



AIDS ACTION COUNCIL OF THE ACT
ANNUAL REPORT

2011



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OUR VISION

leading the world beyond HIV

OUR MISSION

to minimise the social and personal impacts,
and transmission of HIV

OUR CORE VALUES

we:

- strive for excellence;
- empower individuals and communities;
- commit to shared responsibility; and
- promote equity of access, dignity and respect

PRESIDENT'S REPORT

It is my pleasure to welcome you to our 2011 Annual Report. This time last year, I was proud to announce the implementation of our new three-year Strategic Plan. One of the most important commitments we make in our plan is to ensure that we conduct an annual review of our performance against it, that we invite external stakeholders to participate in the review and that we are transparent and accountable for our performance.

We have completed this first review and some of the feedback is incorporated into our annual report and the full evaluation will be available on our website.

Generally the external evaluation was positive, but also identified some areas where we need to do better. We are very grateful to all those people who took time to participate – clients, members, allied organisations, staff, Board and Government.

We have remained true to our mission. This is a straightforward and clear set of words that not only determine the nature and scope of our activities, but also remind us of the origins and continuing reason for our existence.

What these words mean in a practical sense has continued to evolve as the characteristics of the epidemic have changed over the 26 years of our work

We recognise that the vast majority of our clients are not interacting directly with our organisation in a personal way. Clients are all of those people that access any service we offer in whatever way they choose to do so. This includes anybody accessing our websites, viewing our health promotion advertising or who benefits from our advocacy and engagement in improving the environment in which our communities exist.

The HIV epidemic is constantly changing, and in many ways for the better. The vastly improving prognosis for those recently infected is welcome, as are improvements in treatments that minimise side-effects and allow a more 'normal' life. However, and somewhat depressingly, some things are not changing and the stigma attaching to this virus continues. This remains an issue that is detrimental to the health and wellbeing of those living with HIV and for those connected to them.

Another challenge lies in a growing dichotomy of those who have recently acquired HIV and those for whom it has been a much longer reality. The lived experience is very different and support needs vary, ranging from little or none to those of much greater complexity. Our organisation remains firmly committed to principles of peer support and for maximising the involvement of affected communities in the design and delivery of services intended for them. An increasing diversity in the role that HIV plays in the lives of individuals means that what constitutes a 'peer' is also diverse, and our challenge is to find new ways for people to connect and access benefits of this kind of support.

We are also committed to the needs of all those people affected by HIV and I am pleased to report that we have reached out more effectively to those that are often given too little attention in the provision of services and support by the sector in general. For example, our work with women and people from culturally and linguistically diverse backgrounds has expanded significantly.

HIV continues to impact men who have sex with men the most and the most visible aspects of our work continue to be in this area. Anal sex is the most efficient sexual route of transmission and is therefore the logical focus of our prevention work. It is important to recognise that we work with gay men not because they are gay, but because they are more likely to engage in sexual practices that make them vulnerable to risk of infection. Whilst we continue to reinforce condoms as the most effective means of preventing transmission, we are very aware that for some, other risk reducing strategies are employed. Our work with vulnerable communities has to be both pragmatic and realistic and it is important to address the full range of choices that men who have sex with men consider and we must make available a full range of information, including advice and support for those who decide not to use condoms all of the time.

The HIV sector demonstrates some difficulty in responding to the range of these decisions, and we accept that it is challenging to provide information that acknowledges the rights of individuals to assess their own risk and make their own decisions. We have a responsibility to encourage fully informed choices with an understanding of their potential consequences.

Scott Malcolm

We see a danger for those of us working to prevent HIV in becoming disconnected from those communities we seek to serve. This will happen if we maintain an instructional approach rather than a supportive one. In other words, it is much more important to understand and support what gay men are choosing to do, rather than to tell them what they should do. Over the year, we have been working to develop a more empowering model that is more relevant and, we believe, effective. This work is ongoing and consultative through focus group testing.

We have been actively engaged in a range of policy discussions that affect our communities and our work with them. A new HIV testing policy has been in progress nationally over recent months and we made a detailed submission and lobbied hard for significant changes to the one that was developed in 2006. We remain disappointed at the reluctance in Australia to fully adopt rapid testing technology. We question why it can be so successfully implemented in virtually every other Western developed country (in some cases for more than a decade) and yet be subject to a farcical resistance here. Our position is that for gay men as a group we encourage to test regularly, the best technology must be available. We also believe that technology alone is insufficient to improve the currently worrying testing rates – and high rates of late diagnosis. Rapid testing must be implemented in conjunction with other innovations including a greatly expanded use of community settings and peer pre and post-test discussions. We further believe that home testing, which is already widely available over the Internet, should be supported rather than ignored.

There is a tension in the HIV partnership. A community perspective believes in talking with communities to understand their needs, whereas it appears that non-community sector partners prefer an approach that involves talking about and then at them. We should not forget that it was community that first successfully addressed the appallingly rapid rise in HIV notifications. It may not be a coincidence that the rise in notifications over the last decade or so has come at a time when

gay men are institutionally excluded from policy development that directly impacts their health.

There is a review into the 1992 Prostitution Act, and the council is an interested party. We made a substantial submission and were called as witnesses. We support this review as an opportunity to further improve what is generally considered to be good legislation, although we suspect that the purpose of the review was not entirely for these reasons. We engaged extensively with sex workers and other industry stakeholders and expect our representations, being based on sound evidence and with population health as a first priority, to carry some weight. This year we have also extended our programs in the commercial sexual services industry so that we are more effectively addressing the environment in which sex workers operate, including working more closely with the Australian Federal Police and health services.

We have also worked with others to promote effective harm minimisation policy in the Alexander Maconochie Centre. A proposed regulated needle and syringe program has been a hot political potato since the prison was opened, but now that there is clear evidence that drugs are making their way inside, further prevarication would be shameful. The ACT Government should be congratulated for adopting a realistic approach to what is a difficult piece of policy to negotiate, although as I write, there remains doubt on the likelihood of an NSP being at least trialed.

We have been very public in our calls to more adequately inform our young people about sexual health in general and the reality of HIV in particular. Over the last two years, we have used World AIDS Day as an opportunity to gain traction with mainstream media under a theme of “what are we telling our kids about HIV?” The principle targets have been parents, teachers and policy makers. We were pleased that ACT Education Minister Andrew Barr MLA was at the launch of World AIDS Day 2010, and that our message resonated with him. We have now been able to engage closely with the Education Department in partnership with Sexual Health and Family Planning ACT and

we look forward to launching new resources and an Education Strategic Plan for the beginning of the 2012 academic year.

Volunteers have always played an essential part in our identity as an organisation. We are re-energising our volunteer program and redesigning training programs. People have many different reasons for offering their time in support of our work, and our respect is best demonstrated by providing a rewarding experience, which also offers professional development.

As we have always been, we remain a grassroots community organisation and seek to serve the interests of our clients and members as best we can. We have had a year of solid achievement, and we are grateful for the willingness of hundreds of people to get involved with us. Our connection to the community remains our most important foundation. The year ahead will be no less interesting than the year just past and I have no doubt that we will continue to work towards the achievement of our strategic goals.

I would like to thank my fellow Board members for their outstanding support throughout another busy year, and I am sure you will find the details of our recent work interesting, illuminating and exciting.



Scott Malcolm
President



01 | MINIMISING THE IMPACT OF HIV

HIV continues to impact significantly on affected communities; however the national rate of infections remains apparently stable. We seek to minimise the personal and social impacts, and transmission of HIV. Working within a three-year Strategic Plan and in accordance with a Service Funding Agreement with the Health Directorate of the ACT Government, we focus our work on prevention, education and training and outreach. A principle of empowering support underpins all of our work.

PREVENTION TRENDS

We have continued to strongly recommend the use of barrier protection (condoms, dams etc.) as the most effective way of avoiding sexual transmission. We are also aware of our responsibility to support the real life decisions that people make in sexual situations and to try and ensure that these choices are informed ones. Gay men in particular have a more sophisticated approach to risk reduction and will not always choose to use condoms with casual partners all of the time. We accept that people have a right to make individual decisions and will determine a level of risk that they are comfortable with. This depends on a good understanding of the reality of risk.

The rate of HIV infection and prevalence remains low in the ACT compared to other jurisdictions, but the trend over the last decade has been a slight increase. The total number of diagnoses first made in our territory has been stable over the last three years, but at a higher level than the seven years prior. Small numbers do not allow us to have a full understanding of the demographic breakdown of these infections, but there are indications of a significant number among younger homosexually active men.

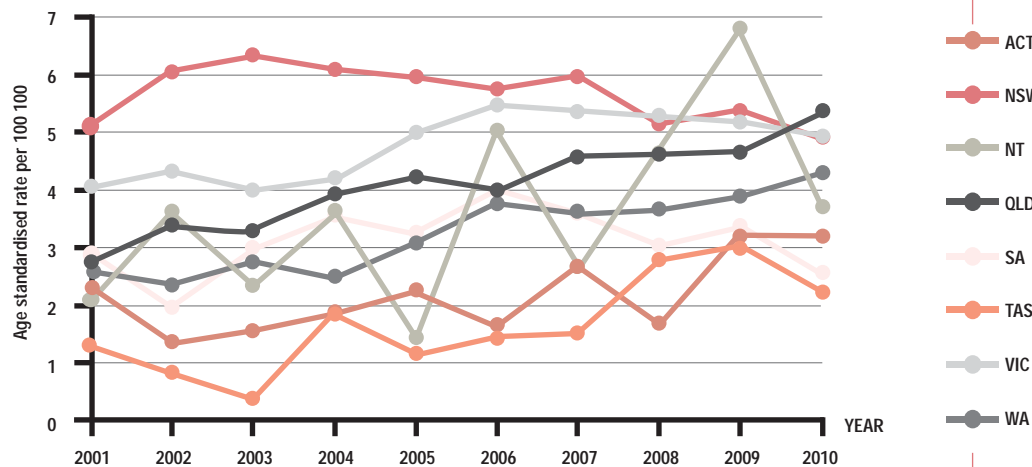


Figure 1: Newly Diagnosis HIV infection, 2000 - 2009, by year and State/Territory
 Source: State and Territory health authorities

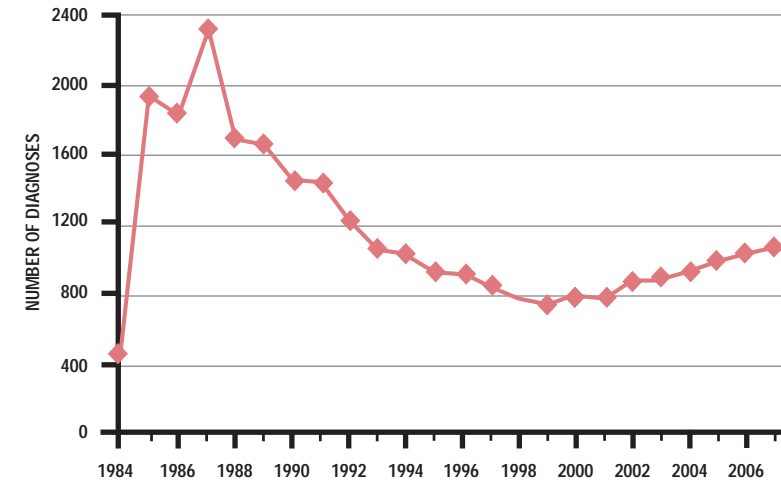


Figure 2: Diagnoses OF HIV infection in Australia
 Source: State and Territory health authorities

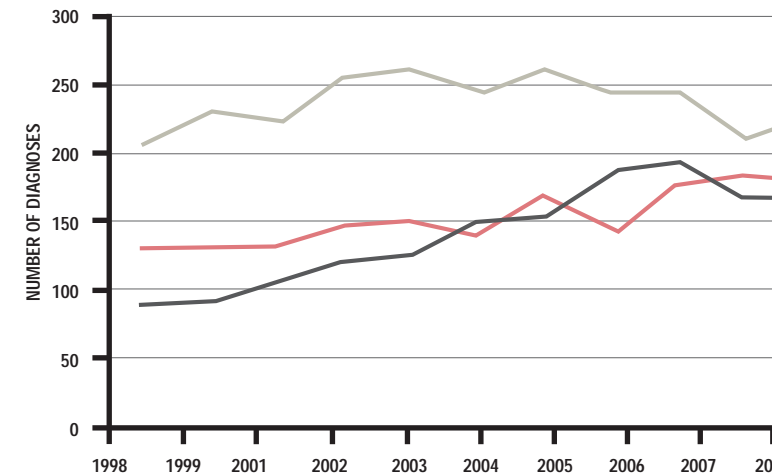


Figure 3: HIV diagnoses among MSM by selected age groups

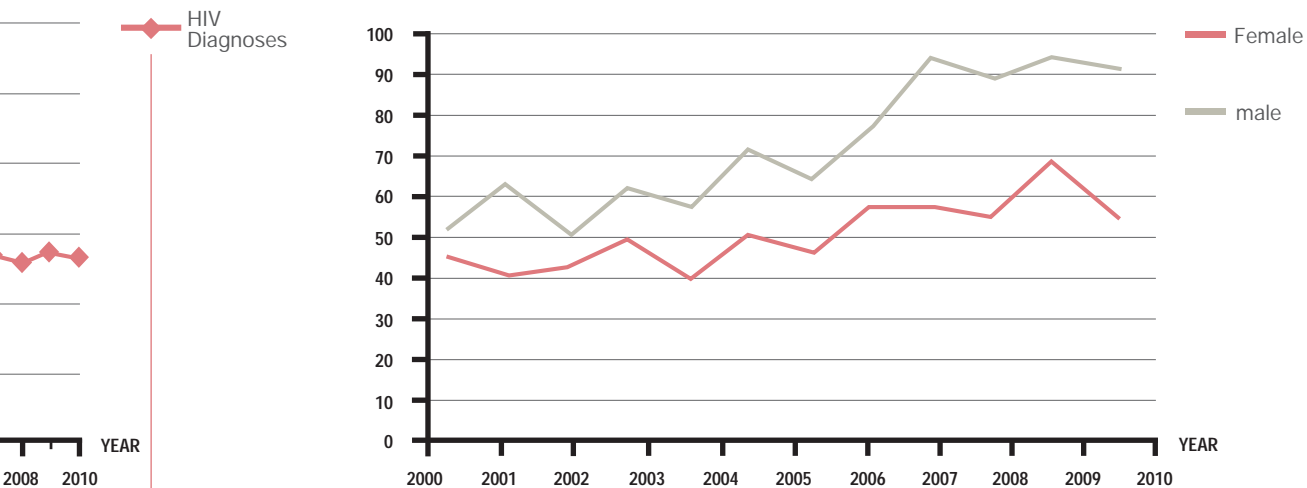


Figure 4: Total heterosexual HIV transmissions - by gender

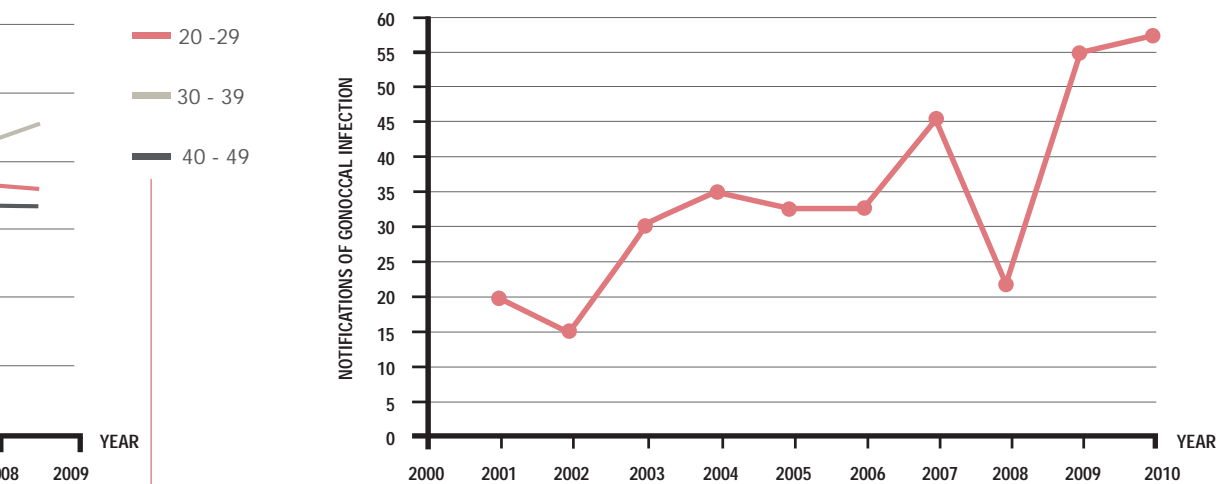


Figure 5: Notifications of gonococcal infection in the ACT 2001-2010

Source: National Notifiable Diseases Surveillance System



EMERGING ISSUES

Gonorrhoea and other sexually transmitted infections

There has been a consistent and significant rise in all STIs over the last decade amongst MSM, and Gonorrhoea like others has current notification rates that are around three times those of 2001. Reducing these rates requires a long term program to return to a sustainable level. This program must focus on condom use and whilst condoms are only partially effective for some STIs, education centred on awareness, symptoms and encouraging regular sexual health testing is also important.

Gonococcal infections have risen steadily in the ACT over this period, increasing significantly since 2006 (except for 2008 which was a low year for notifications).

Evidence suggests that men who have sex with men (MSM) along with Aboriginal and Torres Strait Islander populations are over-represented in notifications. In 2009, men represented 67% of notified gonorrhoea, and 17% of gonococcal isolates were from male rectal sites.

We sought funding from the ACT Health Directorate to conduct a specific campaign to increase the frequency and uptake of sexual health testing, as well as reducing the time taken to treat symptomatic infection. This campaign is part of a strategy that can reduce the current prevalence of gonorrhoea and other STIs in the community. There are significant gains to be made here. While 68% of gay-community attached HIV negative MSM in Canberra have had an HIV test in the previous 12 months, a smaller proportion (58%) had a non-blood STI test (Canberra Gay Community Periodic Survey 2009). We expect these rates to be lower amongst non-community attached MSM. This campaign will continue throughout 2011 and beyond.

Pre-exposure prophylaxis (PrEP)

Not long after the introduction of the highly active anti-retroviral therapies in the mid 1990's, it was found that PEP (Post Exposure Prophylaxis), if taken shortly after a risk of exposure to HIV, was effective in reducing the chances of a sero-conversion (becoming HIV+). The actual drugs used in PEP are

a combination of some of the particular anti-retroviral drugs that people living with HIV take as part of their HIV management, and they boost the immune system to protect it before the HIV can take hold and impair it.

If the use of PEP is successful in preventing transmission after exposure, it is reasonable to expect that it might limit transmission if treatment commenced before exposure, i.e. Pre-Exposure Prophylaxis. This theory has been successfully tested in the recent iPrEX study including daily Truvada use with MSM, although the results are clouded by a low adherence to daily dosing by the study participants. The low adherence might, however, have led to an underestimation of the true rate of success.

The purpose of using PrEP would only ever be to reduce the chances of HIV infection, and results to date do not suggest that PrEP will be as effective on its own as other strategies, including condom use. Condoms remain, after 30 years, the most effective way to reduce the chances of HIV transmission.

Although the use of PrEP is likely to be limited due to its acceptability and cost, it may have applications in specific situations where there is significant risk and offers real public health or individual health advantages. As such, it offers both challenges and opportunities for HIV prevention and we will closely follow the outcome of trials and other developments.

Rapid HIV testing

We have long been a proponent of the introduction of rapid HIV tests as a technology that in conjunction with other innovations in health service delivery can be a tool for increasing HIV screening in target populations. Research shows that gay men in Australia are demanding rapid HIV tests. The Canberra Gay Community Periodic Survey shows that about 12% of gay men have never been tested or did not return for their results, and almost a third of HIV-negative men had last tested more than 12 months ago.

The Pleasure and Sexual Health study of men who have sex with men by the Australian Research Centre in Sex, Health and

Society shows that the number one barrier to regular sexual health checks is time. When asked **"What would encourage you to test more often?"** being "able to obtain results in a few minutes" was given by 75.2% of participants.

As part of the evaluation of the STRIP sexual health clinics, participants were asked whether they would be less likely, just as likely or more likely to get a sexual health check-up "If you could get your results on the spot within 30 minutes". 83% of participants would be more likely to get a sexual health check-up while 17% would be just as likely.

Currently available rapid HIV tests have excellent sensitivity and a very good specificity. This means that false negative results are extremely rare but false positive results occur occasionally. Because of this, a positive result on a rapid test is called a 'reactive' result, and a blood sample will need to be taken and a conventional test performed to confirm the rapid test result.

Rapid HIV tests have been very successfully employed in other countries including New Zealand, the US, most of continental Europe and the UK. The ease and convenience they offer is compelling, and in virtually all programs where they have been used and recorded, they have increased rates of sexual health screening.

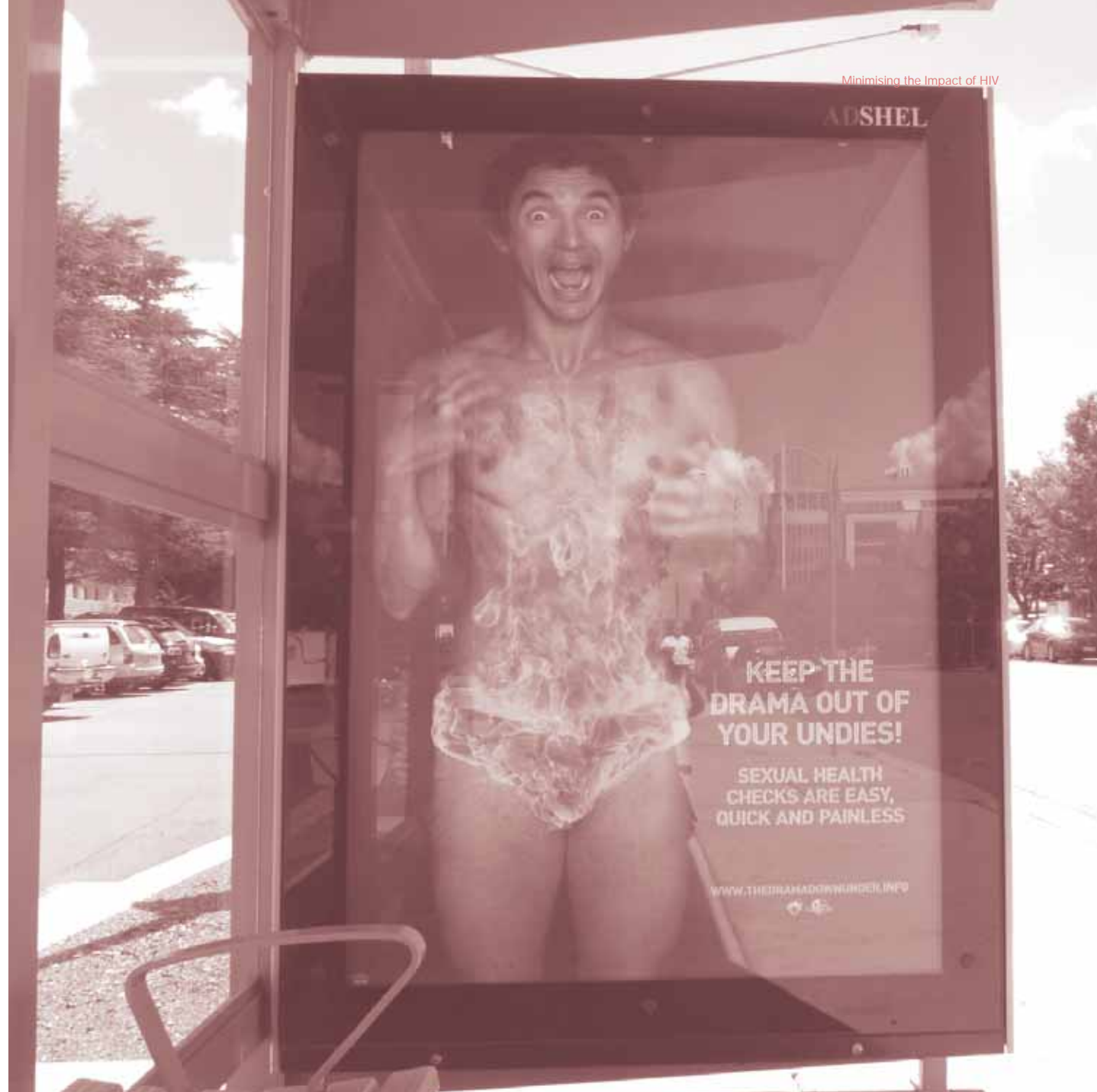
This year has seen the review of the National HIV Testing Policy facilitated by the Australasian Society for HIV Medicine (ASHM). The draft revised policy at the time of writing allows for the introduction of rapid HIV testing in Australia. We welcome this development and will be working with clinical providers in the ACT to promote their use to suitable populations. We do not believe that rapid testing technology will make sufficient difference to testing rates and we continue to advocate strongly for more community-based testing opportunities that incorporate peer counselling. We also advocate for a consideration of self-administered tests, including home testing.

CAMPAIGNS

The 'Drama Downunder'

The Drama Downunder is a social marketing campaign targeting an increase in sexual health testing among men who have sex with men. The campaign uses mainstream and online media to target a demographic which has changing media consumption habits, and is supported by printed and electronic resources. This is a national campaign.

The campaign appeared prior to the 2010 Sydney Gay and Lesbian Mardi Gras and ran for two months during a period when sexually transmitted infections are typically higher in our jurisdiction. Implementation included press advertisements (including LGBT street press), venue posters, online advertising and high-profile bus shelter advertising. A focus group conducted with gay and bisexual men revealed a high-level recall of this campaign, with the bus shelter advertising specifically identified as a venue where it had been seen.



Condom reinforcement

Phase II of I 'Heart' Sex, I 'Heart' Condoms was rolled out and subsequently evaluated. The campaign was launched at SpringOut Fairday in October and ran through to Mardi Gras in March. Targeted at community attached men who have sex with men, its primary message was built on the 'show you care' concept of shared responsibility introduced in phase I.

Facebook was also used to promote this campaign amongst MSM's in the ACT. In December 2010 a competition integrating Facebook and the campaign was launched. The purpose was to have participants purchase the branded clothing, take photographs of themselves in the clothes, upload them to Facebook and tag themselves in the images so that their friends could see they supported the campaign and they could go into the draw for a Mardi Gras prize. To encourage participation in the campaign an 'I ♥ Party' was held at Cube Nightclub that allowed people to enter by having their photo taken by the official photographer at the party with the logo in the image.

Posters and condom packs were distributed at a range of locations and events for the duration of the campaign.

These included:

- Westlund House Fairday 31st October 2010
- SpringOut Community Pride Awards at the Hush Lounge 23rd November 2010
- Pink Tennis Bushdance 20th November 2010
- Drag for Dollars at Cube Nightclub 12th November 2011
- I ♥ Party at Cube Nightclub 11th February 2011
- Mustang Ranch
- Cube Nightclub (Non-event purposes)
- The Hush Lounge (non-event purposes)

To evaluate the effectiveness of this campaign, we conducted a survey. This was designed to gauge the reach and recall of the campaign, as well as the extent to which our target felt the message was appropriate to them. 82% of the respondents recalled seeing the campaign, with FUSE Magazine the most likely place. 89% thought the message was clearly communicated, and 90% considered it relevant.

Same-sex attracted youth 'Anti-Homophobia' campaign

We have been aware of the presence of homophobia in ACT schools for some time. Our awareness has come from a range of sources, including students (past and present), staff and through the three Writing Themselves In reports produced by La Trobe University.

Much of what we consider 'upstream' issues relevant to the prevention of HIV transmission is being compromised in schools. This includes connectedness to community, society and their environment, access to appropriate health support and information, mental wellness, dignity and personal safety.

As a response, we developed a community development project to empower same-sex attracted young people to overcome homophobia, while increasing awareness of the impact of homophobia with relevant service providers.

Our campaign was developed in partnership with the Bit Bent youth peer support groups and was led by a group of same-sex

Four new posters were produced.



attracted young people. The message chosen was an affirming one and a strategy for reclaiming the use of the word 'gay' in schools in particular. It was very important for young people involved in this project that it be inclusive of the full range of diverse sexuality and gender identities.

The campaign was launched at the Homophobia and Schools Forum held on the International Day Against Homophobia (IDAHO) on 17 May.

Netreach – Online outreach to men who have sex with men

Internet outreach is a strategy to decrease isolation, depression and health risk behaviour among gay/bisexual men, men who have sex with men (MSM), and same sex attracted young people has been identified as a key strategy in our Strategic Plan. The Internet has become the most commonly used venue in Canberra for men to look for male sexual partners, and 56.5% of men

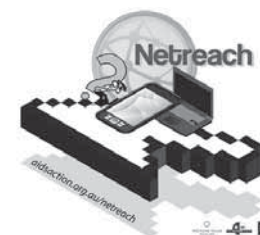
have ever used it for this purpose with 41.2% having looked for partners online in the last six months (Gay Community Periodic Survey, 2006, 2009). By developing a peer based Internet outreach program, we acknowledge this increase in electronic sexual negotiation among vulnerable groups in the ACT.

Our program has built on the national Netreach project, which is a peer-based sexual health promotion outreach program targeting vulnerable groups in Internet chatrooms. Netreach began as a collaborative effort of the AIDS Councils of Western Australia, South Australia, Victoria, Tasmania and the Australian Federation of AIDS Organisations (AFAO).

We expect it to take some time for an effective evaluation of this project and that access to our online counsellors may initially be fairly slow. We also recognise that technology is evolving and the means by which men seek other men with whom to conduct sexual interactions is changing. Over time we will expand our

interactive online presence using other websites and mobile applications including Grindr.

Accessing dating sites for some men is an opportunity to connect to a community that in all other aspects of their lives, they keep hidden. These users meet a social need as important to them as a sexual need is to others. These users are of great interest to us because of their limited access to other media in which we provide information resources.



These were supported by condom packs, merchandise and events.



EDUCATION, TRAINING AND OUTREACH

This year we delivered 568 hours of education and training (last year 338) to the Canberra community aimed at reducing HIV transmission. We provided specific training for the Australian Federal Police (Gay and Lesbian Liaison Officers) and continued our training for medical and science communication students.

We also participated in a variety of third party organised events and seminars, including those hosted and/or auspiced by the ACT Ministerial Advisory Committee on Sexual Health, AIDS, Hepatitis and Related Diseases (SHAHRD).

Qnet – same sex attracted youth project

Qnet is an online community for gay, lesbian, bisexual, transgendered and intersex people under the age of 25 in and around the ACT. It is also a safe place for their friends, family, teachers, supporters and peers to offer support, get information and make new contacts.

In 2011 the AAC conducted a survey of same-sex attracted young people – both website users and non-users – to gain an insight into the needs of the community, perceptions of the website, and the desired direction for it. Based on the results we revised the brand and the structure of the website as well as integrating social network features (including Facebook). The Qnet brand has also been extended to our other services targeting same sex attracted young people.

This redevelopment produced a substantial increase in traffic on the Qnet site. For example, in the last three months of the year, there was a 100% increase in page views compared to the same period last year. Community activity on the message board is increasingly regular.

Peer education workshops and seminars

Together – relationships workshop

The Together workshop has been developed in response to research linking critical points in relationships with increased risk of HIV transmission. The workshop aims to build relationship skills, in particular to handle these critical points.

The Together workshop was piloted in 2010 and subsequently run as a publicly advertised workshop. Based on the evaluation of these first two iterations of the workshop, the program has

been redeveloped and adapted into a shorter 4-week workshop. The program has been adapted by volunteers into a course for lesbian and bisexual women. There are many other opportunities to support healthy relationships for gender and sexuality diverse Canberrans with short specifically themed seminars and more therapeutic groups that work with issues including violence, alcohol and other drug use and negotiation and communication. The development of Together provides a framework and constituency in which these other initiatives can fit.

Short seminars

Based on feedback from participants of our peer education workshops, we developed a series of short seminars that ran during SpringOut 2010. These seminars explore issues in greater depth than are covered in our regular workshop program. The first seminars developed have been **'Cruising Men'**, **'Arse Class'** and **'New to Canberra'**.

The **'Arse Class'** was developed in recognition of unprotected anal intercourse being central to HIV transmission rates amongst gay men and MSM. Beyond anal intercourse, other forms of anal play – notably fisting – have been linked to higher transmission rates of HIV, syphilis and recently, hepatitis C.

The negotiation in sexual encounters is not balanced. The insertive partner must play an active role in reducing HIV transmission (e.g. wearing a condom) while the receptive partner has a much higher risk of HIV infection. Building men's sexual negotiation skills is important in promoting safer sexual behaviours.

A small group of volunteer peer facilitators developed a three-hour education program using material from GMFA London Gay Men's HIV Prevention and the Western Australian AIDS Council. The physiological content of the seminar was checked by a registered nurse.

The **'Cruising Men'** seminar is predicated on individuals having the capacity to make informed and rational decisions to keep themselves safe. Like much of the community, gay men and other men who have sex with men use a variety of venues to find sexual partners (to 'cruise'); casual and regular. Each venue has different safety considerations and different norms

and communication styles (many physical venues have very little verbal communication, while communication in internet venues can be entirely different).

A one-day peer based discussion workshop was developed based on the above learning objectives. Volunteer facilitators were recruited and facilitated a pilot workshop based on this program. The pilot workshop was advertised publicly in community press (Fuse Magazine), the AAC Newsletter, ACTQueer and the official SpringOut calendar.

The **'New to Canberra'** seminar was held in March 2011, to coincide with the influx of new arrivals for university and the public service graduate programs. The seminar had a diverse group of panellists sharing their experiences and tips for getting involved in the Canberra LGBT community. 26 participants attended this two-hour seminar. Feedback suggests that a longer seminar would be well-received as well as greater coordination with some of the LGBT community groups in Canberra.

Sex Worker Outreach Project (SWOP)



Currently 14 parlours operate in the ACT, including 8 parlours predominately staffed with workers from Asian-language backgrounds. Several new parlours have operated in recent months, and outreach workers have been working with new operators gaining permission to enter the premises and interact with the workers present.

The Sex Worker Outreach Project has continued to develop the Sex Worker Awareness Training package and has provided training to clinical staff, law enforcement and other community organisations.

Our sex worker community is relatively disconnected, especially for private workers who have very little peer support or social interaction with other sex workers. As part of our strategy to build social capital in this community, increase sex worker participation in the activities of the outreach project and reduce

stigma of sex work in the wider community, a community development photography project has commenced. 24 disposable cameras have been distributed to date, with a public art exhibition and associated media campaign scheduled for later in 2011.

Survey of sex worker legal and regulatory awareness

In January 2011 we conducted a survey of 46 parlour-based and sole-operator sex workers in the ACT and found a high level of awareness of, and interest in, the Prostitution Act 1992 and regulations that affect sex work. Sex workers reported the industry as safe to work in compared to other jurisdictions, but highlighted situations where the current legislation made sex work less safe.

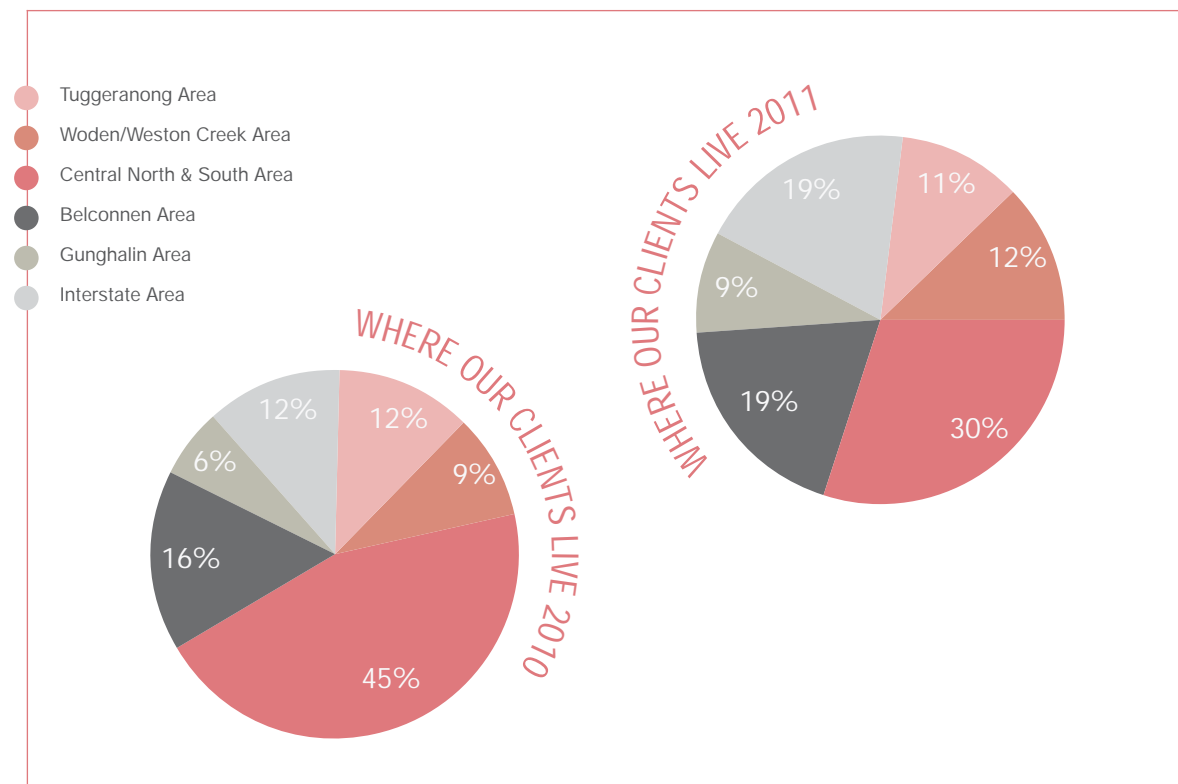
Registration as a sole operator was seen as an unreasonable hurdle by respondents. Of the 15 private workers in the survey, only four workers have registered as a sole operator and of those, only one has a current registration. A common opposition to registration in this sample appears to be an apprehension for what the registration data might be used for and who the data might be provided to. Workers reported that the following aspects were relatively positive in the ACT:

- 'It is easy to come to brothels to get work'
- 'It is safe for us to do the job'
- 'Being a sex worker is permitted and a little accepted within society'
- '[There is] no mandatory testing, not [required] to register if working in a brothel.'
- 'I especially like s26 and s27 of the Act.' (Section 26 prohibits the use of a sexual health check-up to make a client believe that the sex worker does not have an STI. Section 27 requires condoms and dams for vaginal, oral and anal sex. Both put obligations on parlour and escort agency operators.)
- 'It is legal to do private and parlour sex work'
- 'Advertising in the paper is easy'
- 'Freedom of choice and condom safety laws'
- 'Freedom to work confidentially'
- 'OH&S standards'
- 'Anonymity, protection of my personal identity for example my working name only.'
- 'It is legal'

The results of this survey were submitted to the ACT Legislative Assembly's Inquiry into the operation of the Prostitution Act 1992.

SUPPORTING THOSE AFFECTED BY HIV

We continue to draw clients from the entire territory and surrounding region. The significant changes have been the proportion of our clients that reside in New South Wales and a reduction in those living in the central city. Accessing our services directly from Westlind House provides transport challenges for some, which we mitigate by providing assistance and through outreach delivery. The majority of clients residing in the territory reside on the north side.



A NEW MODEL FOR SERVICE DELIVERY

Counsellor Stephanie Buckle left after 20 years' service, during which she became identified as more than our staff member; instead rather more a community-owned resource. We have always believed in the crucial role our counselling services play, and we clearly needed to take this opportunity to develop the services we are able to offer. We managed this significant change in the nature and style of our counselling service within a context of redesigning the entire way in which our full range of services are offered. Our starting point was a desire to create a relationship between a counselling client and AAC/Westlund House that would transcend that between a client and the counselling service and/or the counsellor. Our logic was that there should be a single process that covers the introduction of a new or returning client and all our offered services and support. This was the genesis of our new model of Client Service Delivery.

The whole process also became central to Raising the Standards – our quality assurance program.

Client-oriented goals

Our new model provides all our clients with clear benefits when measured against previous processes and further reflects best practice. The benefits are;

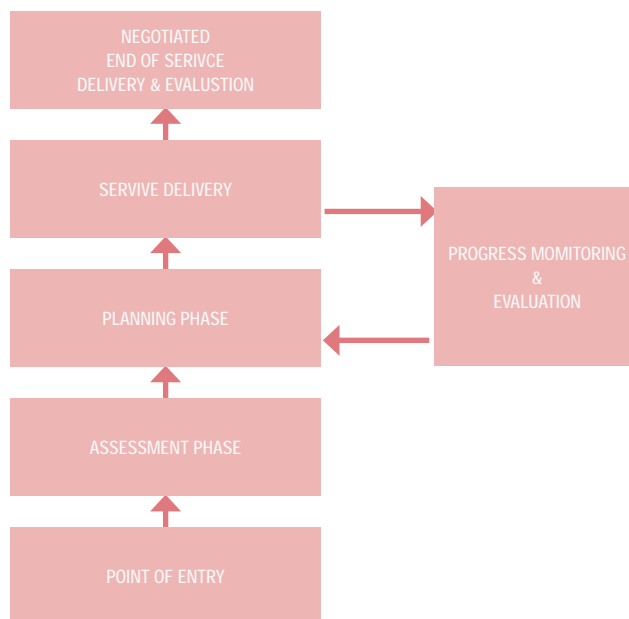
- A clearly defined and understood service plan
- The dignity and empowerment of contributing to each step in the process
- A sense of there being options available and an awareness of resources available
- A feeling that 'someone' is on your side
- A feeling of safety and security
- Access to the wider AIDS Action Council community
- A sense of shared identity

Given that all of our work must be client focussed, the only benefit we are seeking is the confidence that services are of the highest possible quality in terms of meeting clients' needs, that quality is measured and an understanding that quality can always be improved.

System requirements

In developing our new model, certain system requirements became apparent. The model had to;

- Recognise the varying points of entry through which clients make contact
- Provide a single and consistent portal into the AIDS Action Council
- Have a minimum set of managed steps to gain service access
- Be a process that creates a transcendent relationship between organisation and client
- Help clients identify from the outset;
- What they want to achieve
 - Where they want to be at the end of service provision
 - How they can get there – 'triage' through a choice of service options
 - How they can measure their own progress
 - When they will no longer need to access the service



KEY OBJECTIVES FOR SERVICE DELIVERY

1. To provide a better integration in the way that all services are delivered, so that a client can move easily between different providers, including those external to AAC
2. To ensure that all support is client-inclusive and client-focussed
3. To evolve from a concept of case management, which may be disempowering, to an approach of service planning, which necessitates the central involvement of the client
4. To ensure service planning is managed as a whole-of-agency standard, with measurable quality and (at least in concept) deliverable by all staff members and volunteers as necessary
5. To provide a process that can be audited for quality by clients themselves in a meaningful way
6. To be able to offer a range of counselling opportunities, including external referrals and group therapies and to be able to increase delivery modalities including telephone support and electronic interactions
7. To assist clients in getting where they want to be, have this defined at the outset (i.e. a waypoint) and for this to be addressed in a tailored and holistic way both sensitively and comprehensively

8. To be able to access and use the shared experiences of client groups in order to be able to develop resources, programmes and groups that respond to specific needs
9. To be able to identify opportunities to expand our services to better provide for the needs of clients with no experience of AAC services
10. Service products that can be effectively marketed through existing and new networks delivering clients with greater diversity and numbers
11. Build a capacity to facilitate and/or deliver training to external service providers
12. To be able to retain management and coordination of the service plan even where services are almost entirely delivered by external resources
13. To recruit, train and support a team of volunteer facilitators to assist in the delivery of group work
14. To develop a capacity for researching the local environment to assist in identifying service 'gaps' and the means by which they may be filled
15. To develop a genuine multi-disciplinary client review process that promotes the development of creative ideas that further clients' goals

The new model has been progressively implemented throughout 2011 and has worked successfully. Its introduction has coincided with a significant increase in client numbers. We have four staff trained in the new intake assessment process.

AGEING

As the primary regional provider of services to those affected by HIV, we recognise that we must turn our attention to the maintenance and enhancement of high quality services to older individuals with HIV, their partners, carers, families and friends. The most significant change that we have embraced over the year has been our service delivery model. This change in how we interact with clients aims to ensure that new and returning clients are able to access the most appropriate services to meet their own needs and wishes, either within our agency or with other external services. This is determined during an initial meeting where options can be discussed in a private non-threatening environment. Flexibility is the key; hence outreach can easily be negotiated. This is of particular importance to our older clients.

Australia's collaborative partnership based response to the epidemic must continue and refocus to meet the needs of all people affected by this condition. We continue to work collaboratively with our peak bodies, AFAO and NAPWA as well as other Councils across the nation, all of whom have identified ageing as an issue of national significance. AAC Staff and board members attended a National Think-Tank on HIV and Ageing, the National TreatAware Outreach Network (TON) as well as the AFAO Education Managers Forum (EMF).

Our response must be local and address concerns specific to our community. We have enhanced, amended or introduced new initiatives to support people with HIV in the management of their health, wellbeing and independence in their older years. As we grow older, we have a greater need to utilise other 'mainstream' services to remain as independent as possible. This year we continued HIV Today, our program that provides presentations and information for providers of care and services, including residential and community aged care. Each visit has been tailored to meet the specific knowledge needs of the staff/volunteers of each agency so that they are able to respond to affected people in an appropriate, professional manner.

We continued our HIV Specialist Dietitian Clinic, which is generously supported through NAPWA's TreatAware Project. Individual consultations are provided every three months and this

is an initiative that assists our clients to take control of their own health, helping to ensure continuing independence. Our subsidised vitamins and supplements program was enhanced and expanded.

Living Well services

'Living Well' is an approach that works across our organisation. There are, however, some services that are planned, developed and tagged specifically under the Living Well Program. The Living Well philosophy was formally adopted in 2009 and its principles of wellness (vs. illness) and social determinants of health guide the development and implementation of a variety of projects.

These included:

- HIV Specialist Dietician's and Treatments Clinic – These individual consultations have again proved to be very popular connecting new clients to us. These clients can be introduced to further services of the AAC if they wish.
- Smoking Cessation - "Fresh Start" QUIT accredited courses including those specifically for HIV positive people who may have a higher risk of cardiovascular disorders than the general population due to certain antiretroviral medications
- The Migration Legal Clinic. This provides free one-off advice on migration issues which operates once per week by appointment. This program has also been extremely popular and reflects our commitment to culturally and linguistically diverse communities. We are also strengthening existing professional relationships through this program with some clients identifying as HIV positive.
- The monthly General Legal Clinic is also popular providing general legal information for PLHIV and members of the AAC. This service is currently fully booked in advance.
- Changes to the Vitamins & Supplement Service. We consider that the supply of affordable vitamins and supplements are core work for us, and some changes were made to improve access and at lower cost.

- Special Needs Dental Program: We continue our strong relationship with ACT Dental Health. Our Memorandum of Understanding was renewed this year and the program provides appropriate and timely access to dental assessment and planned dental/oral health implications.
- Stitch & Bitch continued through to the end of winter 2010 providing a safe place for men to get together and catch up in a friendly environment. A decision was made to discontinue for 2011 as we review the project and looking at other opportunities to facilitate social interaction and break down social isolation.
- Health related Fact Sheets. These are developed by the agency in response to specific information, for example information on influenza, immunisation, whooping cough and the introduction of new or changing health related information.

Trevor Daley Fund



During the year we have undertaken a significant review of the Trevor Daley Fund. The Trevor Daley Fund (TDF) is a pool of donations from the general public and monies raised through activities such as World AIDS Week, functions and exhibitions. The financial assistance scheme was established by the AIDS Action Council in 1991, and has been administered, funded and reported on by us since this time.

In the beginning, TDF was responding to the HIV/AIDS crisis and for that reason, it was largely utilised to provide emergency assistance upon application. Since the advent of effective combination therapies in the mid-nineties, people are living longer, healthier lives – with the accent on the “**living**”.

We formed a working group that included a Client Services Staff member, a person living with HIV, a Board member and an external health professional in the field. After wide consultation, this Working Group presented a proposal with a number of recommendations. In essence, while a limited amount of emergency assistance will be available, the primary goal will be to enhance the quality of life for men, women and families affected by the condition – shifting the focus to the future, long term outcomes and independence, rather than duplicating “welfare style” assistance.

Counselling

Counselling is one of the services offered to clients under the new model for service delivery.

A significant change has been an ability to offer clients a range of counselling options. All staff members in the Client Services area are experienced and qualified to provide counselling. Having only one counselling option internally had its limitations – not all people work well within a single model. When internal counselling is not a preferred or appropriate option, we have strong relationships with other counsellors who are registered with Medicare and provide services free of charge. Alternatively, brokered counselling may be the client's agreed preference. Figures in the first 6 months show greater access to the counselling service by new clients.

We remain committed to enhanced relationships with counselling networks and groups including the Counselling Alliance of AIDS Councils (CAAC) and are involved in communication amongst member organisations and planning for annual national meetings. The last 2 day national meeting was hosted by the AIDS Action Council in November 2010 and process and outcome evaluation was excellent. Common issues around the country were discussed as well as important emerging issues for men and women with HIV and others that were unique to certain jurisdictions.

African Australian PLHIV

Over the last few years, incremental increases in African Australians with HIV are coming to our attention. This is an established trend across the country and has been a primary focus for a major project by the Australian Federation of AIDS Organisations (AFAO). However, our experience has predominantly been with African Australian women. A significant proportion of the women in contact with the Council and Positive Living ACT are Australian- Africans. We hosted a local forum facilitated by an AFAO Project Officer. This was attended by representatives of various sub-Saharan African embassies and High Commissions (including 3 High Commissioners), as well as representatives from various multicultural agencies and communities in the region. This local forum was followed by an AFAO National Forum held in Sydney.

We will continue to work with AFAO and other bodies to monitor progress on a national level and implement strategies that are appropriate to our local situation. We have already developed positive relationships with CALD agencies and diplomatic missions over recent years and this has been further enhanced.

Women

There has been an increase in the number of women accessing our services, particularly in outreach. Women are accessing counselling, information, vitamins/supplements, the HIV Dietician's Clinic, the Trevor Daley Fund and the Williams Housing Program. In order to better provide accessible services to this diverse group we have been undertaking activities throughout the past 12 months acknowledging that women are largely in employment and have families, including extended families.

To gain a better understanding of what services women would like, a survey of women who currently connect with us has been developed and this will also include medical practitioners who will circulate to non-connected female patients. Two staff members attended the POZHETS/ACON Women's Wellness Day in Sydney and gained some fresh ideas around holistic 'wellness' forums. This meets our Living Well criteria.

HIV treatments

We belong to a number of local and national networks that assist us remain current with new and emerging developments in the area of treatments; both clinical and complementary.

The last year has seen two developments that will have definitive outcomes for people with HIV. Firstly, the one pill/once a day combination tablet, Atripla was approved for inclusion under the Pharmaceutical Benefits Scheme (PBS). This is removing barriers for access generally and also the uptake and compliance of HIV medications. This is noticeable for individuals with dementia and those with drug and alcohol problems who have difficulty maintaining a more complex therapeutic regime. Atripla is only suitable for people who have no resistance to individual components of the medication.

A second development over the year has been the allocation of a Medicare Number for the injection of Sculptra, used to address the wasting associated with HIV and HIV medications.

This treatment has specific aesthetic and psychological outcomes for those who are affected by conditions known as lipodystrophy and lipoatrophy in the facial area.

Information on both these important treatments has been provided through newsletter articles and the distribution of fact sheets.

HIV Today

This program is designed to improve the quality of life for all people living with HIV in our region by providing accurate up to date information on living with HIV today to mainstream services who come into contact with people with HIV. The program has evaluated well and we have been targeting women's services, and aged care services including HACC services. As we go out into our community, we have been surprised to see a lack of knowledge around HIV and that many 'old myths' still evident

Easy Access card

The number of newly diagnosed people making immediate access to our services has never been particularly high. This is not in itself troubling; in general, newly diagnosed people are not experiencing acute medical issues and in the early part of

adjusting to having HIV may prefer time to work out how they choose to deal with it. In these early days/weeks/months, newly diagnosed people have a strong reliance on the relationship with their clinician.

Clinicians have been increasingly asking us for updated or modernised information that can be passed to clients that introduce our services and availability. Feedback from some clients has been the extent of information made available following a diagnosis is too much and too soon. We consequently developed a new resource called the Easy Access Card. This wallet sized card offers potential clients four alternative ways of making contact with our organisation, and all of them are initially anonymous.



A postcard resource has been created and distributed to a plethora of mainstream agencies in the ACT.



Been diagnosed with HIV?
Looking for information or want to talk to someone, not sure how you would like to get in contact.....
Try one of these

- Support: 02 6257 2855 and ask for a support officer
- Appointment: 02 6257 2855 and make an appointment 16 Gordon St Acton Canberra ACT
- Mail: GPO Box 228 Canberra 2602
Email: support@aidSACTION.org.au
- Website: www.aidSACTION.org.au

Name: _____
Date: _____
Time: _____

aidSACTION.org.au
GPO Box 228 Canberra ACT 2602
T: 02 6257 2855 F: 02 6257 4838


WE LISTEN, UNDERSTAND AND CARE.

We provide people focused confidential services, programs and activities. Our team works with a model of service delivery that includes information and support services.

We will work with you as an individual on a one to one basis.

We also provide these services in group settings that include peer support opportunities if you choose.

We are a local community based organisation with over 25 years of experience in supporting people living with HIV. There are many reasons why you may wish to contact our service.





02 | WORKING IN PARTNERSHIP

Partnerships are a key element in our ability to leverage our own resources and deliver extensive and high quality services to our clients. Our understanding of partnerships remains broad and includes those that contribute to specific activities and events as well as those longstanding relationships with important organisations that share aims, objectives and values that are sympathetic with our own.

IMB BANKING & FINANCIAL SERVICES
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This Marquee is made available free of charge for legitimate community purposes. For information Call into your nearest IMB, or call 133 462

**ACT
Hepatitis
Resource
Centre**



OUR BOARD

Our Board is made up of six members elected by the membership for two-year terms, the General Manager (ex officio) and a staff representative. The Board can make other appointments to supplement the skills base and this is particularly critical in ensuring that adequate representation of people living with HIV is included. Three of the elected Board members retire from the Board at each Annual General Meeting (but may stand again), and this provides greater continuity and allows better succession planning.

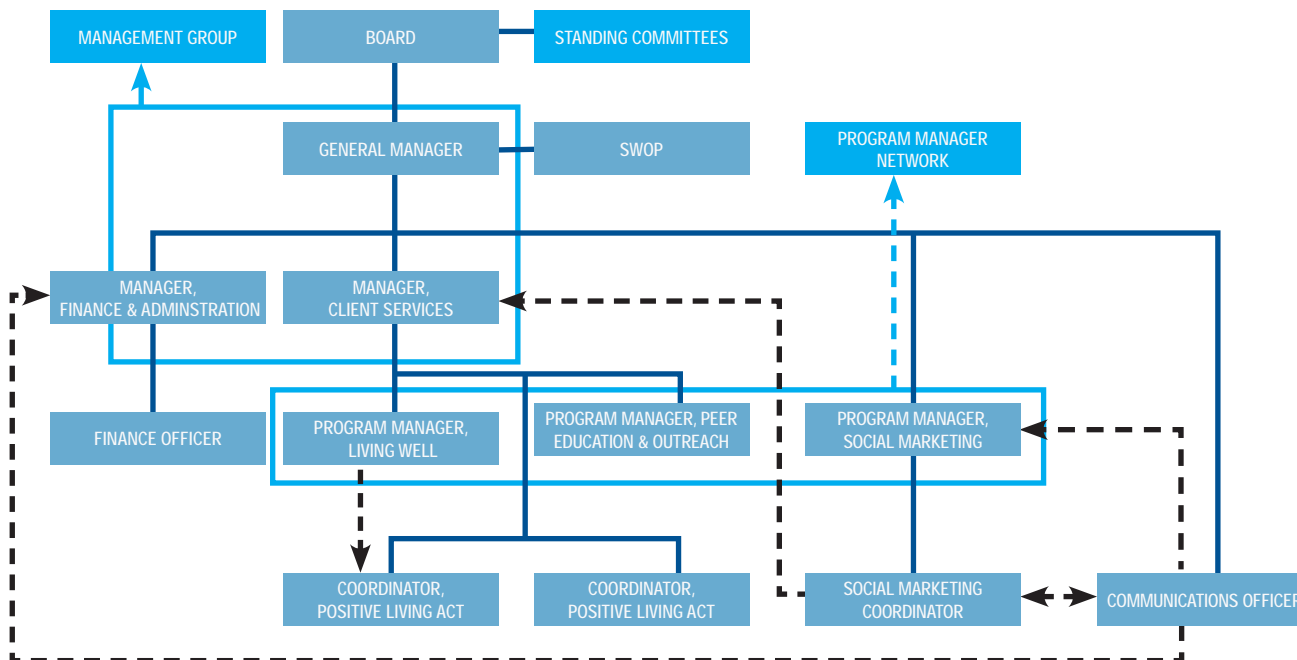
The Board is supported by three standing committees; the Finance Standing Committee, the Governance Standing Committee and the Strategic Development Committee. These committees comprise Board members, staff members and may include community members as required. The work of the committees has been very effective during this year and has meant that the number of full Board meetings can be reduced to approximately every two months rather than monthly as before.

HUMAN RESOURCES

We have continued to be blessed by an engaged and committed group of people that comprise our paid staff. In recent years we have experienced a low level of turnover and this continues to increase our productivity and efficiency. We have also been able to ensure that we have considerable diversity, and a high representation of people living with HIV is amongst our number.

During the year we examined our existing structure and made some changes. Our desire is to provide all staff with greater autonomy and to have greater opportunities for innovation and efficiency. This new structure is represented in the organisation chart below. The most significant change is the establishment of Program Manager positions which now operate as a network and greatly enhance opportunities for cross-organisation collaboration.

The restructure also gave us a chance to review our remuneration structure and to improve it somewhat. Given that the vast majority of our services are delivered on a personal basis, this is clearly important. Nonetheless, it is well known that the community sector is inadequately resourced, and whilst we benefit from the commitment to our work that our staff demonstrates, we need to continue to find other ways to generate a preferred workplace. We have made a substantial commitment to professional development and increased discretion on how each individual chooses to use it. We have also supported attendance by more staff at national and international seminars and conferences.



VOLUNTEERS

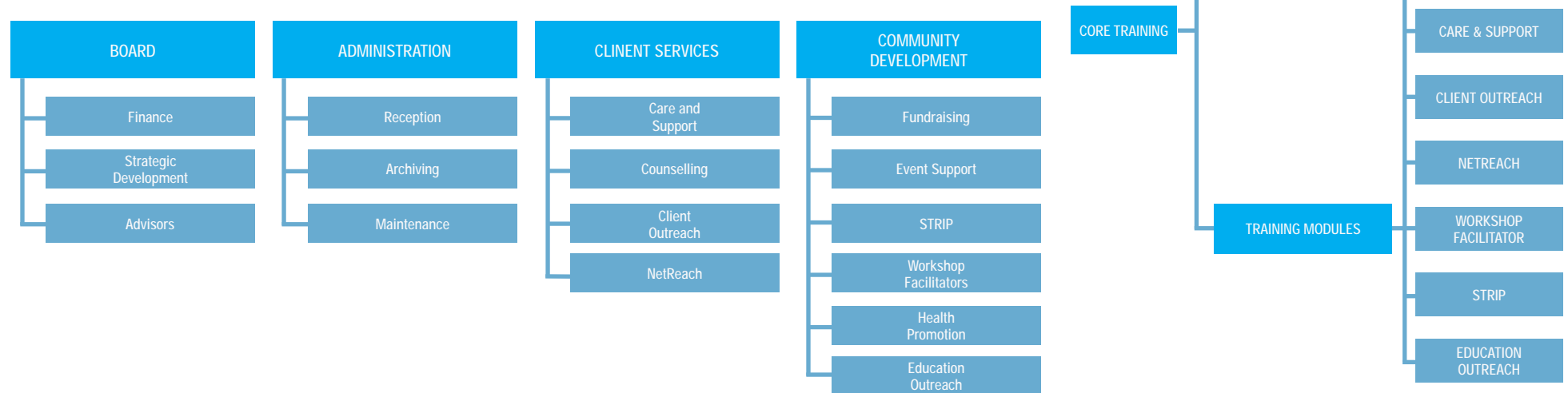
As a publicly funded body, we are accountable to a range of stakeholder groups and we have a responsibility to develop and maintain a range of non-discriminatory policies and procedures that identify and state our volunteer requirements. We are a multi-faceted organisation that delivers a range of education, community development and health services, and we have had (and we continue to have) a high level of dependency on the work, participation and commitment of our volunteers. It is therefore crucial that we have in place the most effective tools with which to support and manage our volunteer resource.

We have undertaken a full review of our current volunteer service and identified future demands over the next three to five years, in order to more effectively meet our mission and to more efficiently deliver our obligations under our service agreement with the ACT Health Directorate. The result is our commitment to a renewal of our volunteer service that incorporates best practice and ensures that our volunteers are offered meaningful opportunities and are well supported and recognised.

We recognise that volunteers are both a tangible and intangible resource. Amongst the many benefits that our volunteers offer our organisation is:

- An increased capacity for the organisation to deliver services;
- A higher quality of services;
- The addition of specialist skills not otherwise available from paid staff;
- An increased advocacy of the organisation;
- A higher level of engagement with the community and particularly amongst communities not otherwise represented, such as CALD, indigenous and youth communities; and
- An increased visibility of the organisation through increased outreach work.

So that we can provide an experience for those volunteering their time and energy, a restructured program of training has been developed and will be rolled out during 2011. All volunteers will undergo core training and can then access specialist training that prepares them for specific roles. In addition, we will be offering professional development modules that will provide skills that will be useful beyond our own organisation.



The range of volunteer opportunities is diverse as shown in the table.

POSITIVE LIVING ACT



Positive Living ACT is a peer based service within Westlund House. The aim of Positive Living is to provide flexible and responsive services to people living with HIV in the ACT to enable them to live the best life possible. We have always been committed to providing as full a range of peer based opportunities throughout all of our activities and programs and we work in partnership with Positive Living to deliver these to the positive community. We are committed to the involvement of individuals and communities in the development of programs and services designed for their needs, and here again Positive Living is an important resource for us to help ensure that we are sensitive to a positive perspective.

The change of name from People Living with HIV/AIDS (PLWHA) to Positive Living originated with the Members' Liaison Group

to reflect that AIDS is a term that needs rarely to be used and that lives of those with the virus are very different than they were before the vastly improved treatments became available.

Positive Living has continued to offer peer support dinners and other activities that minimise the impact of isolation experienced by some in the positive community. We increased the staffing level too, and this has allowed an increase in the operating hours.

The provision of appropriate and useful information related to managing HIV is important, and we have been able to work in partnership with Positive Living to ensure that resources are timely and effective. As more and more of those living with HIV are able to work, they are less able to access Westlund House on a casual base, but this shouldn't be assumed to mean that a need for peer support has lessened. The challenge is for us and Positive Living to find new and different ways in which to deliver this essential service.



HEALTH AND PHYSICAL EDUCATION TEACHERS

There is growing evidence that despite several successful projects around the country and many motivated teachers and youth workers, the majority of young people are underequipped to protect themselves from sexual risks. The 2008 Secondary Students and Sexual Health study found that knowledge of STIs has improved but remains poor in some areas whilst the vast majority of year 10 and year 12 students have experienced some form of sexual activity. Current sexual health education experienced by a majority of young people is described as **'too little, too late and too biology.'**

Over the last two years, we have drawn attention to this information deficit and challenged the community to encourage more open communication around sex and sexuality. Even without explicit epidemiological proof, it is reasonable to assume that there is a connection between knowledge of sexually transmissible infections and the rising rate amongst younger people.

We believe that sexual health education requires a holistic approach recognising the impact of most curriculum areas on

the development of a student's sexual health skills. However, a primary responsibility for delivering sexual health rests with Health and Physical Education (HPE) teachers. Through the support of a SHARHD working group and the ACT Department of Education and Training, we worked with Sexual Health and Family Planning ACT to prepare and deliver a professional development seminar for HPE teachers in the ACT. This included an audit of current comfort and needs around sexual health education.

120 teachers attended the evening, representing a significant majority of HPE teachers in the ACT.

The evening was effective in highlighting the importance of sexual health education to a large audience of professionals charged with this role. This is being followed up with the development of resources and practical pointers to move this theory into practice within classrooms, and we are continuing to work with our project partners.





PACT volunteers celebrating the ACT Quality in Healthcare Award

PARTNERSHIP APPROACH TO COMPREHENSIVE TESTING

The Partnership Approach to Comprehensive Testing or 'PACT' is a partnership between the ACT, the Canberra Sexual Health Centre and the ACT Division of General Practice, and commenced in 1993. The partnership also includes Bit Bent, youth services, Sexual Health and Family Planning ACT, adult services and sex industry businesses, and community organisations.

The aim of PACT is to make clinical testing services more relevant and accessible by taking them out to the community. The clinics are a free service and are held at times and places convenient to the target groups. What we have been able to achieve is a sensitive and responsive service, and an increase in screening rates and frequency in at-risk communities. The program has normalised

the concept of regular screening and sexual health care and established a routine of regular sexual health testing among members of vulnerable groups.

The project was recognised in 2010 with an ACT Quality in Healthcare Award in the category of consumer participation. This award is a recognition that health care systems that are coordinated across sectors and delivered within target communities continue to be exceptions within health care.

We will continue to work with our partners to expand the amount of time available for consultations and develop new marketing strategies. We will also monitor the introduction of rapid testing and promote strategies for deploying it within the ACT.

WESTLUND HOUSE COMMUNITY LEGAL AND MIGRATION SERVICE

Established in October 2010, this service is staffed by volunteer solicitors, migration agents and ANU students. It provides a confidential service for people experiencing issues with visas or other migration matters. It is predominantly an assessment and referral service operating every Thursday and offers an initial 30 minute consultation. There is some capacity for case work, although the primary aim is to provide initial strategic advice and refer to appropriate services as applicable.

Any person who is marginalised for any reason is at greater risk for a range of negative outcomes, and migrant communities are frequently in this category. Our decision to provide and promote this service reflected our empathy with all communities that face barriers to the access of all the services,

supports and opportunities that society can offer. In addition, HIV is a barrier to immigration because those who are positive are generally denied a permanent residency visa. It is possible to get a health waiver, and our service is able to assist applicants to access resources that may help them through this process.

The program runs under the auspices of our Living Well program and although initiated to support our clients living with or affected by HIV, it is also open to the general public by appointment and in support of our overarching commitment to human rights. During 2010 – 2011, 74 individual clients were assisted and 10 of these received further assistance beyond their initial consultation.





03 | WORKING WITH COMMUNITY

We believe strongly in the importance of respecting our origins as a grass roots community-based organisation.



INTERNATIONAL AIDS CANDLELIGHT MEMORIAL

Our primary goal Council has been to build a continuing relevance of HIV in the lives of new generations of vulnerable communities and our key strategy has been to ensure that the International AIDS Candlelight Memorial remains pertinent and timely. This year we used the 28th Memorial as a platform to promote a message of **'Solidarity.'** We set out to fuel community action within our target group, and the one-word message speaks to a need for partnership across all walks of life, culture and serostatus and to overcome stigma and prejudice in order to affect a lasting change in the epidemic.

This is one of our largest public events and in 2011 over 140 participants from affected communities as well as representatives from the ACT Legislative Assembly and the diplomatic community heeded our call at the National Gallery of Australia. Murray Proctor, Australia's HIV/AIDS Ambassador to the UN, spoke of the power of solidarity in the response to HIV in Australia and more broadly in our region.

We used Facebook and Twitter to increase awareness of Candlelight Memorial and to rally community support against HIV stigma and discrimination. We invited our community to submit photographs of them holding signs of solidarity and we used these in the event promotion, invitations and programs as well as being displayed during the evening of the memorial.

Across Australia and in many western countries HIV organisations struggle with making the HIV epidemic relevant to the community and lives of individuals, especially in generations who did not witness the horror of the early epidemic. In 2011 approximately one third of the 140 attendees at the memorial were under 30 years of age and the total participation was the highest in a decade. Connecting HIV in a modern context has been a long term strategy and will be further developed through 'ownership' of the event by younger generations who incorporate knowledge of this epidemic within their own experience.

WORLD AIDS AWARENESS WEEK AND WORLD AIDS DAY

World AIDS Day on 1 December each year is the highest profile annual HIV awareness event in the mainstream media. In recent years we have leveraged this important media opportunity to build mainstream awareness of topical issues in relation to HIV. We coordinate a number of media and community events during World AIDS Awareness Week, climaxing on December 1st.

World AIDS day itself has become a national event, and so that we can highlight our local issues, we have gradually moved the launch of our political or advocacy issue to the beginning of AIDS Awareness week, and focus specifically on getting a message to new audiences that are not already connected to the HIV response. At the same time, we are tending to use December 1st as a community day and our annual community breakfast is becoming popular with increasing attendance.

Responding to growing trends of HIV notifications amongst younger people, we have adopted a communication strategy over the last two years that brings attention to the many young people leaving school and adolescence with a poor background education in sexual health and HIV. Our theme in 2010 was "What have we told our kids about HIV": a question for parents, teachers, educators and youth workers, emphasising a need for shared responsibility for youth sexual health and HIV education.

The events of World AIDS Awareness Week directly led to a commitment from the Education Department for a professional development program for health and physical education teachers described in Output 2. An evaluation report has been prepared with recommendations for the planning and coordination of World AIDS Day 2011, including a recommendation for a more focussed communication strategy in 2012.



SPRINGOUT FAIRDAY

Set in the leafy and shaded grounds of Westlund House, colourful stalls are spread around the lawns of this hub for Canberra's queer community. Hundreds of members of our sexuality and gender diverse communities along with our supporters stroll around and gain or regain a sense of the pride we share together on only a few public occasions each year. Despite the use of Westlund House, this is not our own event, but is rather a way in which we help to facilitate a supportive environment for our sexuality and gender diverse communities. It is also an opportunity for local political parties to interact and learn firsthand about real life experiences. A variety of community groups are also able to present themselves to prospective members or supporters.

WESTLUND HOUSE

Westlund House is named in memory of John Westlund who was a foundation member of the AIDS Action Council and its first employee. John Died with AIDS in 1994, but not before he had shone a light on the opportunity for ordinary people to make extraordinary difference.

Our Westlund House project is one where we seek to create a genuine community space that facilitates other groups' activities and provides a safe place to meet. There are now more than 20 groups or organisations that use Westlund House on a regular or semi-regular basis. Westlund House, complete with our public liability insurance cover has proved an ideal location for community celebrations and other significant events.

Our own use of the building and its capacity has been increasing in recent years. In addition to those programs and services that we run from the premises, we have added some collaborative projects, including the two legal services, Qnet and

SpringOut Fairday 2010 was held on 30 October. It was the 11th SpringOut Fairday event, and the ninth to be held in the grounds of Westlund House. As has become a tradition, we used Fairday to once again launch a new health promotion campaign.

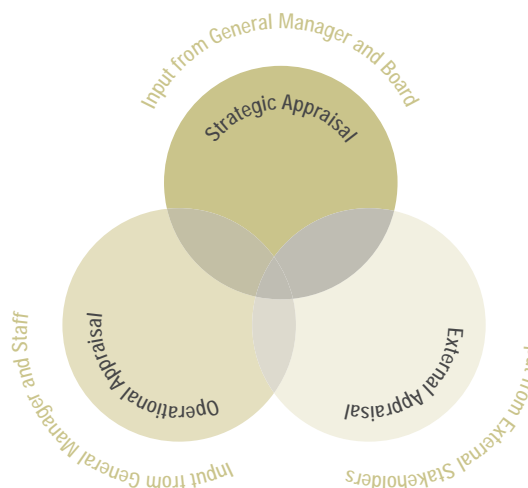
While SpringOut Fairday 2010 largely followed the format of previous years, several aspects of the event were implemented differently to give the coordination a greater level of professionalism and to ensure the future sustainability of the event. Over 800 individuals attended the event, and this was the highest in recent years. An evaluation report has been prepared with recommendations for the structure and format of SpringOut Fairday 2011 which is scheduled for 5 November 2011.

QUIT smoking cessation courses. We continue to host SpringOut Fairday and events for Positive Living ACT, an expanded range of peer support workshops and STRIP sexual health clinics.

Our ongoing tenancy has been clouded for some years by the prospect of an expansion of the Australian National University (ANU), since the site of the present Westlund House forms part of the ANU Exchange. Indications are that relocation will become necessary in the near term, and the Board has been considering what process would be appropriate in selecting an alternative site. Recognising that Westlund House is a community resource means that decisions on a new home must incorporate as far as possible the interests of diverse stakeholders. We will therefore be undertaking consultations during the coming year. We realise that finding an obtaining suitable new premises will be difficult and likely require stakeholder support and advocacy.

STAKEHOLDER REVIEW

In accordance with the current Strategic Plan, our performance is reviewed each year to ensure that we make progress in meeting our goals. It is also important that the review is conducted in a transparent manner and that all stakeholders are involved in the process as well as being informed of the outcomes.



The model we have selected for this process is one that is integrated and considers operational and strategic issues.

External stakeholders that provided input through the survey process included a mix of clients, members, volunteers, community, allied organisations and our funder. Some respondents represented more than a single type of involvement with our organisation.

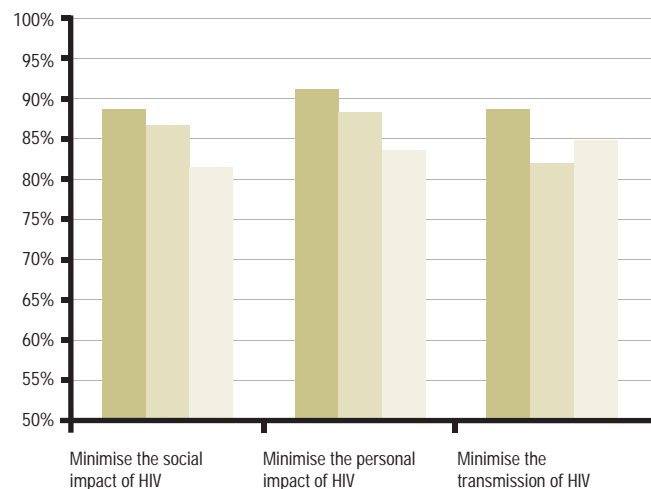
In terms of meeting the individual components of our mission, we scored 80% or better with minimising transmission highest. The responses from the Board and staff are provided as a point of reference.

In considering how well we are reflecting our core values, external stakeholders still rated our performance above 80%, although there was a significant difference with the perceptions of the other appraising groups.

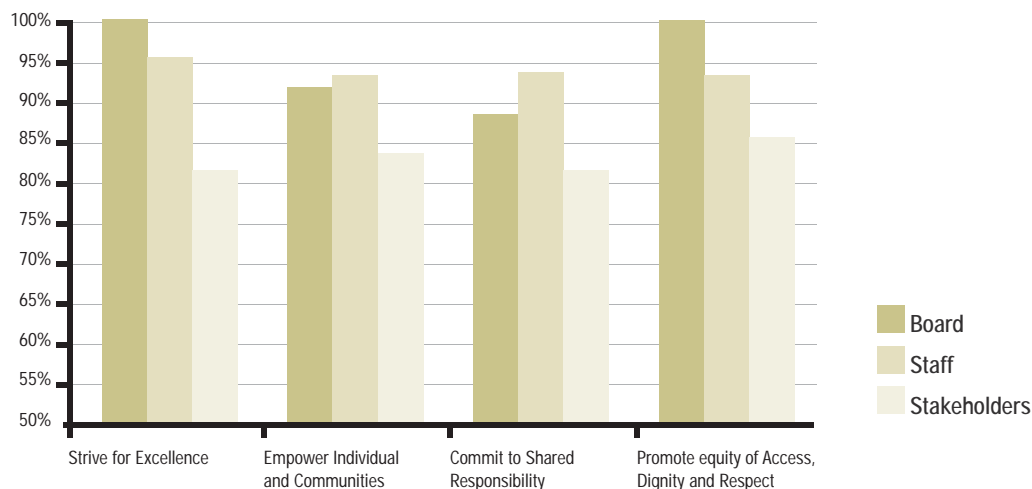
Our Strategic Plan identifies ten main goals, under which sit various objectives. This was the first year of a three year plan and we were interested to understand how our performance is rated in this context. There are clear opportunities for us to improve our effectiveness, including the way in which we communicate what we do, how we do it and the results we achieve. We noted some distinct differences in the way individual groups measured our performance.

Those responding to the survey were invited to make comments and suggestions. A full report will be available on our website. Amongst the more frequent suggestions was a need for us to develop a stronger profile amongst the general community, for us to concentrate in improving sexual health education in schools and to make greater use of the media in advocating issues and concerns.

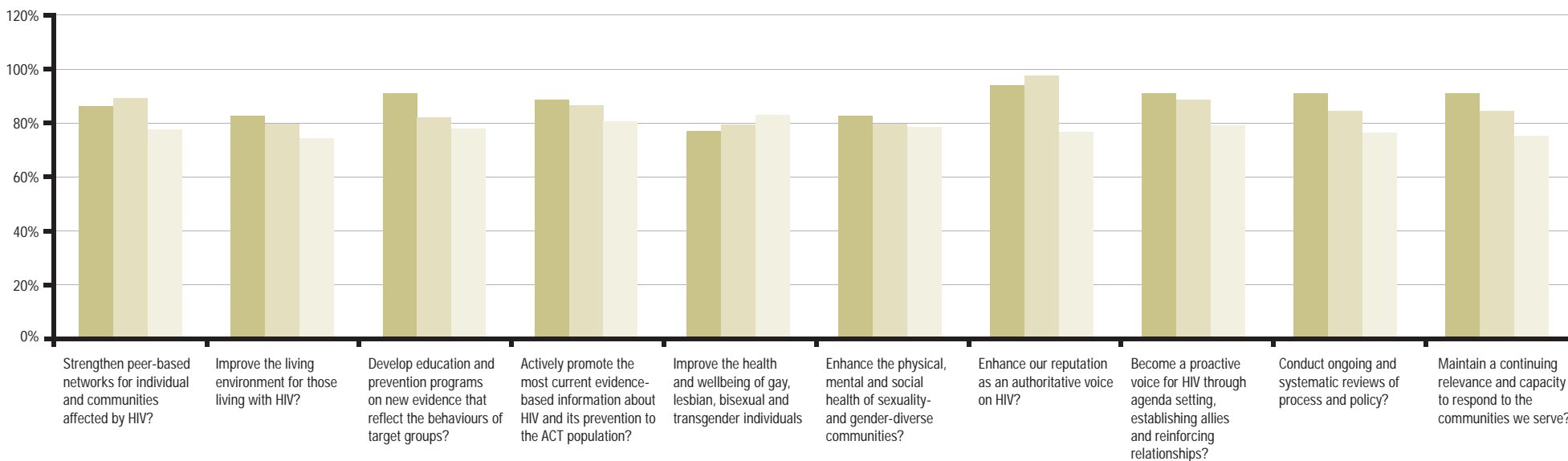
MEETING OUR MISSION



MEETING OUR VALUES



MEETING OUR STRATEGIC GOALS





04 | FINANCIAL REPORTS AND AUDITOR'S STATEMENT

Despite some budget pressure, we were able to maintain a small surplus as we have in recent years, and consequently members' funds have increased. Once again, our audit was unqualified and no significant issues were identified for improved controls and governance.

Our income increased by \$75,000 (8%). This included a 3.3% increase in our core government grant and the balance came from increases in self-generated funds including fundraising, interest and additional one-off grants. Total expenses increased by a little over 9% including some one off costs related to human resources.

92% of our total income is received from Government and is directed towards specific outputs related to HIV and associated issues. That currently leaves only 8% available to meet other unfunded activities and community expectations. The contribution of volunteers is of immense assistance in allowing us to work more broadly with community. Nonetheless it is clear that our goal of diversifying our funding sources (in our Strategic Plan) is of increasing importance. Similarly, fundraising must be a key component in supporting a sustainable future for the Council.

We are fortunate to have an internal accounting team of high calibre and the support of an excellent Finance Standing Committee which reviews and monitors our financial performance on a monthly basis as well as the full Board meeting a rigorous governance role. These factors contribute to our organisation remaining in a good financial position with a capacity to make investment decisions as and when opportunity or necessity arises.

GENERAL INFORMATION

COMMITTEE MEMBERS

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

Office Bearers

President: Scott Malcolm

Vice President: Alan Verhagen (from October 2010) Secretary/Treasurer : Andrew Grimm, John Davey (ended October 2010)

Ordinary Members

Maria Neil (from October 2010)

Daryl Evans (from October 2010)

Nathan Boyle (from October 2010)

Mark Sulikowski (ended October 2010)

Co-opted

Dee Quigley (from November 2010)

Maria Neil (ended October 2010)

Staff Representative

Andrew Mcleod (from October 2010)

PLWHA Representative

Glenn Flanagan

General Manager

Andrew Burry

Principal activities

The principal activities of association during the financial year were:

- To support counsel and advocate for people affected by HIV
- Using asset based community development principals, to educate Canberra communities about HIV and its implications
- To facilitate development and delivery of appropriate, targeted prevention messages.

Significant changes

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

AUDITOR'S STATEMENT



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Hardwickses Partners Pty Ltd
ABN 21 008 401 536

Liability limited by a scheme
approved under Professional
Standards Legislation

AIDS Action Council of the ACT Incorporated
97812719846

Report of Auditors to the members of AIDS Action Council of the ACT Incorporated

Report on the Financial Report

We have audited the accompanying financial report of AIDS Action Council of the ACT Incorporated, which comprises the statement of financial position as at 30 June 2011, and the statement of comprehensive income, statement of changes in equity and cash flow statement for the year then ended, notes comprising a summary of significant accounting policies and other explanatory information, and statement by members of the committee.

Management's Responsibility for the Financial Report

Management is responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards and *the Associations Incorporations Act 1991, (ACT)*, and for such internal control as management determines is necessary to enable the preparation of the 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. Those standards require that we comply with relevant ethical requirements relating to audit engagements 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 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.



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Report of Auditors to the members of AIDS Action Council of the ACT Incorporated

Opinion

In our opinion, the financial report presents fairly, in all material respects, the financial position of AIDS Action Council of the ACT Incorporated as at 30 June 2011, and its financial performance and its cash flows for the year then ended in accordance with Australian Accounting Standards and *the Associations Incorporations Act 1991, (ACT)*.

Hardwickses

Hardwickses

R Johnson 16/9/11

Robert Johnson FCA

Canberra, ACT





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COMPILATION REPORT

**AIDS Action Council of the ACT Incorporated
A.B.N. 978 1271 9846**

Scope

On the basis of information provided by the entity, we have compiled in accordance with APES 315 *Compilation of Financial Information* the special purpose income and expenditure statement for the AIDS Action Council of the ACT Incorporated for the year ended 30 June 2011 as set out in the attached pages.

The specific purpose of these accounts is to provide members with a more detailed breakdown of the AIDS Action Council of the ACT Incorporated's operations during the year. The figures in the report are prepared based upon accrual accounting principles.

The AIDS Action Council of the ACT Incorporated is solely responsible for the information contained in the special purpose financial reports and has determined that the accounting policies outline in note 1 are consistent with the financial reporting requirements of the entities governing rules.

Our procedures use accounting expertise to collect, classify and summarise the financial information, which the entity provided, into financial reports. Our procedures do not include verification or validation procedures. No audit or review has been performed and accordingly no assurance is expressed.

To the extent permitted by law, we do not accept liability for any loss or damage which any person, other than the AIDS Action Council of the ACT Incorporated, may suffer arising from any negligence on our part. No person should rely on the special purpose financial reports without having an audit or review conducted.

The special purpose financial report was prepared for the benefit of the AIDS Action Council of the ACT Incorporated for the members and the purpose identified above. We do not accept responsibility to any other person for the contents of the special purpose income and expenditure statement.

HARDWICKES

Chartered Accountants

Robert Johnson FCA
Partner

Date: 16/9/11

Canberra



	2011 (\$)	2010 (\$)
Income	1,033,425	964,877
Administrative expense	(75,389)	(108,360)
Buildings	(55,161)	(54,755)
Resources and Projects	(124,295)	(67,468)
Purchase of stock for resale	(16,586)	(25,147)
Depreciation expense	(24,693)	(19,040)
Employee benefits expense	(717,114)	(644,916)
Client Services	-	(14,928)
Surplus for the period	20,187	30,263
Other comprehensive income:		
Total comprehensive income for the period	20,187	30,263

	2011 (\$)	2010 (\$)
ASSETS		
CURRENT ASSETS		
Cash and cash equivalents	141,844	147,975
Trade and other receivables	6,582	4,210
Inventories	7,570	6,839
Other financial assets	354,966	334,874
Other assets	17,130	23,812
TOTAL CURRENT ASSETS	528,092	517,710
NONCURRENT ASSETS		
Property, plant and equipment	76,904	70,404
Other assets	-	5,000
TOTAL NONCURRENT ASSETS	76,904	75,404
TOTAL ASSETS	604,996	593,114
LIABILITIES		
CURRENT LIABILITIES		
Trade and other payables	133,608	147,091
Shortterm provisions	34,899	20,137
TOTAL CURRENT LIABILITIES	168,507	167,228
NONCURRENT LIABILITIES		
Longterm provisions	11,945	21,530
TOTAL NONCURRENT LIABILITIES	11,945	21,530
TOTAL LIABILITIES	180,452	188,758
NET ASSETS	424,544	404,356
EQUITY		
Retained earnings	424,544	404,356
TOTAL EQUITY	424,544	404,356

2011

	Retained Earnings (\$)	Total (\$)
Balance at 1 July 2010	404,356	404,356
Profit attributable to members of the entity	20,187	20,187
Subtotal	20,187	20,187
Balance at 30 June 2011	424,543	424,543

2010

	Retained Earnings (\$)	Total (\$)
Balance at 1 July 2009	374,095	374,095
Profit attributable to members of the entity	30,262	30,262
Subtotal	30,262	30,262
Balance at 30 June 2010	404,357	404,357

	2011 (\$)	2010 (\$)
CASH FLOWS FROM OPERATING ACTIVITIES		
Receipts from customers	1,075,187	985,837
Payments to suppliers and employees	(1,092,905)	(969,024)
Interest received	30,802	21,393
Other income received	27,069	52,742
Net cash provided by (used in) operating activities	40,153	90,948
CASH FLOWS FROM INVESTING ACTIVITIES		
Purchase of property, plant and equipment	(31,191)	(18,503)
Net cash provided by (used in) investing activities	(31,191)	(18,503)
CASH FLOWS FROM FINANCING ACTIVITIES		
Repayment of borrowings	5,000	-
Net cash provided by (used in) financing activities	5,000	-
Net increase (decrease) in cash and cash equivalents held	13,962	72,445
Cash and cash equivalents at beginning of financial year	482,849	410,404
Cash and cash equivalents at end of financial year	496,811	482,849

AIDS ACTION COUNCIL OF THE ACT INC INCOME AND EXPENDITURE STATEMENT FOR THE YEAR ENDED 30 JUNE 2011

	2011	2010
	\$	\$
REVENUE		
Government contract	907,139	878,160
Other Grants	39,141	18,910
Donations	4,935	5,427
Sponsorships	4,236	6,173
Fundraising	8,460	240
Interest	30,802	20,501
Membership	780	1,442
Safe Sex Products	13,324	22,728
Other Income	24,608	5,073
Profit on sale of assets	-	-
TOTAL REVENUE	1,033,425	958,654
EXPENDITURE		
Building & Maintenance	7,496	6,953
Cleaning & Waste	8,573	8,658

Electricity	7,093	7,145	Salaries (inc superannuation)	665,980	595,383
Rent	32,000	32,000	First Aid Allowance	246	640
Client Services	-	4389	Travel (kilometre allowance)	17	31
PSN Expenses	-	3,040	Staff development	15,515	12,803
Internet & e-mail	1,658	1,610	Workers Compensation insurance	6,890	7,289
Postage	3,379	4,013	Leave Provisions	18,951	28,771
Telephone	7,560	8,014	Computer (Software/Accessories)	3,885	3,813
Audit & Accounting	6,781	6,394	IT Support	1,235	1,000
Bank Charges	1,224	1,289	Depreciation	24,693	19,040
Advertising/Promotion	-	1,691	Equipment Maintenance	207	1,485
Affiliation Levies	4,654	6,955	Equipment Purchased	1,166	1,062
Board/Council	-	1,631	Photocopying & Printing	4,181	14,463
Catering	-	641	Portable LSL Expense	9,914	-
Consultancy	-	5,070	Project Resources	118,429	51,393
Insurances	16,260	19,614	Subscriptions	1,685	1,612
Motor Vehicle expenses	5,098	5,039	Safe Sex Products	16,555	25,147
Staff/Volunteer amenities	2,026	2,638	Travel & Accommodation	14,675	32,274
Stationery	5,212	3,862	TOTAL EXPENDITURE	1,013,238	927,116
Volunteer reimbursements	-	264			
			Surplus from ordinary activities	20,187	31,538

WE WOULD LIKE TO THANK THE FOLLOWING FOR THEIR SUPPORT

ACON
A Gender Agenda
ACT Cancer Council
ACT Education Directorate
ACT Health Directorate
ACT Hepatitis Resource Centre
ACT Legislative Assembly
ACT Office for Women
ACT Outdoors Group
ACTCOSS
ACTQueer
Alive Health and Fitness
All Saints Anglican Church, Ainslie
Alzheimer's Australia ACT
Amanda Bresnan MLA
AMF Bowling Belconnen
Amnesty International ACT
Andrew Barr MLA
Ansell International
ANU Medical School
ANUSA Sexuality Department
Ashley Flynn
ATODA
Australian Federal Police
Australian Federal Police GLLOs
Australian Federation of AIDS Organisations
Australian Health Promotion ACT Branch
Barlens Hire
Bears Canberra
Bent Lenses
Bit Bent
Black Magic Coffee
Brendan Smyth MLA
Gay and Lesbian Pink Tennis
Canberra Men's Centre
Canberra Rape Crisis Centre
Canberra Sexual Health Centre
Canberra Transgender Network
Champions Mustang Ranch
Charani Ranasignhe
Cube Nightclub
DB idea
Dee Quigley
Directions ACT
DNA Magazine
Douglas Robinson
Electric Shadows Bookshop
Equal Love Canberra
Fauxtografix
Fuse Magazine
Gaydar.com.au
Gel Works Pty Ltd
Glyde Health
Greater Southern Area Health Service
Hardwicke's Chartered Accountants
Herm Legal and Migration Services
High Country Meats
HIV/AIDS Legal Centre
inhouse.org
Interchange General Practice
International AIDS Society
JBHIFI
Jenny McDonald
John Davey
Johnathan Davis
Jon Daniels
Katy Gallagher MLA
Kwik Kopy Canberra
Lanyon High School
Leo Reden
MAC1
Manhunt
Mathew Warren
Matt Schmidt
Melissa Tetley
Merck Sharp & Dohme Australia
MIEACT
Mind Games Canberra
Money Mechanics
NAPWA
National Capital Authority
National LGBT Health Alliance
National Museum of Australia
NCHSR
New Canberra Transgender Network
Nik Studio
Northside Studios
Photoaccess
Positive Life NSW
Pretty Women
Rainbow Warehouse
Scarlet Alliance
SCOPE Youth Service
SHFPACT
Shane Rattenbury MLA
Siobhán Leyne
SOC: Stamp Out Chlamydia
SpringOut
Sue Driscoll
Sue Webeck
Teatro Vivaldi Restaurant
The Bookshop Darlinghurst
The Kirby Institute
The Q Performing Arts Centre
The Contact Group
Vicki Dunne MLA
Victorian AIDS Council
Wayne Morgan
W.A. AIDS Council
Woden Youth Centre
Wolf Sverak Photography
Youth Coalition of the ACT
YWCA Canberra

About the AAC

The AIDS Action Council of the ACT (AAC) is a not-for-profit community organisation. The AAC works to reduce HIV transmission and to minimise the personal and social impacts of HIV.

The AAC is an organisation which belongs to the community, and works to meet its goals through community development approaches. The communities of the AAC include the gay, lesbian, bisexual and transgender communities, sex workers, and people affected by HIV.

The AAC's services include social marketing, peer support, counselling, workshops, health information and training.

The AAC was founded in 1986. It receives funding through a contract with ACT Health, and through other fundraising activities.

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