



healthy!

This year we look at the myriad ways in which LGBTI people feel healthy.

We take a prismatic approach to the idea of health and acknowledge that there are a number of things that can contribute to health and wellbeing. In approaching health in this way, Thorne Harbour rejects the idea that LGBTI wellbeing needs to be viewed as a series of deficits. Rather, we believe that by focusing on more positive aspects of the ways in which we live, work and play, a powerful message will be communicated; that as a community, we remain resilient, positive and strong.



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UNDER PROPOSED LEGISLATION WE COULD SEE LAWS THAT GRANT LICENCE TO RELIGIOUS ORGANISATIONS TO OPENLY DISCRIMINATE OR WITHHOLD VITAL SERVICES FROM OUR COMMUNITIES

We're proud of our legacy as an organisation that is willing to take a stance on those issues standing between our communities and better health and wellbeing. We're also incredibly proud of the communities around us – filled with activists and advocates that we proudly stand alongside as we move towards social justice.

ROYAL COMMISSION INTO MENTAL HEALTH

Together with over forty other health organisations including Rainbow Health Victoria and Switchboard, we called on the Royal Commission into Victoria's Mental Health System to take the needs of our LGBTI communities into account. Furthermore, we joined Living Positive Victoria and Positive Women Victoria to consider the mental health needs of people living with HIV.

Moreover, we recognised the importance of collective action and having the voice of our communities heard. Working with Rainbow Health Victoria, we released consumer talking points for the community to make their own informed submissions, supported by research and background information.

AMYL BAN

With the interim decision from the Australia's Therapeutic Goods Administration (TGA) to reclassify alkyl nitrites (the active ingredient in amyl or 'poppers') to Schedule 9 (Prohibited Substances), we were one of the organisations that called for the immediate reversal of the decision. And when the TGA announced that they would postpone the decision to undertake public consultations, we called on the community to take action. Informed by the guidelines released by the Nitrites Action Group, we encouraged the community to make submissions to the TGA and to attend the public meeting held in Melbourne. The community didn't disappoint and we saw advocates, researchers, and community members come together to express their concerns.

Months later, the TGA announced it would not ban alkyl nitrites but rather reclassify them, making them available via pharmacies. While this decision demonstrates the power of community advocacy, it also presents new challenges in the short term. With no pharmaceutical amyl nitrites currently in the marketplace, we are likely to see

our communities fall into a legal grey area in the near future. It's important that we work with governments to ensure we don't see gay men and other men who have sex with men criminalised for possession and use of amyl in the meantime.

ROYAL BRUNEI AIRLINES

Following the announcement of homophobic laws taking effect in Brunei that could see physical punishment or potential execution of LGBTI people, including those who board a Brunei registered aircraft, we condemned Brunei's adoption of these laws.

We called for action by the Australian Government to revoke Royal Brunei's right to land in Australia as well as a review of its SmartTraveller website which failed to reflect the potential risk to LGBTI Australians. We also called on Melbourne Airport to no longer accept Royal Brunei flights as well as STA Travel and Flight Centre to immediately stop selling their flights. Finally, we asked the community to join us in this call to action with over 23,000 people signing on to a community initiated petition to ban Royal Brunei Airlines from Australia.

Amid global backlash, Brunei did

eventually back away from harsh punishments including a moratorium on the death penalty, but this was a reminder of the life-threatening circumstances under which many LGBTI people live every day.

RELIGIOUS DISCRIMINATION

Following the success of marriage equality in Australia, the growing discussion of religious discrimination poses serious concerns for our LGBTI communities. Under the proposed legislation we could see laws that grant licence to some to openly discriminate or withhold vital services from our communities – communities that currently experience poorer health outcomes than the general population.

This is just one of the challenges still standing before us. We must continue to work together towards progress with an unremitting dedication to a brighter future for our communities.







THE REBRAND OF THE ORGANISATION WAS A STRONG RECOGNITION THAT THE COMMUNITIES WE WORK WITH ARE MANY AND VARIED

Decisions – we have to make them everyday. We decide how to care for ourselves, how to care for those around us, and how to tackle the new challenges each day brings. Some decisions are easy with clear signs pointing the way forward, others less so – clouded in a sea of uncertainty.

THORNE HARBOUR ONE YEAR ON

A year has passed since we made the decision to become Thorne Harbour Health. While that decision was carefully considered, it was a relatively easy one. We needed to demonstrate that our work had grown beyond the remit of our founding. We were becoming a more inclusive organisation. We needed a name that reflected that evolution while still recognising and honouring our longstanding legacy.

Since that decision, we've started to see more people engaging with us – women, trans and gender diverse people, bi+ communities, people living with disabilities, and culturally and linguistically diverse communities. And we've embraced our rich history of activism in the face of new challenges faced by both our LGBTI communities and people living with HIV

A NEW HOME

To continue to meet the needs of the communities we serve, we have more decisions to make. In the year ahead we'll be moving into our new homes including 200 Hoddle Street. We need to strategically consider how we will deliver our growing portfolio of services and programs both from our new location in Abbotsford and further afield.

For decisions at a state level, we continue to advocate that governments and policy makers keep the best interest of our communities in mind. One of the ways we've done this over the past year is through our submissions to the Royal Commission into Victoria's Mental Health System which were written in partnership with Rainbow Health Victoria and Switchboard. Our communities continue to experience poorer mental health outcomes than the general population, and we need a combination of both targeted solutions and capacity building within the existing system.

RELIGIOUS FREEDOMS

Other decisions become increasingly challenging as you widen the lens.

Australia is now among the many countries that have seen a pivot toward

a more populist governments. With that shift, we've seen a national dialogue about Religious Discrimination legislation. We must remain steadfast in ensuring any legislation that protects the freedom of religion, does not do so at the cost of the right to freedom from discrimination.

BIOMEDICAL PREVENTION

Innovation and technology presents us with new decisions. Biomedical prevention has led to a phenomenal shift in our ongoing response to HIV. PrEP is now Australia's prevention tool of choice and the community's growing awareness of undetectable viral load means we're seeing a shift in how people view HIV. As we draw closer to the virtual elimination of new transmissions, we are being challenged to consider more controversial options such as genomics and molecular epidemiology. Tough decisions will need to be made about weighing the potential benefits of unprecedented insight into transmissions of HIV versus potential risks this technology may pose to privacy and protection of people living with the virus. We also need to evaluate the decisions we've already made. As a society, we've embraced the connectivity that social media and the digital age provides. We

can connect people in regional and remote areas with services and health promotion messaging like never before. However, we also understand the negative impacts that same technology can have. While a discussion board on our DALE site may allow for a man living in a heterosexual relationship to disclose his same-sex attraction for the first time to peers, a comment feed under a news article about birth certificate law reform can host a toxic wave of transphobic rhetoric.

COLLECTIVE COMMUNITIES

Now more than ever, we acknowledge that we're made up of a collective of communities. Our priorities often differ, but we share a common goal toward a more inclusive and equal society. We can't lose sight of that. Failure to do so could very well see progress undone and a loss in momentum. That's not an outcome any of us can afford. As we have done in the past, the LGBTI and HIV communities will need to continue working together for a better future. We are strongest when we work together. It's a simple decision.





THE BEST OF TIMES?

Are these the best of times? HIV has become a manageable chronic condition. A person who is diagnosed with HIV today, through the benefit of antiretroviral therapy (ART) will experience a normal life span, comparable to their HIV negative counterparts. In addition, the powerful peripheral benefit to effective antiretroviral therapy is that a person with an undetectable viral load (UVL) cannot pass HIV on to their sexual partners, even if condoms are not used. These are the twin gifts of effective therapy: a longer healthier life and the security of knowing that HIV cannot be transmitted.

BETTER NOW THAN EVER

For HIV negative people, there have never been as many ways to maintain sexual health and remain HIV negative than there are today. Pre-exposure prophylaxis (PrEP), post-exposure prophylaxis (PEP) and UVI all mean that if HIV negative people have sex without condoms they can still avoid HIV infection. Further, today there are many more options to test for HIV than in the past. Rapid testing and home testing technologies have been made available, meaning that checking vour HIV status has never been easier. With all these biomedical tools and advances readily available we could realistically see a halving of our current

rates of HIV infection in the next couple of years and perhaps bring that figure down to double digits before 2024.

90-90-90

Melbourne signed on to the Fast-Track Cities (FTC) initiative in 2014. FTC is a global partnership between cities and municipalities around the world, the International Association of Providers in AIDS Care, UNAIDS and the Global Network of People Living with HIV. Through FTC we are committed to the 90-90-90 targets. This means that 90 per cent of people with HIV will be diagnosed, 90 per cent of those diagnosed will be on antiretroviral (ARV) treatment and 90 per cent will have an undetectable viral load. An additional goal is the elimination of HIV related stigma. So far Melbourne is doing well and is on track to exceed our 90-90-90 targets by 2020. Currently, 89 per cent of people with HIV have been diagnosed; of those, 98 per cent are on ART. Of the people on ART, 96 percent have an undetectable viral load.

ROADBLOCKS AHEAD

So the signs are good that a significant decline in the incidence of HIV in Victoria is a real possibility. But there are some obstacles to overcome if we are to reap the benefits of all the biomedical advances at our disposal.

SEXUAL HEALTH SERVICES

Considering the size of the Victorian population, we have very poor sexual health infrastructure. We have only one free government-funded sexual health clinic. By comparison, New South Wales has 37. This is in a context of gonorrhoea rates increasing over 1000 per cent in the last decade, along with syphilis rates increasing by 300 per cent over the same time period. The government has conducted a review into sexual health services for the state. But there is no timetable for the release of the final report or the implementation of any of its recommendations. This review has been made all the more critical since. research has demonstrated that bacterial sexually transmitted infections (STIs) can be transmitted through contact with saliva through kissing. This means that the need for more testing services, timely diagnosis and treatment becomes even more urgent. Since the presence of any STI may increase the likelihood of either the onward transmission or acquisition of HIV, (if viral load is not undetectable) it would seem that the faults in our sexual health. services need to be fixed, and fixed fast,

MOLECULAR EPIDEMIOLOGY

Another opportunity on the horizon with regard to HIV is the potential deployment of molecular epidemiology

to better understand the dynamics of the epidemic. The science behind molecular epidemiology means that it would be possible to map the genetic structure of every HIV infection and have the ability to respond to new infection clusters if and when they occur. The researchers behind this initiative have made assurances that through extensive de-identification, it will not be possible to link individual HIV cases to determine who they acquired the virus from. Nonetheless, the possibility that molecular epidemiology could be used in HIV criminalisation cases is a very real concern. Still, if privacy and prosecution concerns can be worked through in ways that are satisfying to the community, this technology has the potential to provide timely diagnosis, treatment and care to people with HIV in the future.

IS THE FUTURE NOW?

We are poised on the brink of very real progress in the HIV epidemic we face in Victoria. However that progress will never eventuate unless we are able to provide better sexual health services and harness the biomedical potential of all the tools at our disposal to realise a healthier future for us all.







OVER TWO MILLION PEOPLE SAW OUR CINEMA AD EMPHASISING THE MESSAGE THAT 'HIV STILL MATTERS'

526,000+



OVER 526,000 PEOPLE VISITED OUR WEBSITES FOR INFORMATION

\$215,000+



OVER \$215,000 WAS DISTRIBUTED IN FLEXIBLE SUPPORT PACKAGES FOR INDIVIDUALS EXPERIENCING FAMILY VIOLENCE

78,000+



OVER 78,000 SAFE SEX PACKS
WERE DISTRIBUTED THROUGHOUT
VICTORIA AND SOUTH AUSTRALIA

3,500+



OVER 3,500 APPOINTMENTS WERE BOOKED AT EQUINOX TRANS AND GENDER DIVESE HEALTH CENTRE

3,000+



OVER 3,000 RAPID HIV TESTS WERE CONDUCTED BY PRONTO! RAPID TESTING SERVICE

2,000+

OVER 2,000 COUNSELLING SESSIONS WERE DELIVERED BY THE STAFF AND VOLUNTEERS OF OUR COUNSELLING SERVICE

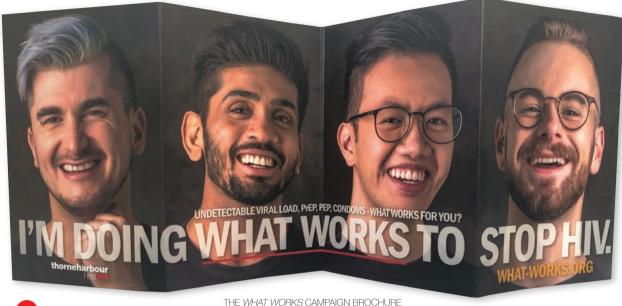
 $1,300+R_{1}$

OVER 1,300 PEOPLE PARTICIPATED IN OVER 50 TRAINING AND CAPACITY BUILDING SESSIONS DELIVERED BY THORNE HARBOUR

200+ M

OVER 200 CLIENTS WERE ASSESSED BY OUR ALCOHOL AND DRUG SERVICES





What Works to Stop HIV

What Works is our newest health promotion and social marketing campaign. What Works highlights different HIV prevention strategies and asks people what works for them.

The four main prevention strategies highlighted in the campaign include the use of condoms, having or using an undetectable viral load, taking preexposure prophylaxis, and accessing post-exposure prophylaxis if needed.

The campaign uses faces from different communities of men who have sex with men, and each face helps communicate a different HIV prevention strategy. These community members vary in age and ethnicity and include trans and cis gendered men to make the campaign more reflective of the communities we serve and accessible to a larger audience.

What Works was shown outdoors on street posters and bus shelters as well as online through social media and social networking apps.

The campaign aimed to make people aware of the fact that there are now more ways to prevent HIV than ever before. You can use a single strategy, a combination of strategies, or all of them together. It comes down to *What Works* for you.

2 Calming Anxiety

Calming Anxiety is a 6-week therapeutic group which creates a space where LGBTI people can explore the experience of anxiety in a uniquely LGBTI context. Facilitated by qualified counsellors, the program builds understanding of anxiety, empowers participants to develop coping strategies, and affirmatively reflects upon the impact of homophobia, biphobia, transphobia, cis-genderism and heterosexism.

Anxiety is one of the most common reasons that a community member may seek counselling at Thorne Harbour.

3 Penelope
At the start of thi

At the start of this year, we went live with the organisation's first centralised case management software, Penelope. Penelope is a cloud-based solution for human services providers around the world. The internationally recognised system offers high-end security for our clients' confidential information, a centralised intuitive data platform, seamless workflow processes and organised information tables.

By implementing Penelope, we centralised over 50 services from across the organisation. We can now better service our clients by taking into account the full scope of each individual's needs; offer additional services as identified; and allow for more coherent collaboration between our clinicians. In some instances, work that used to take a full-time clinician five days of administration work now takes five minutes.

Calming Anxiety offers an opportunity to explore the issue in a positive, safe group context where participants can learn from facilitators and one another as well as begin to understand they are

Calming Anxiety was delivered this year with positive feedback featuring themes of safety, inclusion and accessibility.

One participant wrote, "It has been amazing to connect with strangers in a personal way about something so deep and feel completely at ease. Thank goodness for Thorne Harbour Health, here for us."

Trans & Gender Diverse in Community Health Consortium

Current evidence shows that access to safe, appropriate, and accessible healthcare is crucial in order to achieve health equity for trans and gender diverse (TGD) people. The Trans and Gender Diverse in Community Health (TGDiCH) Consortium seeks to address this issue. Comprised of Thorne Harbour Health, Your Community Health, Ballarat Community Health, and Austin Health, the TGDiCH Consortium was successfully funded by the Department of Health and Human Services to establish two multidisciplinary community TGD health clinics in Preston and Ballarat, with Thorne Harbour Health to lead statewide evidence-based training in TGD affirmative healthcare.

TGD affirmative care is the practice of actively listening to, learning about, and meeting the needs of trans and gender diverse people using health services.

Our training program consists of a variety of training packages for health professionals created to improve TGD sensitivity, reduce stigma and discrimination, and build the health sector's capacity to meet the needs of TGD Victorians.



5 Testing for HIV at Home

In November of 2018, the Therapeutic Goods Administration approved HIV home self-testing kits for sale in Australia. Home self-testing makes testing for HIV accessible to people who might otherwise face financial or geographic barriers in accessing services or perhaps are reluctant to engage with testing services due to the stigma often associated with testing for HIV. We know having the option to self-test at home increases testing rates.

The newly available HIV self-testing kits require a small finger prick of blood and you get a result within 15 minutes. The HIV self-testing kits are available for sale through Thorne Harbour.



6 Queer & Ageing

SAMESH, our South Australian program with Shine SA held the 'Queer and Ageing' forum as part of the Feast Festival 2018 after it became increasingly clear that the aged care sector in South Australia was unprepared for engaging with the ageing queer population, especially those people living with HIV. The lineup of panellists represented a range of aged care and HIV organisations in South Australia including: Elder Care, ECH, COTA SA, Catalyst Foundation, and Cheltenham Place.

The 90-minute forum was a free event and was livestreamed on Facebook

Aged care organisations acknowledged they needed to work on improving the quality of life of aging queer people who have faced stigma and prejudice, as well as older people living with HIV and the associated stigma.

SAMESH was able to highlight some of the education and training options for building capacity in aged care services including the How2 Rainbow Tick and HIV 101 training. Since the forum, several aged care organisations have taken advantage of these options to improve their services

8 Harvey Milk Book Launch

In May, we collaborated with Herbert Smith Freehills in the Australian launch of American author Andrew Reynold's book, The Children of Harvey Milk: How I GBTO Politicians Changed the World. Andrew is a Professor of Political Science and a regular feature writer for the New York Times, The Washington Post, The Guardian and the New Statesman. The book highlights that there is a worldwide movement producing courageous leaders in countries that we may never imagine LGBTQ people coming forward, asserting their identities and claiming their citizenship.

Neil Pharaoh a former State candidate facilitated a panel discussion to a full house. The panel included Greens Senator Janet Rice, ALP MLC Harriet Shing, UK based and Melbourne born LGBTI activist Peter Tatchell, Liberal MP Tim Wilson, former Mayor of Hobsons Bay Councillor Tony Briffa. as well as American Trans activist Sarah McBride. All spoke frankly of their political activism, struggles and outcomes through the prism of personal commitment to advancing human rights.



9 Connecting with Indigenous Communities

At the start of the financial year, the Aboriginal and Torres Strait Islander Project lead attended AIDS 2018 in Amsterdam as well as the International Indigenous Working Group on HIV and AIDS (IIWGHA) pre-conference. The pre-conference was a great opportunity to connect with other Indigenous people from around the world who work in the global response to HIV as well as those living with HIV themselves.

The Global Village at AIDS 2018 included the Indigenous Networking Zone, where our Aboriginal and Torres Strait Islander Project lead was able to spend time throughout the conference to participate in discussions and sessions with those people leading similar work in other parts of the world. Having a presence in the Indigenous Networking Zone also allowed us to feature some of these Indigenous voices in our coverage of AIDS 2018 for Well, Well, Well on JOY 94.9. The show included an interview with Paula Simonsen, a Sami woman from Northern Norway about the state of HIV, stigma, and barriers to testing and treatment for HIV in northern Europe for First Nations peoples. The team also spoke to Trevor Stratton, a Coordinator for International Indigenous Working Group on HIV and AIDS, about three distinct local indigenous peoples in Canada – and the film Strong Medicine targeting those populations in an authentic way.

10 GNC Clothes Swap

The Queer, Trans and Gender Non-Conforming (GNC) Clothes Swap was an event developed in partnership between our Family Violence Recovery Support Team and Drummond Street Services Queerspace Youth. We know it can be hard for queer, trans and GNC people to find clothes that represent their true selves. Going shopping can be inaccessible due to costs, the existence of transphobia, and fashion that is size discriminatory or made exclusively for certain body types. The clothes swap provided a space where people could come to a central location, bring some clothes that they no longer want or need, and pass these onto someone who would appreciate them. It took place on Saturday 22 June 2019 at Schoolhouse Studios in Collingwood with around 200 people in attendance and over 30 staff and volunteers helping out. In addition to offering free clothes, the event hosted performances by local queer and trans artists including Taxi 66 and Dark Water, haircuts by Sue the Barber, photography by Iris Lee and the Thorne Harbour Health Coffee Cart.



7 LGBTI+ & HIV Priorities

Ahead of the 2018 Victorian state election, we led a collaboration with the Human Rights Law Centre, the Victorian Gay and Lesbian Rights Lobby, Rainbow Families Victoria, the Bisexual Alliance of Victoria, Transgender Victoria, and Intersex Human Rights Australia to develop an LGBTI+ Priorities booklet. The booklet was endorse by 30 LGBTI organisations and service providers. and made 59 recommendations for how to make Victoria a fairer and equal place for LGBTI people to live, work and raise their families.

We also collaborated with Living Positive Victoria and Positive Women Victoria

to produce HIV Priorities, including 27 recommendations to improve the HIV response and improve the lives of people living with HIV.

This year we established the Policy Volunteer program and volunteerbased policy working groups. This has allowed us to increase our ability to tackle additional policy work such as the election booklets. In fact, our first Policy Volunteer, Batool Moussa, went on to win the Victorian Premier's Volunteer Champions Award in the Impact category for her outstanding contributions.



11 Guys Like Me, Guys Like You, Guys Like Us.

Emen8 is our national digital health promotion initiative for same-sex attracted men produced in partnership with ACON and funded by the Australian Government. In late 2018, Emen8 launched a testing campaign with an easy-to-use, interactive map helping thousands of guys locate sexual health testing services across Australia.

Following its success, the team delivered a high impact, in-house produced video campaign that speaks to men's real world experiences of navigating an increasingly complex HIV prevention landscape.

We know that HIV prevention is no longer a one-size-fits-all approach. Rather, the 'Guys like me, guys like you, guys like us'. campaign harnessed the power of peers to educate guys on the many different ways there are to choose and combine HIV prevention options and encouraged them to have conversations with their sexual partners.

A first for Emen8, the campaign launched a series of videos filmed in different states featuring a diverse range of individual and partnered community members sharing real stories about real life situations.

As well as encouraging conversations about PrEP, undetectable viral load and PEP when needed, the campaign reinforced the benefit of using condoms in conjunction with other HIV prevention strategies as a highly effective way to help prevent many STIs — especially in casual sex settings where swapping contact details might not be top priority.

12 New Faces for Drama

After over 12 years of spearheading The Drama Downunder campaign solo, our popular brand ambassador Frank was joined this year by some new faces.

The Drama Downunder is the longest running and most successful sexual health campaign directed at gay men in the country.

Now that the brand is firmly established with the public, we feel that it affords us a degree of flexibility in the way the campaign is approached in the future.

Featuring a broad range of ethnicities and body types, the 'Sexy Health for Everybody' iteration of The Drama Downunder campaign signals a positive development for the campaign this year and into the future.

All future versions of The Drama Downunder campaign will feature the broadest possible diversity in our imagery in an effort to connect with as many people as possible to further our messaging around sexual health and wellbeing.



HENRY (LEFT) AND KAM (RIGHT) VOLUNTEERED TO BE NEW FACES FOR OUR FLAGSHI SEXUAL HEALTH AND WELLBEING CAMPAIGN, 'THE DRAMA DOWNUNDER'

13 PARTi in Amsterdam

This year, staff from Thorne Harbour Health and Star Health's joint harm reduction initiative, the PARTI Project, had the opportunity to travel to Amsterdam to present at the 11th International Club Health Conference on nightlife, substance use and related health issues.

The conference included presentations from over 300 experts from 25 countries and explored the range of challenges and opportunities for promoting health in nightlife settings. Our staff presented on the PARTi Project in a session titled 'Safer Nightlife Warriors', alongside a range of other inspiring peer-led harm reduction initiatives from around the globe. The presentation explored topics such as the paradox of being part of a government funded peer-led project in a climate of prohibition as well as emphasising the importance of policy reform around liquor licensing and security guard training requirements to create sustainable change and a safer nightlife culture in Melbourne's late night venues.

14 Keep the Vibe Alive

Smoking rates in LGBT communities is double national smoking rates. Quit Victoria, Melbourne Queer Film Festival (MQFF), Minus 18 and Thorne Harbour Health joined forces to run Keep the Vibe Alive – a project aimed at addressing smoking rates in our communities.

Keep the Vibe Alive invited community members to submit a short film concept looking at how smoking can negatively affect keeping the vibe in our communities alive. Concepts were then judged on innovation, creativity, relevance and relatability. The four winning concepts received funding to produce their short films.

The short films were subject to a public vote by community members, with two films tying for the prize announced at the program launch of MQFF.

Keep the Vibe Alive has been an important step in tackling smoking in our LGBTI communities and is set to return for MQFF 2020.

15 Gippsland Pride

Thorne Harbour was approached by Gippsland Pride this year for support, following recent incidents of healthcare discrimination locally. The initial discussion resulted in series of meetings across Baw Baw Shire and the Latrobe Valley between Gippsland Pride, Thorne Harbour and local hospital and healthcare executives to discuss how health services can be more welcoming and better meet the needs of local LGBTI people. Thorne Harbour went onto sponsor and support the Inaugural Gippsland Pride Gala, Roller Derby Pride Cup and Pride Public Forum. This partnership has now seen Thorne Harbour engaged by the Gippsland Primary Health Network to provide LGBTIQ Suicide Prevention Training to general practices in Gippsland and has raised awareness of our existing HIV services within the region.





JOHN OLSEN'S 'TREE FROG' FROM 1979, ONE OF THE ARTWORKS BEQUESTED TO THE ORGANISATION FROM THE KEVIN QUINLAN ESTATE

16 The Quinlan Bequest

This year, Thorne Harbour Health has been the recipient of the estate of Kevin Quinlan who died on 7 August, 2018. Mr Quinlan's incredibly generous bequest included an impressive, wide ranging art collection of predominantly Australian works.

Works by John Olsen, Brett Whitely and George Baldessin, (who were both subjects of a major retrospective exhibition at the National Gallery of Victoria at Federation Square this year) were among a large collection of prints, drawings and paintings.

The proceeds from the Quinlan estate bequest will be used to fund capital expenditure, the development of volunteer services and the Women's Health Program.

17 LGBTIQ Legal Service & Change Your ID Day

The LGBTIQ Legal Service ran the first ever 'Change Your ID day' to celebrate IDAHOBIT and Law Week on 15 May, 2019. Change Your ID day was a one-stop shop for trans and gender-diverse people to change their name and gender on their driver's licence, passport, Medicare card and birth certificate.

Change Your ID Day brought together representatives from VicRoads, Australian Government Department of Foreign Affairs and Trade, Medicare, Centrelink, and Births, Deaths and Marriages Victoria to support trans and gender diverse members of the community in changing their identification documentation in a safe and inclusive environment.

The Victorian Equal Opportunity and Human Rights Commission were available to answer questions about Victoria's anti-discrimination laws and Equinox was on hand to answer questions about gender-affirming healthcare. The LGBTIQ Legal Service was on hand to help people with 'legal health checks' to see if they could use assistance with other issues such as housing, fines, debt, or employment issues. Our counsellors were on hand to provide support, and our very own resident DJ 'bangerz n mash' provided some excellent tunes to keep the mood upbeat throughout the day.

18 Loose Talk in Public Places

On 22 January, 2019 as part of Midsumma Festival, we hosted our fifth hypothetical – Loose Talk in Public Places. The event brought together an all-queer panel for the first time to navigate a fictional narrative of not-so-fictional social issues and topics impacting our LGBTI communities.

Australian comedian and performer Jordan Raskopoulos led the way as moderator for our panel including: Zoe Coombs Marr, Lee Carnie, Dean Arcuri, Harriet Shing MLC, Joe Ball, Kim Gates, Paul Kidd, and Dean Beck. This year, the panel witnessed various encounters between two hypothetical characters: Janice Plackett (played by Andrea Powell) and Mark Barker (played by Patrick Durnan-Silva).

Performed live at Federation Square, broadcast on Channel 31, and livestreamed on Facebook – the event was a massive success! In fact, a modified version of this year's hypothetical will be performed in South Australia as part of the 2019 Feast Festival.

19 A hot pick-me-up

From the Rainbow Festival in Geelong to the Frolic Festival in Ballarat to the AGMC conference in Melbourne, the Thorne Harbour Coffee Cart has been popping up all over Victoria.

Our volunteers have been pouring coffees from our commercial coffee cart at recent LGBTI events, and it's all been part of an new initiative engaging volunteers and equipping them with barista skills.

The project sponsors volunteers to attain a Barista Certificate in exchange for hours performed making coffee for staff, clients and visitors.

The initiative has been a great way to engage with semi-retired volunteers, PLC clients, and international students, "It's been a great opportunity to engage with international students in particular," said Volunteer Coordinator Daniel Bryen.

"We get to introduce them to Thorne Harbour and they get employable skills in exchange for donating their time. In fact, a handful of volunteers have already gone on to gain part time employment while they undertake their studies."

20 Client assistance

In the middle of this year we assisted an elderly gentleman in his late 60's. He had been dealing with incredible back pain for years without the means to afford therapy. He didn't know about care plans, so we linked him in with his doctor who put him on a care plan for five sessions through an allied health professional.

After our meeting we realised he was hand washing his sheets and clothes as he didn't have a washing machine. He had neither the funds to go to a laundromat, nor the capacity to carry the clothes to the laundromat and back. We provided him with a washing machine. We later met to discuss how he was going to afford future medical costs once his five sessions ran out.

We looked at a mix of material aid and government assistance (utility relief grants).

He also had a credit card which he was finding difficult to pay, so we are exploring the possibility of a debt waiver for his \$10,000 card. He applied for a \$1000 credit card over 10 years ago, and the unsolicited increases have brought it up to \$10,000. We should be able to have this debt waived considering he is nearly 70 years old, housed in public housing and on a Disability Support age pension with no assets. This man's story is not unique. It is indicative of the work we do to relieve the stresses that clients face as they age with a chronic condition.





THE 'RETHINK THE DRINK' CAMPAIGN IS TEH RESULT OF EXTENSIVE COMMUNITY CONSULTATION AND COLLABORATION

LGBTIQ WOMEN'S HEALTH CONFERENCE

The evolution of our LGBTIQ Women's Health Conference is testament to how vital this event is to our women's communities. Beginning in 2015, the conference attracted over two hundred delegates. Three years later in 2018, over four hundred people attended what has become one of the most dynamic events. on the LGBTIQ women's calendar. The event now attracts keynote speakers from around the world, leading researchers working in LGBTIQ women's health and mainstream health practitioners who are keen to develop an understanding of LGBTIQ women's health issues. The conference offers opportunities for discussion, exploration of LGBTIQ women's health needs as well as profiling new and emerging research, innovative programs and services. The conference, a partnership with ACON, is committed to meaningful inclusion, diversity and access. It aims to create safer spaces to strengthen the health and wellbeing of all LGBTIQ women, including Aboriginal women and Sistergirls, women of colour, women with disabilities, trans, gender diverse and intersex women.

RETHINK THE DRINK

Research shows LBQ women engage in risky drinking behaviours at higher levels than their heterosexual counterparts. As part of VicHealth's Alcohol Culture Change Initiative, Thorne Harbour Health partnered with VicHealth to work on a project which encouraged LBQ women to reflect on

drinking cultures in their communities From the outset, the 'Couldn't have done that with a Hangover' campaign was a community led initiative which came about from working with LBQ women in regional and rural Victoria. From this work, we developed the campaign which was designed to encourage LBQ women to reflect on their drinking behaviours and how those behaviours may have impacted upon their lives. As part of the project Thorne Harbour Health ran social events, appeared at AFLW Pride Games, presented at several conferences and forged connections with LBQ women's communities who have continued to work with us to develop the second iteration of the campaign which will be launched in

WOMEN'S HEALTH SURVEY

The LGBTIQ Women's Health Survey was the first of its kind in Victoria. Over three hundred participants took part in the survey which asked questions about a range of health and wellbeing issues that included: mental health, physical health, sexual health, cancer, cervical screening, chest and breast screening, alcohol and drug use, relationships and family and relationship violence. The main area of concern for respondents over the previous 12 months was mental health (72 percent). Over a third of respondents indicated that they had experienced discrimination from a health care professional and while this number is concerning, it appears to be worse for those from rural and regional areas with ChillOut participants reporting

much higher rates of discrimination when compared to Midsumma participants (64 percent vs 32 percent). The LGBTIQ Women's Health Survey is an important step to helping guide Thome Harbour Health in our work to creating better health outcomes for all LGBTIQ women.

PUBLIC CERVIX ANNOUNCEMENT

Our cervical cancer screening awareness campaign came out of research which showed one in five LGBTIQ people with a cervix have never had a Pap test (the former method of cervical screening). We partnered with Cancer Council Victoria to create the 'Public Cervix Announcement' campaign and the response went well beyond our expectations. Our creative which featured an older lesbian, a vound queer woman and a trans man, not only saw a 7843 percent increase in visits to Cancer Council Victoria's LGBTIQ webpage, but also saw us become a finalist in the 2019 Victorian Public Healthcare Awards. The message of the campaign was, if you are an LGBTIQ person with a cervix and are aged 25 - 74, then you need to have regular cervical screening tests. Due to the success of the campaign, both Thorne Harbour Health and Cancer Council Victoria will roll out the initiative for a second iteration during National Cervical Cancer Awareness week in 2020.

SCOPE

Part of Thorne Harbour Health's suite of peer education workshops, Scope is for lesbian, bisexual, queer and other sexually diverse women, including trans, gender diverse and non-binary people. Developed via extensive consultation with a community advisory/working group in late 2018, Scope workshops have grown and been delivered throughout this year. The aim of the workshops is to allow space for participants to socialise, connect and learn. Scope also strives to empower LGBTIQ+ women. Peer ed workshop participant's benefit from hearing like-minded people talk about what is important to them, exploring more about themselves and sharing with others. For some, this is the first time they have been in a room full of other LGBTIQ+ people. Facilitated by peer volunteers, the workshops are guided by content that is relevant and informative about identity, relationships, boundaries, consent, sex and sexual health, and community. Scope will expand and evolve in 2020.



Since our founding as a community-controlled organisation, we have remained dedicated to the involvement of the communities we serve in our efforts to improve the health and wellbeing of our LGBTI and People Living with HIV (PLHIV) communities. Community engagement plays a vital role every step of the way – from the development of new services and programs through to evaluation and improvements of longstanding ones.

THE MEANINGFUL INVOLVEMENT OF PEOPLE LIVING WITH AND AFFECTED BY HIV (MIPA)

Our commitment to the principles of MIPA continues to inform our strategic vision, policies and service delivery.

The 2016-2018 MIPA Report and Action Plan recommendations have been implemented and integrated into the organisation's operations and our ongoing quality improvement work. The recent success in meeting all the standards against the QIC Health and Community Services Standards and the Rainbow Tick Standards reflects this work. The accreditation process had a strong emphasis on community engagement and the auditors commented it was clear we are an organisation that balances service provision with advocacy, clearly advocating for the rights and wellbeing of our communities.

Through this work the organisation is committed to creating an environment in which people living with HIV feel comfortable, safe and secure in disclosing their status, while being encouraged and empowered to use their lived experience to contribute to the organisation's policies and practice. The organisation actively promotes positions to the positive community while also recognising disclosure is the prerogative of the individual.

We will be re-establishing the MIPA Committee this year, which will comprise community and staff representatives. The Committee will consider the establishment of a new plan and will review the need for a future audit process.

LGBTI DISABILITY CAPACITY BUILDING

In 2018, we undertook a communityled review of disability accessibility and inclusion across the organisation. The aims of this Victorian State Government funded project were threefold:

Work in partnership with LGBTI people with a disability to effect community-driven change.



OUR DALE PROJECT SEEKS TO SUPPORT MEN WHO ARE IN LONG-TERM RELATIONSHIPS WITH FEMALE PARTNERS WHO ALSO EXPEREINCE SAME-SEX ATTRACTION

Build the organisation's capacity to engage with and meet the needs of LGBTI people with a disability.

Develop a model for organisational capacity building that can be replicated in other organisations with an overarching, longer-term objective of improving accessibility and inclusion across communities.

The project successfully raised the profile of LGBTI disability access and inclusion throughout Thorne Harbour and our broader community. It also focused the organisation on this important issue from the outset, while engaging a broad cross-section of stakeholders in developing outcomefocused recommendations designed to facilitate longer term change. A community-led capacity building model has also been developed which features a co-mentoring approach whereby community members are empowered to develop their skills and knowledge, while supporting the learning of others in relation to disability access and inclusion.

Seven LGBTI people with a disability contributed to this project, including a Capacity Building Worker employed as a key project lead. In total, the project made 10 recommendations which have been endorsed by the organisation. Recommendations include a commitment to the development of an LGBTI Disability Access and Inclusion Policy, a strategy on accessible and inclusive

communications, a staff and volunteer training program, and identifying ways in which the volunteer program can engage more LGBTI people with disability. One of the recommendations also includes a commitment to creating further individual capacity building opportunities for LGBTI people with a disability, and the organisation will be rolling out a Commonwealth funded project focused on this crucial goal. We are grateful to the community members, staff and volunteers who contributed to this project and look forward to continuing this important work.

THE DALE COMMUNITY

Our DALE project continues to engage with a community that is typically difficult to reach, namely men who are in long term relationships with female partners but who also experience same-sex attraction. DALE is a project that offers men of this community a discreet, anonymous online space for them to connect and engage with a range of educational articles relating to their circumstances, as well as the chance to read personal stories submitted from peers.

DALE allows this often isolated community to engage with each other through forum posts and comments, as well as weekly scheduled live chats that are peer moderated by a team of volunteers. All of the DALE peer moderator volunteers share a lived experience of being a same-sex attracted male who has been in a

long term relationship with a female partner, and they offer guidance, advice and support, and linkages to relevant services.

DALE is an important project because broader LGBTI community services are not services that this community feels able to access due to stigma, internalised homophobia and feelings of shame. This community of men mostly do not identify as part of broader LGBTI communities - creating barriers for them in accessing services that meet their needs. Our survey data has shown that men belonging to this demographic typically experience poorer mental health than the general population, commonly managing anxiety and/ or depression due to their complex psychosocial circumstances and inability to live open and accepted lives.

DALE works as a pathway for men in this situation who are exploring their same-sex attraction. The DALE forum posts demonstrate that although this community of men share common ground, their journeys through their same-sex attraction exploration and relationships vary greatly. The users of the site regularly express feeling relieved and supported by the knowledge that they are not alone in their experience and that they have options and support available to them.





LIFE MEMBER

Luke Gallagher

Luke is certainly no stranger to members, volunteers, clients and supporters. Apart from his many professional appearances in theatre and cabaret, Luke has become an invaluable presence at our World AIDS Day ceremony at the Positive Living Centre. Now in his second decade of being our Master of Ceremonies, Luke brings his warmth and big personality to our stage each December 1. Luke has been known to fly back from working overseas to ensure he can contribute to our work, all of which has been undertaken on a voluntary basis. He has been nominated for numerous Green Room awards, winning in 2016 for his production of Cy Coleman's City of Angels.



SPECIAL SERVICE AWARD

Nathan Despott

Nathan Despott is an ex-gay survivor who has been campaigning against the ex-gay movement and gay conversion practices for many years. He's the founder of Brave Network Melbourne — a support and advocacy group for LGBTI people of faith. Following campaigning and advocacy by the Brave Network, the practice of gay conversion therapy will be banned in Victoria after the Health Complaints Commissioner found "overwhelming evidence" it does serious and long-term harm to those who receive it. Through Nathan's leadership, the Brave Network continues to work with religious leaders to promote engagement with LGBTI communities.

Nathan is also the manager of Inclusion Designlab at Inclusion Victoria. In this role, Nathan has led the development of partnerships with Thorne Harbour and supported our work in improving our offer to community members with disabilities.



LIFE MEMBER

Kirsty Machon

Kirsty has been, and remains, a highly regarded activist and advocate, working in the area of HIV and AIDS for over three decades. In the mid-nineties, together with a group of others passionate about PLHIV getting access to plain-language treatment information, she founded AIDS-X, a regular newsletter that provided accurate and clear information on treatment and treatment options at a time when the therapeutic landscape was complex and fractious. She extended these skills when she became the editor of Positive Living and subsequently The National AIDS Bulletin. She was instrumental in obtaining PBS listing for treatments to ameliorate the debilitating effects of lipodystrophy when she worked for NAPWHA as HIV Health and Treatments Policy Analyst, and in 2012 she was elected the first woman President of VAC (now THH).



SPECIAL SERVICE AWARD

Renae & Charlotte Johnson

Mother and daughter, Renae and Charlotte are an unbeatable volunteer powerhouse who have made a real impact at Thorne Harbour, They have been active at key events such as World AIDS Day, Northside Bizarre, The Coming Back Out Ball and Marriage Equality. However, Charlotte alongside her mum also joins smaller third party events that we support. They regularly represent Thorne Harbour at Rainbow Families events and Parents of Gender Diverse Children's Christmas parties. They are regular fixtures wherever you see our Thorne Harbour coffee cart at events, having poured hundreds of coffees.

Both have infectious personalities everyone is drawn to, and through their relationship it has helped foster a sense of family among other volunteers. Charlotte and Renae have been very visible at our events and also in our publications — featuring in our annual reports, strategic plan and World AIDS Day promotional video. They embody our values of leadership, diversity, inclusion, justice, courage and optimism. We are a stronger organisation because of their ongoing contributions.



PRESIDENT'S AWARD

Joseph Tesoriero

In response to the financial barriers experienced by some in accessing preexposure prophylaxis (PrEP), Joseph has established a charity, Prepped Smart & Healthy Inc. The purpose of the charity is "to make medications more affordable for marginalised communities, where compliance may be compromised due to high cost" by subsidising PrEP and supporting Thorne Harbour's goal of achieving the virtual elimination of HIV. In its first year, the charity distributed more than \$500,000 in subsidies. In its second vear, Joseph has been providing mail order PrEP in order to support the virtual elimination of HIV across Australia.



SPECIAL SERVICE AWARD Caitlin Grigsby

Through the Gippsland Pride Initiative, Caitlin embarked on an ambitious plan to improve the lives of LGBTI people living in the region. With three events: the LGBTI Community Forum, the Roller Derby Pride Cup and the inaugural Gippsland Pride Gala, the goal of inclusion, education and celebration was achieved. To meet this objective Caitlin formed many partnerships including bringing together Thome Harbour Health with local health organisations to ensure LGBTI people receive care that ensures dignity and wellbeing.



SPECIAL SERVICE AWARD Greg Axtens

Greg first became involved with Thorne Harbour in 1989 as a participant in Gay Now, a program to support people who were at various stages of the coming out process. In 1994, Greg became coconvener of Get About, a program that offered LGBTI people with a disability a space to connect with one another. Over the years, Greg has continued to promote the visibility of LGBTI people with a disability at events and forums throughout the community.



MEDIA AWARD

David Marr

For nearly five decades, David Marr has written, reported and commentated with insight, depth, wit and intelligence on a variety of issues relevant to our communities. From reporting on Sydney's first parade celebrating International Gay Solidarity Day in 1978 (this event was to become the Sydney Mardi Gras), an event that resulted in 53 arrests and countless episodes of homophobic violence from the police, and his reporting of homosexual panic defense cases to, more recently his forensic examination of corruption in the Church, David has been tireless in his pursuit of the truth. A strong proponent of social justice, David has written and commented on the plight of refugees, the horrors of Nauru and the complexities of the gay marriage debate. He is the recipient of four Walkley awards for journalism. A fierce truth teller, he is also a good sport having appeared twice as a volunteer panelist for our Midsumma hypotheticals.



GREIG FRIDAY YOUNG LEADER AWARD

Jason Choi

Jason has been a volunteer within the Peer Education Program since 2014 and has consistently demonstrated leadership and commitment in his work. He has been an active volunteer across the program as he has run each of the available workshops more than once and regularly provides insights into how to improve them with constructive and solution-based feedback. His leadership is also evident behind the scenes with his continued assistance to the refinement of the program, the training, the workbooks, the workshop manuals and the overall outcomes of Peer Education.



As Thorne Harbour turned 36 on 12 July this year, we also sadly lost one of our longest standing volunteers and the founder of the David Williams Fund – Trevor Williams.

Trevor was a devoted ally to both the LGBTI community and people living with HIV. He is remembered for both his cheeky sense of humour and his unwavering love for his family, including his brother David. While many in our community are aware of the David Williams Fund and the suite of financial services if offers people living with HIV, not everyone may be aware of the service's origin in 1986.

In August 2012, Trevor recounted his story in a letter to MAC Cosmetics, formerly one of the fund's biggest contributors. But his words are of value to anyone who has supported the David Williams Fund over the years – whether that be people who donated to the Red Ribbon Appeal on World AIDS Day or supported our annual *Northside Bizarre* event. So with that in mind, we've reprinted Trevor's words to MAC here:

A LETTER FROM TREVOR

I just wish you could have heard the moving report one member of the committee made concerning his own journey. He said that the Fund had turned him around and had given him a new and improved quality of life. Three months ago, he was confined to a wheelchair. Now he can walk with a stick.

'That could not have happened without your considerable and very generous support.

'Perhaps you might like to hear a little bit of the Fund's history from my experience of it, and how significant it has been in the lives of so many people.

'I happen to be David Williams' brother and the founder of the fund. I did this in response to his request when he was dying that I "do something for the boys". In those days, the ones who were dying in rapid succession were all "boys" although we can now add, sadly, some "girls" too.

The fund started at a wake we had for David. I put \$500 on the table and asked the people there to match it with the aim of fulfilling my promise to David. We reached \$960 that night – another \$40 being contributed by a Member of Parliament and his wife, who had heard about the aims we had established. So we started with \$500 + \$500!

'It soon became apparent that I could not sustain fundraising efforts singlehandedly. One of the first expenses, for example, was to fly a

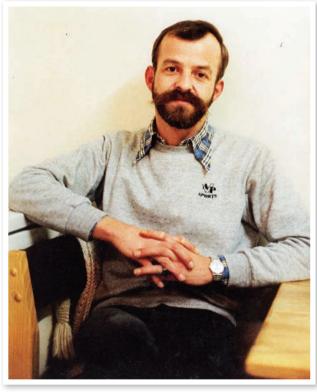
mother from interstate to say goodbye to her son who was too ill to fly home. That took up most of my initial donation, and there was very little support in those days for parents who did not even know their sons were gay, let alone that they had acquired HIV. They were dreadful times.

'Besides, I lived too far out of town, was raising a small family, carried a big mortgage, and just couldn't do it by myself. Because I knew very little of the gay community back then, I asked two of David's friends to join me, which they willingly did, but within a short time they, too, became ill and died.

'It was with some relief when some representatives from the newly formed Victorian AIDS Council approached me with a request to take over the burden, to which I willingly agreed.

'It's been a long history and demands on the Fund have been very great over the years – and continue to be so. Contributions for the work it does have faded as HIV has become more manageable and the death rate has lowered. Proceeds from the annual Red Ribbon sales have diminished, as have individual donations.

'And yet the need is still there! People



DAVID WILLIAMS, WHOSE BROTHER TREVOR SET UP THE DAVID WILLIAMS FUND TO HONOUR HIS BROTHER'S DYING WISH TO HELP OTHERS

are living longer and require more support.'

Trevor shared some additional insight in another letter:

I think that the subtext for me was the working out of my personal grief when David died. There was a monumental load of anger, too. Establishing the Fund was one way for me to deal with all that stuff.

THE COMFORT OF OTHERS

There was another element. I knew almost nothing of the homosexual community/ies when David came out.

'I was the first person he told. I gradually met a few of his friends and a couple of lovers over the years. At the time of his death, the support and friendship offered to me by these gay men and, later, a couple of gay women, was amazing. I would not have survived without it. I felt a lot of gratitude to those men (many now dead), and the Fund was the way I felt I could return some of the support I had received from the community.

TRUE VISION

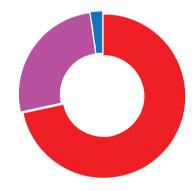
'One of the pleasures I have had over the years is the knowledge that, despite necessary changes in response to changes in the nature of the HIV/AIDS crisis, the Fund has remained true to the original vision that I had in response to David's wishes as we held hands in his final hours.

'Another of the pleasures has been to see how various VAC [now Thorne Harbour] personnel have carried out the admin of the Fund.'

We're fortunate to have these words from Trevor and we're incredibly proud to say that his legacy – and the legacy of his brother – lives on.

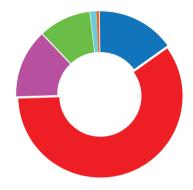
REVENUE BREAKDOWN

Grant income 72% Operating income 26% Investment income 2%



EXPENSES BREAKDOWN

Operating expenses 15% Employee costs 59% Campaign expenses 14% Client support expenses 10% Professional expenses 1% Other expenses 1%



Revenue breakdown

Total revenue	14.324.978
Interest income	221,873
Other revenue	320,899
Membership fees	4,033
Goods and Services Income	752,340
Donations, fundraising and bequest income	1,302,623
Client fees	1,465,592
Grant income	10,257,618

Revenue summary

Investment income	320,899
Operating income	3,746,461
Grant income	10,257,618

Expense breakdown - Detailed

	13.253.116
Other expenses	68,127
Professional fees	164,402
Client Support expenses	1,347,128
Campaign expenses	1,783,274
Employee costs	7,868,788
Operating expenses	2,021,396

VICTORIAN AIDS COUNCIL INC./GAY MEN'S HEALTH CENTRE INC. (AGGREGATED)

Summary Aggregated Statement of Profit or Loss For the Year Ended 30 June 2019

	2019	2018
	\$	\$
Revenue	14,324,978	13,055,048
Less: expenses		
Operating expenses	(2,021,396)	(1,607,317
Employee costs	(7,868,788)	(7,462,054
Campaign expenses	(1,783,274)	(1,513,288
Client support expenses	(1,347,128)	(1,336,309
Professional fees	(164,402)	(237,996
Other expenses	(68,127)	(89,06
	(13,253,116)	(12,246,032
Surplus / (deficit) for the year	1,071,862	809,016
aggregated Statement of Financial Position As At 30 June 2019		
Assets	2019	2018
	\$	\$
Current assets	0.500.004	0.004.400
Cash and cash equivalents	3,599,201	3,001,408
Trade and other receivables	77,124	89,262
Other financial assets	6,343,353	17,101,194
Other assets	154,760	100,765
Total current assets	10,174,438	20,292,629
Noncurrent assets		
Trade and other receivables	2,544	67,178
Other financial assets	-	50,753
Property, plant and equipment	12,035,419	1,156,431
Intangible assets	102,878	89,184
Total noncurrent assets	12,140,841	1,363,546
Total assets	22,315,279	21,656,175
Current liabilities		
Trade and other payables	977,831	1,057,634
Provisions	1,009,510	1,134,369
Other liabilities	398,315	674,473
Total current liabilities	2,385,656	2,866,476
Noncurrent liabilities		
Provisions	205,049	136,987
Total noncurrent liabilities	205,049	136,987
Total liabilities	2,590,705	3,003,463
Net assets	19,724,574	18,652,712
Equity		
Reserves	380,410	447,383
Accumulated surplus	19,344,164	18,205,329

Aggregated Statement of Changes in Equity for the Year Ended 30 June 2019

	Accumulated	Asset Revaluation	Financial Assets	Total
2019	Surpluses	Surplus	Reserve	TOTAL
Balance as at 1 July 2018	18,205,329	380,410	66,973	18,652,712
Cumulative adjustment upon adoption of AASB	66,973	-	(66,973)	
Balance as at 1 July 2018 (restated)	18,272,302	380,410	-	18,652,712
Net surplus/(deficit) for the year	1,071,862	-	-	1,071,862
Balance as at 30 June 2019	19,344,164	380,410		19,724,574
2018	Accumulated Surpluses	Asset Revaluation Surplus	Financial Assets Reserve	Total
	\$	\$	\$	\$
Balance as at 1 July 2017	17,396,313	250,410	-	17,646,723
Net surplus/ (deficit) for the year	809,016	-	-	809,016
Net fair value gains on available for sale financial assets	-	-	66,973	66,973
Revaluation of property, plant and equipment	-	130,000	-	130,000
Balance as at 30 June 2018	18,205,329	380,410	66,973	18,652,712
		2019 \$		2018 \$
		\$		\$
Cash flows from operating activities				
Grants received		9,981,459		10,614,192
Payments to suppliers and employees Interest received		(13,444,177)		(11,317,462
Dividends received		162,961 150,030		284,297
Receipts from customers		2,519,631		1,883,449
Donations and beguests received		1,302,623		398,733
Net cash provided by operating activities		672,527		1,863,209
Cash flow from investing activities				
Proceeds from sale of plant and equipment		=		24,516
Purchase of financial assets		(213,777)		(16,953,741
Purchase of property, plant and equipment		(11,030,278)		(616,776)
Purchase of intangible assets	(29,206)		,	
Proceeds from disposal of financial assets		11,198,527		
Net cash used in investing activities		(74,734)		(17,546,001
Reconciliation of cash				
Net increase/(decrease) in cash and cash equivalents held		597,793		(15,682,792
Cash and cash equivalents at begining of year		3,001,408		18,684,200

The above summary financial information has been extracted from the audited financial statements. No audit opinion has been issued in relation to the summary financial statements. These should be read in conjunction with the audited financial statements that are available to the members on our website www.thorneharbour.org/financials



