

THE WA AIDS COUNCIL INC. (WAAC) IS A COMMUNITY-BASED, HEALTH PROMOTION AND PREVENTION ORGANISATION WHICH WORKS TO PROMOTE OPTIMAL HEALTH AND WELL-BEING OF THOSE LIVING WITH OR AT RISK OF CONTRACTING HIV, SEXUALLY TRANSMISSIBLE INFECTIONS (STIS) AND BLOOD BORNE VIRUSES (BBVS)

**EXCELLENCE**  
**COMMUNITY**  
**ACCOUNTABILITY**  
**COMMITMENT**  
**ACCESS AND EQUITY**

INTRODUCTION

4<sup>+</sup>

COMMUNICATING

15<sup>+</sup>

ORGANISATION

5<sup>+</sup>

EVENTS

16<sup>+</sup>

REPORTS

7<sup>+</sup>

FINANCIAL REPORTS

21<sup>+</sup>

VOLUNTEERS

9<sup>+</sup>

STRATEGIC

29<sup>+</sup>

SERVICES

10<sup>+</sup>

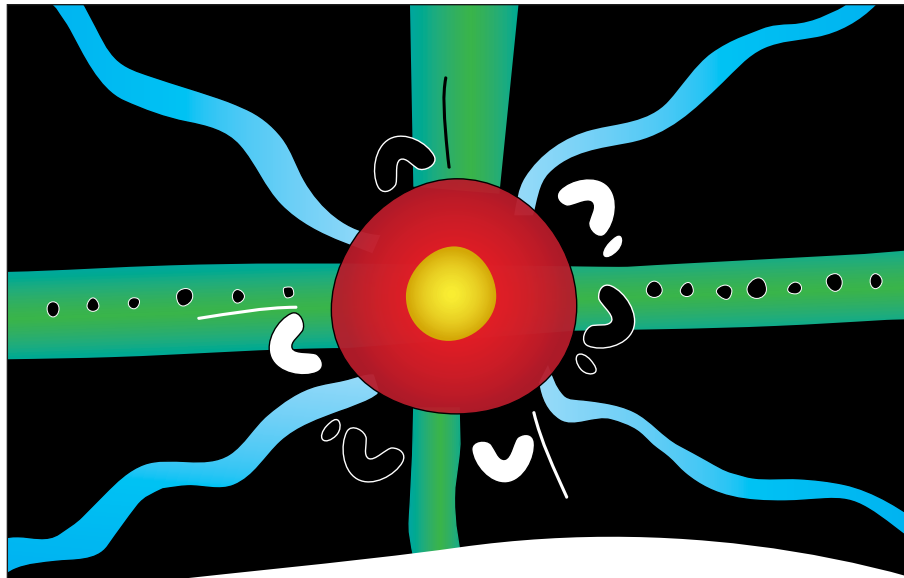
SUPPORT

30<sup>+</sup>



WA AIDS Council

Commissioner for Equal Opportunity Yvonne Henderson receives a 2012 World AIDS Day award. With Chairperson Samantha Dowling and CEO Andrew Burry



We acknowledge that  
we are on

*Whadjuk  
Nyungar*  
country

and we pay  
respect to Elders  
past and present

Artwork by Kart Koort Wiern



WA AIDS Council

# +INTRODUC

**THE WA AIDS COUNCIL INC. (WAAC) IS A COMMUNITY-BASED, HEALTH PROMOTION AND PREVENTION ORGANISATION WHICH WORKS TO PROMOTE OPTIMAL HEALTH AND WELL-BEING OF THOSE LIVING WITH OR AT RISK OF CONTRACTING HIV, SEXUALLY TRANSMISSIBLE INFECTIONS (STIS) AND BLOOD BORNE VIRUSES (BBVS).**

**WAAC WAS OFFICIALLY INCORPORATED IN OCTOBER 1985 UNDER THE ASSOCIATIONS INCORPORATION ACT AND IS AN INDEPENDENT NON-GOVERNMENT CHARITY PRIMARILY FUNDED BY THE WESTERN AUSTRALIAN DEPARTMENT OF HEALTH. WAAC ALSO RAISES UNENCUMBERED FUNDS THROUGH FUNDRAISING VENTURES.**

## **WAAC AIMS TO IMPROVE THE HEALTH AND QUALITY OF LIFE OF OUR PRIORITY TARGET GROUPS BY:**

- Minimising the impact and further transmission of HIV, sexually transmissible infections and blood borne viruses; and,
- Reducing social, legal and policy barriers that prevent access to health information and effective support and prevention services.

## **IN MEETING THESE AIMS, WAAC PROVIDES:**

- Support and care services for people living with HIV/AIDS;
- HIV, STI and BBV health promotion, education and prevention services; and,
- Policy advice and advocacy at a community, state and national level.

## **WAAC DELIVERS THESE SERVICES BY:**

- Providing bold, innovative, flexible and evidence-based services that respond appropriately to its priority populations' needs;
- Empowering individuals and mobilising communities to share in the responsibility for maintaining health and wellbeing;
- Responding to, representing and advocating for the issues identified by individuals and groups within its diverse priority populations;
- Working collaboratively with key partners to achieve optimal outcomes for its constituents;
- Proactively advocating for the development and implementation of public policy and legislative reform that will lead to better health outcomes for members of the community; and,
- Encouraging and facilitating links between its priority populations and the wider community to reduce stigma and discrimination experienced by its constituents;

## **WAAC IS MINDFUL OF THE NEED TO:**

- Be creative, pioneering and brave in responding to changing community needs, epidemiology and research findings;
- Encourage a consumer voice in the development, provision and evaluation of its services and regularly communicate with all key stakeholders and constituencies about its work;
- Within a duty of care framework, acknowledge individual people's choices and respond with respect for human dignity and social justice;
- Maximise accessibility of the organisation to its diverse priority populations and apply the principles of non-discrimination and equity to clients, staff and volunteers;
- Continuously develop expertise throughout the organisation and actively encourage the involvement of a diverse range of individuals to work with and within the organisation; and,
- Be a self-evaluating organisation committed to continuous improvement and a focus on its clients and partner organisations.

## **WAAC'S WORK IS INFORMED BY THE FOLLOWING STRATEGIES:**

- 2011 United Nations Political Declaration on HIV/AIDS,
- Sixth National HIV/AIDS Strategy 2010-2013,
- Second National Sexually Transmissible Infections Strategy 2010-2013,
- Third National Hepatitis C Strategy 2010-2013;
- Third National Aboriginal and Torres Strait Islander Blood Borne Viruses and Sexually Transmissible Infections Strategy 2010-2013 and
- First National Hepatitis B Strategy 2010-2013 and the WA Models of Care for HIV and STIs.

WAAC adheres to the principles of the Ottawa Charter, the philosophy of harm reduction and quality care delivery.

## **THE EPIDEMIOLOGY OF HIV/AIDS IN WA**

The HIV/AIDS, viral hepatitis and sexually transmissible infections in Australia Annual Surveillance Report 2012 (Kirby Institute) reported that at the end of 2011, 1,886 people had been diagnosed with HIV in Western Australian.

In the 2012 calendar year, there were 125 new HIV diagnoses compared with 105 newly diagnosed in 2011. Of those diagnosed in 2012, 78% were male and of these 57% were homosexually active.

There were only 2 diagnoses specifically related to injecting drug use.

In the first 7 months of 2013, new diagnoses are 17% below those for the same period in 2012. (Department of Health Communicable Disease Control Directorate)

## **HIV AND AIDS**

AIDS stands for 'acquired immunodeficiency syndrome' (a syndrome means a cluster of medical conditions). It is caused by the human immunodeficiency virus (HIV), which specifically targets a person's immune system making the person vulnerable to a range of serious and life-threatening conditions.

HIV is passed on through some body fluids (blood, semen, menstrual and vaginal fluids, and breast milk). The virus must pass directly into the blood stream of another person through activities such as anal, vaginal and oral sex without a condom, sharing injecting/ piercing and tattooing equipment and from a HIV positive woman to her baby during pregnancy, childbirth or breastfeeding. A blood test is the only certain way to determine whether a person is infected.

Since 1996, combined antiretroviral therapy (cART) effectively stops HIV from replicating and weakening a person's immune system. Even though cART causes some side effects in people living with HIV, it has dramatically improved the outlook for people living with HIV.



# TION

# 2012-2013

## THE BOARD OF MANAGEMENT

### Samantha Dowling

#### CHAIRPERSON

Samantha Dowling is the General Manager, Planning & Partnerships at Perth Central & East Metro Medicare Local (PCEMML). Previous to this appointment, Samantha was the Deputy Chief Executive Officer for the Canning Division of General Practice (CDGP) and prior to that held the position of Principal Policy Advisor at WA General Practice Network for 7 years.

Samantha is also the current Chairperson of the WA AIDS Council (WAAC) and has been a member of the Board of Management for WAAC since 2005. Being a part of a community organisation such as WAAC allows Samantha to contribute to the community in a practical and meaningful way.

Over her career Samantha has undertaken a variety of roles within private enterprise, government and non-government sectors including many years working as a Principal Policy Adviser to WA State Ministers. Samantha has been the Principal Policy Adviser for the South West, Heritage and Water and was also a member of the Attorney General's office during Gay and Lesbian Law Reform in 2001. She has also been an Editor and a Staff journalist for various community newspapers both within WA and nationally.

Over the years Samantha has been a representative on numerous WA Department of Health and Commonwealth Department of Health and Ageing committees. Into the future Samantha will be representing PCEMMLs interests in a variety of ways and will be liaising closely with local Area Health services to improve health outcomes across the catchment.

Samantha brings a wealth of experience in the primary health care sector, service delivery, policy and political knowledge that will assist the Clinical Senate in its deliberations in regards to GP services in WA.

### Jonathan Hallett

#### DEPUTY CHAIRPERSON

Jonathan works at the WA Centre for Health Promotion Research at Curtin University and is currently completing his PhD in Public Health. He has worked and volunteered at the WA AIDS Council in a number of education and health promotion programs as well as being involved in planning and coordination of the Australian Federation of AIDS Organisation's Making Links Conference.

### Samuel Cutt

#### TREASURER

Sam recently joined Chevron Australia as a legal counsel. He was previously employed by the law firm Ashurst (formerly Blake Dawson) for over 7 years. Sam's association with the WA AIDS Council began during 2001 as a volunteer in fundraising and events, which continued until 2005. Sam has served on the Board of Management since September 2005, initially as a Community Representative and later as Treasurer.

### Mark Woodman

#### SECRETARY

Mark trained in neuropsychology and worked in that area for some years before moving to his current position as ethics coordinator at RPH. Mark is a former Chairperson of Gay and Lesbian Community Services and has volunteered in a number of WA AIDS Council programs.

### Darren Vernede

#### OPENLY HIV POSITIVE PERSON

Darren acquired HIV and hepatitis C in the early 1980s through blood products. He has served on the Haemophilia Foundation of WA for 12 years and represented WA in national forums. He has a Medical Technology Certificate IV (TAFE), a degree in Mediation from Curtin University and is currently studying

Psychology and Counselling at the College of Advanced Psychology. He has worked in senior management roles and operated his own commercial cleaning business. Darren is married with 3 children.

### Beau Meakins

#### COMMUNITY MEMBER

Beau joined the Board of Management in 2011 - 2012. Beau has been a volunteer member of the STYLEAID Committee for a number of years, and is its current Chair. He has expertise in events management and marketing.

### Ruth Sims

#### COMMUNITY MEMBER

Ruth is a Social Worker, originally from West Africa. She currently works at ISHAR, the Women's Multicultural Health Centre providing psycho-educational and support services for women in the perinatal phase of their lives.

### Tony Bober

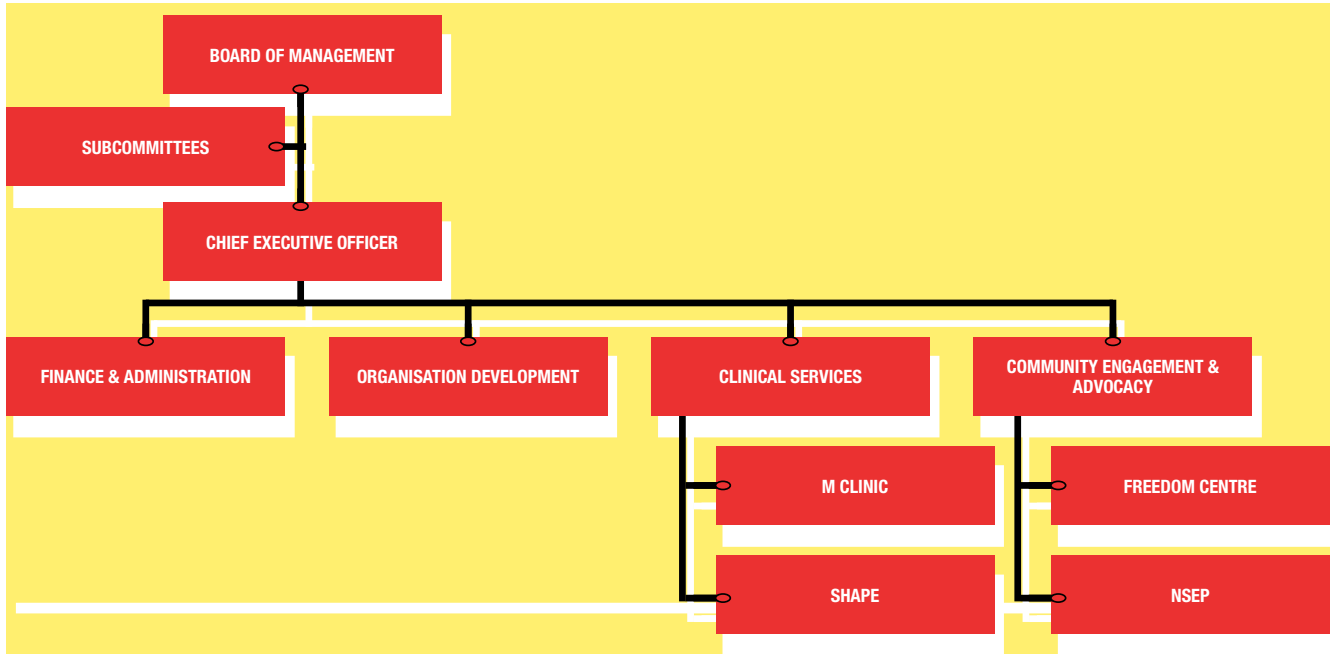
#### NON-VOTING STAFF REPRESENTATIVE

Tony is the Community Development and Advocacy officer for gay men and men who have sex with men. Previously to this position, Tony was a Peer Educator at the M Clinic (sexual health testing clinic for men who have sex with men). Tony came to Perth in 2010 from Canada where previously he worked for a national youth volunteer service program. Tony joined the board of WAAC in December, 2012.

### Andrew Burry

#### EX OFFICIO CHIEF EXECUTIVE OFFICER

Andrew joined as CEO at the end of September 2012. Prior to his move west, he was General Manager of the AIDS Action Council of the ACT for five years, following two years at the Victorian AIDS Council.



# STAFF AT WAAC YEAR ENDING 30 JUNE 2013

- Andrew Burry
- Vincenzo Rigoli
- Tania McGuinness
- Lisa Tomney
- Amanda Crow
- Beck Sherman
- Ben Bradstreet
- Michael Atkinson
- Daniel Newton
- Garry Kuchel
- Matthew Jones
- Justin Manuel
- Daniel Jessup
- Emma Beattie
- Allison Paterson
- Liz Walker
- Sally Rowell
- Steve Fragomeni
- Bethwyn Hodge
- Gavin Tsai
- Rebecca Hall
- Ruth Wernham
- Tony Bober
- Dani Wright
- Bryan Stewart
- Greta McEwan
- Olivia Knowles
- Don Strahan
- Gavin Brunini
- Samuel Gibbings
- Simon Yam
- Nadine Toussaint
- Sarah Collins
- Mark Reid
- Nicholas Bovell
- Reena D'Souza
- Reno Furfaro
- Chief Executive Officer
- Accountant
- Admin Finance Officer
- Manager, Clinical Services
- Support Officer
- Support Officer
- Counsellor
- MCLINIC - Coordinator
- MCLINIC – Peer Educator
- MCLINIC – Clinic Nurse
- MCLINIC – Clinic Nurse
- MCLINIC – Peer Educator
- SHAPE Outreach/Support Officer/Team Leader
- SHAPE Outreach Officer
- SHAPE Outreach Liaison Officer
- Peer Educator Officer
- Manager, Community Engagement and Advocacy Services
- Team Leader, Community Development and Advocacy
- Community Development and Advocacy Officer (CALD, Travellers)
- Community Development and Advocacy Officer
- Community Development and Advocacy Officer (ATSI)
- Community Development and Advocacy Officer (Youth)
- Community Development and Advocacy Officer (GAY/MSM)
- Freedom Centre Coordinator
- Freedom Centre – Peer Educator/Counsellor
- Freedom Centre – Peer Educator
- Freedom Centre – Peer Educator
- NSEP Outreach
- NSEP Outreach/Client Services Officer
- NSEP Outreach
- Manager, Organisational Development
- Team Leader, Organisational Development
- Volunteer Program Coordinator
- Communications, Media and Events Officer/STYLEAID Coordinator
- Policy Development and Advisory Officer
- Training & Development Officer
- Client Services Officer

# CHAIRPERSON'S REPORT



“IT IS WITH GREAT PLEASURE THAT I PRESENT THE WA AIDS COUNCIL ANNUAL REPORT FOR 2013.”

THE PAST YEAR HAS SEEN MANY SIGNIFICANT CHANGES AND ACHIEVEMENTS AT WAAC. AT THE END OF SEPTEMBER 2012, WE WELCOMED ANDREW BURRY AS OUR NEW CHIEF EXECUTIVE OFFICER AND FAREWELLED TRISH LANGDON AFTER 11 YEARS AS EXECUTIVE DIRECTOR. WE INITIATED A NEW FIVE-YEAR STRATEGIC PLAN, COMPLETED AN ORGANISATIONAL RESTRUCTURE, AND EXECUTED NEW FUNDING AGREEMENTS WITH THE DEPARTMENT OF HEALTH AND THE MENTAL HEALTH COMMISSION.

Our new strategic plan aims to position WAAC to better meet the challenges presented by the WA HIV epidemiology that remains distinct from that in other states. The incidence of HIV acquired overseas both by people born overseas and those born in Australia is relatively high, as are the number of diagnoses among heterosexual people. This complex reality demands multi-faceted and flexible approaches to the reduction of new cases and the provision of services to people living with HIV. In addition to working with gay and bisexual men, we must also address the needs of those migrating to Australia and those Australians who travel to countries of high prevalence, the majority of whom are heterosexual.

At World AIDS Day 2012, I launched 'Turning Political Will into Action', the Australian sector's roadmap towards achieving the targets set in the United Nations Political Declaration of 2011, most notably a 50% reduction in sexual transmission of HIV by 2015. Set with the aim of re-invigorating Australia's domestic HIV response, these bold targets will require decisive and innovative action on three main fronts if they are to be met.

First, we have to increase the rate and frequency of voluntary testing among those vulnerable to HIV. Second, we need to ensure greater access to treatments for those diagnosed with HIV, regardless of their background and circumstances, and this must include those ineligible for Medicare funded treatment. Third, we have to maintain gains and advocate for further reforms to laws and policies to reduce the stigma and discrimination that contribute to HIV infection or impose barriers to accessing testing and treatment.

These goals, as well as the broader aims set out in our strategic plan, will drive WAAC's priorities over the next few years and see resources focussed in our successful prevention and testing programs, including M Clinic, as well as a fresh approach to tackling overseas-acquired infections. 'Turning Political Will into Action' also reaffirms the need to improve services to those living with HIV, not only to ensure equitable access to antiretroviral treatments but also to enhance their overall health and wellbeing. WAAC remains at the forefront of HIV care in WA and we have recently established the SHAPE (Supporting Health and Personal Empowerment) Program. The SHAPE team provide a high level of individual support and case coordination to people facing particularly complex issues, with the aim of maximising their health outcomes and quality of life. In only a short time the program and its staff have received exceptional feedback from clients and partner agencies.

At the national level, the past year has seen the closure of our sister organisation in South Australia and the removal of funding in Queensland. These concerning developments

highlight the ever changing environment in which sexual health and HIV organisations operate and the need for WAAC to continue to work in partnership with interstate and national organisations, notably the Australian Federation of AIDS Organisations (AFAO), to ensure HIV is kept front and centre of the national political agenda. They also remind us that the maintenance of frontline services cannot be taken for granted and that WAAC's ability to respond to similar challenges relies on strong internal reporting processes, solid financial management and diligent stewardship.

To strengthen organisational governance, the WAAC Board and CEO have committed to a range of improvements to internal reporting and financial management. In addition to the creation of a new Organisational Development Department as part of our recent restructure, Andrew Burry and Simon Yam have been working hard to clarify staff roles and objectives, link these with our strategic goals, and streamline reporting from the frontline through all levels of the organisation up to the Board. This project has brought a new clarity to everyone involved in WAAC and a rigor and timeliness to reporting that will greatly enhance accountability and the Board's capacity to monitor progress against our strategic plan and identify and respond to new challenges.

The goals articulated in our strategic plan and 'Turning Political Will into Action' cannot be achieved by WAAC alone and to this end we have continued to build and strengthen our key partnerships. Our relationship with our main funding body, the WA Department of Health, remains strong and is based on a shared understanding of how to tackle the unique WA HIV epidemiology.

Two other highlights of the past year further demonstrate the benefits of WAAC's strong partnerships with the diverse communities affected by, and committed to the fight against, HIV. The first is the 16 year long partnership between WAAC, the WA fashion industry and a remarkable group of sponsors and individuals that is STYLEAID. The 2012 event was hugely successful both as a fundraiser and a means to keep awareness of HIV high among the general WA population. WAAC also again benefited from a hugely generous M.A.C. donation of \$93,000. In a world increasingly marked by short-term superficial relationships, the unwavering commitment of organisations like M.A.C. and our many STYLEAID sponsors to fighting HIV is something to be cherished.

The second highlight is one of which I am particularly proud – WAAC's reaffirmation of our long-standing commitment to reconciliation with our soon to be finalised Reconciliation Action Plan. This plan sets out a vision for reconciliation that will help WAAC to make our services more accessible to Aboriginal and Torres Strait Islander people and serve as a foundation for strengthening relationships and opportunities with ATSI health organisations.

In closing, I would like to thank the WAAC management team, staff and volunteers and my fellow Board members for their efforts over the past year. In particular, I would like to acknowledge the work of Andrew Burry who has settled in remarkably well as CEO, quickly coming to grips with a new state and the vagaries of a well-established organisation while keeping a clear eye on the opportunities the future holds for WAAC.

Samantha Dowling  
Chairperson

# CHIEF EXECUTIVE OFFICER'S REPORT

**ARRIVING IN PERTH AS THE NEW CEO FOR AN ORGANISATION WITH A REMARKABLE 27 YEARS REPUTATION FOR INNOVATION AND QUALITY SERVICE IS A HUGE HONOUR. HAVING ALREADY BEEN IN THE SECTOR FOR SOME YEARS, I WAS OF COURSE FAIRLY FAMILIAR WITH THE WORK OF WAAC AND WAS EXCITED TO BECOME A PART OF SUCH A SUCCESSFUL TEAM.**

Early on I realised that there is far more to WAAC than meets the eye. To torture the iceberg metaphor somewhat, what you see is definitely not all you get. Health promotion campaigns, peer workshops and significant events including World AIDS Day and STYLEAID attract attention and are a window into our work. However, underlying these is the extraordinary amount of direct client interactions that take place at a constant and in most cases, growing volume. M Clinic now has well in excess of 2,000 individual clients, whilst our positive services have more than 300 active clients, with more than half of these highly engaged. In addition, Freedom Centre, SHAPE and our needle/syringe exchange program (NSEP) continue to connect with clients at a significant level.

What this means is that our organisation has a unique insight into the lived experiences of the members of the communities we serve. Through the individual stories of so many clients, an ongoing challenge is to understand the changes that are occurring as the impact of HIV further evolves, and to adapt our services in response.

Our organisation underwent a significant restructure at the beginning of the year; in part to increase our capacity to meet the changing needs of our communities. Prior to these changes, we were organised around priority populations, but now teams reflect work type, processes, accountability requirements and staff supervision needs. This also reflects the broad intent of our new five year Strategic Plan that came into effect in July 2012. The restructure also responds to the requirements of the new Service Agreement with the W.A. Department of Health that commenced in January of this year.

Every part of our organisation needs an external focus in order to be directed towards a positive collective impact on our clients and our communities more generally. Supporting direct service delivery requires a robust and sustainable infrastructure including an ability to invest in the professional development of our human resources. Incorporated in the restructure was the establishment of a new Organisation Development department and we were delighted to welcome Dr. Simon Yam as its manager at the beginning of 2013. This department incorporates the 'whole-of-organisation' activities, including human resources, training & development, our volunteer service, policy and research, fundraising, media relations, communications and client service support. Increasingly, Organisation Development promotes cross organisation collaboration, which leads to synergies resulting in greater efficiency, innovation, autonomy and increased capacity.

M Clinic has continued to grow and as noted has more than 2,000 clients, with around 300 new clients being added in each six month period. Comprehensive data from the Clinic is presented later in this report. Independent research conducted by the Kirby Institute of 400 clients indicates the significance that this service now has in the sexual health of a large proportion of Perth's homosexually active population, and satisfaction with M Clinic is recorded at an astonishing 98.6%. This growing demand, whilst welcome, has undoubtedly created some resource pressures and additional financing has been necessary. This has come from internal sources, but building long-term sustainability remains vital. M Clinic is the result of the vision of my predecessor, Trish Langdon and the support of the Department of Health. Its documented success is the result of enormous commitment by the staff of the M Clinic and its supporting doctors.

Following a successful tender process, we incorporated a new service program during the course of this year and are reporting on this for the first time. SHAPE (Supporting Health And Personal Empowerment) is an outreach service that provides support for people living with HIV (PLHIV) that face significant complex issues. Sitting within our Clinical Services department, Team Leader Daniel Jessup coordinates the service, and SHAPE has been very successful over its first ten months of operation. In its incorporation as part of a suite of services we offer our clients, it provides the advantage of close collaboration with our positive services caseworkers.

The Fremantle fixed needle and syringe exchange site experienced its first birthday during the year. The statistics clearly demonstrate its need and here again numbers are showing significant growth.

The restructure, development and incorporation of new services, the relocation of M Clinic and its growing demand and the implementation of the new Strategic Plan came at some cost. After recording a financial deficit in the 2011 – 2012 year, we were again in deficit during this financial year, although it was significantly reduced. We have been able to meet these financial demands from our reserves, but it is now necessary to consolidate our position and keep expenditure within our budgeted income. New budgeting processes and improved financial and cash flow management procedures have been implemented to ensure that a surplus will be achieved in the 2013 – 2014 financial year. During the year we welcomed our new accountant Vincenzo Rigoli and said farewell to Peter Kift who had given us more than five years' service.

We have been generously supported again this year in fundraising and the support of M.A.C., who presented a cheque for \$93,000 from the proceeds of the sale of Viva Glam in our state. Self-generated funds continue to be vital to support work that is not directly funded by our Government funding agencies. Our signature fundraising event, STYLEAID, continues its success as a premier charity fashion event, and is remarkable for the longevity of many of its sponsors, including those that have given support since its beginnings 16 years ago.

In making Perth and WAAC a new part of my life I am grateful for the welcome and support I have received from volunteers, staff, management and Board. It is very clear that our organisation is particularly blessed by relative stability in our human resources at all levels, and the commensurate wisdom and experience they are able to bring as we continue to evolve and meet the needs of the various communities we serve. I am very conscious of the work done by our Board members, and particularly of the time that they devote to the continuing excellent governance of our organisation.

Andrew Burry  
CEO





# VOLUNTEERS

**MOST OF THE WA AIDS COUNCIL'S MAIN VOLUNTEER ROLES HAVE NOT CHANGED SIGNIFICANTLY FOR SOME TIME, AND RECRUITMENT FOR SOME ROLES HAS BEEN SUSPENDED AS THE CURRENT VOLUNTEER LEVELS ARE SUFFICIENT TO SUSTAIN THE REQUIRED SERVICES.**

A recent trend for volunteers to take on more than one volunteer role at a time has resulted in some experienced volunteers retraining for other roles. This also led to the development and expansion of some roles:

- Office Support volunteers work a weekly or fortnightly shift. Each volunteer has responsibility for a specific project (sourcing small sponsorship items, assisting with developing HR processes and coordinating WAAC's media monitoring), acting as backup for WAAC services including NSEP and reception, and providing general administrative support as needed.
- Events Outreach combines the previous KISS and Safe Sex Angels roles into a volunteer group that effectively conducts outreach at a wider range of events, therefore allowing us to attend more events and to offer a more varied volunteer experience.

During the year, 37 new volunteers completed training and started volunteering, with an additional 32 one-off volunteers working at STYLEAID.

WAAC has also undertaken more targeted recruitment in some areas, resulting in skilled volunteers assisting with legal advice, policy development and facilitation of the client art group. Our engagement with corporate volunteer groups also increased, with around 90% of our safe sex packs now being produced by groups from GIO, NAB and Bankwest (in partnership with Volunteering WA). Groups from Woodside and NAB have also undertaken other group activities including event setup and administrative support, while NAB provided the large workforce needed to pack gift bags for STYLEAID. This year, WAAC engaged with a total of 96 corporate volunteers.

Planning and reporting procedures for the volunteer program have also recently been updated, in accordance with Organisational Development procedures. This has enabled us to start measuring the success of different aspects of the volunteer program as well as to look forward to major projects such as auditing WAAC's volunteer program against the National Standards for Involving Volunteers in Not for Profit Organisations.

## VOLUNTEER AWARD RECIPIENTS 2012-2013

**THE WA AIDS COUNCIL PRESENTED THE FOLLOWING VOLUNTEERS AWARDS AS RECOGNITION AND ACKNOWLEDGEMENT OF OUTSTANDING CONTRIBUTION AND SERVICE TO THE COUNCIL.**

### Chairperson's Award

Robyn Miller (NSEP, Talking HIV and Events)

### CEO's Award

Terry Kemp (Group Facilitation)

### Clinical Services

Carol Politis (Buddy Program)

### Clinical Services

Vicki Rodgers (Living Well Program)

### Community Engagement and Advocacy Services

Michael Hird (Safe Sex Angels & NSEP)

### Community Engagement and Advocacy Services

Naomi Aravena-Roman (NSEP)

### Community Engagement and Advocacy Services

Sophia Rasmussen (Freedom Centre)

### Community Engagement and Advocacy Services

Jaini Shah (Freedom Centre)

### Organisational Development

Asanka Gunasekera (Legal)

### Organisational Development

Colin Young (Office and Events)

# CLINICAL SERVICES FOR PLHIV



## CLINICAL SERVICES

Originally called Positive Services, Clinical Services was one of our first core service programs as HIV emerged in the community in the early 1980s. The support was born from the strong contribution from the Perth gay community, who rallied around those most affected. Whilst looking very different to the early days, Clinical Services continues to provide a range of support and services for PLHIV, but with a model focused on recovery, re-engagement and participation.

Since the introduction of Highly Active Anti-retroviral therapies in 1996, many PLHIV have found combination therapies which work for them

and have experienced positive flow-on effects in their lives including better health, returning to work, relationships, having children to name just a few. But for some PLHIV, the presence of challenging and complex issues has prevented them from achieving full health recovery and many experience significant social isolation.

Clinical Services believes that the Recovery Model which has been applied in the mental health field also has applicability within our service framework. It is acknowledged that many, but not all, of the PLHIV currently receiving intensive services have concurrent mental health issues or significant substance use issues.

'Recovery' is seen as an on-going journey of healing and transformation that involves people reclaiming a sense of meaning, hope and positive sense of self despite the levels of complexity in their lives.

The Support Officers and SHAPE work closely to ensure ongoing review of medium to high needs clients to ensure they are matched to the appropriate service. All staff liaise closely with multidisciplinary teams of HIV clinicians, nurses, social workers and allied health to achieve the best outcomes with the clients.

## SHAPE: Supporting Health and Personal Empowerment

For PLHIV who do experience complex and challenging issues in their lives, Clinical Services now has a dedicated team to work in an outreach capacity. SHAPE provides comprehensive outreach support to clients who may be dealing with drug and alcohol issues, mental health issues, domestic and family breakdown, co-morbidity issues and issues relating to non-compliance to HIV medication.

After our tender submission was accepted, SHAPE took 'shape' from September 2012. It sits within the Clinical Services Department and under Team Leader Daniel Jessup. SHAPE is a 52 weeks of the year program and at any one time has capacity to work with up to 26 clients who are living with HIV.

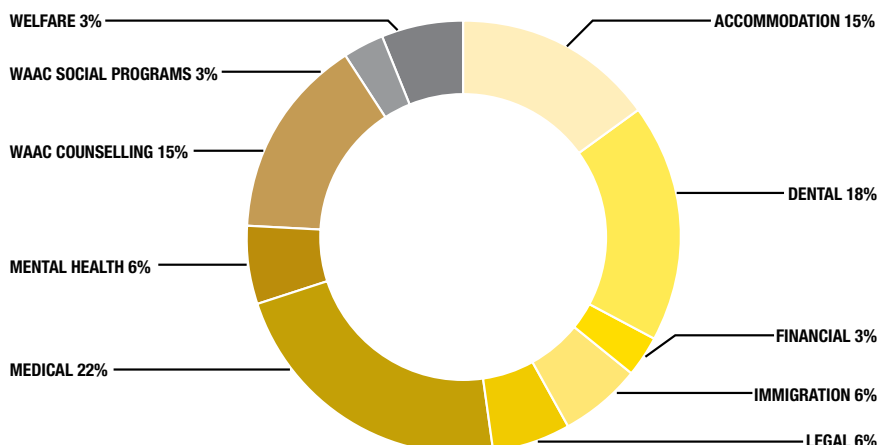
### Features of this service include:

- Maintaining consistent, active and supportive relationships with clients;
- Giving priority to Aboriginal people and those from non Anglo-Celtic backgrounds;

- Providing access support to services meeting clients' medical and mental health needs;
- Assisting with treatment compliance;
- Attending scheduled appointments with clinical and other service providers;
- Providing education and counselling to clients and associates to reduce transmission of HIV, STIs and BBVs;
- Providing support to address complex psychosocial needs; and
- Identifying and implementing appropriate models sensitive to the specific needs of Aboriginal people and those from non Anglo-Celtic backgrounds.

SHAPE has been well evaluated by its clients and through managed referral processes assisted them to achieve improved outcomes from a variety of service providers. The types of services referred are shown in the following chart.

## FORMAL REFERRALS



## SUPPORT OFFICERS

Whilst Support Officers have always provided high levels of support for PLHIV, this additional support capacity within the broader team allows for transition between one program and the other dependent on changing needs and circumstances for the individual client. Support Officers provide brief to medium level in-reach support and SHAPE provides comprehensive Outreach support.

In addition to the significant psychological and emotional support provided by staff, Clinical Services also deliver a broad range of material support to clients in need. During the course of 2012-2013, staff facilitated the following access;

- Direct financial assistance was provided on 81 occasions
- A total of 116 food parcels, including Christmas hampers, were distributed
- The Watson-Browne and Phyllis Hill Bequests Programs were accessed on 26 occasions during the 2012-13 financial year.

## HIV POSITIVE PEER SUPPORT

The HIV Positive Peer Education Officer role was filled until November 2012 by Cipri Martinez. Cipri had been in the role since January 2001.

The newly appointed officer Liz Walker started her role in March 2013. The HIV Positive Peer Education Officer is able to provide support within the 'lived experience' and seeks to support the diversity of people living with HIV in WA. During 2012-2013 there was a database of 267 clients linked with HIV Positive Peer Education, and of this number, 66 people are actively seeking ongoing support from the HIV Positive Peer Education Officer. This support included:

- Relationship & disclosure assistance
- New diagnosis support
- Treatment queries – side effects, access
- Isolation & assistance with depression
- Support/understanding from another HIV+ person
- Access to social services provided by WAAC (Planet Pos, Women's High Tea, Living Well etc)
- Medication access for Medicare ineligible
- Assistance with discrimination/referral where necessary to the HIV/AIDS Legal Centre (HALC)
- Migration referral for HIV+ people, HIV friendly migration agents/HALC
- Travel restrictions/travel insurance
- Access to HIV organisations/medication/HIV specialists while overseas
- Access to volunteering services

- HIV 'functional' cure information/latest in HIV research

## COUNSELLING

Our experienced counselling team provided services to people newly diagnosed with HIV. Those living with HIV and/or affected by HIV, people in situations of risk and people wishing to explore their sexuality, gender identity or relationship issues. A total of 189 clients linked with Counselling during the period, and at end of the 12-13 year, there were 53 active clients and 136 inactive or recently exited from Counselling.

There was a total of 632 sessions provided for people during 2012-2013 with the main presenting issues being Adjustment, Anxiety, Depression, Self-esteem, Sexuality, Grief and Loss and HIV.

# M CLINIC

M CLINIC HAS HAD ANOTHER EXTRAORDINARY YEAR IN ITS NEW LOCATION AT 548 NEWCASTLE STREET, WEST PERTH. THE RELOCATION WAS COMPLETED JUST PRIOR TO THE BEGINNING OF THIS FINANCIAL YEAR AND HAS PROVED POPULAR WITH AN EVER-GROWING CLIENT LIST.

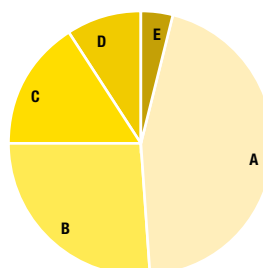




Such has been the demand for the services, and counselling is now also offered, that it has been challenging to undertake a comprehensive analysis of the huge volume of data that has been collected over the clinic's history. Understanding our client base is important in ensuring that we are targeting those to whom the service provides most value. This includes gaining an insight into how the clinic can be further developed and/or expanded to be even more relevant and effective for homosexually active men.

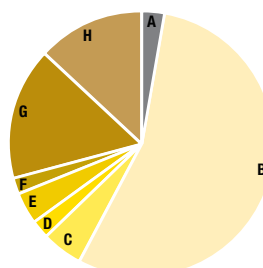
In an analysis of information over the first six months of 2013, it is very clear that M Clinic continues to be especially attractive to younger men (those under the age of 29) and this group now comprises almost half of total clients. During this period, 1,155 individual clients accessed the clinic, and of these, 322 attended for their first time. These clients represented 46 different countries of birth. Whilst the majority were born in Australia or New Zealand, clients strongly represent UK/Europe and Southeast Asia.

Whilst convenience of location and it being a free service are obvious keys to its success, the loyalty of M Clinic clients and their willingness to refer their friends and partners is a result of the quality of the human interaction that the clinic delivers. M Clinic has attracted a team of highly competent and enthusiastic staff, including peer educators, registered nurses and of course our doctors. The fact that referral by friends remains as the dominant source of new clients is a testament to the effectiveness of M Clinic as a social marketing program above its core purpose as a sexual health screening service for gay men and other men who have sex with men.



**AGE DISTRIBUTION % BY AGE ALL CLIENTS**

A) 18-29	45%
B) 30-39	26%
C) 40-49	16%
D) 50-59	9%
E) 60+	4%



**REGION OF BIRTH - NEW CLIENTS**

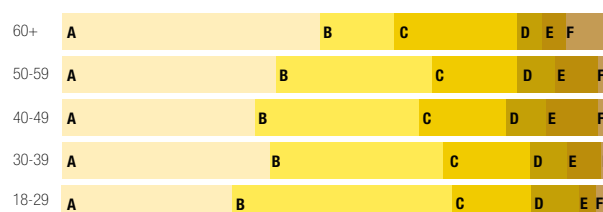
A) AFRICA	3%
B) AUSTRALIA/NZ	55%
C) EUROPE	5%
D) NORTH AMERICA	2%
E) SOUTH AMERICA	4%
F) SOUTH ASIA	2%
G) SOUTHEAST ASIA	16%
H) UNITED KINGDOM	13%



**WHERE DID YOU HEAR ABOUT M CLINIC?**

- A) COMMUNITY NEWS
- B) INTERNET SEARCH
- C) OUT IN PERTH
- D) REFERRED BY FRIENDS
- E) REFERRED BY WAAC
- F) STEAMWORKS
- G) WAAC WEBSITE
- H) WORD OF MOUNTH
- I) UNKNOWN/OTHER

**AGE OF CLIENTS**



**NUMBER OF SEXUAL PARTNERS SINCE LAST TEST - ALL CLIENTS**

- A) 0
- B) 1-5
- C) 6-10
- D) 11-20
- E) 21-50
- F) 50+



# FREEDOM CENTRE

**THE FREEDOM CENTRE (FC) IS AUSPICED BY WAAC AS AN INDEPENDENT PROGRAM PROVIDING A SAFE SOCIAL SPACE FOR YOUNG PEOPLE WITH DIVERSE SEXUALITY, SEX AND/OR GENDER, WHO MAY OR MAY NOT IDENTIFY AS LESBIAN, GAY, BISEXUAL, TRANS\*, INTERSEX, QUEER OR QUESTIONING. IT ALSO DELIVERS TRAINING TO OTHER PROFESSIONALS BY PROVIDING A FRAMEWORK FOR SUPPORTING SEXUALITY, SEX AND GENDER DIVERSE YOUTH. THE MENTAL HEALTH COMMISSION, WITH WAAC PROVIDING ADDITIONAL FINANCIAL AND ADMINISTRATIVE SUPPORT, SUBSTANTIALLY FUNDS IT.**

## DURING THE YEAR;

- There were 148 drop in sessions
- 221 individuals visited the Centre
- There were 66 visits from 39 individual family members representing 17 families that attended the junior aGender sessions
- Volunteers provided 1,287 hours supporting drop in sessions, 466 hours for sleepover retreats and a further 519 hours for debrief evaluation sessions
- More than half of the 1,989 visits during the year were by the 69 individuals who are sex and gender diverse.



## FC ONLINE

The Freedom Centre website's Forum is used as a safe online social space to provide peer support information and referrals as required in an online environment. This makes the FC Forum more accessible to those who cannot make it to the Centre for a range of reasons, including geographical location and not having permission from, or not being 'out' to parents. It also benefits FC's Drop-in services' accessibility by giving young people a way to make contact with the people at FC online before coming into the drop-in centre. Registrations for the forum continue to increase and now stand at 626.

The FC Online Capacity Building Project that FC undertook in 2011 – 2012 has resulted in a number of new initiatives. These include an expanded and more diverse weekly e-newsletter and increased content and projects in the FC Forum. These initiatives have resulted in greater engagement in FC online services.

## TRAINING AND PRESENTATIONS

Freedom Centre delivered 17 training workshop sessions to a total of 599 professionals and students. The trainings and workshops were on supporting and/or working with sexuality, sex and gender diverse young people and understanding homophobia and its impacts. The standard training package educates participants on the issues facing the target group, how to effectively provide support and aims to increase accessibility to mental health, other health and youth services and reduce discrimination and stigmatising attitudes in the wider community. Additionally, six presentations were made at conferences, symposia and forums comprising 363 health and allied professionals.

## THE FUTURE

It has been a long held ambition to create a fully independent Freedom Centre whilst maintaining an ongoing relationship to WAAC and WAAC services. During the period ahead, a number of stakeholder forums and discussions are planned to develop a migration path, with a tentative goal of establishing the independence of this valuable service by July 2015.

**Freedom**  
centre



# COMMUNITY ENGAGEMENT & ADVOCACY

THE COMMUNITY ENGAGEMENT AND ADVOCACY SERVICES DEPARTMENT HAD A BUSY TWELVE MONTHS. INCREASING PARTNERSHIPS WITH ORGANISATIONS AND COMMUNITY GROUPS SPECIFIC TO OUR TARGET DEMOGRAPHICS, THE DEPARTMENT PARTICIPATED IN MANY EVENTS WHICH INCLUDED; THE BIG DAY OUT, UNIVERSITY STUDENT ORIENTATION DAYS, SCHOOL HEALTH EXPOS, PRIDE PARADE AND FAIRDAY, SEXPO, UNIVERSITY RED AWARE PARTY, AND WORLD AIDS DAY.

WE CONTINUE TO HAVE A HEALTHY COLLABORATION WITH GLBTI COMMUNITY ORGANISATIONS INCLUDING PRIDE AND GLCS.

THROUGHOUT THE FINANCIAL YEAR A TOTAL OF 63,713 SAFE SEX PACKS WERE DISTRIBUTED AT EVENTS AND VENUES.

**FOLLOWING ARE HIGHLIGHTS OF THE YEAR. + + +**

- 1 SEXUAL HEALTH WEEK
- 4 ABORIGINAL AND TORRES STRAIT ISLANDER PROGRAM

- 2 KEEP IT SAFE SUMMER (KISS)
- 5 CAMPAIGNS

- 3 TALKING HIV PUBLIC SPEAKING PROGRAM
- 6 NEEDLE & SYRINGE EXCHANGE PROGRAM

# SEXUAL HEALTH WEEK

In 2013 the WA Sexual Health Week Committee trialled an increased funding amount for the small grants. The maximum amount per grant was raised to \$1,000 to allow greater scope for small projects within communities, rather than one-off events. The increased grant funding amount meant there was a decrease in the number of recipients, however this allowed closer contact and the provision of capacity building support to the recipients.

There were ten grant submissions and six successful recipients. The agencies who received WA Sexual Health Week funding were:

- Kalgoorlie interagency event, Goldfields: Love SHAK
- Kutjungka Communities, Balgo, Billiluna and Mulan, Kimberly: Strong Minds \_ Healthy Bodies
- WA Country Health Service, South Hedland, Pilbara: Love, respect and other things
- Population Health, Carnarvon, Gascoyne: Carnarvon Sexual Health Week
- Mawarnkarra Health Service, Roebourne, Pilbara: Sexual Health BBQ and Raffle
- WA Country Health Service, Geraldton, Mid-West: Making Contact! Text 2 Test

Across WA there were approximately 1,050 people who participated in the community projects, ranging from interacting at a stall, getting an STI screening test, submitting a competition entry, or attending a sexual health workshop. There were a number of newspaper articles and a radio advert (Pilbara), therefore the reach and awareness of SHW was greater due to these media clips.

There were a number of partnerships developed by the six grant recipients, with an additional 17 health agencies and 13 community organisations were involved in community projects. A key success from the grants has been the on-going partnership built by these agencies, primarily due to receiving the funding.

# KEEP IT SAFE SUMMER (KISS)

The KISS project is designed to provide young people with information and resources to minimise potential harm resulting from various risk-taking behaviours. KISS was developed and piloted in 2000 and since then has been implemented by staff and volunteers from WAAC. KISS focuses on encouraging the integration of safer sex and drug education to assist leavers to make healthy behavioural choices. It aims to minimise potential harm associated with unsafe sexual behaviour and alcohol and other drug use to the leavers and

the host community during the Leavers' celebrations.

There were 10 talks provided to schools reaching 1480 students prior to leavers.

There were two teams of volunteers – one sent to Rottneest and one to Dunsborough. There were a total of 2657 safe sex packs distributed along with 3186 resources and merchandise.

The Office of Crime Prevention provides funds for this multi-agency approach which includes responding to excessive drinking, substance use or unsafe sexual activity.

# TALKING HIV PUBLIC SPEAKING PROGRAM

The Talking HIV Public Speaking Program delivers HIV transmission and prevention talks and personal perspective talks to schools, universities and community groups and organisations.

In total there were 76 talks presented across the state reaching 2521 individuals. Feedback from these presentations was positive with participants reporting an increase in their knowledge and awareness around HIV. Participants especially enjoy the personal perspectives and often comment that they are able to put a human perspective to HIV.

# ABORIGINAL AND TORRES STRAIT ISLANDER PROGRAM

Connecting with the Aboriginal and Torres Strait Islander peoples of WA is a priority for us. This past financial year has been an exciting and reinvigorating time within our Aboriginal and Torres Strait Islander program.

One of the major projects that we have undertaken is developing a Reconciliation Action Plan. The action plan is our contribution to reconciliation and demonstrates to our clients that we are committed to the values of reconciliation. This pledge places us in great company with almost 500 organisations across the nation coming together to create better relationships, opportunities and mutual respect between all Australians. We have always had a great rapport and offered fantastic services and support to Aboriginal and Torres Strait Islander peoples and we have a real commitment to continue and to build on this solid foundation of reconciliation.

We have developed some strategic partnerships with very significant and influential organisations and individuals within WA. We are getting to collaborate with other committed and enthusiastic people such as the staff at the David Wirpanda Foundation, Derbarl Yerrigan Health Services, Aboriginal Health Council of WA and Langford Aboriginal Association. These partnerships highlight our commitment to supporting youth programming, school students and women's and men's groups. We are providing essential training and skills building to Aboriginal health workers and others working to support Aboriginal and Torres Strait Islander peoples in WA. We believe that our presence across these organisations allows us to contribute to 'Closing the Gap' on the unacceptable divide that still exists in Aboriginal and Torres Strait Islander health as well as continuing the fight against HIV.

“There were 76 talks presented across the state reaching 2,521 individuals. Feedback from these presentations was positive with participants reporting an increase in their knowledge and awareness around HIV. Participants especially enjoy the personal perspectives and often comment that they are able to put a human perspective to HIV.”

## CAMPAIGNS

### iTest Because ...

We developed the “I Test Because...” Campaign as a sexual health and testing campaign for targeted populations. The first phase of the campaign is targeting Gay men and men who have sex with men (gay/MSM), linking the need for testing with natural behaviours. The campaign is designed to encourage an affirmative testing culture, empowering men to increase frequency and uptake of HIV/STI testing along with decreasing stigma around testing.

Examples of the slogans that have been used have included “I Test Because...”

- I get around
- I cruise
- I party
- It's time
- I love my joystick
- I get lucky

This campaign is broadcast in a variety of key priority group media including on the front page of the mainstream community newspaper; “The Voice”.

Printed resources have been designed and distributed in support of the campaign and an online website is being developed. For homosexually active men, there is an increasing integration with the work and services of M Clinic, and a strong emphasis on the utilisation of social media opportunities.

### Sex in Other Cities

This campaign was originally devised in 2007 – 2008 as a response to the growing number of Australians travelling from W.A. to countries where the prevalence of HIV and STIs is high. The epidemiology has exhibited increasing numbers of diagnoses of HIV acquired overseas, and despite this and a variety of other programs, is still increasing.

In 2012, we took over the ‘Travelsafe’ advertising already established in Perth and regional airports that had previously been managed by the Department of Health directly.

A difficulty we face in effectively marketing important messages to travellers, is that because they represent considerable diversity (both culturally and demographically), the logical point at which to address them is at airports and on aircraft. The ongoing reluctance and at times

refusal of magazines and airlines to include our advertising if it contains direct pictorial or editorial references to sex and/or condoms has greatly limited our communications. Consequently, we will undertake a full review and evaluation of our current strategies with the objective of finding more effective means of contributing to travellers’ sexual safety away from home.

### Fundraising and Events

We maintain our profile as a relevant community-oriented organisation through our participation in a number of public community events. We also undertake fundraising to generate revenue to assist our work for which other funding is unavailable.

### STYLEAID 2012

The WA AIDS Council’s premier fundraising event, STYLEAID, was held on the 27th July 2012 at the Burswood Grand Ballroom (now known as Crown Perth Ballroom). Established in 1998, STYLEAID is a fundraising initiative for the WA AIDS Council, raising money for the provision of support and care services for people living with HIV and prevention and education programs in WA. As part of its 15th year celebration, this prominent event for Perth’s style set was appropriately themed Happy Birthday STYLEAID, with close to 750 guests in attendance. Evolving into a stepping stone for emerging talent, traditions continued as the fashion industry’s finest took to the catwalk to showcase their Spring/Summer 2012 collections, while guests celebrated with champagne, three course dinner including Western Australian wines, live entertainment, auction and giftbags.

### PRIDE

Once again we provided support, presence and strategic contribution to this peak GLBTIQ community body. In particular, we had a strong presence at Fairday (where we again recruited for the Gay Community Periodic Survey).

We were also represented in the Pride Parade and our float took out the award for Best Float, which we last won in 2009. Our theme was “Positive + Negative = 0 HIV Stigma and Discrimination”, which is a further development in the 1Community campaign launched in 2011.



# NEEDLE & SYRINGE EXCHANGE PROGRAM

## WAAC OPERATES TWO FIXED NEEDLE & SYRINGE EXCHANGE SITES; ONE IN WEST PERTH AND THE OTHER LOCATED IN FREMANTLE. A MOBILE SERVICE OPERATES FROM A VAN AND VISITS A FURTHER SEVEN SITES LOCATED IN ARMADALE, FORRESTFIELD, JOONDALUP, MIDLAND, ROCKINGHAM, GOSNELLS AND MIRRABOOKA.

Confirmation that the energy invested over some years to secure a permanent and fixed site in Fremantle is amply demonstrated by the fact that it is significantly the greatest distributor of safe equipment amongst all WAAC sites. In fact, Fremantle accounts for 32% of total distribution and for 39% of occasions of service.

The annual client satisfaction survey was conducted with satisfaction overall rated as very high. Other indicators from the data included:

- 47% of respondents said they attended WAAC exchanges on a weekly basis
- 36% of respondents said they had used WAAC exchange services for five years or more
- 99% of respondents thought the exchanges were friendly and approachable
- 92% of respondents were confident in their knowledge of HIV and Hepatitis C Virus (HCV) prevention
- 29% of respondents reported that they were HCV positive, and 1.7% HIV positive.

### The 'Needle Prick' Survey

The Australian Needle and Syringe Program Survey (ANSPS) provides serial point prevalence estimates of human immunodeficiency virus (HIV) and hepatitis C virus (HCV) antibodies and sexual and injecting behavioural risk among people who inject drugs (PWID) in Australia. Conducted annually over a one-two week period in October, all clients attending participating Needle and Syringe Program (NSP) services are invited to complete a brief, anonymous questionnaire and to provide a capillary blood sample for HIV and HCV antibody testing.

In 2012, 52 NSP services participated in the ANSPS and 2,391 NSP attendees completed the survey. The response rate was 46%.

### Demographics for WAAC Clients who responded:

The breakdown of gender for WAAC's NSEP participants who took place in the ANSPS remained quite consistent with previous years, 67.68% being male. The medium age of participants was 41.3 years with 98% of people being over the age of 25 years. Only 10% of Aboriginal peoples who participated identified as Aboriginal, however this has doubled since the previous year.

### Injecting Behaviour

Participants completing the survey reported methamphetamines as being the most common drug last injected (35.71%), followed by Heroin (20.41%) and Pharmaceutical Opioids (18.37%).

75% of people reported that they injected on a daily basis and that 97% had been injecting for 3+ years. 75% of participants reported they had not reused a syringe in the past month with 79% also responding that they had not shared their injecting equipment within the last month. This figure was slightly up from the previous year.

### HCV prevalence

52% of respondents reported that they had been tested for Hepatitis C in the past year with 37% of people reporting that they had tested over 1 year ago. 55% of people who supplied blood specimens were Hepatitis C positive.

### HIV prevalence

44% of respondents reported having been tested for HIV in the past year and 67% of people reported having been tested more than 1 year ago. 1.6% of people who supplied blood specimens were HIV positive.

SITE	OCCASIONS OF SERVICE		% CHANGE	EQUIPMENT DISTRIBUTED		% CHANGE
	11/12	12/13		11/12	12/13	
Armadale	808	953	17.94%	95,109	110,641	16.33%
Forrestfield	247	288	16.60%	42,162	36,548	-13.32%
Joondalup	397	450	13.35%	82,870	89,335	7.80%
Midland	473	548	15.86%	70,239	65,780	-6.35%
Rockingham	529	632	19.47%	107,708	129,605	20.33%
Fremantle	2,439	3,269	34%	318,159	367,169	15.40%
Gosnells	1,102	1,163	5.54%	168,172	179,316	6.63%
Mirrabooka	516	540	5.46%	93,538	92,770	-0.82%
WAAC (West Perth)	846	574	-32%	116,631	81,187	-30.39%
<b>TOTAL</b>	<b>7,357</b>	<b>8,417</b>	<b>14.40%</b>	<b>1,095,388</b>	<b>1,152,351</b>	<b>5.20%</b>



# WORLD AIDS DAY 2012

## INDIVIDUAL AWARD

**Winner:**  
Yvonne Henderson, Commissioner for Equal Opportunity

**For an individual who has made a significant personal contribution in the Global, Australian and Western Australian HIV/AIDS response.**

In 2010 Yvonne Henderson, Commissioner for Equal Opportunity, instigated a community consultation into instances of discrimination faced by LGBTI people. Overwhelmingly, the evidence indicated that the area where the discrimination was most needed was to protect students from discrimination and stigma around diverse sexuality and gender.

The Commissioner has not only made a commitment to ensuring the issue of discrimination in WA schools is being addressed, she also personally chairs the steering group for the Challenging Sexuality and Gender Based Bullying in Schools Project. The WA AIDS Council and Freedom Centre have been consulted and involved in key aspects of the project and are already seeing the benefits it has created.

## HIV POSITIVE PERSON AWARD

**WINNER:**  
Liz Walker

**For an HIV positive individual who has had a significant impact in HIV/AIDS awareness raising and service delivery.**

Liz was diagnosed with HIV at the age of 22 while completing her undergraduate degree in South Australia. Since moving to Perth she has worked with the WA AIDS Council in a voluntary capacity, delivering engaging talks to high school students and other educational institutions around Perth. In the past year Liz has delivered over 20 talks to well over 1000 individuals.

## GROUP OR ASSOCIATION AWARD

**WINNER:**  
City of Fremantle

**For a group which has made a significant contribution to the HIV/AIDS response.**

Since a review of Needle Exchange in WA was conducted by the Health Department of WA a number of years ago WAAC has been trying to find suitable premises to set up a fixed site Needle Exchange in Fremantle. Due to the nature of this work it has been incredibly difficult to find a property to house the NSEP. The City of Fremantle could see the difficulties we were having and facilitated this process by offering one of their own properties to house the exchange and argued very strongly in favour of the exchange when there were a number of objections by locals.

The City of Fremantle has a very good understanding of the important role that Needle Exchange plays in stopping the transmission of HIV among injecting drug users and has shown a very real commitment to supporting this initiative.

## MULTICULTURAL AWARD

**WINNER:**  
Yvonne Johnson

**For an individual or group who has made a significant contribution in HIV prevention and/or care for multicultural communities in Western Australia.**

In her role as the Community Educator for the Sharing Stories Project with the Metropolitan Migrant Resource Centre, Yvonne has been tireless in sharing the message about HIV with migrant communities in Perth.

Yvonne participated in the HIV Community Educator's Training in 2011, and since then has facilitated the development of the West African Women's Drama Group, HIV community awareness raising courses, World AIDS Day events, and participated in the National Forum on Africans & HIV.

## YOUTH AWARD

### WINNER:

**Leeming Senior High School**

**For an individual or group who have made a significant contribution to awareness, education and prevention efforts, particularly related to youth.**

Leeming Senior High School has participated in the Talking HIV program since 2010, starting with their Year 10 students and now involving the Facts and Personal Perspective talks, for the whole year groups of Year 10 to 12, as well as the K.I.S.S. talks for their leavers.

Leeming Senior High School's commitment to educating their students about health/well-being issues is outstanding and we look forward to continuing this valuable relationship.

## RURAL AND REMOTE AWARD

### WINNER:

**Western Australian Substance Users' Association – South West Needle Syringe Exchange Program**

**For an individual or group who have made a significant contribution to the HIV/AIDS response in rural and remote Western Australia.**

In 2000 the WASUA South West Needle Syringe Exchange Program began operating its mobile service, servicing the Margaret River, Busselton, Donnybrook, Manjimup, Harvey, Collie and Bunbury areas. In 2012 a fixed site was established in Bunbury to complement the mobile service.

WASUA is a peer-based organisation concerned with the use of illicit drugs. It provides a health clinic, general health information and referrals, fixed site and mobile needle exchange, peer education and resources and other health services.

WASUA South West provides an invaluable service to the Injecting Population in the South West that helps protect that community from Blood Borne Viruses such as HIV and Hepatitis C as well as providing support around other health issues.

## MEDIA AWARD

### Winner:

**Gatecrasher Advertising**

**For an individual or media group who contributed in a positive manner to the education and awareness of the general public through the media.**

Gatecrasher is one of WA's leading advertising agencies providing high-end communications in all media including television, print, radio, design and digital. Gatecrasher was a major sponsor of STYLEAID this year, and responsible for all the website design and development, as well as the development of our very first STYLEAID iPhone application. Gatecrasher has previously worked alongside the WA AIDS Council on the Safe Sex No Regrets campaign.

## HEALTH SERVICES AWARD

### Winner:

**Dr David Nolan**

**For an individual or group who have provided essential health or clinical services in the prevention and treatment of HIV.**

Since 2006 David has been a Consultant Physician in the Immunology Department at Royal Perth Hospital and has recently commenced Consultant work at Sir Charles Gairdner Hospital. He is currently undertaking a MRF Research Fellowship appointment based at Royal Perth and is committed to better understanding how long-term HIV management can be improved.

David's dedication to improving the lives of people living with HIV is inspiring and we recognise him for this today. Indeed, the WA AIDS Council has found working with David and our shared client group highly rewarding over the years.

## CEO'S AWARD

### WINNER:

**Terry Kemp**

**For a Volunteer has made a significant difference to the organisation or has demonstrated outstanding commitment, consistency and effort.**

Terry has been a volunteer workshop facilitator at WAAC since 2011 and has facilitated a number of courses such as Men on Men, Two Way Street and Nitty Gritties.

Terry has demonstrated his commitment to WAAC and its clients by being always reliable and available to assist in workshop facilitation. His enthusiasm and dedication can be easily observed by staff and participants. Terry brings a wealth of experience and knowledge to courses and is always willing to share with the participants and support them in a caring and non-judgemental way. Without a doubt, he has made a positive impact on people around him.

## CHAIRPERSON'S AWARD

### WINNER:

**Robyn Miller**

**For a volunteer whose service typifies the core values of WAAC.**

Robyn commenced volunteering in February 2012 and currently volunteers in several programs including the Needle Syringe Exchange Program, presenting talks in schools with the Talking HIV program and co-facilitating corporate volunteer groups.

Throughout her volunteering Robyn has demonstrated a commitment to WAAC's core values. She is able to tailor her approach to the client group she is serving, whether it is people who inject drugs, school children or corporate workers who often have limited knowledge regarding WAAC's programs and target groups. Robyn's approach is always thoughtful, reflective and considerate of the needs of our clients and of WAAC.

# FINANCIAL REPORTS

**1** STATEMENT OF  
THE BOARD OF  
MANAGEMENT

**23+**

**2** STATEMENT  
OF COMPREHENSIVE  
INCOME

**24+**

**3** STATEMENT  
OF FINANCIAL  
POSITION

**27+**



**RSM Bird Cameron**  
 8 St Georges Terrace Perth WA 6000  
 GPO Box R1253 Perth WA 6844  
 T +61 8 9261 9100 F +61 8 9261 9101  
 www.rsmi.com.au

**INDEPENDENT AUDITOR'S REPORT  
 TO THE MEMBERS OF  
 WA AIDS COUNCIL INC**

We have audited the accompanying financial report, being a special purpose financial report, of WA Aids Council Inc, which comprises the statement of financial position as at 30 June 2013, and the statement of comprehensive income for the year then ended, notes comprising a summary of significant accounting policies and other explanatory information, and the Statement of the Board of Management.

*Board of Management's Responsibility for the Financial Report*

The Board of Management is responsible for the preparation of the financial report, and have determined that the basis of preparation described in Note 1, is appropriate to meet the requirements of the Constitution and is appropriate to meet the needs of the members. The Board of Management's responsibility also includes such internal control as the Board determine is necessary to enable the preparation of a financial report that is free from material misstatement, whether due to fraud or error.

*Auditor's Responsibility*

Our responsibility is to express an opinion on the financial report based on our audit. We conducted our audit in accordance with Australian Auditing Standards. These Auditing Standards require that we comply with relevant ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial report is free from material misstatement.

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

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

*Independence*

In conducting our audit, we have complied with the independence requirements of the Australian professional accounting bodies.

*Opinion*

In our opinion, the financial report presents fairly, in all material respects, the financial position of WA Aids Council Inc as at 30 June 2013 and its financial performance and its cash flows for the year then ended in accordance with Note 1 of the financial statements.

*Basis of accounting*

Without modifying our opinion, we draw attention to Note 1 to the financial report, which describes the basis of accounting. The financial report has been prepared to assist WA Aids Council Inc to meet the requirements of the Constitution. As a result, the financial report may not be suitable for another purpose.

*RSM Bird Cameron*  
**RSM BIRD CAMERON**

**J.A. KOMNINOS**  
 Director

Perth, WA  
 Dated: 18 September 2013

Entity limited in a  
 scheme approved under  
 Professional Standards  
 legislation

Discussed with you by the  
 ABR 31 009 31 117  
 Practising as  
 RSM Bird Cameron  
 ABR 65 215 262 419

Major OFFICE: Perth, Sydney, Melbourne, Adelaide and Brisbane

RSM Bird Cameron is a member of the RSM network. Each member of the RSM network is an independent accounting and advisory firm which practices in its own right. The RSM network is not itself a separate legal entity in any jurisdiction.

# STATEMENT OF THE BOARD OF MANAGEMENT

The Board 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 statement.

In the opinion of the Board of Management of the Western Australian AIDS Council Inc. the financial report as set out as set out on the following pages:"

1. Present a true and fair view of the financial position of the Western Australian AIDS Council Inc. as at 30 June 2013 and its performance for the year ended on that date.
2. At the date of this statement, there are reasonable grounds to believe that the Western Australian 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 and is signed for and on behalf of the Board by:



**SAMANTHA DOWLING**  
CHAIRPERSON



**SAMUEL CUTT**  
TREASURER

Dated at Perth this 13th Day of September 2013

## NOTE 1: STATEMENT OF ACCOUNTING POLICIES

These financial statements are special purpose financial reports for distribution to the members in accordance with the constitution of the WA AIDS Council Inc and the requirements of the Associations Incorporations Act 1987. No Australian Accounting Standards, Urgent Issues Group Consensus Views or other authoritative pronouncements of the Australian Accounting Standards Board have been used in the preparation of this financial report.

These statements are also prepared on an accrual basis. They are based on historic cost and do not take into account changing money values or, except where specifically stated, current valuations of non-current assets.

The following specific accounting policies, that are consistent with the previous period unless otherwise stated, have been adopted in the preparation of the statements:

### (a) Income Tax

No provision has been made for the payment of income tax, as the Association is exempt from payment of income tax under the Income Tax Assessment Act 1936.

### (b) Property, Plant and Equipment

Property, plant and equipment are included at cost or at valuation. All assets, excluding freehold land and buildings, are depreciated using the diminishing value method commencing from the time the asset is held ready for use at depreciation rates set by the Board of Management.

### (c) Grants

Where grant monies have been received but relate to services that will be provided in subsequent financial years, then these amounts are carried forward as "Grants Received in Advance". Any amounts received in excess of expenditure, but for services relating to the current reporting period, are treated as income or profits for that year.

### (d) Restricted Cash

The Watson Brown Bequest Funds are held to provide assistance to homosexual persons who are living with HIV or AIDS. The funds associated with the Bequest can not be used to pay for WAAC expenditure and have been categorised as RESTRICTED FUNDS.

### (e) Fundraised Monies

All fundraising income is recognised when received. All related expenses are recognised when incurred.

### (f) Employee Entitlements

Provision is made for the Association's liability for employee entitlements arising from services rendered by employees to balance date. Employee entitlements, together with entitlements arising from wages and salaries, annual leave and superannuation have been calculated to meet the Association's legal obligations.

Contributions are made by the Association to an employee superannuation fund and are charged as expenses when incurred.

### (g) Goods and Services Tax (GST)

WA AIDS Council Inc is registered for GST. All revenue and expenditure is stated net of GST.



# STATEMENT OF COMPREHENSIVE INCOME

## FOR THE YEAR ENDING 30TH JUNE 2013

### REVENUE FROM ORDINARY ACTIVITIES

	Note	2013 \$	2012 \$
<b>GOVERNMENT GRANTS INCOME</b>	2	2,984,627	2,552,635
<b>OTHER REVENUE</b>			
STYLEAID Income		214,246	205,899
Other Income	3	183,283	206,426
Donation Income		110,318	61,458
<b>Total Revenue</b>		<b>3,492,474</b>	<b>3,026,417</b>

### EXPENDITURE FROM ORDINARY ACTIVITIES

	Note	2013 \$	2012 \$
Employee Expenses	4	2,517,051	2,245,092
Facilities Expenses	5	238,366	174,700
Admin Expenses	6	158,401	192,964
STYLEAID Expenses	7	113,495	94,400
Advertising Expenses	8	110,347	110,779
Other Expenses	9	97,003	93,395
IT Expenses	10	95,607	70,968
Operating Experience	11	97,744	80,518
Depreciation Expenses		62,093	52,234
Bequest Expenses	12	42,369	32,118
<b>TOTAL EXPENDITURE</b>		<b>3,532,475</b>	<b>3,147,168</b>
<b>TOTAL COMPREHENSIVE SURPLUS / (DEFICIT)</b>		<b>(40,001)</b>	<b>(120,751)</b>

## NOTE 2:

### REVENUE - GOVERNMENT GRANTS

	Note	2013 \$	2012 \$
Department of Health - Sexual Health and BloodBorne Virus Program		2,471,526	2,366,312
Department of Health - Support Services for People Living With HIV/AIDS		240,865	-
Department of Health - IDD Initiative		-	-
Department of Health - Mental Health Commission		124,003	152,174
Lotterywest		-	-

### REVENUE - GRANTS IN ADVANCE INCOME

Department of Health - Industry Development Project/HetrosexualTraveller		75,518	100
Department of Health - Men's Sexual Health Clinic		-	10,000
Department of Health - Mental Health Commission (Capacity Building)		-	-
Department of Health - Fremantle Fixed NSEP Site		-	17,934
AFAO - Top Tips (translated booklets) Implementation Funds		-	1,316
AFAO - Drama Downunder Phase III		4,065	4,798

### REVENUE - GRANTS INCOME CAPITAL

Department of Health - Support Services for People Living With HIV/AIDS		45,650	-
Department of Health - Communicable Disease		23,000	-
<b>TOTAL GRANT REVENUE</b>		<b>2,984,627</b>	<b>2,552,634</b>

**NOTE 3: REVENUE - OTHER INCOME****REVENUE - OTHER INCOME**

	2013 \$	2012 \$
Sales	76,259	81,720
Sale of assets	3,802	-
Training Fees - External	9,834	10,067
Training Fees - Internal	-	164
Client Fees	11,233	9,573
Interest Received	9,919	22,132
Interest Received - Bequest WB	4,412	6,281
Interest Received - Bequest PH	2,099	3,008
Interest Received-Fundraising	11,409	13,951
Memberships	1,454	1,382
<b>Other Income</b>	<b>52,862</b>	<b>58,149</b>
<b>TOTAL OTHER INCOME</b>	<b>183,283</b>	<b>206,426</b>

**NOTE 4: EXPENDITURE - EMPLOYEE EXPENSES****EMPLOYEE COSTS**

	2013 \$	2012 \$
Salaries & Wages	2,225,032	1,945,325
Superannuation	199,853	175,490
Employee Wellness Program	5,460	2,215
Recruitment Costs	23,729	13,177
Temp/ Casual Staff	8,054	6,197
Provision - Leave Entitlements	5,631	45,072
Conferences, Courses, Seminars	16,173	15,556
Travel & Accommodation	33,119	42,061
<b>TOTAL EMPLOYEE EXPENSE</b>	<b>2,517,051</b>	<b>2,245,092</b>

**NOTE 5: EXPENDITURE - FACILITIES EXPENSES**

	2013 \$	2012 \$
Building Expenses /Maintenance	14,893	21,738
Parking Costs	9,811	21,000
Cleaning	27,818	15,759
Electricity & Gas	18,869	8,367
Rates & Charges	9,407	8,150
Rent & Outgoings	155,342	98,170
Security	2,225	1,516
<b>TOTAL FACILITIES EXPENSE</b>	<b>238,366</b>	<b>174,700</b>

**NOTE 6: EXPENDITURE - ADMIN EXPENSES**

	2013 \$	2012 \$
Assets Write Offs	373	1,088
Accounting	5,000	5,895
Bank/Credit Card Fees	3,883	4,063
Consulting & Prof. Fees	48,371	96,831
Insurance	54,271	49,200
Printing - Design & Graphics	303	1,926
Printing - External Providers	31,747	22,133
Stationery	14,452	11,828
<b>TOTAL ADMIN EXPENSE</b>	<b>158,401</b>	<b>192,964</b>

**NOTE 7: EXPENDITURE - STYLEAID EXPENSES**

	2013 \$	2012 \$
Catering - Fundraising	38,924	39,244
Equipment Expenses	5,879	685
Equip./ Venue Hire	62,366	47,896
Printing - Fundraising	6,325	6,575
<b>TOTAL STYLEAID EXPENSE</b>	<b>113,495</b>	<b>94,400</b>

**NOTE 8: EXPENDITURE - ADVERTISING EXPENSES**

Advertising expenditure includes Sex in Other Cities, Gay/MSM & M Clinic Campaigns totalling \$106,149.

**NOTE 9: EXPENDITURE - OTHER EXPENSES**

	2013 \$	2012 \$
Catering - Volunteers	3,619	5,309
Catering - Staff/Board	11,423	5,219
Catering - Clients/Retreats	8,964	10,274
Catering - Projects	6,430	4,709
Translation/Interp'n Costs	536	180
Courier/ Freight	1,193	1,532
Volunteer Costs	1,716	1,713
Legal Fees	9,441	7,484
M/V Fuel & Oil	7,694	5,017
M/V Maint/ Rego	5,390	3,422
M/V - Hire of Vehicles	1,094	1,052
Occupational Safety & Health	-	1,976
Photocopier & Printer Supplies	18,584	16,390
Postage	5,888	5,157
Speaker Fees	1,823	1,550
Special Projects	528	7,946
Sponsorship	5,000	8,909
Subscriptions/ Memberships	7,682	5,556
<b>TOTAL OTHER EXPENSE</b>	<b>97,003</b>	<b>93,395</b>

**NOTE 10: EXPENDITURE - IT EXPENSES**

	2013 \$	2012 \$
Computer Expenses	49,745	26,180
Internet Access	3,734	6,274
Telephone	31,631	32,221
Sundry Expenses	1,111	401
Tel/Fax maintenance	2,610	1,040
Website Design, Connection	6,775	4,852
<b>TOTAL IT EXPENSE</b>	<b>95,607</b>	<b>70,968</b>

**NOTE 11: EXPENDITURE - OPERATING EXPENSES**

	2013 \$	2012 \$
Condoms, Dams, Lubricant	32,849	36,763
Resource Materials	11,755	18,431
IDU - Disposal & Buckets	8,492	7,752
IDU - Other (H/Cream, Spoons)	12,298	19,249
Med/ Pharm Supplies	21,001	5,289
Inventory Adjustments	9,954	7,497
Pathology Charges	1,394	531
<b>TOTAL OPERATING EXPENSE</b>	<b>97,744</b>	<b>80,518</b>

**NOTE 12: EXPENDITURE - BEQUEST EXPENSES**

	2013 \$	2012 \$
Bequest Expenditure	27,223	16,912
Bequest Expenditure - HAPAN	-	1,699
Emergency Relief Grants	15,146	13,507
<b>TOTAL BEQUEST EXPENSE</b>	<b>42,369</b>	<b>32,118</b>

# STATEMENT OF FINANCIAL POSITION

## AS AT 30TH JUNE 2013

	Note	2013 \$	2012 \$
<b>CURRENT ASSETS</b>			
Cash Assets	13	587,316	800,559
Receivables		27,335	674,120
Inventory		10,208	26,374
Prepayments		35,694	107,642
<b>TOTAL CURRENT ASSETS</b>		<b>660,553</b>	<b>1,608,695</b>
<b>NON – CURRENT ASSETS</b>			
Property, Plant and Equipment	14	2,981,454	2,933,215
<b>TOTAL NON – CURRENT ASSETS</b>		<b>2,981,454</b>	<b>2,933,215</b>
<b>TOTAL ASSETS</b>		<b>3,642,006</b>	<b>4,541,910</b>
<b>CURRENT LIABILITIES - PAYABLES</b>			
Payables	15	189,334	388,044
Grants in Advance	17	13,739	683,080
Income in Advance	18	64,532	88,075
<b>Balance</b>		<b>267,605</b>	<b>1,159,199</b>
<b>CURRENT LIABILITIES - PROVISIONS</b>			
Annual / Long Service leave	16	222,366	190,675
<b>Balance</b>		<b>222,366</b>	<b>190,675</b>
<b>TOTAL LIABILITIES</b>		<b>489,971</b>	<b>1,349,874</b>
<b>NET ASSETS</b>		<b>3,152,036</b>	<b>3,192,036</b>
<b>MEMBERS FUNDS</b>			
Accumulated Funds		1,106,372	1,227,122
Asset Revaluation Reserve		2,085,665	2,085,665
Current Year Surplus ( Deficit)		-40,001	-120,751
<b>TOTAL MEMBERS FUNDS</b>		<b>3,152,036</b>	<b>3,192,036</b>

## NOTE 13:

	Note	2013 \$	2012 \$
<b>CURRENT ASSETS – CASH ASSETS</b>			
ANZ Trading Account		67,015	74,447
ANZ Trust Account		1,546	1,576
ANZ Accounts (Other)		14,609	15,589
ING Cash Management (Watson-Browne Bequest) Restricted Cash	19	132,042	127,629
ING Cash Management (Phyllis Hill Bequest)	20	62,830	60,730
ING Cash Management Account		8,704	138,922
ING Cash Management (Fundraising)		266,586	355,177
Deposits/Bond Monies		32,025	25,243
Cash on Hand		1,959	1,246
<b>Balance</b>		<b>587,316</b>	<b>800,559</b>

## NOTE 14:

	2013 \$	2012 \$
<b>PROPERTY, PLANT &amp; EQUIPMENT</b>		
Land and Buildings (664 Murray Street)	2,709,950	2,709,950
<b>Balance</b>	<b>2,709,950</b>	<b>2,709,950</b>
<p>During 2008/2009 the WA AIDS Council engaged Colliers International to provide a current valuation on its building. This resulted in an increase of \$1.7million in the value of the premises at 664 Murray Street. Also noted is a covenant held by Lotterywest who hold a beneficial interest in fifteen (15) undivided twenty-eighth shares in the building. The premises at 664 Murray Street is scheduled for revaluation during the 2013/2014 financial year.</p>		
Motor Vehicles (at Cost)	142,296	89,886
Less: Accumulated Depreciation	-38,222	-39,971
<b>Balance</b>	<b>104,074</b>	<b>49,915</b>

Furniture and Equipment (At Cost)	545,079	521,965
Less: Accumulated Depreciation	-396,284	-370,301
<b>Balance</b>	<b>148,795</b>	<b>151,664</b>
Leasehold Improvements (At Cost)	40,094	35,164
Less: Accumulated Depreciation	-21,459	-13,478
<b>Balance</b>	<b>18,635</b>	<b>21,686</b>
<b>Total Written Down Value of Property Plant and Equipment</b>	<b>2,981,454</b>	<b>2,933,215</b>

**NOTE 15:**

	2013 \$	2012 \$
<b>CURRENT LIABILITIES - PAYABLES</b>		
Creditors	165,845	279,243
GST Payable	-15,535	80,602
PAYG Payable	27,163	22,854
Visa Card	9,475	5,345
Provision for Variable Outgoings	2,386	
<b>Balance</b>	<b>189,334</b>	<b>388,044</b>

**NOTE 16:**

	2013 \$	2012 \$
<b>CURRENT LIABILITIES - PROVISIONS</b>		
Provision for Annual Leave	115,189	113,026
Provision for Long Service Leave	81,117	77,649
Superannuation	26,060	
<b>Balance</b>	<b>222,366</b>	<b>190,675</b>

**NOTE 17:**

	2013 \$	2012 \$
<b>CURRENT LIABILITIES – GRANTS IN ADVANCE</b>		
Department of Health - Core Grant	-	565,054
Department of Health - Freedom Centre Grant	-	26,524
Department of Health - Travel Safe Evaluation	3,823	3,823
Department of Health - Fremantle Fixed NSEP Site		-
Department of Health - Industry Development Project	2,181	77,700
Department of Health - Men's Sexual Health Clinic		-

Department of Health - Freedom Centre Capacity Building Funds		-
AFAO - Syphilis, Stigma & Discrimination Campaign	5,000	5,000
AFAO - Drama Down Under Phase III		-
AFAO - Top Tips (translated booklets) Implementation Funds		-
AFAO - HIV STIGMA Campaign	2,735	2,735
AFAO - Modifiable Risk Factors for Co-morbidities Campaign		2,244
<b>Balance</b>	<b>13,739</b>	<b>683,080</b>

**NOTE 18:**

	2013 \$	2012 \$
<b>CURRENT LIABILITIES – INCOME IN ADVANCE</b>		
Pre-sold Ticket Sales	50,550	88,075
Sponsorships in Advance	9,682	-
Other Income in Advance	4,300	-
<b>Balance</b>	<b>64,532</b>	<b>88,075</b>

**NOTE 19:**

	2013 \$	2012 \$
<b>WATSON – BROWNE BEQUEST FUNDS</b>		
Opening Balance	127,629	132,519
Bequest Disbursements		-11,171
Interest Earned	4,412	6,281
Transferred from Term Deposit		0
<b>Balance</b>	<b>132,041</b>	<b>127,629</b>

**NOTE 20:**

	2013 \$	2012 \$
<b>PHYLLIS HILL BEQUEST FUNDS</b>		
Opening Balance	60,730	63,464
Bequest Disbursements		-5,742
Interest Earned	2,099	3,008
Transferred from Term Deposit		-
<b>Balance</b>	<b>62,829</b>	<b>60,730</b>



# STRATEGIC DIRECTIONS 2012 - 2017

## WAAC UNDERTAKES THE FOLLOWING:

- Continue to provide high quality clinical and support services delivered to individuals;
- Offer a range of HIV, STI and BBV prevention, education and health promotion services delivered in conjunction with community partners and priority populations;
- Ongoing evaluation to guide and inform its service delivery;
- Ensure that WAAC is a robust, sustainable organisation which supports and underpins the activities of the organisation.

## WAAC IS STRUCTURED INTO TEAMS THAT CAN PROVIDE:

- Clinical and support services for people living with HIV and sexual health services for gay men and men who have sex with men which are high quality, tailored and best practice;
- Focussed and strategic engagement with priority communities in order to deliver tailored education and health promotion services;
- Appropriate human resources support, administration, physical and financial resources for the work of the Council; and
- Enhanced communication strategies with internal and external stakeholders.

## SERVICE DELIVERY STRATEGIES

### PLHIV

- The provision of a range of purposeful social programs aimed at reducing the isolation felt by PLHIV, re-engaging people into community life and improving their well-being
- Delivery of tailored and practical services to PLHIV, including housing and income advocacy, referral and liaison with appropriate agencies; peer support and complementary therapies.
- Development of an intensive service program for PLHIV with complex health and psycho-social needs;
- Continuation of crisis counselling and peer support to people newly diagnosed with HIV (either at the M Clinic or elsewhere); and
- Evaluation of the effectiveness of service delivery by setting goals and measuring outcomes.

### M CLINIC SERVICES

- Continue to provide tailored HIV, STI and BBV testing, treatment and vaccinations aimed at gay men/MSM incorporating peer-based education, clinical nursing and medical services;
- Explore models for the introduction of point of care HIV testing to be introduced at the M Clinic; and
- Participate in research and evaluation projects to measure the effectiveness of service delivery and interventions at the M Clinic.

### COUNSELLING

- Continue to provide integrative therapeutic counselling to individuals and couples;
- Consultancy and internal and external specialist training related to the client groups will continue to be offered in order to build capacity within the WA community.

### SYSTEMIC ADVOCACY AND REFORM

- Contribute to policy and legislation reform in conjunction with National and State partners.
- Focus on reducing HIV related stigma
- Participate in relevant research and evaluation activities

### GAY MEN AND MEN WHO HAVE SEX WITH MEN

- Continue to work with the gay MSM community in order to provide tailored education regarding risk reduction strategies and related health issues focussing on at-risk sub groups

### PEOPLE WHO INJECT DRUGS

- Continue to provide access to sterile injecting equipment to people who inject drugs via the mobile van and fixed sites in Fremantle and West Perth.
- Encourage provision of sterile injecting equipment through other agencies

### PEOPLE FROM CULTURALLY AND LINGUISTICALLY DIVERSE (CALD) POPULATIONS

- Continue to engage with emerging and migrant communities, taking into account their cultural and spiritual experiences of HIV of HIV in home countries.
- Provide tailored training, educational forums and workshops to build the capacity of CaLD community groups.
- Re-invigorate the ATSI program including building links with other states and national program.

### AT-RISK YOUNG PEOPLE

- Strengthen the partnerships with youth organisations which provide services to at-risk young people in order to provide HIV, STI and BBV information and resources
- Continue to provide a peer-based service for young people with diverse sex, sexuality and gender at the Freedom Centre.
- Investigate and advocate for sustainable funds to establish the Freedom Centre as a stand-alone, independent, incorporated and self-managed organisation.

### HUMAN, FINANCES, FACILITIES MANAGEMENT AND INFORMATION COMMUNICATION TECHNOLOGY

- Continue to manage the financial resources of WAAC in a compliant and prudent manner, including investigating alternative sources of funding;
- Develop plans for the proactive management of the physical resources of WAAC, including comprehensive facilities and risk management plans;
- Update the human resources system to support staff innovation and creativity;
- Develop the staff and volunteers so that they are culturally competent in dealing effectively with WA's diversified epidemic and emerging communities;
- Integrate policy development and application throughout the organisation;
- Improve communication between all our internal and external stakeholders, including social media strategies;
- Encourage evaluation and research throughout the organisation.

# THE WA AIDS COUNCIL THANKS...

## COMPANIES AND ASSOCIATIONS

Abbott, Aboriginal Health Council of WA, ae'lkemi, AIDS Trust of Australia, Air Mauritius, Angove Family Wine Merchants, Aurelio Costarella, Australian Federation of AIDS Organisations, B2 Clinic Fremantle Hospital, BACI, Bang and Olufsen Subiaco, Barrick Gold, Bears Perth, Bendigo Bank – Fremantle Community Branch, Betts Shoes, Boehringer Ingelheim, Brazilliano, Bunnings Subiaco, Burswood Entertainment Complex, Catering Essentials, Chadwick Models, CHEVRON, City Farm, City of Fremantle, City of Stirling, Club Med, Clinipath, Club X, Coles North Perth, Connections Nightclub, Conrad Bali, Corporate Computers, Cosmax, Cottesloe Civic Centre, Court Hotel, CSA Models, Curtin University, Daniella Caputi, Daniels Printing Craftsmen, David Wirrpanda Foundation, Delta Socials, Department of Communities (WA), WA Department of Health, Department of Families, Community Services and Indigenous Affairs, Derbarl Yerrigan Health Services, Dhufish, Diamond Lounge Limocoach, Dilettante, Empire Rose, Equilibrium, European Foods, Fenella Peacock, Fremantle Arts Centre, Fitzgerald Photo Imaging, Flannel, Foote Francis, FPWA, Funky Bunches, Gage Roads Brewing, Garth Cook, Gatecrasher, Gay and Lesbian Community Services (GLCS), Gay and Lesbian Retirement Association (GRAI), GLYDE, HIV/AIDS Legal Centre NSW, Harbour Town Newsagency, Healthway, HepatitisWA, Heyder and Shears, Injidup Spa Retreat, Issey Miyake, Kart Koort Wiern, Ketel One Vodka, Kimberly Aboriginal Community Controlled Health Organisation, Kova Sound, Langford Aboriginal Association, Lords Sports Centre, L'Oreal, Lotterywest, Loton Park Tennis Club, LUX Events, Luxe Bar, M.A.C, Mirrabooka Multicultural Migrant Resource Centre, Mondo's Butchers, Monster Alphabets, Morrison, NAIDOC, National Association of People Living with HIV Australia, Network 10, Nicolas Feuillatte Champagne, Notre Dame University, Office of Crime Prevention, OMG Events, One Fell Swoop, Out in Perth, Patties Pies, Perth Steamworks, Power Music, Preservation Framers, PRIDE WA, PURE Bar Subiaco, Rosemount Bowl, Royal Perth Hospital, Salvation Army, San Pellegrino, Schweppes, SCOOP Publishing, Scene Model Management, SIREN, Stockman Paper Merchants, Sunday Times, Travelworld Inglewood, United Constructions, University of WA, Vinaceous, Vintage Cellars, Vivien's Model Management, The West Australian, Tindale, Town of Vincent, WA Association of Mental Health, WACOSS, WANADA, WA Centre in Health Promotion Research, WA Police Service, WA Substance Users' Association, WAtoday.com.au, Willie Creek Pearls, Zomp Shoez Claremont, Zonta Club of Swan Hill, Zsadar.

## INDIVIDUALS

Aaron Pitt, Ali Bodycoat, Alvin Fernandez, Aly May, Andrew Gordon, Annette Hasluck, Anthony Von Leonhardi, Beau Meakins, Carol Mackie, Cameron Cole, Catherine Ferarri, Chelsey Wayte, Chloe Spalding, Chris Grant, Chris Van Tuinen, Christine Tomas, Dr Damian Conway, David Batty, David Trapp, Denise Chier, Des Eddy, Desiree Kerr, Di Bauwens, donors in memory of Isabelle Lake, Don Baxter, Dr Paul Armstrong, Dr Paul Effler, Dr Toby Nicholls, Dr Mo Gaber, Dr Kevin O'Connor, Dr Glen Lo, Dr Donna Mak, Emma Bergmeier, Erin Larkin, Frank Farmer, Hannah McGrath, Hazel Buckley, Hendra, Holly May, Ian Lowe, Gavin Kingsbury, Gino Premici, Hon Giz Watson MLC, Graeme Watson, Guy Gomeze, Jo Watson, John Ferarri, John Hyde MLA, John Koh, Jordan Burnham, Joseph Di Rocco, Jude Bevan, Katharine Cooper, Kathryn Sprigg, Kira Smith, Libby Edwards, Libby West, Levinia Crooks, Dr Lewis Marshall, Senator Louise Pratt, Hon Lynn McLaren, Professor Martyn French, Matthew Knight, Melanie Stirling, Melan White, Michael Chester, Dr Michael Watson, Michele Kosky, Miles Burke, Nick Stacy, Oscar Langoulant, Pat Nolan, R.A White, Ray Costarella, Rebecca Joanne, Rigby, Roanna Lobo, Rob Lake, Roger Jewell, Romain Duquesne, Ross Wallace, Scott Barbour, Shane McFarlane, Shirin Carter, Tamara Day, Teagan Sewell, Tijana Lilac, Tim Brown and Tony Salom.

## STAFF TRANSITIONS 2012 – 2013 WE WELCOMED ...

Andrew Burry, Daniel Newton, Emma Beattie, Greta McEwan, Justin Manuel, Liz Walker, Matthew Jones, Olivia Knowles, Ruth Wernham, Rebecca Hall, Simon Yam, Vincenzo Rigoli

## WE SAID FAREWELL TO

Aaron Agnew, Cipri Martinez, Claire Lawrie, Judy Walls, Kale Dyer, Kristen Knox, Peter Kift, Stephanie Patniotis, Trish Langdon

# i test because I ...



It only takes one screw to get an STI.

M Clinic - Men's Sexual Health Clinic  
STI testing & treatment for men who have sex with men.  
Call 9227 0734 or go to [mclinic.org.au](http://mclinic.org.au).

For more testing options visit [www.projectx.net.au](http://www.projectx.net.au)



# 2013

EXCELLENCE - COMMUNITY - ACCOUNTABILITY - COMMITMENT - ACCESS AND EQUITY

**20 ANNUAL  
13 REPORT** WA AIDS COUNCIL



WA AIDS Council

**WA AIDS COUNCIL**

664 MURRAY ST, WEST PERTH 6005

**P:** 08 9482 0000

**F:** 08 9482 0001

**E:** WAAC@WAAIDS.COM

**W:** WWW.WAAIDS.COM