge.

HIV Services has been reviewing its model of care in preparation for the move to new premises at the Braille Library site in Prahran. Work has also commenced on a review of needs and services at the Positive Living Centre to develop a services/activities plan for the Braille Library site. In particular, this review will ensure that the program continues its proud record of meeting the needs of PLWHAs, particularly those living on the margins of the community.

Our partnership with our volunteers is especially important to acknowledge this year which has been designated the International Year of Volunteers. Their thousands of hours of unpaid work enable VAC/GMHC to deliver high quality services and they are a crucial part of our capacity to respond adequately to changes in the epidemic.

We have also worked closely this year, as in the past, in partnership with a broad range of community organisations. Some of these have a particular focus on health and/or HIV/AIDS, including

PLWHA Victoria, Positive Women, Straight Arrows, ANEX, the Royal District Nursing Service, Country AIDS Network, the Hepatitis C Council, The Alfred and Royal Melbourne Hospitals, the AIDS, Hepatitis and Sexual Health Line, the Chronic Illness Alliance and the Quilt Project. Others have a broader GLBT community focus, including the ALSO Foundation, the Victorian Gay and Lesbian Rights Lobby, Midsumma, Switchboard and PFLAG. All of them have been part of building a stronger community coalition to address areas of mutual concern.

Our relationship with government has also been strong this year. In response to the increase in new HIV notifications, the Department of Human Services made available a substantial grant for the Community Education Program. Almost \$330,000 was made available for the Melbourne Gay Community Periodic Survey and the VAC/GMHC portion of the HIV Action Plan. This grant was particularly welcome as it will enable us to employ two dedicated outreach workers for the next year to work on HIV prevention in the bars, beats and sex on premises venues.

While this funding increase has boosted Community Education for twelve months, the question of longer-term growth across the organisation still needs to be addressed with government. We were successful this year in securing additional funding to cover award wage increases and CPI and this is very welcome after several years of having to absorb these costs. However, demand for our services continues to increase as the number of people living with HIV/AIDS increases. We have identified several areas where new or expanded services are required urgently to meet emerging needs and we will continue to lobby government to ensure these needs are met. The development of the first Victorian HIV/AIDS Strategy, which should be launched later this year, will provide the framework for advocating for these additional services.

Finally, I would like to thank the Board for their high level of engagement with the Strategic Vision process and with their governance role over the past year. Looking across the community sector, I am struck by how much the HIV/AIDS sector, in particular, demands of its Boards. The 37 Board Briefing Papers we prepared this year to inform their work cover a very broad range of areas and demonstrate how diverse their work is. In addition to their attendance at Board meetings, Board members are also involved with the work of Board Committees where an even broader set of issues need to be addressed.

VAC/GMHC is indeed fortunate to have available to it the talent and commitment of its volunteers, staff, Board and partners. Thank you all for your work this year and I look forward to continuing to work with you in 2001-2002.

JON WILLIS



MATHEW JONES

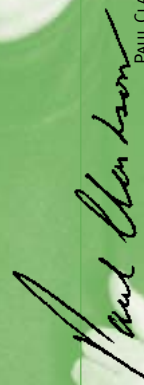


Board Report

DAVID VOON



PAUL CLARKSON



DARREN RUSSELL



The 2000/2001 year has been a very busy one for the Board. For the first time in a number of years, the election result saw the same six Board members elected to both the VAC and the GMHC Boards. The Board decided to co-opt two additional members and Kim Glover and Paul Clarkson joined the Board early in its term.

BOARD PLANNING

The Board retreat/planning weekend in November occurred on the weekend of the opening of Fairfield House so we were able to end our annual planning meeting by celebrating the successful outcome of the CCU campaign.

The Board planning weekend occurred towards the end of the Strategic Vision process and gave the Board an opportunity to review their work priorities and identify the key areas of work for Board Committees. Four areas were identified: Political Organising, Gay and Lesbian Health, Drug and Alcohol Issues and Fundraising. The Board also continued the Strategic Vision Committee that later in the year, became the Strategic Vision Implementation Committee to oversee the development of operational and program plans to sit under the broader Strategic Vision.

STRATEGIC VISION

Last financial year, VAC/GMHC commenced the work of developing a three-year vision to establish longer-term priorities and ensure that its work continues to meet changing community needs. With the assistance of the HDG Consulting group, the Strategic Vision was developed and approved by the Board at its December 2000 meeting.

The Strategic Vision was developed by a comprehensive and consultative process which involved volunteers, staff and members as well as the communities and service providers with whom VAC/GMHC works.

THE STRATEGIC VISION IDENTIFIES

- ~ Who (the groups we serve)
- ~ What (our core services)
- ~ Why (our reason for being) and
- ~ How (how we will operate, including activities and philosophies).

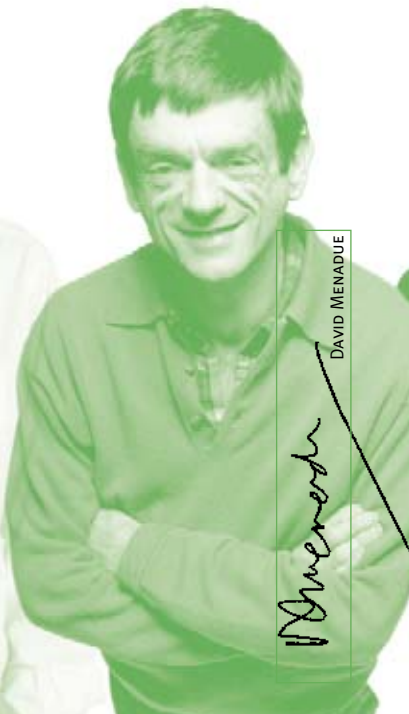
The primary target groups were identified as HIV positive people, people at risk or vulnerable to HIV infection and gay, lesbian, bisexual and transgender people.

The Strategic Vision also identified four strategic goals which set the broad parameters for the organisation to develop its strategic and operational plans over the next three years:

- ~ To focus resources on targeting community needs and priorities and seek greater resources for those most in need
- ~ To build supportive environments for individuals to adopt and sustain healthy behaviours
- ~ To build the capacity of the organisation to respond to the needs of our communities and
- ~ To build the capacity of the broader community, including government and service providers, to respond to the needs of our community.

Having developed the vision, the next challenge was to translate that vision into a practical and simple planning document that supports the work of staff and volunteers.

The challenge for VAC/GMHC has been to review our current work plans and budget priorities in light of the Strategic Vision. The up-coming relocations of the HIV Services program, the Positive Living Centre and The Centre Clinic, in particular, provided the staff and the Board with a unique opportunity to discuss the enhancement of our services to HIV positive communities. For instance, the



DAVID MENADUE

David Menadue

Further details of the Strategic Vision can be found on our website



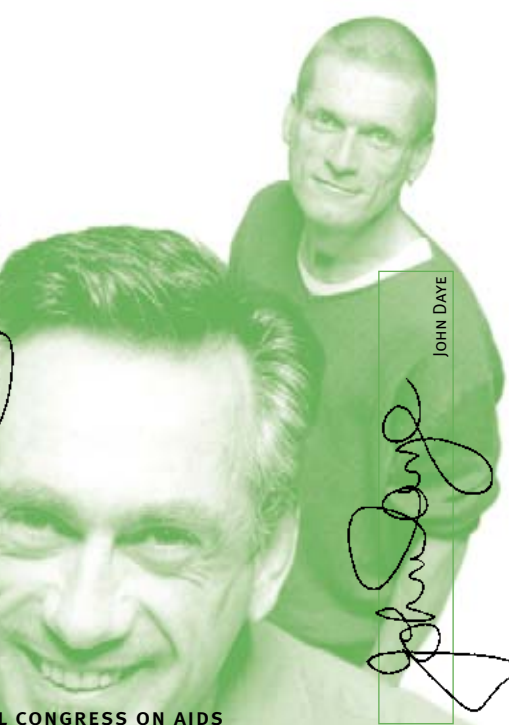
PHILOMENA HORSLEY

P.A. Horsley



MIKE KENNEDY

Mike Kennedy



KEVIN GUINEY

Kevin Guiney

JOHN DAYE

John Daye

particular needs of HIV positive people in outer metropolitan and rural areas have often been identified and met where possible. But **VAC/GMHC** now has a more focussed opportunity to form creative strategies to improve services to these groups. The complex needs of people living with multiple infections, particularly HIV and Hepatitis C, are emerging rapidly in the sector and **VAC/GMHC**, in collaboration with other specialist groups, can play a leading role in supporting these individuals.

The implementation process also enabled **VAC/GMHC** to review the roles we have played and/or could play in future with regard to the needs of our other primary target groups. While we do not see ourselves as the community organisation responsible for the health of GLBT communities, we have both expertise and some capacity to contribute in areas such as training of health service providers and in the development of specifically targeted health promotion campaigns. We have an important role to play in encouraging strong partnerships with other GLBT organisations on issues of shared interest. The GLBT communities' successful campaign in support of the Government's Relationships Bill is an obvious example. The new legislation will enhance the health rights of many individuals in our target groups.

Again with the assistance of HDG, the **VAC/GMHC** Board and Managers embarked upon an intensely focussed implementation process that involved all our staff. The task again was to develop a plan that was both immediately practical but also allowed for developmental and incremental change. It was a process that enhanced the skills of both the Board and staff members and encouraged us

to develop greater consistency and integration in our work across all the program areas. It will ensure that we continue to plan for the future listening attentively to the current needs of those we need to support.

STANDING COMMITTEES

The Finance and Research and Ethics Committees are standing committees of the Board. The Finance Committee, chaired by Treasurer Mathew Jones, meets monthly to monitor the finances of the organisation and reports monthly to the Board. During this year, the Finance Committee worked with staff to refine the budgeting and financial reporting processes so that the Board was better informed about the financial status of the organisation. The Research and Ethics Committee meets regularly to consider any research proposals which involve **VAC/GMHC** members or clients and to identify potential areas of research. During this year, the Research and Ethics Committee sponsored a meeting of service providers to identify research needs and opportunities in the area of HIV and mental health.

AUSTRALIAN FEDERATION OF AIDS ORGANISATIONS

AFAO has also reviewed its Strategic Plan this year and the final document was signed off by the AFAO Committee at the AGM in October 2000. AFAO holds General Meetings twice each year and, in April 2001, held the General Meeting in Melbourne to coincide with the NAPWA Conference. The **VAC/ GMHC** delegates to AFAO were Darren Russell and Kevin Guiney and several **VAC/GMHC** staff usually attend as well.

6TH INTERNATIONAL CONGRESS ON AIDS IN ASIA AND THE PACIFIC (ICAAP)

The 6th ICAAP will be held in Melbourne from 5-10 October 2001 with the theme of "Breaking Down Barriers". The ICAAP Secretariat, which has been planning the conference for most of the past year, has been housed at Claremont Street in the **VAC/GMHC** offices, so we have been able to watch closely as the conference planning has progressed.

A strong community flavour is central to ICAAP. Mike Kennedy has been convening the Community Committee and a number of forums will precede the conference – a regional HIV+ forum, a Community forum, and a Youth forum will bring together PLWHAs, community workers and young people from across the Asia/Pacific region.

MINISTERIAL ADVISORY COMMITTEES

The Victorian government has established three ministerial advisory committees relevant to the work of **VAC/GMHC**. The Ministerial Advisory Committee on AIDS, Hepatitis C and Related Diseases has been overseeing the development of a Victorian HIV/AIDS Strategy and a Victorian Hepatitis C Strategy. Both strategies are in their final "draft for consultation" stages and should be launched later this year or early next year. The Ministerial Advisory Committee on Gay and Lesbian Health has been developing a series of discussion papers for a round of public consultations on a Gay and Lesbian Health Strategy. The Attorney-General's Advisory Committee on Gay, Lesbian, Bisexual and Transgender Issues has been advising the Attorney-General on the Relationships Act and the second round of law reform to give full legal recognition to GLBT relationships. Several members of the Board serve on these committees.

ABSENT: KIM GLOVER

Volunteers

—core partners in
VAC/GMHC

The extraordinary commitment, energy and initiative of VAC/GMHC volunteers is a dramatic illustration of the message that the International Year of Volunteers (IYV) hopes to convey to Australia: that volunteers make an outstanding contribution to our society. This year VAC/GMHC has committed itself to another IYV aim: to recognise this contribution and show how much it is appreciated.

It is telling to see how much the individual stories of volunteers in this report echo the aims pursued by the organisation's volunteer recruitment and training work. Keeping up with the diversity of the different communities that are affected by HIV/AIDS, responding to the changing nature of the epidemic and the needs of those affected, providing relevant support and training for volunteers, and staying on the ball in what is an increasingly competitive fundraising environment—these are all issues faced by volunteers on a daily basis.

PROFILE RAISING

Two years ago, the volunteer program at VAC/GMHC had a low profile. Attendance at volunteer orientation sessions averaged 3–5 people. This financial year we have seen attendances increase with up to 22 per session. The average per session is probably closer to 15. It is clear that efforts to improve the publicity and marketing of volunteer opportunities are producing results. We have improved the look and feel of our publicity material. Our latest volunteer recruitment brochure is bold, colourful, and to the point, featuring striking photos of some of our volunteers. We have also been steadily improving our reach for this material: as well as volunteer recruitment centres in different regions, we target libraries, clinics, gay and lesbian venues, gyms, cafes and entertainment venues.

THE CHANGING NATURE OF VOLUNTEERING

Just as the communities we serve are varied, so too are the backgrounds of our volunteers and we have been expanding our publicity efforts to reach potential volunteers beyond gay and lesbian communities. Around 60% of our volunteers come from outside these communities.

Another interesting trend is the increasing number of younger volunteers in fulltime work. This development challenges the stereotypical profile of volunteering as the preserve of relatively affluent older women not engaged in fulltime work. This wave of younger volunteers has injected new attitudes and skills into the organisation. Many volunteers do not want to use their existing professional skills, they want to learn and do something different. With this trend has come a higher turnaround of volunteers, something that reflects the varying levels of commitment that these volunteers are able to offer at different times in their lives. The need for volunteers remains critical.

A COMPETITIVE ENVIRONMENT

As Melissa Warren (one of the volunteers who tells her story in this report) says, "There are so many worthy causes out there, so many ribbons, so many walks". Volunteer Recruitment Coordinator Mary Gianevsky points out that within the local area alone there are ninety agencies that use and recruit volunteers. What is our edge in this 'market'? The support that volunteers get at VAC/GMHC is one answer to this. The quality and amount of information available to volunteers is high and, as another of our volunteer stories points out, "There are excellent supervision arrangements". The Orientation Working Group is constantly refining the presentations given to inductees, make them fun, informative, and inspiring. We can also offer volunteers a dynamic, changing environment, and a forward looking, flexible outlook. Many volunteers work in more than one program. As Mary Gianevsky says "A night manager might also help out with Red Ribbons. An HIV Services volunteer, a carer, might also be a receptionist. I'm seeing people with more time taking on more than one position. When I started here I wouldn't have necessarily recommended that, but now I realise that it gives variety and enables volunteers to be more a part of the organisation."

A DUAL RESPONSIBILITY

An important aspect of the International Year of Volunteers is that it promotes accountability to volunteers on the part of agencies that rely on their contributions. VAC/GMHC is keenly aware of this. Mary Gianevsky is a member of City Network of Volunteer Managers, a professional body of volunteer coordinators that explores these and other volunteer management issues. The group shares information on how volunteers are perceived within organisations, and the sorts of issues that volunteers face (such as time management). As Melissa Warren says "The great thing about working with VAC is that they are so aware of the issues volunteers face, such as differing time commitment levels, and they work with us to overcome these. Whatever time we have available is appreciated. It's nice to have that flexibility, to know that we can all work together to get something done, even if we're limited with the time we can commit."

BUILDING COMMUNITY

The word 'community' often comes up when volunteers talk about their experiences and motivations. Warrick Arblaster, who volunteers as a sessional counsellor, states that it "broadens your horizons and understanding of diversity and what we mean by community". Another phrase heard often is 'giving back to the community'. It seems that building a sense of belonging and support is an integral part of the nature of volunteering. When Mary Gianevsky surveyed volunteers this year as to how they would like to be recognised and rewarded for their work, the overwhelming response was that what they wanted was to meet other volunteers, to get together. The IYV committee, staffed by volunteers, has organised an event that will achieve just this aim, a celebratory picnic for volunteers at Melbourne's historic Ripponlea homestead. There will be speakers, music, a tour, and afternoon tea served in the beautiful gardens. As Mary Gianevsky says, "This is our chance to say thank you, we know you are there and we greatly appreciate what you are doing for us".

COUNSELLING SERVICES

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The Counselling Service at the VAC/GMHC would be working at a limited capacity without the dedicated team of 16 volunteer (sessional) counsellors who provide the majority of face-to-face counselling we offer. Currently the Counselling Service has only 2.5 paid staff members and would therefore not be able to meet the demand for counselling requested. With the work of sessional counsellors we are able to provide a quality service to more than 100 clients a week who are either HIV positive, HIV affected, or members of the broader GLBT community.

A diverse range of issues brings clients to our service, including the need to see counsellors who are queer friendly and able to listen to a range of issues impacting on their lives. We are noticing an increasing demand on the service, particularly for after hours counselling sessions which many of the sessional counsellors are able to meet.

The sessional counsellors provide an invaluable amount of expertise, time and energy to the service and the clients they work with. All the sessional counsellors are professionally trained and come from a variety of backgrounds which include, Psychologists, Social Workers, Gestalt Therapists, Self-Psychologists, Couples Therapists and Psychodynamic Therapists to name a few. Despite differences in therapeutic modalities there is a shared commitment to the quality of service provision to clients.

The partnership between the Counselling Service and sessional counsellors is a complementary one where there is a mutual exchange. The Counselling Service has developed a professional team who bring with them specialist areas of knowledge, and who also then have the benefit of working with a rich and diverse client group that they otherwise may not have contact with.

Over the course of the last year we have developed and implemented an Orientation and Induction Program for new sessional counsellors and students into the Counselling Service. A two-day training program is now undertaken to introduce the sessional team to the multifaceted services of the VAC/GMHC and to ensure that volunteers have a very clear understanding of the many services provided by the organisation as a whole. Members of the Community Education Program and HIV Services conducted the first training at the beginning of this year, with emphasis on integration and referral. This means we are now able to have an intake of new sessional counsellors at the beginning of each year with an effective training package, and orientation manuals for each participant.

Sessional counsellors see up to four or more clients per week and are provided with professional external supervision. Currently there are four external professional supervisors making up this team consisting of Peter Dunn, David Chong, Don Meadows, and Simon Harvest, who see counsellors on a fortnightly basis. This ensures accountability and a high standard of counselling practice that is offered through the service. In addition to individual face-to-face supervision there are two group supervision sessions each month, offered both during the day and in the evening.

A new and exciting initiative has been the development of the first Internship Program between the Counselling Service and Gestalt Therapy Australia (GTA). Four final year GTA students were accepted into the Counselling Service early this year and have been providing counselling to a number of clients. With the development of the Internship, VAC/GMHC has provided the orientation, induction and a counselling context, while GTA has provided the supervision required for the interns. We look forward to further developments in this partnership between the VAC/GMHC Counselling Service and GTA, and with future interns.

As an integral part of our commitment to fostering an enthusiastic team of sessional counsellors, the Counselling Service also provides, once every two months, a guest speaker who presents to the team areas of specific interest to our client base. Again these guest speakers have volunteered their time and expertise to keep counsellors up to date with current information, resources, ideas and therapeutic practices that are pertinent to our work.

We would like to thank all the students who have been on placement over the last twelve months, as they too have contributed an enormous amount to the day-to-day running of the Counselling Service, while participating within the team.

Policy development has been an important aspect of the work in the service over the last year. This has happened slowly, there is much more to do, and this area will be high on the agenda in the service in the next year. A Policy and Procedures Manual will ensure that sessional counsellors, students, supervisors and counselling staff have a common understanding of how the service is run and requirements for better service delivery.

Over the last year the counselling team has worked extremely hard, and has supported the many structural and procedural changes that have been implemented for the smoother running of the service. I would like to thank all of those involved in the Counselling Service for the commitment and dedication to the clients and the Counselling Service.

Finally, earlier this year we had two new couches donated for the counselling rooms, which has created a warmer and friendlier environment for clients. These were received with much appreciation from the team as well as the clients.


NICCI ROSSEL, MANAGER, COUNSELLING



Centre Clinics

DR NICK MEDLAND, CLINICAL DIRECTOR

Health care needs for people living with HIV are becoming more complex and services must reflect this. Although the long-term toxicities of antiretroviral therapies continue to hold attention, long term medication adherence, mental health and emotional wellbeing, cardiovascular risk and long term cancer screening are looming as health issues which parallel poverty, housing, employment and social isolation. To tackle this complexity, medical, counselling, paramedical, auxiliary, and complimentary health services will need to be closely integrated with community support and social services.

The VAC/GMHC offers most of these services and is perfectly positioned to pioneer an integrated multidisciplinary approach to the health care of PLWHA. With the relocation of many of our services, there is a potential for fracturing rather than integration, a risk that we must work together to overcome. The strategic vision process has renewed our commitment to working across program boundaries to further the health of PLWHA and to reduce the transmission of HIV in our communities.

Relocation will be the greatest challenge for The Centre Clinics in the coming twelve months. Although one of the most exciting developments in VAC/GMHC in recent years, the new Commercial Road site has necessitated a clinic move, as moving the clinic to this site has never been an option. Space restrictions in the buildings and duplications of services to PLWHA in one narrow area are the two main reasons for this.

Centre Clinic clients have always fallen into two broad categories. There are individuals who visit very occasionally for sexual health issues or HIV testing. These individuals would appear to come from very broad areas of Melbourne. A second group of individuals use us as their main, or one of their main, medical contacts. Most PLWHA attending the clinic fall into this category. A brief review of clients falling into this category demonstrates that postcodes from St Kilda, East St Kilda, Elwood, and Elsternwick predominate. This supports the decision to remain in this area.

Despite the enormity of the undertaking, the relocation has in fact been eagerly anticipated for several years, as for many years the Centre Clinics have been constrained by space limitations. As the complexity of health care needs for PLWHA rises dramatically, consultation times have become longer and more frequent clinic visits are required for many individuals. The Centre Clinic has been growing at a steady rate of about 10% per year for the past several years. The number of PLWHA using us as their primary treating and monitoring service has grown at about the same rate.

For years, the seamless mixing of HIV medicine, HIV testing, sexual health and gay and lesbian health has been one of The Centre Clinic's greatest strengths. It stands as a powerful example of the way in which the VAC/GMHC's separate commitments to the health of PLWHA, prevention of HIV transmission and the health of the gay and lesbian communities can be united in one service. However, as the health needs of PLWHA have expanded, we have met a concern that our ongoing commitment to offer the highest quality of health care may come at the cost of our ability to continue to increase the quantity of health care.

In fact, we have already noticed the impact of longer appointment times on the availability of same day appointments and new patient appointments.

Our relocation will provide the space to expand our St Kilda clinic, building on the recent expansion of the Northcote clinic hours.

While our funding base is predominantly Medicare fee-for-service, a true multidisciplinary service is not affordable. However, the services we do provide reflect the changing health care needs of PLWHA and include psychiatry, acupuncture and nutrition. Our psychiatric service has been 100% fully booked over the entire year.

Adherence has long been recognised as the most important predictor of success of antiretroviral regimens and the Centre Clinics were one of the first sites in Australia to examine the question with a research and intervention program in 1998. We have commenced a small adherence service from The Alfred Hospital Occupational Therapy Department and are hoping to expand this, perhaps with the use of volunteers, as the year progresses.

The clinic's commitment to research remains strong. We participate in HIV related research as a site for the National Centre for HIV Epidemiology and Clinical Research and our Clinical Director sits on the protocol working groups. We have our own research agenda and this year have a grant to conduct a research project aimed at better understanding the gonorrhoea epidemic currently occurring in Victoria.

This year-end finds the Centre Clinic stronger, busier and more focussed than ever before. The next year will find us in newer, bigger, better premises, expanding to meet the needs of our communities.

HIV Services

The following is a broad overview of the key areas of activity in the past 12 months.

DAVID WILLIAMS FUND

The David Williams Fund (DWF) distributed \$109, 585.00 over the past financial year, and received well over 1,000 requests for assistance.

The most frequently requested assistance was for:

- ~ housing costs (\$17, 645)
- followed by
- ~ utilities (\$12, 014)
- ~ food vouchers (\$13, 225)
- ~ white goods (\$11, 491)
- ~ car expenses (\$10, 054)
- ~ funerals (\$8, 600)
- ~ medical expenses (\$5, 753)
- ~ electrical goods and furniture (\$5, 404)
- ~ bedding and clothes (\$5, 163)
- ~ removal and travel costs (\$5, 016)
- ~ optical and dental (\$4, 293)
- ~ exercise and natural therapies (\$2, 222)
- ~ vet fees (\$1, 218)
- ~ retraining (\$827)
- ~ childcare (\$295) and
- ~ miscellaneous items (\$6, 365).

Given that there is a limit of \$20.00 per client per two months for food vouchers, it is clear that the demand for food remains high.

MAC Cosmetics continued to be a major source of income, contributing \$36,739. Red ribbon sales, AIDSWalk, DWF memorial gift cards and the kind donations of others were also significant sources of income. The DWF committee underwent a number of changes this year, farewelling Margaret Taylor, the community representative, and welcoming in her place, Brian Price. Geoff Heaviside also replaced Chris Polden as the new PLWHA representative.

Increasing levels of verbal abuse from a small number of DWF clients unhappy with the level of financial assistance provided was of concern this year. In response, a letter was posted to all clients in an attempt to dispel the myth that DWF clients are each entitled to \$1000 per year. The letter provided clear guidelines and procedures about the fund. This was well received and a number of clients expressed appreciation for making the guidelines explicit.

Overall, need remains constant and is increasing in areas such as basic living costs.

Michele Roberts
DWF Officer

COMMUNITY SUPPORT PROGRAM

It seems appropriate that in the International Year of Volunteers the Australian AIDS Trust has made a substantial grant to Community Support to help fund a volunteer retreat. This is a tangible recognition of the amazing work our volunteers continue to do 17 years after the establishment of Community Support.

Without our dedicated band of volunteers we could not provide the services so important to the health and wellbeing of our clients. In the past 12 months care has been provided to an average of 125 clients a day. In addition transport volunteers have provided 1438 transports to medical appointments. It is quite mind boggling to consider that since the inception of the transport system some 9 years ago, Community Support volunteers have provided our clients with over 25,000 transports to medical appointments. Also since Community Support came into existence 17 years ago volunteers have supported 1183 clients. Another staggering statistic!

Care team work continues to be challenging and in many ways more demanding than in the pre-HAART days. The average length of a care team has grown from 9 months to 36 months. The definition of 'carer' and 'friend' are often more difficult for both carers and clients to delineate. Issues of depression, pre-existing psychiatric conditions, poverty and social isolation, experienced by a considerable percentage of our client base, make meeting our clients' needs increasingly demanding. We can be proud that our volunteers continue to provide an excellent service in difficult times. Their dedication and commitment is truly praiseworthy.

It is with some sadness I report that one of our groups, Mid South Support, has recently decided to disband. Mid South's first client joined the program in 1990.

In the intervening years Mid South has supported another 122 clients. The quality of support given by countless Mid South volunteers over those years was next to none. They leave behind a heritage we can all be proud of. Due to demographic changes, client numbers in the Mid South area have declined rapidly in the past few years. There was therefore a need to rationalise the service to ensure that Mid South volunteers continued to be engaged in supporting clients. The Mid South membership decided it was sensible to disband and for volunteers to join other active groups. I want to thank all volunteers from Mid South for the important contribution they made to so many clients' wellbeing for over a decade.

From the point of view of staff we are fortunate to have gained Alex Nikolovski as our Volunteer Training and Development Officer. Currently the President of AIDS Line, Alex brings considerable experience and expertise to this position. Lynda Horn, who established PK Tix while on student placement, has recently accepted the position of PK Tix Co-ordinator. She will co-ordinate and further develop this project. The Regional Support Officers, Peter Doyle, Sue Robinson, John Hall and Chris Ellard continue to provide the program with a level of experience and dedication, which greatly benefit both clients and volunteers. Staff have also been involved in the establishment of a Melbourne based HIV/AIDS Workers' Network and a National HIV/AIDS Workers' Network.

This will provide staff with another level of collegiate support. The networking involved and the exchange of ideas have the potential to further enhance the program.

The internal review of Community Support conducted in 2000 indicated clearly that major issues facing our clients were poverty, social isolation and depression. Two initiatives introduced in 2000 to help address these concerns have thrived and been further developed in 2001. The response by clients has been very encouraging.

DROP-IN GROUPS:

The North Drop-in celebrated its first 12 months of successful operation in July. It consists of a fortnightly informal lunch, (off-pension week). North Support and Central Support provide funding for the drop-in while clients set up, buy and prepare the food and organise the clean-up after each lunch. Also a food bank helps supplement grocery supplies which are often meagre at this stage of the pension cycle. The drop-in consistently attracts 20 to 25 participants with 40 attending its first birthday celebration. A number of group outings have been incorporated into the program including visits to the Werribee Zoo, the Melbourne Aquarium and to the property of a country PLWHA.

Similarly a Drop-in has commenced in Frankston. Finance has been provided by South Support supplemented by donations from Mid South Support and East Support. The model is similar to the North Drop-in. Starting from a small beginning the South drop-in is now gaining momentum as the word spreads of its existence and as confidence grows in a community which is particularly concerned about confidentiality. The profile of the South Drop-in is more diverse including a larger number of heterosexual women, men and their children. Social outings have included Ashcombe Maze, a film and the Point Nepean Park.

Comments by participants at the Drop-in's include:

I am grateful for the informal, non-judgemental meetings and free food since the group's inception. Such a group helps me decrease my social isolation and encourages further friendships.

This is the first time in four years that I have been able to talk freely about HIV/AIDS. Previously I had been isolated simply by being with family and friends who could not really understand.

PK TIX

The second initiative was PK Tix (formerly called the Social Isolation Project.) As a result of successful applications for seed funding from a number of philanthropic trusts this project has gone from strength to strength. Apart from enabling us to appoint a dedicated worker to administer and develop the project we have been able to considerably extend the range of tickets/outings we can offer our clients. In the 12 months the project has been operating more than 2000 tickets have been distributed. Volunteers and clients are being trained to distribute tickets and maintain the database.

A recent survey of clients accessing PK Tix indicated that 89% believed that PK Tix had improved their quality of life, 79% felt it had helped them to feel less isolated and 92% were able to access activities where, previously, costs were prohibitive.

The project has received universal praise from clients:

I get two tickets to see a show which enables me to take out a friend. For once I am able to GIVE instead of take which surely strengthens friendships and creates new ones.

I also have some events that I have been to that I can include in my chatting with others. People are bored by sick people talking about being sick.

Entertainment can take my mind off myself and my problems as well as broadening my mind to look at life differently.

The chance to access activities with my child which we otherwise could not do creates lasting memories of special events.

Excitement before, during and after the outing relieves boredom.

I didn't have a life before you came on board. My carer had his work cut out for him.

Next year volunteers and staff will experience considerable change when we move to the Braille Library site in Commercial Road, Prahran. It should be an exciting time for all – a time to look once again at how best we can meet our clients' needs. I look forward to the challenges that lie ahead for us all.

*Don Hay,
Co-ordinator*

POSITIVE LIVING CENTRE

Each year I am asked to write this section for the Annual report, it provides an opportunity to review what has been achieved at the Positive Living Centre (PLC) and what might be possible. It also allows those at the PLC to reflect on how the needs of PLWHAs may be met in a meaningful and relevant way.

Over the financial year 2000/01, the PLC has introduced a range of new initiatives while strengthening those facilities and resources that are already in high demand. It is apparent that the Centre plays an important role for a number of PLWHAs. We are also aware that if we are to continue to expand and grow to meet the ever-changing needs of our primary target group then we also have to change and enhance the Centre's ability to do this. In the next year we will move to a new building in Commercial Road, Prahran. For a lot of us this has been a long time coming and we are now able to think about the new possibilities. It is our goal to make the move with little disruption to the daily life of the PLC. Mindful of our need to continually meet the needs of PLWHAs, an enhancement of facilities, programs and resources will require a resolve to acquire more funding and recruit more volunteers to accomplish this.

YOUNG HIV-POSITIVE PEOPLE

The PLC this year allocated privately raised funds to commence a new program for young HIV-positive gay/bisexual men (see below). It was clear that the PLC was not having substantial contact with people from this target population, even though the surveillance data indicated that at the end of 1999 there were over 1500 people with HIV in the age group 20 -29 years of age, of whom approximately 1450 were males. The Centre appointed Gina Greco to the position of Youth Access Officer and during the year she has made contact with a number of young people and began to significantly establish the profile of the program. The Centre is committed to the ongoing funding of the youth program.

ACTIVITIES AT THE PLC

In September 2000, due to the generosity of American Express Travel, the Positive Living Centre was able to distribute nearly 100 computers to its members and the members of Positive Women and Straight Arrows. While the computers had been superseded, members swamped the PLC to acquire one of the units.

The PLC continued to hold a number of annual events during the year. These included a very successful Xmas-in-July with Mother Xmas attending with her helper elf, Melbourne Cup Day, World AIDS Day, a picnic to Hanging Rock and the traditional Xmas Dinner.

The Cyber Lounge increased in popularity. The need for PLWHAs to learn new computer skills still exists and the Centre will look at this during the year 2001/02. The Centre installed Typequick onto the Cyber Lounge's computers so that people could improve their keyboard skills.

The PLC is still attempting to increase the frequency and range of Complementary Therapies available. A decline during the year of the availability of Massage Practitioners has seen a reduction in the number of hours massage is available. Yoga is held once a week and the naturopath, Vince Boyd, consults on a weekly basis. We are still able to provide a weekly information session on complementary therapies through Jim Arachne.

Towards the end of the financial year 2000/01, the staff met to look at a number of new activities that the PLC might introduce for members. This will result in a monthly PLC Calendar of Activities being mailed to members and Support Program clients from August 2001.

*Gary Ferguson,
Co-ordinator*

FRESH

The Youth Access Program called Fresh, targeted at young positive people under 30 years of age, has been running since July 2000.

Fresh is an innovative program that encompasses a range of activities such as information sessions, social activities, competitions and workshops. Fresh even marched in the Sydney Gay and Lesbian Mardi Gras Parade earlier this year.

The program was officially launched on November 26th at the Prince of Wales. Dr Darren Russell, President of VAC/GMHC, formally opened the program. We were very fortunate to have local comedienne, Corrine Grant, from Rove Live MC the evening.

Councillor Darren Raye from the City of Port Phillip launched "Fresh Focus", a photographic competition. Fresh Focus was an opportunity for Melbourne's gay and lesbian youth to present photographic depictions of how they viewed HIV in the year 2000. The images were varied and proved to be very potent for those who attended and viewed the exhibition.

Fresh kicked off their social activities with a Xmas chicken and champagne beach party held at the Catani Gardens in St Kilda. Other social activities included movie nights, afternoon tea at the Rialto Observation Deck, a comedy and acid jazz afternoon, \$1 pots at the Prince of Wales and a night out at the Xchange Hotel.

Fresh has also established a web site for the program, which includes photographs and articles from the young people involved in the program. Also newly running at Fresh is Check Up Mate which provides support for young positive people when they attend medical appointments.

*Gina Greco,
Access Officer, Youth*

PEER SUPPORT PROGRAM

In the last year the HIV Peer Support Program has grown significantly with an increase in one to one contacts and the discussion groups. The discussion group is a vital component of the program offering PLWHAs the chance to connect with others in a supportive and safe environment. It helps to break down the barriers of loneliness and isolation and provides an opportunity to talk about the issues that are important in our lives. As a result many solid friendships are formed.

A Peer Support dinner was held last year to celebrate the Olympics called "Olympia" with a Greek theme, naturally. It was a fantastic night and a great get together for a lot of the discussion group participants. Thanks must go to our volunteers Russell, Pat, Beth and Mary who helped make the night a very special one.

Many of the participants from these groups express their interest in being involved with the program and this year we ran a Facilitator Training day over two weekends. We now have a great bunch of guys involved in the program that I'd like to thank very much for their participation, commitment and dedication.

More fun and social activities are being planned for the future and we encourage anyone who is considering Peer Support to contact us at The Positive Living Centre to find out more.

*Marcus Younger,
HIV Peer Support Officer*

HALC**(HIV/AIDS LEGAL CENTRE [VICTORIA])**

Over the past year, HALC has continued to provide a free legal advice, information and referral service to all people living with HIV/AIDS.

The service operates fortnightly for two hours and can see up to 8 clients at any one session. Over the last 12 months, more than 100 clients were assisted with advice or referral.

With the help of Bruce Arthur, the Administrative Assistant at the Positive Living Centre, we have been able to update the Private Practitioner Referral List as well as streamlining the system for communication between HALC and its volunteer solicitors and co-ordinators. We have plans in the New Year to computerise the booking system and to streamline the office filing system.

We have been fortunate in having new volunteers joining our ranks during the year. However there is a continual need for volunteer solicitors to join our panel in order that we can deliver a more comprehensive service to our client base.

The service relies on the volunteer solicitors who are rostered on each session throughout the year and the volunteer co-ordinators who make sure that the sessions run smoothly. To them we owe our thanks for their work and dedication over the past year. Thanks are also due to those solicitors on our Referral List, many of whom provide a pro-bono service to our clients and to Gary Ferguson and Bruce Arthur for keeping things together.

*Peter Doyle,
HALC Co-ordinator*

COMPLEMENTARY THERAPIES

The development of a regular free e-mail newsletter, "COMP_THERAPIES_HIV", reporting on Complementary Therapy (CT) research and HIV has begun to fill a serious gap in information to PLWHA in this area. With 4 issues published, around 150 people are receiving it via the Internet so far, with an additional 30 receiving print versions. A small grant from the AIDS Trust will enable a publicity program for this service to begin shortly.

Negotiations with several large herbal and vitamin suppliers are underway to help reduce costs for PLWHA accessing the naturopathic service at the PLC. MediHerb, Australia's largest suppliers of herbs to professional herbalists and naturopaths, have generously donated \$1,200 of free herbs plus free freight for all orders.

Around 20 to 30 face-to-face information sessions or phone consultations have been delivered every month by the Complementary Therapy Treatment Officer to PLWHA seeking CT information. Common questions asked are: "Can I use CT to reduce drug side effects?", "What CT can I use to treat symptoms that don't respond to medical drugs?", and, increasingly, "I want to postpone starting drugs for as long as possible. What do CT offer me?". Increasing numbers of health care professionals are also utilising the service offered by the CT Treatment Officer to answer questions from patients or clients or to discuss treatment possibilities.

Another e-mail service with steadily increasing subscribers is the weekly "HIV Newsclips" which provides breaking news on medical research and advances in treating HIV.

The need for CT information is increasing with the most recent social research, the Positive Health study, showing that 70% of 425 PLWHA interviewed have used or accessed at least one alternative or CT in the previous 12 months.

*Jim Arachne,
Complementary Therapies Officer*

VOLUNTEER RECRUITMENT & CO-ORDINATION

This year has been a very special year for volunteerism worldwide. In declaring 2001 The International Year of Volunteers (IYV) the United Nations enabled a shift of focus to the vital but often unseen work of the volunteer sector in the community. The main objectives have been to increase recognition, networking, facilitation and promotion of the work of volunteers on an international, national and local community level. Media promotion through radio, television and the Internet has put a voice and face to the volunteers working on many diverse projects which otherwise may never have been accomplished.

At the **VAC/GMHC** we continued to work on increasing our profile both within the organisation and the wider community through the development of a striking new volunteer brochure incorporating the IYV logo and photos of our own volunteers.

This has been our key marketing tool and has given us the visible profile to continue to attract volunteers to our programs. The brochure is sent to over 70 community groups and organisations such as libraries, volunteer resource centres, clinics, universities, gyms, cafes, and gay and lesbian social and support groups. As a result we are still seeing a steady increase in the number of volunteers coming into Orientation with more than double the number recorded in 1999.

Enlarged posters of the brochure have also been placed in the Reception and waiting areas of **VAC/GMHC** and have been praised by volunteers for the impact they have had in highlighting their work and lifting their profile within the organisation.

The Orientation Working group who are at the forefront of the recruitment process have continued to work hard at ensuring Orientation sessions are interesting, informative and fun. A personal thank-you to Greg, Shane, Ian, John and more recently Mathew-Paul, Terri and Philip for the professionalism, warmth, support and commitment you have shown both to myself and new volunteers during a very important and demanding year in the Volunteer Program.

I would like to further extend a very special thank-you to all our volunteers across all program areas for your continuing involvement and the terrific job you have done in 2000-2001.

I look forward to meeting with you and celebrating your work in the splendour of Rippon Lea Gardens on October 28th in an event the **VAC/GMHC** has dedicated to the enormous contribution volunteers have made in directly or indirectly changing the lives of people living with HIV/AIDS.

Mary Gianevsky

Volunteer Recruitment & Intake Co-Ordinator


CONCLUSION

It is always a bit of a challenge to try and sum up what has defined the previous 12 months of activity. Last year it was the impact of treatments, the previous year it was poverty, but the past twelve months don't lend themselves easily to anything obvious. Treatments, poverty, isolation, side effects, depression, work, housing, retirement, pregnancy, self esteem and a desire to live a normal life have all been significant issues or themes that we have experienced in this period. The nearest I can get to describe it is that it has been a year of transition. Working towards a move to the Braille Library site in Prahran or watching the emergence of one-off projects such as the Community Support drop-in groups, the PK Tix project and PLC's Fresh program has symbolised a service trying to respond to a shifting and often expanding landscape. Even though we all have a desire to develop and establish new responsive services at break neck speed, the reality of budgets and human beings dictates that we must proceed in the slow lane, with lots of road side service along the way. This is frustrating to us and for many PLWHAs.

Having undergone a major strategic planning process as a Unit and an organisation, it is really clear that we know what is needed to respond effectively to the needs of PLWHAs across the inner, outer and provincial areas of Melbourne. We also know whom to work with to identify and develop what is needed in rural Victoria. I think a lot of people thought that with new treatments the need for services such as home based

practical, social, or emotional care would dissolve or that we would be able to close services such as peer support, the community centre or our emergency relief program. It didn't eventuate. Things rarely get simpler. They often just become more complex.

Someone who is doing relatively well and not experiencing side effects from HIV treatments may have little use for need of a program such as HIV Services. That is exactly as it should be. It is worth celebrating that a good proportion of people are doing quite well and getting on with their lives. HIV is no longer the dominant issue in their life. However, there is a significant proportion of people who do need services (70%) and that proportion has not really changed since the early days of the epidemic. What has changed is that many of the PLWHAs seeking services are often presenting with complex issues or multiple diagnoses. It is also not unusual to have people present with issues unrelated to HIV that if not addressed could severely impact on the individual's health and wellbeing.



VOLUNTEER



VIKKI KING MANAGER, HIV SERVICES

If we must work with the same budget, and we are unable to identify internal services that can be cut, how do we not only shift and adapt current services to respond to needs but also develop new ones that we know are needed? Or if we find that we need some new specialist services to meet a small but significant and complex set of needs, how do we make it happen? How do we make Governments pay attention? How do we pursue these issues within the **VAC/GMHC** when many needs end up in competition? These are the issues we have been grappling with over the past 2 years.

To this end we have implemented a review of the services we are providing at the current PLC with the aim of establishing a revitalised program of services once we relocate. The Community Support program has also spent considerable time working with clients reviewing its model and service. Projects mentioned earlier are a direct response to the needs identified by clients.

More work is being done in terms of how the program is organised and this will help us to keep up with the shifts in the epidemic. We are also continuing to advocate internally and externally for a shift in some services and the establishment of some new but very specific services to ensure that PLWHAs are properly cared for. We are fortunate to have solid working relationships with some outstanding HIV service delivery agencies. But it won't solve the big problems. We are at a point where additional resources are needed now not tomorrow, if we are serious about ensuring those most marginalised are not left to their own often meagre resources.

On a less sombre note I can't sign off without paying tribute to the work of our staff, volunteers and supporters. We have a diverse range of volunteers working in a diverse range of positions who continue to deliver high quality services and programs week in and week out. The International Year of Volunteers is an important recognition of the enormous contribution volunteers make to our community. The **VAC/GMHC** would be certainly poorer in spirit and in service provision without them.

This year saw the departure of Roger Milne from the In Home Support Program and Tony Maynard as the HIV Treatments Officer. Roger was only with us for a year but proved himself to be a highly skilled (and memorable) member of the team. We certainly miss him. What can you say about Tony Maynard after over 9 years in the job? Tony took up an opportunity too good to refuse which was a more senior role in Sydney. His skills have proved hard to replace, as has he. The IHSP was fortunate to recruit Madeleine Berry to the Co-ordinator position, and we are expecting to begin another recruitment exercise for the Treatments Officer position in the very near future.

We are very lucky to be surrounded by a highly skilled and dedicated group of staff who are prepared to go the extra distance to get the job done. Without the skills, knowledge and experience held by the staff in HIV Services I would guarantee that the many thousands of client or volunteer contacts that the Unit handles in a year would be far less reliable or satisfactory than what is experienced now. I feel very fortunate to work with a group of people who take pride in what they do and are highly committed to delivering the best that they can. I hope you join with me in thanking Sue, John, Peter, Don, Chris, Alex, Gary, Gina, Marcus, Bruce, Terry, Jim, Michele, Mary, Lynda and Madeleine for all their work over the past 12 months.

Last but not least I want to make special mention of Matthew McCarthy. Matthew is a graphic designer who first worked with us on the HIV Services Unit brochure. This annual report is an example of his work. Matthew has worked with Paul Rees (VAC Network Support Officer) and me on developing the **VAC/GMHC** website (www.vicaids.asn.au) over a very long and frustrating 2-year period. In doing so he has had to put up with our penny pinching, complete lack of organisational website development experience and our less than stellar website content turnaround times. If any of us had known what we were letting ourselves in for we would have buried the idea then and there. Luckily perseverance pays off and we now have a website that will grow and develop with us. Feedback has been fantastic and this is due in the main to Matthew's design skills.

Without the Matthews or the MAC Cosmetics companies or those individuals who remember us with a donation every now and then there wouldn't be a website or a David Williams Fund or a Fresh project. We are truly appreciative of all the support the program has received and look forward to building on these relationships in the future.

Here's to new beginnings at our new location in 2002.

The rewards of volunteering are being part of a great group of people and making a difference.

To people who are considering volunteering I would say "Go for it. You will get a feeling of belonging and it will strengthen and challenge you".

**VOLUNTEER
JAMES MARYLAND**

Volunteering with HIV Services

VOLUNTEER

ROBERT ACTON

Role: North Support Group, Administration Officer and Newsletter Editor

I believe I get more out of my VAC work than I put in. As well as producing the Genetic News pages for other groups to use, I have developed my computer skills. The response to my work affords me a great deal of personal satisfaction and enjoyment.

Leave any prejudices or preconceptions behind. No one is a stereotype — everybody is unique and has something worthwhile to offer.

VOLUNTEER

MICHAEL KEMPTON

Role: Care Team Coordinator

I really appreciate the training and support offered here, both initial and ongoing. And I've learnt how important ongoing learning is.

When I volunteered I was inspired by the courage and commitment of those who had already made a stand for the dignity, rights and justice claims of people living with HIV/AIDS.



VOLUNTEER

JAMES MARYLAND

Role: Carer

When I was 14 years old, I saw a group of carers marching at Mardi Gras. I said "That is what I want to do!".

The hardest part is not knowing what to say to clients when they are having trouble communicating their feelings and wishes. The rewards of volunteering are being part of a great group of people and making a difference. To people who are considering volunteering I would say "Go for it. You will get a feeling of belonging and it will strengthen and challenge you".

VOLUNTEER

ANTHONY HILLIER

Role: East Area Group Social Convenor

When I have held dinner dances, the reward I get is to see clients and volunteers enjoying themselves, leaving their worries and responsibilities behind for one night.

VOLUNTEER

LARRAINE KENT

Role: Deputy Care Team Coordinator and Social Representative

A major reward for me is the great relationships I now have with people who have a different culture to me. To prospective volunteers I say "If you wish to get back more than you give, then this is for you."

VOLUNTEER

CHRIS GRADY

Role: Carer

I enjoy being part of a team, the camaraderie of working together for a good cause. Working with people in this way spirits me on to do further work in the community.

VOLUNTEER

MATHEW-PAUL FOWLER

Role: Orientation Working Group (OWG) member

Among the things I do with the OWG are welcoming new volunteers, making sure their presence is recorded, helping set up the room for orientation, and preparing refreshments for the break.

As a volunteer you gain a new extended family, within and outside the VAC.

VOLUNTEER

MALCOMBE LOOKER

Role: Care Team Coordinator

I've learnt how to deal and work with people from many different backgrounds. I would advise people considering volunteering that what you get is more than sufficient rewards for your efforts.

What's difficult about the job is fitting in all the things you'd like to do.

VOLUNTEER

PHILIP BURTON

Role: Orientation Working Group Presenter

Our aim with the working group is to put prospective volunteers in a position to decide if volunteering for the VAC is for them and what type of volunteering they feel they are suited for. We emphasise commitment, confidentiality and the non-judgemental nature of the organisation and the volunteer experience.

The rewards for me are meeting all sorts of different people, exchanging views, enlightening people about what HIV/AIDS is, and helping change preconceived ideas about what gay people are like. It's a process of breaking down barriers.

I've learnt to be less judgemental, more caring. We all have the same emotions, whether we are rich/poor, white/black, gay/straight. We all cry and laugh; we all want to be accepted and loved.

A day in the life

of volunteers with the HIV Services Program

To give some sense of the broad range of work undertaken by volunteers, we asked the HIV Services volunteers to record their activities for one day. Here is what happened:

POSITIVE LIVING CENTRE

As the city wakes, the PLC day gets under way and the Centre fires up. *L* checks the daily planner and opens up reception. With the monthly mailout on, it's cramped fingers all round—*L* and others are stuffing envelopes all day.

G rings a client to make a time to catch up during the week. *P* shows a new member through the PLC, explaining the operations and activities available. As they finish up and the new member leaves, *G* is putting the phone down. Her call to the client turned into a 40-minute chat!

It's mid morning and there's bustle and laughter in the kitchen. Volunteers preparing tonight's dinner are chopping up food, preparing dishes and having a good time while they're at it.

Meanwhile, at reception, *S* fields a call from a PLWHA who is distressed about their boss breaching their confidentiality. *S* connects the caller to a VAC staff member to provide assistance. In the massage room, *J* massages his third client for the day and then ducks out for a caffeine fix before his next appointment. Outside in the welcome winter sunshine, *P* sweeps down the PLC courtyard.

It's 2pm and the kitchen volunteers and staff are still hard at work. Another delivery arrives and they help unload and store it. They're swapping recipes, the foodies among them bantering about the right way to cook spinach.

P, who volunteers as a legal advisor with the HIV/AIDS Legal Centre, checks in with *N* at reception to see what clients are booked in for this week, confirming the time of the first appointment.

It's 5pm and the volunteers on reception have fielded, or dealt immediately with, over 100 phone calls, including bookings for massage and the HIV/AIDS Legal Centre, inquiries about volunteering, safe sex information, requests for transport, and first-time calls from PLWHAs.

COMMUNITY SUPPORT 8.30AM

It's 8.30am and *R* is in Sunshine, knocking on *B*'s door to accompany him on a trip to the Melbourne Sexual Health Centre for a checkup. They battle the early-morning traffic and reach the Centre in time to have a coffee before the appointment.

9.30AM

At 9.30am, *A* is at home talking excitedly on the phone to *S* who has called to pitch a great fundraising idea for Central Support. They toss round the pros and cons, deciding that it's a good plan and is worth pursuing.

In a waiting room at the Alfred Hospital, *M* flips through old New Ideas with evident disinterest as she waits and waits for *C* to emerge from his oncology appointment. When *C* surfaces, he is tired and nauseous. They zip off in *M*'s car to take him back home where *M* prepares a light lunch.

It's mid-morning and *H* is sitting at a desk at Central Support, armed with a stack of papers and scissors. He sorts through HIV news clippings for the local Area Group's monthly newsletter.

It sounds easy but is one of the more stressful tasks in the life of an Area Group.

12.00PM

At midday, *J* leaves his home in Chadstone and travels to Frankston to pick up *D* for a trip to the Royal Melbourne. Two hours later they set off for the trip home, which takes an hour. *D*'s new medication is producing powerful side effects and they have to pull over three times on the way home. By the time they get home to *D*'s house *D* is feeling very tired and *J* stays to make sure that he's okay. Five hours after setting off *J* gets home. Thirty minutes later *J* is back out the door and off to Uni.

2.00PM

At 2pm, *N* sorts through a Care Team roster for this month. There are a number of gaps that will need to be filled. *N* rings *R*, the Care Team Coordinator, to work out who they might be able to bring onto the team and what alternatives there are. Juggling the different time commitments and skills of the volunteers is a mighty task. They also establish that RDNS need to be called in to brief the team on some medical issues.

2.30PM

At 2.30pm *G* rings staff member *Mary*, to confirm numbers for an Orientation session next week. It is a good-news phone call. A record 22 potential volunteers are booked in for the session.

As *V* is dropping *R* to Fairfield House (CCU) for his respite care visit, *S* is sitting round the kitchen table at *W*'s talking about movies. She has dropped off a casserole for *W*, whose decreasing mobility is making it increasingly hard for him to shop and cook for himself.

3.00PM

At 3pm, *J* meets with staff member *Graeme* to discuss the details of the paperwork which needs to be submitted for approval for a Trivia Night fundraiser. Armed with the information, *J* will now be able to proceed with the planning for the event before lodging the final documentation with the Manager of HIV Services. *J* has taken an hour off work for this so she has to race out at 4pm.

4.30PM

At 4.30 pm, *Y* gets ready to attend a training session on depression. His recent experiences as a carer have pressed home to him the fact that long-term, low-level depression is common among clients.

6.00PM

After a long day at work, *T* gets home at 6pm and phones *R*, the Care Team Coordinator, to discuss concerns about a client's deteriorating health. The chat confirms that care needs to be increased so *R* contacts *W* the Regional Support Officer. A review is undertaken and additional resources, internal and external, are put in place.

7.00PM

At 7pm in a meeting room at Claremont Street, four volunteer carers from Central Support gather. A long-term client, with whom they were all involved as carers, has recently died. This is a debriefing. It takes two hours to talk through the complexities of the situation and their feelings of loss.

8.00PM

At 8pm *R*, Care Team Coordinator, makes 15 phone calls to find someone to do an urgent transport the next day then settles down with a glass of wine and puts his feet up.

Community Education Program

For the Community Education program the past 12 months have been characterised by shifts and transitions as we completed our program review and embarked on its implementation. It has also been a whirlwind of activity as we rose to meet the current challenges of the Victorian epidemic.

In an environment where it is often said that HIV is no longer relevant in gay men's lives, the high levels of passion, dedication, courage and commitment shown by volunteers and community members to the HIV surveillance figures in 2000 has been inspirational.

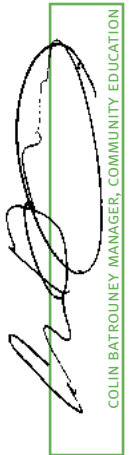
This year, our aim is to strengthen participation and involvement from the grassroots level, including people living with HIV, in the work that we do. From our Safe Sex Sluts parading on Commercial Road and handing out safe sex resources during Midsumma, to delivering community forums and consultations with affected communities and other stakeholders, we are renewing our efforts to sustain safe sex culture and to build the capacity of our communities to respond to the HIV epidemic in Victoria.

Meaningful involvement by volunteers in all areas of the program's activities is a key component of our strategy. It includes recognising and strengthening the strategic role of our volunteers as co-creators of the educational moment crucial in successful education activities. As the first step, we have expanded the opportunities available for volunteers to be involved in the work of the program, and developed and implemented capacity building initiatives for volunteers to support them with the knowledge and skills necessary to grapple with the complexity of our current environment.

Gay culture has changed, and the way that gay men experience and participate in gay community has also changed. In responding to these changes, the Community Education program has embarked on exploring and developing innovative and novel methods of delivering information, and creating dialogue.

Incorporating other media such as radio and television, in addition to using print-based materials such as booklets, posters, articles and advertisements, is just the first step. We will continue to build on these initiatives to further the reach of our education messages, and to make effective use of new technologies that are available including the Internet.





COLIN BATROUNEY, MANAGER, COMMUNITY EDUCATION

ACTIVITIES

This year many of our activities were framed as part of the Education Response to the new HIV figures. From articles and advertisements in the gay and lesbian press to interviews on community radio and television, we seeded into community discussions such issues as assumptions of HIV status, disclosure, the inclusion of HIV positive people in prevention initiatives, negotiated safety, and risk reduction.

We implemented the Parties Campaign this year, and delivered a host of community forums. Some of these such as the Epidemic Update forum, and the Community Briefings at the Laird Hotel, the Sir Robert Peel Hotel, and the Outlook Café followed familiar formats. We also tried more sophisticated group technologies in forums like Pleasure Principles: Gay Men's Sexual Behaviours in Context. Others such as the Going in Deeper series at the Xchange and Builder's Arms Hotels, where drag performer Kaye Sera and volunteers led the audience through a series of hypothetical scenarios, combined education and entertainment.

Our peer education workshops such as Young&Gay, MoMENTum, Relationships and Gay Asian Proud continue to enjoy success. Even here, the spirit of innovation and creativity has made an impact with new activities developed with the involvement of volunteers. A new sexual health game, drag workshops, and a picnic near a popular beat are just some examples.

We have also renewed our efforts in working closely with sex on premises venues. Our initial consultations with proprietors and managers resulted in a series of posters at venues that complemented advertisements in the gay press. We went on to develop a further series of safe sex posters and videos based on feedback from proprietors and managers on what would work in their venues. Our work with sex on premises venues also includes training sessions for staff on HIV and current issues in the epidemic.

Other on-going activities include the provision of safe sex packs (for gay men as well as lesbians) at dance parties, our HIV positive lifestyle program Positive Life on JOY radio, and working closely with community groups such as Greek&Gay, Italian&Gay, and Arabic&Gay, to facilitate discussions and provide information on sexual health, HIV and other sexually transmissible infections (STIs).

PROGRAM REVIEW

These new directions and initiatives require a supportive infrastructure. The recommendations of the Community Education program review provide the necessary foundation for the future work of the program, and enable us to be more flexible and responsive to the changing nature of the epidemic and the communities affected by it.

In line with the recommendations, we have moved from project specific designations such as Youth Project Officer or Peer Education Officer, to generic Health Educator positions with a primary focus on project development and implementation.

This does not mean that we are all doing the same jobs and that the focus on specific populations, communities and cultures will be lost. Rather, it means that program staff work in teams with a primary focus on developing and implementing specific projects addressing key strategic issues that will make the most impact on the Victorian HIV epidemic. In doing so, we add to the mix the expertise, knowledge and skills of staff and volunteers and their relationships with specific populations.

The past 12 months have provided the program with the opportunity to reflect, to consolidate our position, and to take effective action in a changing and complex environment. I would like to take this opportunity to thank the volunteers of the Community Education program, and past and present staff (Tex, Vic, Kenton, David, Asvin, Guy, Jim, Geoffrey, and Daniel) for the tremendous effort and fortitude they have shown in the preceding months of change. I am confident that the experiences of the past year have strengthened our position and will provide us with a secure platform from which to launch into the future.

In their OWN WORDS

I guess I didn't expect it to become such an important part of my life. I look forward to my Monday nights as night manager. It's been rewarding in so many ways, not just the feeling of helping, but the friendships I've formed and the amazing people that I've met.

IN THE BEGINNING ...

My cousin in New York used to work as a volunteer for Gay Mens' Health Crisis. He was a 'buddy', which is what we would call a 'carer'. I always remember how rewarding he used to say that was. So a couple of years ago, just after I'd moved to Australia from the States, I bought a red ribbon on World AIDS Day and filled in the volunteer application card that came with it.

And the rest is history!

MORE THAN ONE STRING TO MY BOW

My main position is as a night manager, with a co-worker, on Monday nights from 6–9pm. But I am also involved in fundraising for the David Williams Fund, which distributes emergency financial assistance to PLWHAs.

My night-manager partner and I have been working together for three years now, which is a pretty good record. We staff the front desk, answer phones, deliver queries to the right people, and do quite a bit of admin work as well. We label envelopes and put together photocopying, the things that people often don't have time to do during the day.

The fundraising group I work with has evolved over the three years I have been involved. It started off organising and selling red ribbons for World AIDS Day, with proceeds going to the David Williams Fund. But the group now plans a range of fundraising activities, including AIDS Walk and Rags 4 Riches. Typically we meet every 2–3 weeks, depending on the activity at the time.

PORTABLE SKILLS

People don't tend to think of fundraising as a business in the traditional sense, but believe me it's a competitive environment — there are so many worthy causes out there, so many ribbons, so many walks. You need all the know-how and skills you can get. I work in the graphic design industry in project management and I've been able to take that experience and put it to good use when organising events such as Rags 4 Riches and volunteers for Worlds AIDS Day.

WHEN IS A RUMMAGE SALE NOT A RUMMAGE SALE?

Rags 4 Riches was a big sale of quality designer clothes at Prahran Town Hall, held last year. We sought donations of brand new clothing from local retailers and they got a tax break for their gifts. It was kind of like a rummage sale, but not really because it was very good stuff. It was a real success.

TIME IS ON MY SIDE

I guess the most challenging thing is the time commitment, because I would like to be able to commit more. I'm very wary of spreading myself too thinly and, as a consequence, of not doing anyone any favours. I'm aware that you can do more harm than good in that respect. The great thing about working with VAC is that they are so aware of the issues volunteers face, such as differing time commitment levels, and they work with us to overcome these. Whatever time we have available is appreciated. It's nice to have that flexibility, to know that we can all work together to get something done, even if we're limited with the time we can commit.

VOLUNTEER

MELISSA WARREN

PROGRAM: STRATEGY AND SUPPORT

ACTIVITIES: NIGHT MANAGER AND FUNDRAISER FOR THE DAVID WILLIAMS FUND

VOLUNTEER

WORKING THE PHONES

Answering calls as a night manager, I am often struck by how much simply talking to someone can help. On several occasions we'll have people ring at night because they feel more comfortable ringing after hours. We're not trained counsellors and we do make that clear to people because we don't want to give direct advice that might steer someone in the wrong direction. But we give them information that points them in the right direction, such as help lines and organisations that are relevant to their needs. Often callers let us know how much they appreciate this basic service we offer. At times like that, it feels good that, even though you can't immediately give callers what they need, you can at least get them started on the right track.

JUST GO FOR IT!

"Go for it", that's what I'd say to people thinking of volunteering. Don't be afraid. It can be the best thing you'll do in your life. And it's not only rewarding for the people who benefit from your work, it's also personally rewarding. It's very easy to give money and that's also a very important aspect — people work hard for their money. But when you give time you actually see what the money goes to, you see the results first-hand, and that can be just as rewarding.



VOLUNTEER
JOSE ROBERTO 'ROBBIE' GUEVARA
PROGRAM: COMMUNITY EDUCATION
ACTIVITIES: PEER EDUCATION FACILITATOR

VOLUNTEER

My own experience as a gay Asian man in Melbourne is one of the most important things I bring in to my peer education work with the VAC.

A POST VALENTINE PICNIC

As peer educators we have always been looking for different entry points into discussing and engaging participants about their issues. It's all about creating non-threatening environments that allow people to find the particular comfort level that suits them and enables them to explore the issues at their own pace – a safe space.

In the past few years I have been assisting in the development and running of the Gay Asian Proud (GAP) workshops. One of the innovative sessions we did was a weekend 'Post Valentine' picnic at a beat near a popular beach in Melbourne. Over a barbecue lunch we all talked about beats and how they are used and what precautions are necessary and so on. Then the participants went off to explore the beat by themselves or in groups and when they returned we discussed what they saw and how they felt about it.

So instead of conducting an indoor discussion where people just come in and talk about a topic, we actually went out where it was happening. It was a great opportunity to socialise, but at the same time it was a venue for us to explore the use of beats and the kinds of experiences, vulnerabilities, and risks associated with them.

FROM PARTICIPANT TO FACILITATOR

In a way I've travelled a long road in my work with the VAC. I started volunteering in 1994 after I had attended one of the Gay Now workshops, trying to deal with my own issues of being gay. After the workshop, the facilitator, who was himself a volunteer, recommended that I do the facilitators' training program, and I jumped at the opportunity. As a postgraduate student (I'm currently completing a PhD in community environmental education), I knew this would be a great opportunity for me. Since then, I haven't looked back!

Now my work as a peer educator ranges from the design, development and running of workshops to training new volunteer peer educators. And in fact in October this year, I am actually running a workshop together with some of the GAP peer educators at the International Congress on AIDS in Asia and the Pacific to share our experience with the GAP workshops.

KEEPING IT REAL

One of the most important things I've learnt is the importance of staying flexible, of being open to different ways of doing things and different ways of learning. This allows us to be responsive to the actual needs of the people we're working with. When I trained as a facilitator, there was a prescribed model for workshops: the first session will be on this, the second on this, and so on. Now, while we still cover all the important issues, we really take our cues from the participants as to how we do things. For example, the Gay Asian Proud program now operates as a social support network that meets on a drop-in basis once a month.

A while ago we had a cooking day and we got a Filipino cook to come in and take us through different ways of cooking with rice. After the meal we started to discuss the whole concept of cooking and who does it, and the kind of stereotypes associated with gay men and preparing food, and the personal politics of cooking.

So now when I am training new volunteers to become peer educators I always say "OK, we have a prescribed program, but feel free to explore. Each group that you will meet will be different".

GETTING THEM THROUGH THE DOORS

I think the main issue we have is accessing gay Asian men. It's not easy. We know a lot are in universities, but we think using the VAC as a label may scare some off. We can only do so much. Health and sexuality officers in tertiary institutions have told us that they themselves find it hard to reach this group as well.

But in some ways this problem has a positive flip side. I think it is connected to the diversity of this group, and we've only reached the tip of the iceberg here. It's heartening to witness, for example, the growing number of gay Asian men challenging the stereotype of what gay Asian men should be. It is this diversity we work with and celebrate with GAP.

IT'S A TWO-WAY STREET

The level of personal growth and confidence that I have achieved through my volunteer work is priceless. I would say to people considering volunteering that it's not just about thinking "OK, I'm here to help" but that it's a reciprocal relationship. Unless you see yourself growing by volunteering, you are going to be burnt out.

STEPPING BACK

At various points I've had to step back from my volunteer work to concentrate on my studies. It's a difficult thing, balancing the personal and volunteer work. I find it hard to say "Look I can't do it now" because I really enjoy doing it, I learn a lot from doing it, and I feel a sense of commitment. But I also acknowledge that stepping back allows new people to test their wings and grow in the organisation, and I think that's important. But, with any luck, I will have finished my studies in a few months, and I've warned them.... "Don't you worry, I'll be back!"

WHAT DO I BRING TO THE JOB ON A PERSONAL LEVEL?

Well, being extremely empathetic towards the issues, knowing the particular language people use, and not being afraid to call a spade a spade ... and feeling comfortable about sexuality.

IT ALL STARTED...

I decided to volunteer as a counsellor when I was studying for my masters in counselling psychology. I had been part of the gay community for a long time and had been to the VAC for counselling myself back in the 80s. I decided that when and if I could, I would give back to the community, and would use my professional skills to do that.

I also know that my own life experiences give me an experiential knowledge that is very helpful: my experiences as a gay man, having come out at an early age, and having gone through all sorts of psychological issues such as depression. And also, which is of increasing importance in my day to day work as a VAC counsellor, understanding what it means to be poor.

DON'T BOX YOURSELF IN

Educating some of the young, newer counsellors about the issues can be tough in the sense that it's a challenge getting them to think outside the box. People often bring behavioural boxes to the job, the attitude that we can fix everything by changing sexual behaviour, which is not the case. You have to alter the way people think and help people assess what it is that they want.

DIVERSITY AND COMMUNITY

I've learnt an enormous amount from clients. The diversity of gay experience, and the absolutely fundamental and very difficult issues about HIV, social and emotional issues—that triangle of depression, loneliness, and poverty. Actually, I've learnt a fair amount about poverty.

Understanding the broad nature of the community being served is a challenge not only for counsellors, but for the organisation as a whole. Firstly understanding who constitutes the gay, lesbian, bisexual and transgendered community, and secondly, keeping abreast of the fact that HIV/AIDS and its effects are also greater than that community.

SPECIAL INTERESTS

A particular interest of mine is aging among gay men, the issues they face, such as feeling less secure in themselves and the community, isolation, and so on. I'm also keen to extend my skills around working with gay and lesbian couples and children: the traditional, in inverted commas, "family" scenario of counselling.

HORIZONS APLENTY

I would strongly encourage people considering volunteering to go ahead and do it. There are excellent supervision arrangements and the experience broadens your horizons and your understanding of diversity and what we mean by community.

VOLUNTEER
WARRICK ARBLASTER
 PROGRAM: COUNSELLING SERVICE
 ACTIVITIES: SESSIONAL COUNSELLOR

VOLUNTEER



Strategy & Support

STRATEGY & SUPPORT

2000/2001 has been another busy year for Strategy and Support with some key staff departing, new staff being recruited, and the steady stream of events, issues, policies and projects continuing unabated.

POLICY AND CORPORATE SERVICES

VAC/GMHC has made submissions on a broad range of public policy issues in the past financial year and took an active role in the public debate on other issues, including:

INQUIRY INTO THE DEFINITION OF CHARITIES AND RELATED ORGANISATIONS

In September 2000 on the initiative of the Australian Democrats, the Federal government established an inquiry into the definition of charities. The Committee formed to carry out this review was chaired by Hon I F Shepard, a former Supreme Court judge and included former ACOSS President, Robert Fitzgerald.

VAC/GMHC made a joint submission with PLWHA Victoria in which we argued that the current definition of charity was confusing and should be simplified. In particular, we submitted that an assessment should be based on the primary purpose for which an organisation exists. We also submitted that in the current political, social and economic climate, organisations must undertake lobbying, advocacy and research activities to assist their constituents who are ill, suffering and/or living in poverty, and this should not preclude them from obtaining charitable status. In addition to our written submission, Mike Kennedy also attended a small group consultation with the Commissioners.

As this Annual Report was being finalised, the Commissioners brought down their report, and, at first glance the broad recommendations appear to be very reasonable and in line with the submission we made. For example, the Commissioners have recommended that the definition should be based on an organisation's dominant purpose and other activities can be undertaken as long as they further the charitable purpose. There is also a recommendation that a national definitional framework be developed, and that an independent administrative body, along the lines of the UK Charities Commission, be established.

However, given that we are headed into a federal election before the end of 2001, it is unlikely that the government will respond to the report until after the election when there will still be much work to do to bring about structural and legislative change. VAC/GMHC will continue to work with the Australian Federation of AIDS Organisations (AFAO) and other AIDS Councils to ensure that our interests are represented in the continuing negotiations.

PUBLIC BENEVOLENT INSTITUTIONS

On a separate but related issue, we made a submission on Draft Taxation Ruling 2222/14 which sought to clarify whether a charitable organisation is also a Public Benevolent Institution. This is a particularly important issue for VAC/GMHC as it has taxation implications and also permits us to seek donations that are tax deductible. It is likely that the final resolution of this matter will be done in tandem with the implementation of the Charities Inquiry.

WELFARE REFORM

In December 2000, the Federal government released its response to "Participation for a More Equitable Society", the report on the proposed reform of the welfare system. VAC/GMHC and PLWHA Victoria had made a joint submission to the inquiry and had been disappointed that the report, published in July 2000, had not picked up many of the issues in our submission.

VAC/GMHC joined in the chorus of charitable and welfare organisations which were critical of the proposed welfare reforms. In particular, we were concerned that the reforms could further isolate and marginalise disadvantaged people in the community, including people living with HIV/AIDS. As VAC/GMHC President Dr Darren Russell said at the time, "Already, over one-third of PLWHA have incomes below the poverty line, and many of them rely on the disability pension. These people struggle already to afford a roof over their heads and basics such as food and clothing. They cannot afford to be further penalised financially for not being able to comply with mutual obligations".

VAC/GMHC is continuing to monitor the application of the policy and will make representations on behalf of any members or clients who are adversely affected by the changes.

CONTINUING CARE UNIT

We were delighted, last November, to celebrate the opening of the Continuing Care Unit (Fairfield House) at The Alfred Hospital. Given that a year earlier, it appeared that this important facility might not be built, we congratulate the HIV/AIDS community and the broader gay, lesbian, bisexual and transgender community who rallied with us and lobbied key decision makers to ensure that the project went ahead.

ACCESS TO ASSISTED REPRODUCTIVE TECHNOLOGIES

Public debate ignited in July 2000 following comments from the Prime Minister, John Howard that he would legislate to allow the states and territories to restrict access to fertility treatment to married and defacto couples. These comments came after a Federal Court ruling which allowed single women and lesbians access to IVF as long as they are infertile.

Howard said that there was a 'reasonable expectation' that children required the 'affection and care of both a mother and a father'. This was a slap in the face to those single parents of diverse sexualities who have been raising balanced, well-adjusted children for years. It was also at odds with considerable academic research which shows that those people who really want children, and overcome obstacles to have them, often make the best parents.

Premier Steve Bracks soon followed suit, confirming his intention to deny access to assisted reproductive technologies to single women and lesbians.

We were extremely disappointed that neither the federal nor state government considered the potential health implications of their decisions, despite our attempts to get them to do so. The most significant issue for lesbians in particular is not necessarily access to IVF, but access to safe donor sperm and insemination procedures conducted in accordance with rigorous infection control guidelines. Denial of these services and advice may force many lesbians to continue to make alternative arrangements, putting them and their unborn child at risk of contracting a blood-borne virus such as HIV or Hepatitis B, or any number of sexually transmitted diseases.

Australia's Catholic Bishops gained leave to appeal to the High Court against the Federal Court decision and, at the time of writing this Annual Report, the matter was still awaiting the High Court's determination.

DRUGS POLICY

The drugs debate continued to dominate headlines for several months earlier this year. VAC/GMHC has publicly supported any evidence-based measures that aim to reduce drug use or make available more treatment places, but we have also pushed for harm minimisation approaches, including the trial of supervised injecting facilities.

In support of this position we wrote letters to all Opposition and Independent MPs and participated in public debate on the government proposal to set up supervised injecting facilities in five Melbourne municipalities.

We were very disappointed when this proposal did not proceed because of the opposition of the Liberal and National parties. While the government's new Drugs Prevention Council may be able to make a significant contribution by overseeing drug prevention activities in Victoria, it is clear that the most effective public policy response is one that makes use of all proven means of addressing the problem. With deaths from heroin overdose in Victoria being on a par with the road toll, we cannot afford to ignore options that may reduce heroin-related deaths.

PARTICIPATION IN VISITS BY INTERNATIONAL DELEGATIONS

VAC/GMHC continues to host regular visits by international delegations. These sessions usually cover the work of the community based HIV/AIDS sector in Victoria, the Australian partnership response, the work of VAC/ GMHC and presentations by each program area.

Over the past year, we have made presentations and provided information to visitors from China, India, Vietnam and Indonesia.

ADMINISTRATION

The Administration team is responsible for providing reception, information technology and administrative assistance to the organisation. As such, we provide both an internal and external customer service focus and are committed to providing a responsive, efficient service to clients and staff members.

This year has seen a number of large undertakings by the team. The lead up to StyleAid saw our team's resources in full swing, organising volunteers to participate in StyleAid, selling tickets, preparing mailouts, organising great prizes and answering queries. The event was a great success and without the hard work of people behind the scenes, would not have been possible to stage.

The organisation of the Annual General Meeting has also seen a tremendous team effort, where Administration again have pulled together an event that requires huge administrative work to coordinate the voting process and the AGM itself.

We have seen an increase in International Delegations visiting the AIDS Council this year. Such delegations provide an opportunity to share some of our skills and knowledge with others seeking to implement strategies to fight HIV/AIDS in their own countries. Primarily from China, Indonesia and Vietnam, delegates are given a broad introduction to our work, which is coordinated by the Administration Team.

Our fantastic new website was launched recently boasting state of the art design and informative, accessible information on our services. Our information technology officer worked closely on the project and the results speak for themselves. It is a great site. Check it out at www.vicaids.asn.au

Of course, all of our work is complemented and enhanced by the dedicated and inspiring commitment of our volunteers. Without our Night Managers, our day time reception volunteer and Information Technology volunteers, we would not be able to provide the depth of services that we do. In this, the International Year of Volunteers, we especially acknowledge their contribution to our work.

FINANCE AND HUMAN RESOURCES
Along with most of the organisation, this year has been extremely challenging for a small team facing large obstacles and significant change. The new tax system's implementation has required many hours of research, development, and consultation to ensure our compliance with the wide range of new legislation introduced in July 2000. Indeed our experience of GST and FBT will be different to that of any other organisation and it is this specificity that has made this transition complex and labour intensive. Unfortunately this process will continue well into the new financial year as the new tax regime continues to evolve. Having said that, training of staff, HIV Support Area Group Treasurers and other key stakeholders affected by the new legislation has and will continue to be provided to ensure compliance, transparency and confidence.

In addition to the GST, FBT and the like, and the normal day to day activities, the Finance team continues to take a lead role in a number of projects and tasks that are value added to the organisation and provide a source of interest and professional development. These have included the installation of the new air-conditioning and security system at the South Yarra premises, which continues to be a work-in-progress and brings with it a whole range of complication and adventure. The Occupational Health and Safety Committee made significant inroads this year with the full support of the team and the Executive Director. The implementation of the new donor management database system has continued throughout the past 12 months, and the finance office continues to liaise with the Fundraising Committee through functions such as membership drives and fundraising appeals.

The Finance and Human Resources team look forward to more challenges in the next year.

FUNDRAISING / DAVID WILLIAMS FUND / RED RIBBON PROJECT

The major beneficiary of VAC/GMHC's fundraising this year has been the David Williams Fund that distributed \$109,585 over the past financial year. The Red Ribbon Project has again been driven by a fantastic volunteer effort and has continued its work of raising funds for Victorians living with HIV/AIDS. In addition to the sales of red ribbons in AIDS Awareness Week, the project has maintained its community focus and conducted collection can appeals, direct debit campaigns, and the second annual AIDSWalk. As in previous years, the Country AIDS Network assisted with red ribbon sales in rural Victoria.

This year also saw the return of some fundraising events and the birth of a new event. StyleAid, after a year's break, made a return to Melbourne's fun and fashion calendar. Coordinated by its own hard-working team of volunteers – the StyleAid Committee – the event taps into the generosity of the fashion, food and social worlds in Melbourne to raise funds for VAC/GMHC. The Laird Auction was the 14th staging of this event and was held this year in March as part of the Yarra Gay and Lesbian Street Fair.

Rags 4 Riches was a new event that also worked with the fashion industry. In September 2000, clothing donated by the local and international fashion industry went on sale for two days at the Prahran Town Hall. A small collection of exclusive designer items formed the basis for a silent auction conducted during the event.

The fundraising project is essentially driven by a committed and hard working team of volunteers who pitch in and do whatever is required to get results.



ADRIAN MARSHALL, EXECUTIVE OFFICER FINANCE

In-Home Support Program

THE PROGRAM

The In-Home Support Program is designed to expand the options available for people living with HIV/AIDS who require intensive supports. It assists people who are affected by HIV/AIDS related cognitive and/or physical impairment. The Program aims to maintain the health and independence of its clients within a community setting. It focuses on identifying unmet needs of clients and addressing them by complementing existing supports and services through the provision of paid attendant care services. The Program has access to seven properties, located within ready access to the Alfred hospital.

The co-ordinator of the In-Home Support Program provides case management to clients in the properties. A comprehensive care plan is developed in close consultation with the client and is regularly reviewed in conjunction with the client, other significant people and service providers. The co-ordinator is the first point of contact in relation to any matters concerning the clients' care needs and relieves the burden on the clients of liaising between the many service providers who may be involved in their care.

In some cases, short-term attendant care may be provided on an outreach basis to eligible clients living in their own homes.

WORK WITH OTHER AGENCIES:

The IHSP coordinator maintains close working relationships with other services providing care to IHSP clients including: Communitique, MECWA Redicare, Royal District Nursing Service, Victorian AIDS Council (Support Program, PLC, David Williams Fund, Centre Clinics), Alfred Hospital, Royal Melbourne Hospital, Carlton Clinic, Prahran Market Clinic, Melbourne Sexual Health Centre and Supported Housing Development Foundation.

THE YEAR GONE BY:

This year has seen a number of significant changes impacting on the IHSP program. After a period of review and planning on the part of the IHSP sub-committee, it was decided to transfer auspice of the program from the AIDS Housing Action Group (AHAG) to VAC. The sub-committee formed the new IHSP Committee of Management and a Memorandum of Understanding was signed with VAC, setting out each party's respective roles in day to day management of the program. Funding was redirected from AHAG to VAC on 1st January, 2001.

Other changes have included the first tenant moving into the newly acquired seventh property and the appointment in June 2001 of Roger Milne as IHSP coordinator. The IHSP made a submission with Supported Housing Development Foundation to the Office of Housing's Social Housing Innovations Project for funds to purchase an eighth property in the Inkerman Street Oasis development. The submission was rejected, however having subsequently requested additional information, the Office of Housing has encouraged us to resubmit in the next funding round later next year. The IHSP was successful in an application for capital grants to purchase a new car and photocopier and is still awaiting decision on a submission for funds for capital upgrades to existing program properties.

A further significant change this year was the decision to cease working with the attendant care agency, Care at Home and initiate links with MECWA Redicare as an alternative care provider to Communitique. In addition, Communitique underwent a comprehensive restructure involving significant staff and procedural changes. While at times unsettling for clients, these changes have been assimilated and good working relationships now exist with both Communitique and MECWA to ensure that client needs are met appropriately.

IN-HOME SUPPORT PROGRAM COMMITTEE OF MANAGEMENT

Peter Doyle (Chairperson)
 ~ Victorian AIDS Council
 Lorraine Green
 ~ AIDS Housing Action Group
 David Menadue
 ~ PLWHA
 Cindy Jeffrey
 ~ Royal Melbourne Hospital
 Sue De Bono
 ~ Alfred Hospital
 Lawrence Cameron
 ~ Royal District Nursing Service
 Roger Milne
 ~ Coordinator

THANKS

Thanks are due to the In-Home Support Program Committee of Management, and to Peter Doyle in particular for his support as Chairperson.

Roger Milne

Coordinator, In-Home Support Program

Consolidated Financial Report

VICTORIAN AIDS COUNCIL INC. REG NO A3609
GAY MEN'S HEALTH CENTRE INC. REG NO A0010550F
CONSOLIDATED FINANCIAL REPORT
FOR THE YEAR ENDED 30 JUNE 2001

VICTORIAN AIDS COUNCIL INC. REG NO A3609
GAY MEN'S HEALTH CENTRE INC. REG NO A0010550F
BOARD OF MANAGEMENT'S REPORT
FOR THE YEAR ENDED 30 JUNE 2001

Your Boards of Management submit the consolidated financial report of the Victorian AIDS Council Inc. and Gay Men's Health Centre Inc for the financial year ended 30th June 2001.

BOARD OF MANAGEMENT

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

Darren Russell, John Daye, Guy Hussey, Mathew Jones, Mike Kennedy, James Duncan, Jon Willis, Kim Glover, Mark Riley, David Menadue, Kevin Guiney, Matt Dixon, Paul Clarkson, David Voon, Brian Price & Philomena Horsley.

PRINCIPAL ACTIVITIES

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

SIGNIFICANT CHANGES

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

FINANCIAL RESULTS

The profit from ordinary activities for the year was \$49,553 (2000 \$2 profit) and no provision for income tax was required.

Signed in accordance with a resolution of the Boards of Management.



Darren Russell
Board Member
President



Mathew Jones
Board Member
Treasurer

VICTORIAN AIDS COUNCIL INC. REG NO A3609
GAY MEN'S HEALTH CENTRE INC. REG NO A0010550F
STATEMENT BY THE BOARD OF MANAGEMENT
FOR THE YEAR ENDED 30 JUNE 2001

The Boards of Management have determined that the associations are not reporting entities and that this special purpose financial report should be prepared in accordance with the accounting policies outlined in Note 1 to the financial statements.

In the opinion of the Boards of Management the financial report as set out on pages 1 to 11:

- A) Presents fairly the consolidated financial position of the Victorian AIDS Council Inc. and Gay Men's Health Centre Inc. as at 30th June 2001 and their performance for the year ended on that date.
- B) At the date of this statement, there are reasonable grounds to believe that the Victorian AIDS Council Inc. and Gay Men's Health Centre Inc. will be able to pay their debts as and when they fall due.

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



Darren Russell
Board Member
President



Mathew Jones
Board Member
Treasurer

SOUTH YARRA, 18 SEPTEMBER 2001

STATEMENT OF INCOME AND EXPENDITURE FOR THE YEAR ENDED 30TH JUNE 2001

	NOTE	2001 \$	2000 \$
Operating revenue	2	3,187,145	3,035,752
Profit from ordinary activities	3	49,553	2
Retained profits at the beginning of the financial year		1,708,149	1,708,147
Retained profits at the end of the financial year		1,757,702	1,708,149

THE ACCOMPANYING NOTES FORM PART OF THIS FINANCIAL REPORT

CURRENT ASSETS

Cash assets	4	1,425,366	649,458
Receivables	5	150,792	61,632
TOTAL CURRENT ASSETS		1,576,158	711,090

NON-CURRENT ASSETS

Property, plant and equipment	6	1,413,372	1,408,473
TOTAL NON-CURRENT ASSETS		1,413,372	1,408,473

TOTAL ASSETS		2,989,530	2,119,563
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CURRENT LIABILITIES

Payables	7	1,067,704	253,999
Provisions	8	164,124	157,414
TOTAL CURRENT LIABILITIES		1,231,828	411,413

TOTAL LIABILITIES		1,231,828	411,413
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NET ASSETS		1,757,702	1,708,150
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EQUITY

Retained profits		1,757,702	1,708,150
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TOTAL EQUITY		1,757,702	1,708,150
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	INFLOWS (OUTFLOWS)	INFLOWS (OUTFLOWS)
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CASHFLOWS FROM OPERATING ACTIVITIES

Receipts from members	4,957	8,021
Core funding grant receipts, donation & bequests	2,945,865	2,767,742
Receipts from sales of publications & services	220,482	247,910
Interest received	15,841	12,079
Payments to suppliers	(2,380,917)	(2,989,727)
Net cash provided by operating activities	806,230	46,025

CASHFLOWS FROM INVESTING ACTIVITIES

Purchases of fixed assets	(96,955)	(31,686)
Proceeds from sale of fixed assets		7,656
Net cash (used in) investing activities	(96,955)	(24,030)

CASHFLOWS FROM FINANCING ACTIVITIES

Net increase in cash held	709,275	21,995
Cash at the beginning of the financial year	649,458	627,463
Cash at the end of the financial year	1,358,733	649,458

NOTE 1 RECONCILIATION OF CASH

For the purposes of the statement of cashflows, cash includes cash on hand and in banks and investments in money markets. Cash at the end of the financial year is shown in the statement of cashflows is reconciled to the related items in the balance sheet as follows:

Bank Loan – Re Airconditioning Unit (Unsecured)	(43,656)	—
Bank Overdraft (Unsecured)	(22,976)	—
Cash at Bank	1,301,643	575,759
Cash on Hand	1,250	737
Investments	104,159	55,345
Support Group Bank Accounts	18,313	17,617
	1,358,733	649,458

NOTE 2 RECONCILIATION OF NET CASH PROVIDED BY OPERATING ACTIVITIES TO

PROFIT FROM ORDINARY ACTIVITIES

Profit from ordinary activities	49,553	2
Non-cashflows in profit from ordinary activities:		
Depreciation	92,054	94,717
Net (profit) / loss on disposal of plant and equipment	—	(2,980)
Changes in Assets & Liabilities:		
(Increase) decrease in receivables	(89,160)	16,672
Increase (decrease) in payables	747,073	(78,715)
Increase (decrease) in provisions	6,710	27,963
	806,228	46,025

THE ASSOCIATION HAS NO CREDIT STAND-BY OR FINANCING FACILITIES IN PLACE.

THERE WERE NO NON-CASH FINANCING OR INVESTING ACTIVITIES DURING THE PERIOD.

VICTORIAN AIDS COUNCIL INC.

REG NO A3609

GAY MEN'S HEALTH CENTRE INC.

REG NO A0010550F

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30TH JUNE 2001

1. STATEMENT OF SIGNIFICANT

ACCOUNTING POLICIES

This consolidated financial report is a special purpose financial report prepared in order to satisfy the financial reporting requirements of the Associations Incorporation Act (Vic).

The Boards of Management have determined that the associations are not reporting entities.

The consolidated financial report has been prepared in accordance with the requirements of the Associations Incorporation Act (Vic) and the following Australian Accounting Standards:

AAS 4 Depreciation of Non-Current Assets

AAS 5 Materiality

AAS 8 Events Occurring After

Reporting Date

AAS 15 Disclosure of Operating Revenue

AAS 17 Accounting for Leases

AAS 28 Statement of Cashflows

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

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

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

A) GRANTS RECEIVED

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

B) MEMBERSHIP SUBSCRIPTIONS INCOME

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

C) PROPERTY, PLANT & EQUIPMENT

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

D) INCOME TAX

The Victorian AIDS Council Inc. has been granted exemption from income tax and it is believed that the Gay Men's Health Centre Inc. is exempt from income tax under Section 50-15 of the Income Tax Assessment Act 1997.

E) LEASES

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

F) EMPLOYEE BENEFITS

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

	NOTE	2001 \$	2000 \$
2 OPERATING REVENUE			
Bequests, Fundraising & Sales		220,134	247,453
Donations		151,050	67,153
Fees Received		217,985	178,983
Grants Received		2,576,830	2,516,926
Interest Received		15,841	12,079
Membership Fees		4,957	8,021
Other Income		348	2,157
Profit on disposal of surplus assets		—	2,980
		3,187,145	3,035,752
3 PROFIT FROM ORDINARY ACTIVITIES			
Profit from ordinary activities has been determined after:			
Crediting as income:			
Interest Received		15,841	12,079
Charging as expenses:			
Depreciation of property, plant and equipment		92,054	94,718
Interest paid		1,203	—
Auditors' remuneration			
— Auditing the accounts		11,001	9,575
— Other services		—	2,355
4 CASH ON HAND AND AT BANK			
Cash at Bank		1,301,643	575,759
Cash on Hand		1,250	737
Interest Bearing Deposits		104,160	55,345
Support Group Bank Accounts		18,313	17,617
		1,425,366	649,458
5 RECEIVABLES			
Accrued Revenue		39,264	—
Grants in Arrears		22,001	14,484
Prepayments		16,609	12,099
Project Funds in Arrears		70,291	—
Sundry Debtors		2,627	35,049
		150,792	61,632
6. PROPERTY, PLANT AND EQUIPMENT			
Freehold Land at cost		443,520	443,520
Car Park Spaces – Daly Street at cost		278,785	278,785
Buildings at cost		554,108	554,108
Less Accumulated Depreciation		(169,869)	(153,401)
		384,239	400,707
Plant and Equipment		38,751	38,751
Less Accumulated Depreciation		(32,712)	(31,691)
		6,039	7,060
Office Furniture at cost		405,931	368,964
Less Accumulated Depreciation		(237,784)	(218,408)
		168,147	150,556
Motor Vehicle at cost		29,637	—
Less Accumulated Depreciation		(219)	—
		29,418	—
Leasehold Improvements at cost		134,731	134,121
Less Accumulated Amortisation		(129,596)	(129,492)
		5,135	4,629
Computer Equipment at cost		428,609	409,308
Less Accumulated Depreciation		(330,520)	(286,093)
		98,089	123,215
		1,413,372	1,408,472
7 PAYABLES			
Bank Loan – Re Air conditioning Unit (Unsecured)		43,656	—
Bank Overdraft (Unsecured)		22,976	—
Grants in Advance (Unexpended)		829,980	—
Project Funds in Advance (Unexpended)		15,164	121,251
Support Group Funds		18,354	17,617
Trade Creditors		137,573	115,131
		1,067,704	253,999
8 PROVISIONS			
Annual Leave		117,972	112,128
Long Service Leave		46,152	45,286
		164,124	157,414
9 LEASE COMMITMENTS			
Operating Leases			
Payable			
— not later than one year		155,557	148,792
— later than one year but not later than five years		40,288	103,081
— later than five years		—	—
Total Lease Liabilities		195,845	251,873

INDEPENDENT AUDIT REPORT TO THE MEMBERS OF VICTORIAN AIDS COUNCIL INC. GAY MEN'S HEALTH CENTRE INC.**SCOPE**

We have audited the consolidated financial report, being a special purpose financial report comprising the Boards of Management's Report, Statement by Members of the Boards of Management, Income and Expenditure Statement, Balance Sheet, Statement of Cashflows and Notes to the Financial Statements of the Victorian AIDS Council Inc. and the Gay Men's Health Centre Inc. for the year ended 30th June 2001. The Boards of Management are responsible for the financial report and have determined that the accounting policies used and described in Note 1 to the financial statements which form part of the financial report are appropriate to meet the requirements of the Associations Incorporation Act (Vic) and are appropriate to meet the needs of the members. We have conducted an independent audit of this financial report in order to express an opinion on it to the members of the Victorian AIDS Council Inc. and the Gay Men's Health Centre Inc. No opinion is expressed as to whether the accounting policies used, and described in Note 1, are appropriate to the needs of the members.

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

Our audit has been conducted in accordance with Australian Auditing Standards. Our procedures include examination, on a test basis, of evidence supporting the amounts and other disclosures in the financial report, and the evaluation of significant accounting estimates. These procedures have been undertaken to form an opinion whether, in all material respects, the financial report is presented fairly in accordance with the accounting policies described in Note 1 so as to present a view which is consistent with our understanding of the Associations' financial position, and performance as represented by the results of its operations and cashflows. These policies do not require the application of all Australian Accounting Standards and other mandatory professional reporting requirements in Australia.

The audit opinion expressed in this report has been formed on the above basis.

INDEPENDENT AUDIT REPORT TO THE MEMBERS OF VICTORIAN AIDS COUNCIL INC. GAY MEN'S HEALTH CENTRE INC.**QUALIFICATION**

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

QUALIFIED AUDIT OPINION

In our opinion, except for the effects on the consolidated financial report of the matters referred to in the qualification paragraph, the consolidated financial report presents fairly in accordance with the accounting policies described in Note 1 to the financial statements the financial position of the Victorian AIDS Council Inc. and the Gay Men's Health Centre Inc. as at 30th June 2001 and the results of their operations and cashflows for the year then ended.

LOCKWOOD WEHRENS
Chartered Accountants

Andrew Wehrens, Partner

CAMBERWELL, 19 SEPTEMBER 2001

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1st Floor
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Camberwell Vic 3124

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Victorian AIDS Council INC.

VICTORIAN AIDS COUNCIL INC. REG NO A3609
FINANCIAL REPORT
FOR THE YEAR ENDED 30 JUNE 2001

VICTORIAN AIDS COUNCIL INC. REG NO A3609
BOARD OF MANAGEMENT'S REPORT
FOR THE YEAR ENDED 30 JUNE 2001

Your Board of Management submit the financial report of the Victorian AIDS Council Inc. for the financial year ended 30 June 2001.

BOARD OF MANAGEMENT

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

Darren Russell, John Daye, Guy Hussey, Mathew Jones, Mike Kennedy, James Duncan, Jon Willis, Kim Glover, Mark Riley, David Menadue, Kevin Guiney, Matt Dixon, Paul Clarkson, David Voon, Brian Price & Philomena Horsley

PRINCIPAL ACTIVITIES

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

SIGNIFICANT CHANGES

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

FINANCIAL RESULTS

The profit from ordinary activities for the year was \$77,814 (2000 – \$742,546 loss) and no provision for income tax was required.

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



Darren Russell
Board Member
President



Mathew Jones
Board Member
Treasurer

SOUTH YARRA, 18 SEPTEMBER 2001

VICTORIAN AIDS COUNCIL INC. REG NO A3609
STATEMENT BY THE BOARD OF MANAGEMENT
FOR THE YEAR ENDED 30 JUNE 2001

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

In the opinion of the Board of Management the financial report as set out on pages 1 to 11:

- A) Presents fairly the financial position of the Victorian AIDS Council Inc. as at 30 June 2001 and its performance for the year ended on that date.
- B) At the date of this statement, there are reasonable grounds to believe that the Victorian AIDS Council Inc. will be able to pay its debts as and when they fall due.

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



Darren Russell
Board Member
President



Mathew Jones
Board Member
Treasurer

SOUTH YARRA, 18 SEPTEMBER 2001

STATEMENT OF INCOME AND EXPENDITURE FOR THE YEAR ENDED 30TH JUNE 2001

	NOTE	2001 \$	2000 \$
Operating revenue	2	3,184,448	3,033,597
Profit / (loss) from ordinary activities	3	77,814	(742,546)
Retained profits at the beginning of the financial year		584,438	1,326,984
Retained profits at the end of the financial year		662,252	584,438

THE ACCOMPANYING NOTES FORM PART OF THIS FINANCIAL REPORT

STATEMENT OF ASSETS AND LIABILITIES AS AT 30 JUNE 2001

CURRENT ASSETS			
Cash assets	4	1,373,510	565,868
Receivables	5	150,792	61,632
TOTAL CURRENT ASSETS		1,524,302	627,500
NON-CURRENT ASSETS			
Plant and equipment	6	300,789	278,400
TOTAL NON-CURRENT ASSETS		300,789	278,400
TOTAL ASSETS		1,825,091	905,900
CURRENT LIABILITIES			
Payables	7	1,162,839	321,462
TOTAL CURRENT LIABILITIES		1,162,839	321,462
TOTAL LIABILITIES		1,162,839	321,462
NET ASSETS		662,252	584,438
EQUITY			
Retained Profits		662,252	584,438
TOTAL EQUITY		662,252	584,438

	INFLOWS (OUTFLOWS)	INFLOWS (OUTFLOWS)
CASHFLOWS FROM OPERATING ACTIVITIES		
Receipts from members	4,957	8,021
Core funding grant receipts, donation & bequests	2,945,865	2,767,742
Receipts from sales of publications & services	220,134	247,453
Interest received	13,492	10,381
Payments to suppliers	(2,323,509)	(2,981,130)
Net cash provided by operating activities	860,939	52,467
CASHFLOWS FROM INVESTING ACTIVITIES		
Purchases of fixed assets	(96,953)	(31,686)
Proceeds from sale of fixed assets	—	7,655
Net cash provided by / (used in) investing activities	(96,953)	(24,031)
CASHFLOWS FROM FINANCING ACTIVITIES		
Net increase in cash held	763,986	28,436
Cash at the beginning of the financial year	565,868	537,432
Cash at the end of the financial year	1,329,854	565,868

NOTE 1 RECONCILIATION OF CASH

For the purposes of the statement of cashflows, cash includes cash on hand and in banks and investments in money markets. Cash at the end of the financial year is shown in the statement of cashflows is reconciled to the related items in the balance sheet as follows:

Cash at Bank	1,301,643	542,042
Cash on Hand	1,250	737
Interest Bearing Deposits	52,304	5,472
Support Group Bank Accounts	18,313	17,617
Bank Loan – Re Airconditioning Unit (UNSECURED)	(43,656)	—
	1,329,854	565,868

NOTE 2 RECONCILIATION OF NET CASH PROVIDED BY OPERATING ACTIVITIES TO PROFIT / (LOSS) FROM ORDINARY ACTIVITIES

Profit / (loss) from ordinary activities	77,814	(742,546)
Non-cashflows in profit / (loss) from ordinary activities:		
Depreciation	74,564	60,740
Net (profit) / loss on disposal of plant and equipment	—	(2,980)
Changes in Assets and Liabilities:		
(Increase) decrease in receivables	(89,160)	700,879
Increase (decrease) in payables	797,721	36,374
	860,939	52,467

THE ASSOCIATION HAS NO CREDIT STAND-BY OR FINANCING FACILITIES IN PLACE.

THERE WERE NO NON-CASH FINANCING OR INVESTING ACTIVITIES DURING THE PERIOD.

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30th JUNE 2001

1 STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES

This financial report is a special purpose financial report prepared in order to satisfy the financial reporting requirements of the Associations Incorporation Act (Vic). The Board of Management has determined that the association is not a reporting entity. The financial report has been prepared in accordance with the requirements of the Associations Incorporation Act (Vic) and the following Australian Accounting Standards: AAS 4 Depreciation of Non-Current Assets, AAS 5 Materiality, AAS 8 Events Occurring After Reporting Date, AAS 15 Disclosure of Operating Revenue, AAS 17 Accounting for Leases, AAS 23 Set-off and Extinguishment of Debt, AAS 28 Statement of Cashflows. No other applicable Accounting Standards, Urgent Issues Group Consensus Views or other authoritative pronouncements of the Australian Accounting Standards Board have been applied.

The financial report has been prepared on an accruals basis and is based on historic costs and do not take into account changing money values, or except where specifically stated, current valuations of non-current assets. The following material accounting policies, which are consistent with the previous period unless otherwise stated, have been adopted in the preparation of this financial report.

A) GRANTS RECEIVED

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

B) MEMBERSHIP SUBSCRIPTIONS INCOME

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

C) PLANT AND EQUIPMENT

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

D) INCOME TAX

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

E) LEASES

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

F) EXTINGUISHMENT OF DEBT

The Board of Management of the Victorian AIDS Council Inc. have resolved to forgive a portion of the unsecured loan owing to them by the Gay Men's Health Centre Inc.

	NOTE	2001 \$	2000 \$
2 OPERATING REVENUE			
Bequests, Fundraising & Sales		220,134	247,453
Donations		151,050	67,153
Fees Received		217,985	178,983
Grants Received		2,576,830	2,516,926
Interest Received		13,492	10,381
Membership Fees		4,957	8,021
Other Income		—	1,700
Profit on disposal of surplus assets		—	2,980
		3,184,448	3,033,597
3 PROFIT / (LOSS) FROM ORDINARY ACTIVITIES			
Profit / (loss) from ordinary activities has been determined after:			
Crediting as income			
Interest Received		13,492	10,381
Charging as expenses:			
Interest paid		1,203	—
Depreciation of plant and equipment		74,564	60,740
Auditors' remuneration			
— Auditing the accounts		7,125	6,185
— Other services		—	2,355
4 CASH AT BANK AND ON HAND			
Cash at Bank		1,301,643	542,042
Cash on Hand		1,250	737
Interest Bearing Deposits		52,304	5,472
Support Group Bank Accounts		18,313	17,617
		1,373,510	565,868
5 RECEIVABLES			
Accrued Revenue		39,264	—
Grants in Arrears		22,001	14,484
Prepayments		16,609	12,099
Project Funds in Arrears		70,291	—
Sundry Debtors		2,627	35,049
		150,792	61,632
6 PLANT AND EQUIPMENT			
Office Furniture at cost		405,931	368,964
Less Accumulated Depreciation		(237,784)	(218,408)
		168,147	150,556
Motor Vehicle at cost		29,637	—
Less Accumulated Depreciation		(219)	—
		29,418	—
Leasehold Improvements at cost		134,731	134,121
Less Accumulated Amortisation		(129,596)	(129,492)
		5,135	4,629
Computer Equipment at cost		428,609	409,308
Less Accumulated Depreciation		(330,520)	(286,093)
		98,089	123,215
		300,789	278,400
7 PAYABLES			
Bank Loan – Re Airconditioning Unit (Unsecured)		43,656	—
Grants in Advance (Unexpended)		829,980	—
Project Funds in Advance (Unexpended)		15,164	121,252
Support Group Funds		18,354	17,617
Trade Creditors		61,839	49,956
Unsecured Loan – Gay Men's Health Centre Inc.		193,846	132,637
		1,162,839	321,462
8 LEASE COMMITMENTS			
Operating Leases			
Rental Properties & Motor Vehicles			
Payable			
— not later than one year		155,557	148,792
— later than one year but not later than five years		40,288	103,081
— later than five years		—	—
Total Lease Liabilities		195,845	251,873

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

SCOPE

We have audited the financial report, being a special purpose financial report comprising the Board of Management's Report, Statement by Members of the Board of Management, Income and Expenditure Statement, Balance Sheet, Statement of Cashflows and Notes to of the Financial Statements of the Victorian AIDS Council Inc for the year ended 30th June 2001. The Board of Management is responsible for the financial report and has determined that the accounting policies used and described in Note 1 to the financial statements which form part of the financial report are appropriate to meet the requirements of the Associations Incorporation Act (Vic) and are appropriate to meet the needs of the members. We have conducted an independent audit of this financial report in order to express an opinion on it to the members of the Victorian AIDS Council Inc. No opinion is expressed as to whether the accounting policies used are appropriate to the needs of the members.

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

Our audit has been conducted in accordance with Australian Auditing Standards.

Our procedures include examination, on a test basis, of evidence supporting the amounts and other disclosures in the financial report, and the evaluation of significant accounting estimates.

These procedures have been undertaken to form an opinion whether, in all material respects, the financial report is presented fairly in accordance with the accounting policies described in Note 1 so as to present a view which is consistent with our understanding of the Association's financial position, and performance as represented by the results of its operations and its cashflows. These policies do not require the application of all Accounting Standards and other mandatory professional reporting requirements in Australia.

The audit opinion expressed in this report has been formed on the above basis.

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

QUALIFICATION

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

QUALIFIED AUDIT OPINION

In our opinion, except for the effects on the financial report of the matters referred to in the qualification paragraph, the financial report presents fairly in accordance with the accounting policies described in Note 1 to the financial statements the financial position of the Victorian AIDS Council Inc. as at 30th June 2001 and the results of its operations and cashflows for the year then ended.

LOCKWOOD WEHRENS
Chartered Accountants



Andrew Wehrens, Partner

CAMBERWELL, 19 SEPTEMBER 2001



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1st Floor
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Gay Men's Health Centre Inc.

GAY MEN'S HEALTH CENTRE INC. REG NO A0010550F
FINANCIAL REPORT
FOR THE YEAR ENDED 30 JUNE 2001

GAY MEN'S HEALTH CENTRE INC. REG NO A0010550F
BOARD OF MANAGEMENT'S REPORT
FOR THE YEAR ENDED 30 JUNE 2001

Your Board of Management submit the financial report of the Gay Men's Health Centre Inc for the financial year ended 30 June 2001.

BOARD OF MANAGEMENT

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

Darren Russell, John Daye, Guy Hussey, Mathew Jones, Mike Kennedy, James Duncan, Jon Willis, Kim Glover, Mark Riley, David Menadue, Kevin Guiney, Matt Dixon, Paul Clarkson, David Voon, Brian Price & Philomena Horsley

PRINCIPAL ACTIVITIES

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

SIGNIFICANT CHANGES

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

FINANCIAL RESULTS

The loss from ordinary activities for the year was \$28,261 (2000 — \$742,547 profit) and no provision for income tax was required.

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



Darren Russell
Board Member
President



Mathew Jones
Board Member
Treasurer

SOUTH YARRA, 18 SEPTEMBER 2001

GAY MEN'S HEALTH CENTRE INC. REG NO A0010550F
STATEMENT BY THE BOARD OF MANAGEMENT
FOR THE YEAR ENDED 30 JUNE 2001

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

In the opinion of the Board of Management the financial report as set out on pages 1 to 10:

- A) Presents fairly the financial position of the Gay Men's Health Centre Inc. as at 30 June 2001 and its performance and cashflows for the year ended on that date.
- B) At the date of this statement, there are reasonable grounds to believe that the Gay Men's Health Centre Inc. will be able to pay its debts as and when they fall due.

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



Darren Russell
Board Member
President



Mathew Jones
Board Member
Treasurer

SOUTH YARRA, 18 SEPTEMBER 2001

STATEMENT OF INCOME AND EXPENDITURE FOR THE YEAR ENDED 30TH JUNE 2001

	NOTE	2001 \$	2000 \$
Operating revenue	2	1,739,202	2,396,759
Profit / (loss) from ordinary activities	3	(28,261)	742,547
Retained profits the beginning of the financial year		1,123,711	381,164
Retained profits at the end of the financial year		1,095,450	1,123,711

THE ACCOMPANYING NOTES FORM PART OF THIS FINANCIAL REPORT

CURRENT ASSETS

Cash assets	4	51,856	83,590
Receivables	5	193,846	132,637
TOTAL CURRENT ASSETS		245,702	216,227

NON-CURRENT ASSETS

Property, plant and equipment	6	1,112,583	1,130,073
TOTAL NON-CURRENT ASSETS		1,112,583	1,130,073

TOTAL ASSETS		1,358,285	1,346,300
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CURRENT LIABILITIES

Payables	7	98,711	65,175
Provisions	8	164,124	157,414

TOTAL CURRENT LIABILITIES		262,835	222,589
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TOTAL LIABILITIES		262,835	222,589
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NET ASSETS		1,095,450	1,123,711
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EQUITY

Retained Profits		1,095,450	1,123,711
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TOTAL EQUITY		1,095,450	1,123,711
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	INFLOWS (OUTFLOWS)	INFLOWS (OUTFLOWS)
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CASHFLOWS FROM OPERATING ACTIVITIES

Interest received	2,349	1,698
Other income	348	763,457
Service fee	1,736,505	1,631,604
Payments to suppliers & employees	(1,793,913)	(2,403,200)
Net cash used in operating activities	(54,711)	(6,441)

CASHFLOWS FROM INVESTING ACTIVITIES

	—	—
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CASHFLOWS FROM FINANCING ACTIVITIES

Net increase (decrease) in cash held	(54,711)	(6,441)
Cash at the beginning of the financial year	83,590	90,031
Cash at the end of the financial year	28,879	83,590

NOTE 1 RECONCILIATION OF CASH

For the purposes of the statement of cashflows, cash includes cash on hand and in banks and investments in money markets. Cash at the end of the financial year is shown in the statement of cashflows is reconciled to the related items in the balance sheet as follows:

Bank Overdraft – Unsecured	(22,976)	—
Cash at Bank	—	33,717
Investments	51,855	49,873
	28,879	83,590

NOTE 2 RECONCILIATION OF NET CASH PROVIDED BY / (USED IN) OPERATING ACTIVITIES TO PROFIT / (LOSS) FROM ORDINARY ACTIVITIES

Profit / (loss) from ordinary activities	(28,261)	742,547
Non-cashflows in operating surplus:		
Depreciation	17,490	22,343
Changes in Assets and Liabilities:		
(Increase) decrease in receivables	(61,209)	(132,637)
Increase (decrease) in payables	10,559	(666,658)
Increase (decrease) in provisions	6,710	27,964
	(54,711)	(6,441)

THE ASSOCIATION HAS NO CREDIT STAND-BY OR FINANCING FACILITIES IN PLACE.

THERE WERE NO NON-CASH FINANCING OR INVESTING ACTIVITIES DURING THE PERIOD.

GAY MEN'S HEALTH CENTRE INC.

REG NO A0010550F

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30th JUNE 2001

1 STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES

This financial report is a special purpose financial report prepared in order to satisfy the financial reporting requirements of the Associations Incorporation Act (Vic). The Board of Management has determined that the association is not a reporting entity.

The financial report has been prepared in accordance with the requirements of the Associations Incorporation Act (Vic) and the following Australian Accounting Standards:

AAS 4 Depreciation of Non-Current Assets

AAS 5 Materiality

AAS 8 Events Occurring After Reporting Date

AAS 15 Disclosure of Operating Revenue

AAS 17 Accounting for Leases

AAS 23 Set-off and Extinguishment of Debt

AAS 28 Statement of Cashflows

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

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

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

A) GRANTS RECEIVED

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

B) EMPLOYEE BENEFITS

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

C) PROPERTY, PLANT & EQUIPMENT

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

D) INCOME TAX

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

GAY MEN'S HEALTH CENTRE INC. REG NO A0010550F**NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2001**

	2001	2000
NOTE	\$	\$
2 OPERATING REVENUE		
Interest Received	2,349	1,698
Other Income	348	763,457
Service Fees Received from Victorian AIDS Council Inc	1,736,505	1,631,604
	1,739,202	2,396,759
3 PROFIT FROM ORDINARY ACTIVITIES		
Profit from ordinary activities has been determined after:		
Crediting as income:		
Interest Received	2,349	1,698
Charging as expenses:		
Depreciation of property, plant and equipment	17,490	22,345
Auditors' remuneration		
— Auditing the accounts	3,876	3,390
— Other services	—	—
4 CASH AT BANK		
Cash at Bank	—	33,717
Interest Bearing Deposits	51,856	49,873
	51,856	83,590
5 RECEIVABLES		
Unsecured Loan – Victorian AIDS Council Inc.	193,846	132,637
	193,846	132,637
6 PROPERTY, PLANT AND EQUIPMENT		
Freehold Land at cost	443,520	443,520
Car Parking Spaces – Daly Street at cost	278,785	278,785
Buildings at cost	554,108	554,108
Less Accumulated Depreciation	(169,869)	(153,401)
	384,239	400,707
Plant and Equipment at cost	38,751	38,751
Less Accumulated Depreciation	(32,712)	(31,691)
	6,039	7,060
	1,112,583	1,130,073
7 PAYABLES		
Bank Overdraft – Unsecured	22,976	—
Trade Creditors	75,734	65,175
	98,711	65,175
8 PROVISIONS		
Annual Leave	117,972	112,128
Long Service Leave	46,152	45,286
	164,124	157,414

INDEPENDENT AUDIT REPORT TO THE MEMBERS OF GAY MEN'S HEALTH CENTRE INC.**SCOPE**

We have audited the financial report, being a special purpose financial report comprising the Board of Management's Report, Statement by Members of the Board of Management, Income and Expenditure Statement, Balance Sheet, Statement of Cashflows and Notes to the Financial Statement of the Gay Men's Health Centre Inc for the year ended 30 June 2001. The Board of Management is responsible for the financial report and has determined that the accounting policies used and described in Note 1 to the financial statements which form part of the financial report are appropriate to meet the needs of the Associations Incorporation Act (Vic) and are appropriate to meet the needs of the members. We have conducted an independent audit of this financial report in order to express an opinion on it to the members of the Gay Men's Health Centre Inc. No opinion is expressed as to whether the accounting policies used are appropriate to the needs of the members.

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

Our audit has been conducted in accordance with Australian Auditing Standards. Our procedures include examination, on a test basis, of evidence supporting the amounts and other disclosures in the financial report, and the evaluation of significant accounting estimates. These procedures have been undertaken to form an opinion whether, in all material respects, the financial report is presented fairly in accordance with the accounting policies described in Note 1 so as to present a view which is consistent with our understanding of the Association's financial position, and performance as represented by the results of its operations and its cashflows. These policies do not require the application of all Accounting Standards and other mandatory professional reporting requirements in Australia.

The audit opinion expressed in this report has been formed on the above basis.

INDEPENDENT AUDIT REPORT TO THE MEMBERS OF GAY MEN'S HEALTH CENTRE INC.**AUDIT OPINION**

In our opinion, the financial report presents fairly in accordance with the accounting policies described in Note 1 to the financial statements, the financial position of the Gay Men's Health Centre Inc. as at 30 June 2001 and the results of its operations and cashflows for the year then ended.

LOCKWOOD WEHRENS
Chartered AccountantsAndrew Wehrens, Partner
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586 Burke Road
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Awards

PRESIDENT'S AWARD

VICTORIAN GAY AND LESBIAN RIGHTS LOBBY

This year's President's Award goes to the Victorian Gay and Lesbian Rights Lobby (VGLRL) in recognition of their pivotal role in coordinating the community action which resulted in the passage of the Statute Law (Amendment) Relationships Act. The Act gave couples, regardless of gender, the same rights as heterosexual de facto couples in relation to medical treatment, (State) superannuation, property transfers and wills by amending 52 pieces of legislation and creating the new term "domestic partner" to encompass heterosexual and same sex de facto relationships.

While the draft legislation was being prepared, VGLRL worked with VAC/GMHC and ALSO to coordinate a series of public meetings to consult the community about the possible models that might be incorporated into the legislation.

When the Bill was introduced into the Parliament and the Opposition announced its intention to oppose the legislation, the VGLRL, in particular Chris Gill, Miranda Stewart and Jamie Gardiner, undertook an intense lobbying campaign in support of the Bill and coordinated the broader community lobbying campaign. Ultimately the Bill was passed with only minor amendments.

Many VAC/GMHC members, clients and supporters have had their legal rights extended by the passage of this legislation, and it is appropriate the VGLRL's role be acknowledged by the conferring of this Award.

GAY AND LESBIAN COMMUNITY AWARD

DAREN POPE

Daren Pope began his volunteer work with the VAC/GMHC in the early 90s, facilitating the then 'Gay Now' courses for a few years. While his knowledge of Peer Education stems from this strong foundation, his support of the VAC/GMHC has continued beyond this role. Daren is perhaps better known for his work in the community in the guise of Kaye Sera.

Kaye is recognized as being a top performer in Melbourne's GLBTI community. Kaye is one of the few drag queens to use her own voice in performance, whether on stage, screen or radio. She's well known for her fun filled drag shows, is a radio presenter with JOY FM and is also involved in presenting on Bent TV – Channel 31. As a radio presenter, Daren has sought out stories involving HIV/AIDS, always ensuring the issues remain alive for JOY listeners. He has taken a similar approach in his role presenting on Bent TV, even producing the 'Heat of the Moment' in the '90s, a video on the decision making process of using condoms.

This year, Kaye was recognized in the community, receiving the Melbourne Pride Awards 'Entertainer of the Year' Award. Some of the recent events that Daren and Kaye has been involved with VAC/GMHC have included the Mass Debate and perhaps more notably, the 'Going in Deeper', 'Going in Even Deeper', 'Going in Deeper Still' and the upcoming World AIDS Day 'Somewhere Other People Visit' forums. We say Daren and Kaye, because while Kaye is the public face in the performance, Daren has put in hours and hours of rehearsal, writing and other production on each of these important community sessions.

PAUL EVANS

Paul Evans has been a long-standing supporter of HIV/AIDS related organisations in particular and gay and lesbian organisations generally. In 1994, he and a friend formed NAG! (No Attitude Guys!). The aim of this group was to raise funds for worthwhile community organisations but without all the endless committee meetings usually associated with fundraising groups. The idea was to plan the events, stage them, and then hand over the money with as little fuss as possible.

Despite Paul's own health concerns, NAG!, as a result of Paul's efforts, has managed to raise more than \$15,000 to date. The North and Central Area Groups and the David Williams Fund have been two areas of the VAC/GMHC that have benefited from his tireless work in arranging events, seeking donations of goods and services, and arranging teams of volunteers to assist with the events.

GENERAL COMMUNITY AWARD**NICK CROFTS**

MACFARLANE BURNET INSTITUTE
Nick Crofts should be recognised for his outstanding contribution to the HIV sector since the earliest days of the epidemic.

Nick has been an outstanding and consistent advocate of the need to remain vigilant in reducing HIV transmission but most importantly as one of the strongest advocates for working with at risk populations to develop world class approaches to public health problems (HIV & Hepatitis C).

His work in the field of epidemiology is first class and Victoria's at risk and general communities have benefited enormously from Nick's preparedness to speak out, in his capacity as a leading Epidemiologist and to name the problems without fear or favour. This has placed Nick under significant pressure at times but to his credit he remains committed, vocal and as focused as ever. Nick has also been remarkably generous in assisting front-line workers in both the HIV/ AIDS and Hepatitis C epidemics to understand the data being produced by the surveillance systems and use it to inform their work.

MEDIA AWARD**NATIONAL AIDS BULLETIN**

This year's **VAC/GMHC** Media Award is presented to AFAO for the *National AIDS Bulletin's* 20 years of AIDS issue (Vol 14 Number 4). This issue was an excellent review of the many facets of the HIV/AIDS epidemic in this country, gathering contributions from many of the activists, policy-makers and community figures who played a part in that history. Editor Bridget Haire is particularly commended for her insightful choice of contributors and topics and for bringing together a well-presented, well designed publication.

This particular issue will serve as an important record of AIDS in Australia providing researchers and students in the future with a comprehensive and well-summarized look at those twenty years. In terms of media excellence in HIV/AIDS in 2000/1 there is no better example than this issue of the *NAB*.

ANNE DELANEY**INSIGHT – SBS TELEVISION**

This year's **VAC/GMHC** Media Award is presented to Anne Delaney, a journalist with SBS TV's Insight program, for her ground-breaking work in putting together the program "Safe Sex Fatigue" which was broadcast by SBS on Insight in June 2001.

In a non-judgmental way, Anne's film documented the perspectives of a range of HIV-positive gay men regarding HIV transmission issues. It was an in-depth, candid and open account of the social, personal and medical aspects of HIV/AIDS presented in a way previously not featured in the mainstream media.

VAC/GMHC SPECIAL SERVICE AWARD**COMMUNITY SUPPORT****TRANSPORT DRIVERS**

This Award recognises the work of the Community Support volunteers who have been providing this essential service to PLWHA in the latter stages of HIV/AIDS. In the nine years since the formation of the Community Support Transport System a large number of volunteers have selflessly provided a confidential, supportive and reliable service driving clients to hospital and medical appointments. During this period Community Support volunteers have provided over 25,000 transports.

MELISSA WARREN

Melissa was the primary volunteer involved with producing the new Fund-raising event Rags 4 Riches last year. The event raised in excess of \$14,000 for the David Williams Fund. Melissa worked every weekend on a Saturday and/or a Sunday in the lead up to this event for a period of 10 weeks prior to this event.

Melissa's involvement included production of the branding and logo for the event, organising and coordinating a photo shoot for media and publicity around the event, distributing of fliers and advertising for the event, cataloguing and pricing clothing for the event, and bumping in and out from the event.

Whilst there were many other volunteers involved with this event, Melissa exceeded the call, responsibility and commitment of a volunteer within the parameters of this event.

Melissa has been a member of the David Williams Fund/Red Ribbon Project for the past 4 years, working at both a conceptual and practical level with all facets of events staged by the Red Ribbon Project in and around World AIDS Day.

Melissa continues to show an outstanding level of involvement with the **VAC/GMHC** as she has also been a very consistent Night Manager on a Monday evening for more than three years.

**DAVID WILLIAMS FUND/
RED RIBBON PROJECT**

CATHERINE PETHEBRIDGE

Catherine has been involved with the David Williams Fund/ Red Ribbon Project for the past four years. During that time she has shown a high level of commitment to the project. Catherine has largely undertaken a vast amount of administrative duties with the project during that time, commonly volunteering up to three days a week in the office and convening the Red Ribbon Workshops on Saturday and Sunday for the past three years.

In addition Catherine can be seen working at any of the additional events and/or functions that the project stages, such as Rags 4 Riches, AIDSWalk, Shake a Can for DWF, and the Laird Auction, to name a few.

Catherine joined Central Support Group in April 1998. Since joining she has hardly missed a meeting or a social function. She has been administrative assistant for the last 2 years and has done many hours of work behind the scenes for Central Group. Catherine has always been good humoured, reliable and willing to go the extra mile. Her contribution to VAC has been outstanding.

Catherine has also been a Night Manager on the reception desk every Thursday evening for the last three and a half years.

LIFE MEMBERSHIP

MAX WAUGH

Max Waugh has had a long involvement with the gay and lesbian community and with VAC/GMHC. He became involved with Gay Line Telephone Counselling in 1974 and was an organiser of the annual Gay Rage Ball, which has distributed money to organisations such as Positive Attitude, Country AIDS Network, Positive Women, AIDSline, and CAPE over the last 23 years.

As member of the Committee of Management of CAPE (Churches AIDS Pastoral Education), Max continued his work with people living with HIV/AIDS, and worked as a volunteer office worker for CAPE on Wednesdays.

Max has been a twice weekly volunteer at the Positive Living Centre in St Kilda since the day it opened. He is a member of the VAC Northern Support Group and has been a member of several support teams. In addition, Max is a long term volunteer with the Community Support Transport Drivers.

MARY BODKIN

Mary Bodkin has a long history as an activist and volunteer with HIV/AIDS related causes.

Mary has been an active volunteer with AIDSline since it began and has been an active supporter of the annual Gay Rage Ball, which has distributed money to organisations such as Positive Attitude, Country AIDS Network, Positive Women, AIDSline, and CAPE over the last twenty three years.

Mary has also been a long term volunteer with the Community Support Transport Drivers and in this role has provided practical support and assistance to PLWHAs.

GORDON WILSON

Gordon Wilson has been active as a volunteer with the VAC/GMHC since August 1993. Gordon's Life Membership award reflects his active involvement across the range of program areas in the organisation. Gordon's enthusiastic engagement with most parts of the organisation is outstanding. Although he retires in his working life this year, there is nothing to suggest that his volunteer energies show any sign of abating.

Gordon's earliest involvement with the organisation was as a volunteer with the South Area group as a carer. He has provided transport and held executive positions in this role.

Gordon's involvement with Fund-raising means that, on any red ribbon creation day, he can be found generating a fun mood as he puts hours in with others, cutting and threading the ribbons, not to mention the thousands of ribbons he creates at home.

Gordon, to his credit, has done Hosting, on a weekly basis, at the Positive Living Centre, on Tuesday nights ever since the PLC first opened. He has also filled in on reception at the PLC when needed.

Most recently, Gordon has become one of the PEG boys – a Peer Education Group Volunteer in Community Education, facilitating groups for gay men over the age of 26 just coming out. Any co-facilitator who has run a group with Gordon will be able to tell you that his range of life experiences as a gay man and his willingness to share these in his role as facilitator reflect the generosity of this man.

Thanks

10 Plus	Body Bronze	Eric Issko	James Duncan	Porter Street Sauna	The Bell Shakespeare Company
3RRR FM	Suntanning Salons	Eye Works	Jamie Lee	Positive Women	The Classic Cinema (Elsternwick)
A/X Armani Exchange	BT	Fabracadabra	and the Dreamgirls	Prahran Market Clinic	The Comedy Festival
Access Information Centre	Builders Arms Hotel	Force	Japanese Style Furniture	Pratt Foundation	The Elwood Lounge
Acland Photo	Cafe 151	Fresh Elwood	Jati Teak Furniture	Pro Sport Management	The Galleon Café
Adam Battat	Café K Restaurant	Garry McEwan Gallery	Jenny Keys	Puffing Billy	The Geelong Performing Arts Centre
Adobe Mudbrick	Café QVQ	Gary from Two Slices	Jenny Whelan	Qantas Airways	The Glamoursharks
Holiday Flats	Catherine Pethebridge	Gel Works Pty Ltd	John Attard	Quilt Project Volunteers	The Jack Brockhoff Foundation
AFAO	CEO Gems	Gemini Adult Bookshop	John Durham	Ra Ra Ra Food Company	The Laird Hotel
AGFA	Challenge Recruitment	Gillian Murray	JOY FM	Rachel Berger	The Lance Reichstein Foundation
AIDS Memorial	Chambers Rosewood	Gin Palace	Kate Gollings	Rafiki	The Last Laugh
Candlelight Vigil & Quilt Project Melbourne	Chapel Street Bazaar	Glaxo Wellcome	Kathy Anderson	Rainbow Service Centre	The Market Hotel
AIDS Trust of Australia	Cinema Nova	Glo Lighting & Homewares	Kaye Sera	Rams Home Loans	The Melbourne Aquarium
Ajays Restaurant	City of Port Phillip	Globe Café	Kelly Cleminger	Raoul Records	The Melbourne Festival
Alice Euphemia	Clare Fountain	Grand Hyatt Melbourne	Kerrie Le Gore	Rayners Removals	The Melbourne Museum
Alida Audusho	Claystone Pottery Club 80	Green Store	Kia-Ora Pacific Trading Pty Ltd	Red Orange	The Melbourne Zoo
American Express Travel	Colin Krycer	Greg Bulmer	Kidman Furniture	Red Wing Shoes	The Myer Foundation
Anna Georgio	Commercial Road Pharmacy	Gregory Ladner	Kino	Rick Cooper	The Nova
Annie Phelan	Commerical Road Accounting	GTV 9 Footy Show	Kookia	Ritchies Stores	The Peel Hotel
Ansett	Community Education volunteers	Hairroom Salons	La Porchetta	Ron Watkins & David Allen	The Picture Box
Aroma Bar Restaurant	Corporate Health Club	Hares & Hyenas	Laird Hotel	Roy's Antiques	The Piecing Urge
Artastic	Cosi Impanema	Harry the Hirer	Laurie Lane	Royal Melbourne Show	The Sheryls
Arts Access	Country AIDS Network	Heathville House	Leigh Johns	Rubicon	The Star Hotel
Arts Centre Shop	Cyril Stokes & Trevor Bell	His Imports Men's Fashions	Lesbiana	Safe Sex Sluts & Studs Safeways	The Trockodero's
Axis Café	Damien Nicolas	HIV Services Volunteers	Let's Eat	Sammy's Trattoria Bar	The Victorian Arts Centre
BAR 44	David Burnett	Hobson Bay Nursery	Liza Newby	Samuel Smith & Sons	The Victorian Gay and Lesbian Rights Lobby
Barb Wire	David Chong	Holy Sheet	Louise Naughton-Smith	SAX Health Care	Thom Stevens
Barilla Pasta	Derry Rogers	Hoyts	Lucrezia & De Sade	Scanagraphix	Three Dimensions
Bay City Caulfield	Deutsche Bank AG	Ian Lever and the Melbourne Symphony Orchestra	M ONE 11	Scienceworks	Tom McFeely
Bay City Seaford	Dirty Dogs Done Cheap	IMAX	MAC Cosmetics	Sessional Counsellors	Troy Sussman
Beat Bookshop	Dixons Recycled	Interhampers	Madam Fang	SEXPO	Turtle Cove
Beh Kin Un	Do It Baby	Ispex Eyewear	Map Furniture	Sheraton Towers	Universities for the provision of counselling students
Bent TV	Don Meadows	Issey Miyake	Mark Stanley	Sherry Hay	VAC night managers
Big Mouth Cafe	DT's Hotel	Jackie O	Matthew McCarthy	Shi Bui	Vic Bears
Black Rose	Dulce De Jour	Jade Sullivan	McDonald's	Shirley Carn	Vogue Australia
Bliss for Women	Emoh		Megan Reay	Simon Harvest	Wendy Stapleton
Body Art Jewellery	Engine Fit		Melbourne Symphony Orchestra	Snap Printing	Werribee Zoo
	Epicure Catering		Melbourne Theatre Company	So Haircutters	Westgarth Cinema's
			Melissa Warren	Soft Tissue Massage Therapy Clinic	World AIDS Day Volunteers
			Michael Wilkie	Spa Guy	Xchange Hotel
			Michelle Sabto	Spagos	Zartowa Restaurant
			Mihaela Brysha	St Marks Church	
			Miss Louise	Star Hotel	
			Mooks Clothing	Steamworks Sauna	
			Nestlé Confectionery	StyleAID committee	
			Nicholas Dattner	Subway Sauna	
			Nick Kellett	Sukhothai	
			Options Enterprises	Sunlounge Tanning Studio	
			Outlook Café	Sydney Mardi Gras	
			Oz Showbiz Cares/Equity Fights AIDS	Tearaway Travel	
			P J Cannon	Tequila Blues	
			Palace Cinemas (The George; Dendy Brighton)	The Adelphi Hotel	
			Paul Bangay	The ALSO Foundation	
			Paul Evans	The Astor Theatre	
			Perfect Potion	The Australian Ballet	
			Peter Alexander	The Australian Chamber Orchestra	
			Phill Plantusforsalus	The Australian Grand Prix	
			Polemic Productions	The Australian Opera	
			Polly Woodside	The Beat Bookshop	



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DESIGN

KATE GOLLINGS

PHOTOGRAPHY



PREPRESS



PRINT



PAPER

VOLUNTEERS FROM LEFT TO RIGHT

LARRAINE KENT
GORDON WILSON
GRAEME HEARD
MALCOM LOOKER
ROBERT ACTION
ANTHONY HILLIER
CATHERINE PETHEBRIDGE
MATHEW — PAUL FOWLER
JOHN BACKMAN
ROBIN MURRAY
PHILIP BURTON
MICHAEL KEMPTON
BRYAN COLLIER
ARTHUR
TERRI DAVIES



VICTORIAN AIDS COUNCIL/GAY MEN'S HEALTH CENTRE

6 Claremont Street South Yarra VIC 3141
Telephone: 613 9865 6700 Fax: 613 9826 2700
Website: www.vicaids.asn.au