



HepatitisSA

**ANNUAL REPORT
2013–2014**

The logo for Hepatitis SA, featuring the text "HepatitisSA" in a sans-serif font with a stylized wave graphic to the right.

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Chairperson's Report

The 2013-2014 year had some pluses and minuses in terms of funding outcomes for Hepatitis SA. Early in the new financial year, the Board welcomed findings of the *Outcome of the Sexually Transmissible Infection and Blood Borne Virus Non-Government Organisation (STI & BBV NGO) Funding and Planning Framework Report*, produced by the STI & BBV Section, Communicable Disease Control Branch of the SA Department of Health and Ageing, which listed amongst its priorities for the South Australian non-government sector: to build capacity for hepatitis B and strengthen the partnership response to hepatitis B and hepatitis C in order to increase access to and uptake of voluntary testing and treatment.

To achieve this, the funding model for Hepatitis SA programs for 2013-2016 was being shifted from a focus on hepatitis C to viral hepatitis, including a dedicated viral hepatitis workforce development program. While we applauded the inclusion of hepatitis B in the funding model for NGO programs, it was very disappointing that there was no significant increase in funds to match.

In August 2013, an opportunity opened up for Hepatitis SA to develop our work in prevention when we were approached by Drug and Alcohol Services South Australia to operate Clean Needle Program (CNP) peer education services for the remainder of the year,

following the closure of the AIDS Council of South Australia (ACSA).

All previous SAVIVE staff members at ACSA were offered employment in the new program at Hepatitis SA, and the transition of these services occurred smoothly thanks to all staff concerned. The model for service delivery changed at this time to allow for greater flexibility into the future. While the three busiest CNP sites retained daily coverage by a peer educator, the remaining staff became sessional peer educators, who could be placed regularly at CNP sites which have higher numbers of clients from priority population groups. These services went out to tender during the latter part of the year and by June 2014, we were very pleased to learn that we were successful in winning the tender to operate these services over the next 3 - 5 years.

Sadly around the same time as this very good news, we were informed that our 2 Commonwealth funded projects administered by the state, the Statewide Hepatitis B Coordination Project and the Hepatitis C Education and Prevention Rural Expansion Program were to end on 30 June 2014 due to the Australian Government Department of Health unexpectedly refusing to fund a further 5 year Partnership Agreement with the states and territories.

A key task of the Board this year, was the development of the Hepatitis SA Strategic Plan 2014 - 2019, and I would like to

thank all of our members who contributed their feedback and suggestions to the survey regarding the development of this plan, as well as Hepatitis SA staff and my fellow colleagues on the Board. The Plan is due for release early in the new financial year.

This was an election year in South Australia and questions on viral hepatitis were presented to all parties. Responses were received from Labor and the Greens, and these responses were posted on our website. The Health Minister, the Hon Jack Snelling, was also interviewed for *Hepatitis Community News*, which is distributed to our members and interested organisations. At the end of the year, in the lead up to World Hepatitis Day (July 14), Hepatitis SA staff and a Board member were busy planning a forum for local parliamentarians on the key messages for the campaign.

Hepatitis SA also provided advocacy on national and state issues which affect South Australians with viral hepatitis, including providing a response to the Attorney General's proposed laws for South Australia re mandatory offender testing for blood-borne viruses; a request for support from Health Minister Dutton for the Viral Hepatitis Resolution at the 67th World Health Assembly; and a submission to the Pharmaceutical Benefits Advisory Committee re approval of sofosbuvir and simeprevir for listing on

the Pharmaceutical Benefits Scheme. These are the first of ground breaking new direct acting antiviral therapies which have the potential to cure most people with hepatitis C, but due to their high price tag, will require ongoing advocacy to make them accessible to all Australians who need them.

Early in the financial year Darrien Bromley, and long standing members, Carol Holly and Lisa Carter resigned from the Board, the latter two to take up positions at Hepatitis SA. I would again like to thank all of them for their valuable contributions to the Board.

In their places, we welcomed Howard Jillings, Judith Peppard and Nicola Parkin to the Board. I would like to thank them and all my colleagues on the Board for their ongoing commitment and support.

I would also like to congratulate my fellow Board member Jeff Stewart and peer educator Karan Olsen for their excellent radio interview to acknowledge 25 years since the discovery of hepatitis C. Thankyou to all staff and volunteers for your hard work and many achievements during the year. I would particularly like to commend Hepatitis SA Helpline volunteers Will and Debra for reaching a milestone 2,000 hours of volunteer service this year. A fantastic effort from you both!

Finally I would like to thank all our partner organisations who supported our work this

year and our main funding administrators, the staff at the STI & BBV Section at SA Department of Health and Ageing, the SA Branch of the Australian Government Department of Health, and Drug and Alcohol Services South Australia.

Arieta Papadelos

Hepatitis SA continued to expand our work in hepatitis B service provision across our core programs in 2013-2014. Hepatitis B was covered in 71 education sessions for 971 workforce participants across South Australia and 23 education sessions for 276 community participants. Around 10% of the enquiries to the Hepatitis SA Helpline related to hepatitis B, the Information and Resources team developed two hepatitis B resources, and a new experience for some staff this year was to work on a project with the Aboriginal Health Council of South Australia, in the remote Aboriginal communities of Yalata and Oak Valley, to develop hepatitis B resources in English and Pitjantjatjara. During the year, Hepatitis SA also hosted and participated in the advisory group which developed the first SA Hepatitis B Action Plan, due to be launched during World Hepatitis Day 2014 celebrations.

Hepatitis SA also continued to expand our established range of hepatitis C services during year with the commencement of a second support group in the northern suburbs of Adelaide and for the first time, the provision of education sessions to South Australian Police Officers (19 sessions were provided to 399 participants). Our work in prevention also expanded quickly in September 2013 with the establishment of the Clean Needle Program Peer Projects

Executive Officer's Report

at Hepatitis SA, following the closure of the AIDS Council of South Australia.

Hepatitis SA participated in a wide range of national and South Australian consultation processes during the year. Some of the national consultations included the *National Review of Drug and Alcohol Prevention and Treatment Service Sector*, the *Intergovernmental Committee on Drugs Stakeholder Forum* and the *National Quality Framework Model for the AOD Sector*; as well as the development of the National Hepatitis B and Hepatitis C Strategies. Some of the South Australian consultations included the Department for Correctional Services community engagement consultation as well as *Improving responses to women offenders and prisoners involved in correctional settings*; the SANDAS hosted *Alcohol and Other Drug Non-Government Sector Priorities*; the *SA Campaign for Hepatitis B Immunisation for High Risk Groups*.

Hepatitis SA participated in national and local research projects during the year which included *Enhancing provision of hepatitis C treatment in Australian prisons* headed up by Professor Andrew Lloyd from the University of New South Wales. Hepatitis SA is also a partner investigator with the Australian Research Centre for Sex, Health and Society (ARCSHS) for a 3 year grant from the Australian Research Council for the project *Strengthening Community Responses to Hepatitis B*, and

at the local level staff were interviewed for the *Health Consumers in Research Project*, a partnership project run by the Health Consumers Alliance and funded by the SA Health and Medical Research Institute (SAHMRI) to identify the benefits, evidence and models of consumer participation in health and medical research.

There were a number of staff changes at Hepatitis SA during 13-14. The most significant of these was the arrival of former SAVIVE staff, Carol Holly, Mark Tiller, Sue Brownbill, Kylie Hull, Penni Moore, Patrick Kavanagh, Nikkas Skelley and David Vermeeren in September 2013. There was another wave of arrivals in November 2013 - Lisa Carter, Jenny Grant, Claire Hose and Amita Gurung, as well as Justin France, Margaret Randle, Andrea Peterson in March 14 and Damian Creaser in April 14.

Those who left us during the year were Maggie McCabe, Elaine Lloyd, Nikkas Skelley and David Vermeeren. Thank you to all of them for their contributions to Hepatitis SA.

A number of staff also had parental leave during the year, with baby girls arriving for Kam Richter and Tessa Opie and a baby boy for Damian Creaser. I would like to thank Georgie Fiedler for stepping in while Kam was on parental leave to make sure our finances were kept in order and to Nicole Taylor for taking on the Education Coordinator role while Tess was on maternity leave.

Volunteers again very ably supported the operations of Hepatitis SA this year, with over 1,100 hours volunteered on the Helpline and in the Information and Resources (IR) Program. We welcomed new volunteers to the IR team, Amita, Deo, Jo, Menuka, Ram Maya, San San and Za Dim, and four new speakers, Christine, Grant, Tien and Craig to the Hep Talk team, bringing the total number of positive speakers to 8. These Hep Talkers had a very busy year 'telling their stories of living with hepatitis' at 66 education sessions, which was almost triple the number of sessions provided in the previous year.

Congratulations and special thanks go to long term Helpline volunteers, Debra and Will, who each notched up their 2,000th volunteer hour this year.

Kerry Paterson

Education Program Report

Workforce Education

The Education Team delivered 119 viral hepatitis workforce education sessions to a total of 1,481 participants from a broad range of sectors across South Australia. This included healthcare services, alcohol and other drug services, mental health services, multicultural services, Aboriginal health services, correctional services (including juvenile justice), youth services, homelessness/housing services, and tertiary education institutions.

In a special workforce project, Educators also provided education sessions to 399 police officers located at three metropolitan South Australian Police (SAPOL) sites, including Holden Hill, Western Adelaide, and Northern Adelaide. The sessions aimed to increase knowledge about viral hepatitis amongst police officers, in order to reduce fear about transmission risks, and thus reduce stigma and discrimination towards people affected by, or at risk of, viral hepatitis.



Community Education

In addition to workforce sessions, Educators provided 55 community education sessions with 588 participants from a variety of priority populations in metropolitan and rural areas. This included 13 sessions at prisons across South Australia for a total of

206 participants. Community project highlights included the following:

Aboriginal Prisoners and Offenders Support Services Art Project

Hepatitis SA Educators worked closely with APOSS, and a local Aboriginal artist, to implement a health promotion painting project, targeting Aboriginal men with a history of incarceration. The four week project included viral hepatitis information-sharing, as well as painting a wood-fire pizza oven located at a residential facility in Kilburn.

included hepatitis C education and activities, and painting t-shirts. The sessions aimed to increase awareness about hepatitis C transmission risks, prevention and testing.

Clean Mods, Safe Bods: Hepatitis C, Body Art and Young People

Clean Mods, Safe Bods is a new resource developed by Hepatitis SA, which aims to assist teachers to educate year nine high school students about hepatitis C, with a particular focus on safe and unsafe body art. In the 2013-2014 financial year, the

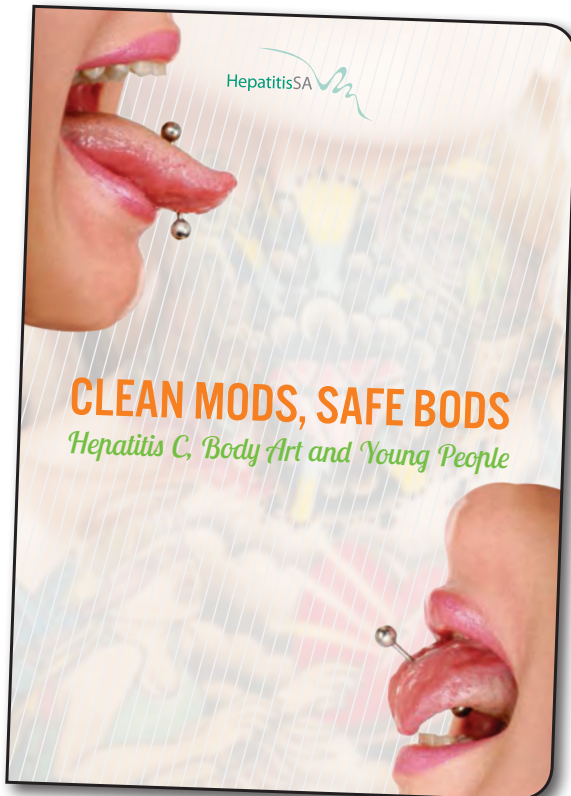


The wood-fire pizza oven in Kilburn

Adelaide Youth Training Centre Art Workshops

In October 2013, Hepatitis SA Educators held two art workshops with 15 young people in the Adelaide Youth Training Centre, a secure institution for young offenders on remand or detention warrants. Both workshops

resource was piloted with 25 students and three teachers across three sites in South Australia, with overwhelmingly positive results. Following the lesson, students demonstrated high levels of knowledge about hepatitis C, and teachers indicated they found the resource useful, relevant and easy-to-use.



B. Recruitment and training for new positive speakers was implemented in August 2013, with a total of four new speakers completing the training, bringing the total number of positive speakers to eight.

Over the year, Hep Talk positive speakers presented their lived-experience stories at 66 workforce education sessions, to a total of 626 participants. Feedback from these sessions was overwhelmingly

positive, and indicated the personal accounts of positive

speakers complimented the factual information provided in education sessions, and that participants gained a valuable insight about life with hepatitis C.

In addition to these sessions, a short DVD was developed presenting the lived-experience story of one young positive speaker. This short video, *Hannah's Story*, was utilised as part of the new schools

resource, *Clean Mods, Safe Bods*, as well as a standalone resource.



The Education Team

There were a number of changes to the Education Team this year, with the arrival of Claire Hose and Damian Creaser, the resignation of Elaine Lloyd, and Tess Opie taking maternity leave in early January for the remainder of the year.

Shannon Wright

Education Coordinator A/g

Adelaide Women's Prison Aboriginal Art Project

In collaboration with two volunteer artists from Marra Dreaming, an Aboriginal art organisation, Educators facilitated four art workshops with 30 participants from the Adelaide Women's Prison during NAIDOC week, a national celebration of the history, culture and achievements of Aboriginal and Torres Strait Islander people of Australia. The workshops included education about hepatitis C, and dot paintings on canvases, masks and bookmarks.

Hep Talk: Positive Speakers

This year the name of the positive speaker program was changed from C Talk to Hep Talk, to be inclusive of positive speakers affected by hepatitis



HANNAH'S STORY



Information & Resources Program Report

The Information and Resources (IR) program is responsible for the production of the Hepatitis SA Community News, as well as development of printed and other resources including electronic and online formats. We send out resources on request, organise mail outs of the Hepatitis SA Community News, annual awareness campaign materials as well as other information and promotional resources as needed.

Our other responsibilities include maintaining and promoting the library, maintaining and upgrading the Hepatitis SA website and other online services including a YouTube channel, Twitter account and an Issuu online publications account. In addition we maintain two secondary websites – [K3myliver](#) and [hepccheck](#).

The IR program coordinates World Hepatitis Day (WHD) activities in South Australia and provides support to other program areas in developing databases for effective record-keeping.

Distribution

In 2013-14, over 95,300 resource items were distributed with 27 per cent going to country areas. Organisations who receive our resources include drug and alcohol services, GP clinics, community and health services, libraries, hospitals and correctional services.



New heights in awareness campaign

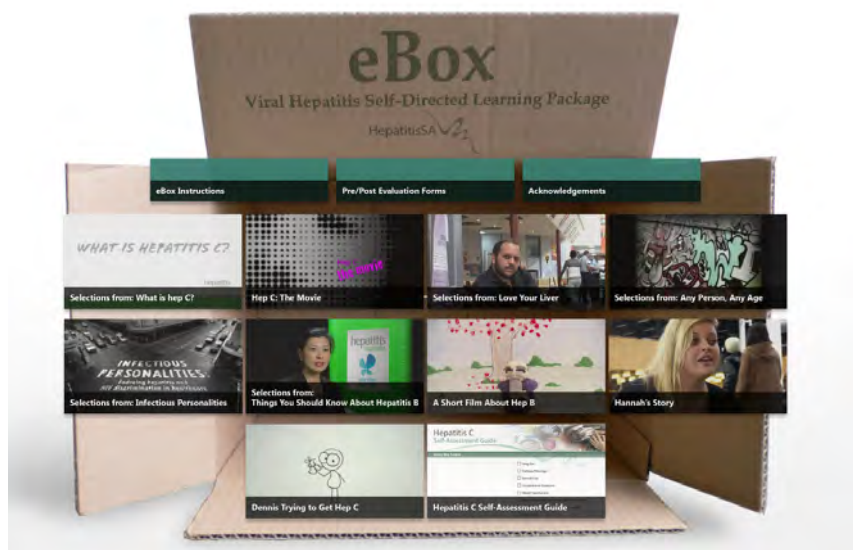
Each year, as part of the South Australian WHD awareness campaign, we ask supporters to help us deliver bookmarks to their neighbours, friends or colleagues in our Down Your Street campaign. Distribution of the 2013 bookmark hit a new high with over 25,000 bookmarks distributed. The bookmarks encourage people to call us for copies of the resources *Eat Well for your Liver* and *Exercise for a Healthy Liver*. A number of requests were received including one from a cancer support group member who was given a bookmark.

Other activities included a hepatitis B forum, the small grants program which attracted 11 participants and a children's colouring competition organised through public libraries and two Chinese ethnic schools.

A set of 11 posters for SA were designed based on national templates from Hepatitis Australia. These were mailed out to over 600 organisations together with other resources including promotional items. Over 11,000 items were distributed through the WHD mail-out.

Teamwork Trumps

Teamwork produced great result for us in 2013-14 with



the development of a self-directed learning tool for hepatitis B and C education. This tool was put together in close partnership with the Hepatitis SA education team. The electronic package, delivered on a CD, made it possible for our educators to provide hepatitis education to workers in shiftwork environments where there wasn't the opportunity for staff to attend a face-to-face group session.

The package was constructed based on the eBox structure (electronic resources collection) developed in an earlier pilot project, received good feedback from participants.

New resources

In 2013-14 new publications included:

- Hepatitis B: No Such Thing as a Healthy Carrier
- Hepatitis B and Moms-to-be in three languages

- A redesigned online resource ordering module was also completed to make online ordering of resources easier.

Great work experience students

Following a very positive experience with four Year 10 work experience students from Paralowie R-12 in a previous year, we again hosted another group of work experience students from Para Hills High School in September 2013. These students were all from refugee backgrounds.

Besides helping out with tasks in the resource room, the students met with key people from each program area at Hepatitis SA to learn about their work. They put together a power point presentation about hepatitis which they then presented to their classmates when they returned to school. At their farewell tea at the end of the week, the students shared information about their culture and backgrounds.

Through this exercise we also had the opportunity to meet and talk with the supervising teacher and tell them about our services. The Para Hills teacher was impressed with our range of resources and left with quite a collection.

Click 'n' Read collection grows

Along with the physical library, our online collection has been growing and now has over 1,000 titles. The Hepatitis SA library page will be included in the new Hepatitis NSW website as a portal for hepatitis research.

Volunteers

In 2013-14 we had two groups of volunteers on placement from the Migrant Resource Centre SA. This will be an on-going program with the MRCSA with two groups of volunteers coming through each year. We would like to thank our volunteers Amita, Deo, Jo, Menuka, Sandy, Ram and Zadim for their work in 2013-14. Without their work, our capacity to provide information and resources to the community would be very much diminished.

Cecilia Lim

**Information & Resources
Coordinator**



**Parmila and Anju (Para Hills
work experience students)**

Hepatitis SA Helpline & Support Services Report

The Hepatitis SA Helpline and Support Services Program provides a free state-wide information and support service which operates Monday - Friday from 9am - 5pm. People can access a variety of services including the Hepatitis SA Helpline, Prisonline, in-person appointments as well as support groups at central and northern suburbs locations. The service aims to provide up-to-date, accurate information on viral hepatitis and related issues with an appropriate level of support.

Four dedicated volunteers staff the Helpline and cover six of the 10 shifts per week. The Helpline Coordinator covers the remaining four shifts with back up from other Hepatitis SA staff. Helpline volunteers are fully trained and have nationally accredited qualifications in Certificate III Telephone Counselling and/ or Certificate IV in Information, Advice and Referral.

Hepatitis SA would like to acknowledge Debra and Will for their outstanding service, as both have volunteered over

2,000 hours of service on the Helpline over many years. We would also like to thank Michèle for her volunteer service of over 550 hours since 2006 and wish her great success with all her future endeavours. Sincere thanks to all our volunteers - Debra, Will, Karan, Louise and Michèle, who contributed nearly 850 hours to staff the service this year.

All Helpline workers keep their knowledge up to date and attend four-weekly debriefing and professional development sessions. There were 13 such meetings held over this financial year. Topics included hepatitis C treatment options, common Helpline scenarios, emergence of difficult to treat groups – G3 non-responders, understanding IL28B, SA drug use trends, highlights from the American Association of the Study of Liver Disease Conference, overview of the PEACE Program, HIV the basics, and complications of cirrhosis.

Hepatitis SA Helpline and in-person contacts

A total of 526 clients contacted the Hepatitis SA Helpline by various means:

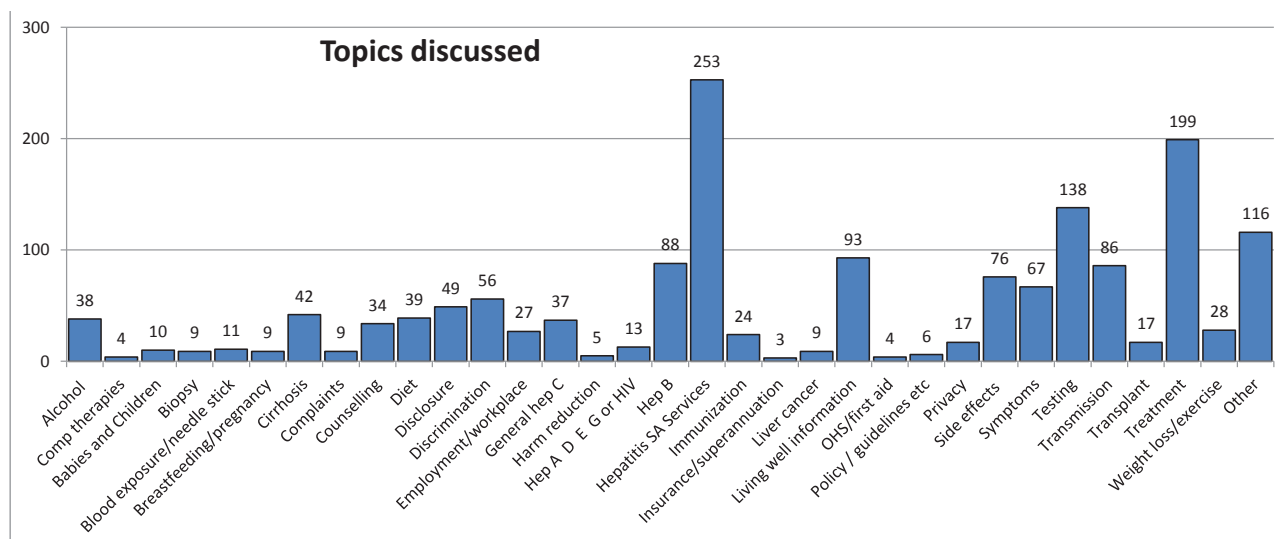
451 (85.7%) called the Hepatitis SA Helpline

20 (3.8%) via email

55 (10.5%) attended appointments in-person

First time clients accounted for 232 (44%) of the contacts. 481 (91%) were from the primary target groups with 254 (48.2%) living with hepatitis C, 33 (6.3%) with hepatitis B and one with hepatitis coinfections. Although there was a drop in the number of people with hepatitis C who made contact, there was a 3-fold increase in the number of people living with hepatitis B that used the service, compared to the previous year. Eighty people were living with cirrhosis, 102 were considering treatment and 45 were either on treatment or in the follow up period.

In addition to the information provided, 254 people received referrals to other services other than those provided by




People from all walks of life
have hepatitis.
You are not alone!

Hepatitis SA Helpline

1300 HEP ABC
or 1300 437 222
9AM-5PM, Mon-Fri

A service for people living with hepatitis,
family and friends, and for doctors,
health and community workers

HepatitisSA  www.hepatitissa.asn.au

Cartoons CC rfr: www.flickr.com/photos/rfr

Hepatitis SA. See the graph on the previous page of topics discussed with clients.

Prisonline

There were 35 calls to the Prison Helpline from SA prisoners (2 less than last year). All calls were from the primary target groups with 12 people calling for the first time. This year the majority of calls came from rural prisons including Port Augusta (10), Mount Gambier (8), Port Lincoln (1) and Mobilong (1). Ten calls were from Yatala, four from the Adelaide Remand Centre and one from the Adelaide Women's Prison.

Calming the C – Hackney

Calming the C is an informal support group facilitated by Hepatitis SA at our Hackney office. People meet fortnightly, over a light lunch, to share experiences and gain support. The group is particularly useful to those who are considering treatment or are currently on treatment. There were 25 meetings over the financial year with 128 attendances. Eleven people attended for the first time.

Affected by hepatitis C?
Calming the C

- Information and support in a confidential, friendly environment
- Speak to others who have had treatment
- Partners, family and friends welcome

Now meeting at HACKNEY and ELIZABETH
Meet us fortnightly on Tuesdays, 12.30pm-2.30pm
at Hepatitis SA, 3 Hackney Rd, HACKNEY

Live in the Northern Suburbs? Can't make it to Hackney? Come to

CALMING the C in the NORTH

Every fourth Friday of the month
1-3PM
Room C20, GP Plus Elizabeth
16 Playford Blvd, ELIZABETH
Light lunch provided

For information, phone 8362 8443

Calming the C in the North – Elizabeth

Calming the C in the North is an informal support group initiated in response to the disproportionate burden of disease in the northern suburbs. The group meets on the fourth Friday of each month at Elizabeth GP Plus. A viral hepatitis nurse attends a treatment clinic on Fridays at GP Plus and is available for patient referrals. There were 10 groups held this year with 48 attendances.

Deborah Warneke- Arnold
**Information & Support
Coordinator**

Statewide Hepatitis B Coordination Project Report

The Statewide Hepatitis B Coordination Project was set up as a coordination point for hepatitis B activities in South Australia. Activities for this project for the year included:

World Hepatitis Day Forum July 2013

A Hepatitis B Forum was organised for World Hepatitis Day 2013, featuring Dr Ben Cowie from Royal Melbourne Hospital, Dr Ann Kohler from SA Health and Hoda Hanifi from the Migrant Health Service.

The event was aimed at increasing the knowledge and skills of nurses, midwives, Aboriginal Health Workers, Primary Health Care as well as Community Services workers and students.

Hepatitis B Education for workforces and affected communities

During the year, the Hepatitis B Coordinator worked closely with the Education team to promote and deliver both hepatitis B focussed sessions as well as viral hepatitis sessions, including information on both hepatitis B and C, to communities most affected by hepatitis B across South Australia as well as to the workforces who support these communities. Details of these sessions are in the Educator's Report.

GP Education

Increasing GP knowledge of hepatitis B was one of the main recommendations to come from a Hepatitis SA Environmental Scan of

Initial consultations regarding hepatitis B education for GPs in South Australia occurred with four organisations since January this year: Murray Mallee GP Network, Central Adelaide and Hills Medicare Local, SHineSA and the Australian Chinese Medical Association of SA.

Only planning for the SHineSA education session was finalised by the end of this year, for this session to occur in July 2014.

Hepatitis B Resources

The Hepatitis B Coordinator, in collaboration with the Hepatitis SA Information and Resources team, identified gaps in available hepatitis B resources. Two new hepatitis B resources were developed and produced by Hepatitis SA: *Hepatitis B and Mums to Be* (available in English and Mandarin) and *Hepatitis B: There's no such thing as a healthy carrier*.

This project also worked with the Hepatitis SA Clean Needle Program (CNP) Peer Projects to develop and distribute condom packs, promoting hepatitis B testing and vaccination to their clients at various CNP sites across metropolitan Adelaide.

'Nyuntumpa Alu Wiru Kanyinma/Look After Your Liver'

Hepatitis SA, in partnership with the Aboriginal Health Council of South Australia, secured a Hepatitis Australia Small Grant to develop a



Yalata Anangu school

The event was a huge success with a total of 57 people attending the forum.

Hepatitis B Activities in South Australia Report.

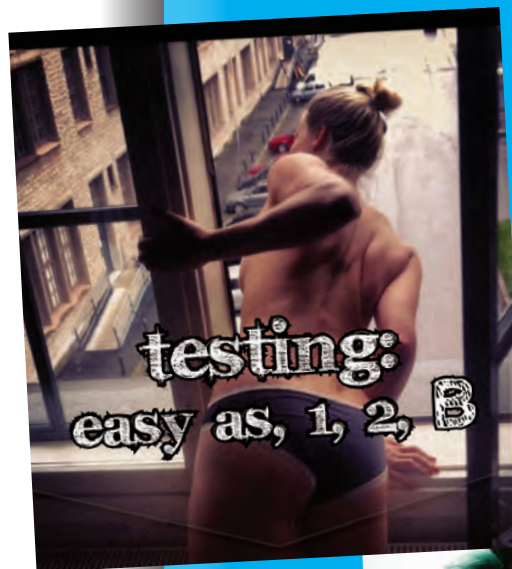
Planning and implementing GP education sessions proved a more complex task than the Coordinator first anticipated.

resource in English and Pitjantjatjara, to be used by health workers in the remote communities of Yalata, Oak Valley and Tjuntjuntjara, to assist them to educate their Aboriginal clients who are living with chronic hepatitis B. The project involved travelling to the remote Aboriginal community of Yalata, 200km west of Ceduna to consult with the healthcare workers and community. On this first visit, education sessions were delivered to nursing and Aboriginal health staff at Tullawon Health Service, and two informal sessions were also held with 41 students at the Yalata Anangu School, focussing on how to keep our liver healthy and why our liver is so important. The project is due to be finalised in the 14-15 year.

SA Hepatitis B Action Plan

Hepatitis SA hosted and participated in the SA Health Steering Group which developed the first SA Hepatitis B Action Plan. Following the finalisation of the Draft Action Plan, many members of this group remained to form a Hepatitis B Coordinating Group to share information, identify opportunities to work together to develop and implement hepatitis B services and activities across South Australia, guided by the Action Plan, and provide information on these developments to the South Australian STI and BBV Advisory Committee.

Jenny Grant
Hepatitis B Coordinator



Condom wallet cards



Outreach Hepatitis C Peer Education & Support Report

The Outreach Hepatitis C Peer Education and Support Project Team consists of five peer educators and one peer mentor, who all have a lived experience of hepatitis C and are trained to provide information and support to people affected by hepatitis C from priority population groups, including those contemplating or undergoing hepatitis C treatment.

Peer educators provide either individual or group peer education sessions to clients of various 'host' agencies including both government and non-government services, such as drug and alcohol services, homelessness services and the Department for Correctional Services.

Participants

Over the past twelve months, 124 group sessions were provided for 1,000 participants with an additional 508 client contacts engaging with the peer educators on a one-to-one basis. Of this total of 1,508 client contacts, (61%) reported that this was their first contact with a hepatitis C peer educator.

Host Sites

The peer educators were placed at 22 sites regularly during the past twelve months and at an additional five sites at least once. During this reporting period, there was staff turnover in the Coordinator role. The new Coordinator who commenced work with the team in November 2013 redeveloped




the promotional flyer and promoted the project to additional agencies, resulting in a further eight sites regularly hosting peer educators. Since January 2014, peer educators have had regular sessions scheduled across all SA Prison (sentenced prisoner) locations.

Resources

In consultation with the Hepatitis SA Clean Needle Program (CNP) Peer Projects and people who have identified that they inject drugs, the peer educators produced a new *Hepatitis C and Safer Injecting* brochure. Consultation revealed that there was no locally produced brochure of this nature and it was felt within the injecting drug use community, that there was a need for those new to injecting to be provided with reliable, relevant harm reduction information in a clear manner.

The aim of the *Hepatitis C & Safer Injecting* brochure is to reduce the incidence of hepatitis C transmission and increase understanding of hepatitis C prevention and testing as well as treatment options. It also contains information on other blood-borne viruses, vein care and

other injecting related health issues, including what to do in the event of overdose, safe disposal of injecting equipment, and CNP locations. All information within this resource will remain current with the inclusion of Quick Response (QR) Codes which, by using a Smartphone or Android device, will direct the consumer to up-to-date information which is linked to the Hepatitis SA website.



This has been another year of achievements for the project in establishing new partnerships and achieving positive client outcomes. The peer educators have worked in successful collaboration with all Hepatitis SA programs and all are to be congratulated on their efforts.

Lisa Carter
Coordinator

CNP Peer Projects Report

The Clean Needle Program (CNP) Peer Projects team was established with Hepatitis SA in September 2013, on a temporary basis until the end of June 2014 following the closure of the AIDS Council of SA. Drug and Alcohol services South Australia (DASSA) called for a tender in the last few months of this period to decide on the future of these services past 30 June 2014, and Hepatitis SA was successful in winning this tender.

CNP Peer Educators provide harm reduction information and support, as well as sterile injecting equipment, through CNP sites that are co-located with agencies which provide drug and alcohol services to people who inject drugs, youth, CALD services etc. During the 10 month period these projects were operating at Hepatitis SA, there were a total of 12,151 client contacts, with 655 referrals being made to services including medical practitioners, alcohol and other drug treatment, legal services, hepatitis services, accommodation support, sexual health and mental health services.

Recruitment

Initially 8 Peer Educators, 1 Project Officer and 1 Coordinator were recruited and trained. A further 3 casual Peer Educators were also recruited early in 2014. Early one of our CNP Peer Educators, Claire Hose, left the team to join the Hepatitis SA Education team, then over the

remaining months we also said goodbye to two more of our valued team – Nicole Skelley and David Vermeeren.

Sessional Work

In addition to the three fixed CNP sites at Port Adelaide, Noarlunga and Salisbury, CNP Peer Educators also provide important services at other high volume CNP sites. The Sessional Peer Educators are able to reach a broader cross section of the community by working at these sites on regular days – generally one day a week. The sites currently engaging in this project are Community Access and Services SA (CASSA), Mission Australia Hindmarsh Centre, Woodville GP Plus Health Care Centre (SHine SA), Streetlink Youth Services and the Parks Community Centre (Western DASSA).

Workforce Education

CNP Peer Projects team provided harm reduction workforce development

activities to a variety of groups during the period. Topics included use of equipment, harm reduction, prevention of blood-borne viruses, stigma/discrimination, vein care, steroids, common health issues experienced by people who inject drugs and ways to reduce potential harms associated with injecting drug use, handling sharps and blood spills and how to engage with people who inject.

CNP Peer Projects is a new program for Hepatitis SA and therefore required many new systems to be established and changes to be made. Overall it was a successful start for this project, one where the Peer Educators were able to continue supporting clients by providing equipment, information, support and referrals during a period of transition. We look forward to a positive future with continued growth and excellent service delivery to the SA community.

Michelle Spudic

Coordinator—CNP Peer Projects





Treasurer's Report

Total revenue for 2013-2014 was \$1,618,681 which was \$433,402 greater than the previous year. Revenue was largely made up from grant income, which was the net result of 12 months recurrent funding for the financial year of \$717,512 for the SA Hepatitis C Prevention and Health Promotion Program; \$82,160 for the Hepatitis C Education and Prevention Rural Expansion Program; \$75,267 for the Statewide Hepatitis B Coordination Project; \$97,270 for the Viral Hepatitis Workforce Development Project; \$325,487 for the Clean Needle Program Peer Education Projects from SA Health; and \$217,429 for the Outreach Hepatitis C Peer Education and Support Project from the Non-Government Organisation Treatment Grants Program funded by the Australian Government Department of Health.

As well as grant income, other sources of revenue included \$6,540 Social and Community Services supplementation from the Australian Government Department of Health and \$54,352 from SA Health as

their contribution to costs for the Equal Remuneration Order; \$19,351 interest; \$8,594 in recoupments, being mainly cost recovery of information resources produced and cost recovery for Clean Needle program equipment distributed, \$11,392 in sundry income and \$50 in donations.

Total expenditure for the year was \$1,574,536 which was \$401,247 greater than the previous year. The major expense was the Employee Benefits expense of \$1,291,388 comprised of Salaries and wages of \$1,127,836 On-costs of \$163,552. The Employee Benefits expense was \$378,837 greater than last year, which largely reflected additional positions associated with the Clean Needle Program Peer Education Projects, which Hepatitis SA managed from 1 September 2013, following the closure of the AIDS Council of South Australia.

Other large expenses were Premises Rent and On-costs of \$84,781; Office expenses of \$77,812, which included Postage / freight / courier of

\$9,514, Telephone / internet of \$8,479, Advertising and promotion of \$7,218, Printing and stationery of \$6,610, Consultants of \$6,500 for quality improvement services and other smaller costs; and Other expenses of \$64,240, which were comprised of Program costs of \$54,579, and Other staff costs of \$9,661.

Motor vehicle expenses were \$17,566, Travel and accommodation \$24,421, and the Depreciation and amortisation expense was \$14,328.

For the 2013-2014 financial year, Hepatitis SA had a surplus of \$44,415 resulting in total equity of \$173,400 as at 30 June 2014.

Hepatitis SA would like to thank the STI and BBV Section at the SA Department of Health and Ageing and the SA Branch of the Australian Government Department of Health, for administering Hepatitis SA's major recurrent funding during the 2013-2014 financial year.

Howard Jillings
Treasurer

HEPATITIS SA INCORPORATED

FINANCIAL REPORT

For Year Ended 30th June 2014

Hepatitis SA Incorporated

Financial Report

For the Year Ended 30th June 2014

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General information

The financial report covers Hepatitis SA Incorporated as an individual entity. The financial report is presented in Australian dollars, which is Hepatitis SA Incorporated 's functional and presentation currency.

The financial report consists of the financial statements, notes to the financial statements and the board members' declaration.

The financial report was authorised for issue by the board members at the Annual General Meeting held in Adelaide.

Hepatitis SA Incorporated
STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME
FOR THE YEAR ENDED 30 JUNE 2014

	NOTE	2014 \$	2013 \$
REVENUE	2	1,618,681	1,185,279
EXPENSES			
Employee benefits expense		(1,291,388)	(912,551)
Depreciation and amortisation expense		(14,328)	(16,826)
Motor Vehicle Expenses		(17,566)	(20,454)
Office expenses		(77,812)	(31,196)
Premises Rent and On Costs		(84,781)	(83,112)
Travel and Accommodation		(24,421)	(19,404)
Other expenses		<u>(64,240)</u>	<u>(89,746)</u>
TOTAL EXPENSES		<u>(1,574,536)</u>	<u>(1,173,289)</u>
SURPLUS FOR THE YEAR	13	<u><u>44,145</u></u>	<u><u>11,990</u></u>

The above statement of profit and loss and other comprehensive income should be read in conjunction with accompanying notes

Hepatitis SA Incorporated
STATEMENT OF FINANCIAL POSITION
AS AT 30 JUNE 2014

	NOTE	2014 \$	2013 \$
ASSETS			
CURRENT ASSETS			
Cash and cash equivalents	3	595,619	457,852
Trade and other receivables	4	6,073	6,462
Other	5	1,017	967
Total current assets		<u>602,709</u>	<u>465,281</u>
NON-CURRENT ASSETS			
Property, plant and equipment	6	58,118	67,416
Total non-current assets		<u>58,118</u>	<u>67,416</u>
TOTAL ASSETS		<u>660,827</u>	<u>532,697</u>
LIABILITIES			
CURRENT LIABILITIES			
Trade and other payables	7	17,255	17,112
Employee benefits	8	91,616	83,982
Grants in Advance		150,689	94,961
Other	9	11,338	18,935
Total current liabilities		<u>270,898</u>	<u>214,990</u>
NON CURRENT LIABILITIES			
Provision for Asset Replacement		10,000	10,000
Employee Benefits	10	206,529	178,452
Total non-current liabilities		<u>216,529</u>	<u>188,452</u>
TOTAL LIABILITIES		<u>487,427</u>	<u>403,442</u>
NET ASSETS		<u>173,400</u>	<u>129,255</u>
EQUITY			
Retained surpluses	11	173,400	129,255
TOTAL MEMBERS EQUITY		<u>173,400</u>	<u>129,255</u>

The above statement of financial position should be read in conjunction with the accompanying notes.

Hepatitis SA Incorporated
STATEMENT OF CHANGES IN EQUITY
FOR THE YEAR ENDED 30 JUNE 2014

	NOTE	Retained Surplus \$	Total Equity \$
BALANCE AT 1 JULY 2012		117,265	117,265
Surplus for the year		11,990	11,990
		<hr/>	<hr/>
BALANCE AT 30 JUNE 2013		<u>129,255</u>	<u>129,255</u>
		<hr/>	<hr/>
BALANCE AT 1 JULY 2013		129,255	129,255
Surplus for the year		44,145	44,145
		<hr/>	<hr/>
BALANCE AT 30 JUNE 2014		<u>173,400</u>	<u>173,400</u>

The above statement of changes should be read in conjunction with the accompanying notes.

Hepatitis SA Incorporated
STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED 30 JUNE 2014

	NOTE	2014 \$	2013 \$
Cash Flows from Operating Activities:			
Receipts from customers (inclusive of GST)		184,226	162,165
Payments to suppliers and employees (inclusive of GST)		<u>(1,655,080)</u>	<u>(1,190,078)</u>
		(1,470,854)	(1,027,913)
Interest Received		19,351	15,941
Sundry Income		20,036	290
Grants Received		<u>1,579,294</u>	<u>1,164,787</u>
Net cash from operating activities		<u>147,827</u>	<u>153,105</u>
Cash Flows From Investing Activities			
Payments for property, plant and equipment		<u>5,030</u>	<u>(1,760)</u>
Net cash used in investing activities		<u>5,030</u>	<u>(1,760)</u>
Net increase in cash and cash equivalents		137,767	151,345
Cash and cash equivalents at the beginning of the financial year		<u>457,852</u>	<u>306,507</u>
CASH AND CASH EQUIVALENTS AT END OF FINANCIAL YEAR	3	<u><u>595,619</u></u>	<u><u>457,852</u></u>

The above statement of cash flows should be read in conjunction with the accompanying notes.

Hepatitis SA Incorporated

Notes to the financial statements For the Year Ended 30 June 2014

Note 1. Significant accounting policies

The principal accounting policies adopted in the preparation of the financial statements are set out below. These policies have been consistently applied to all the years presented, unless otherwise stated.

New, revised or amending Accounting Standards and Interpretations adopted

The incorporated association has adopted all of the new, revised or amending Accounting Standards and Interpretations issued by the Australian Accounting Standards Board (AASB) that are mandatory for the current reporting period.

The incorporated association has early adopted AASB 1053 'Application of Tiers of Australian Accounting Standards', AASB 2010-2 'Amendments to Australian Accounting Standards arising from Reduced Disclosure Requirements and later amending Standards, as relevant. No other new, revised or amending Accounting Standards or Interpretations that are not yet mandatory have been early adopted.

Any significant impact on the accounting policies of the incorporated association from the adoption of these Accounting Standards and Interpretations are disclosed below. The adoption of these Accounting Standards and Interpretations did not have any significant impact on the financial performance or position of the incorporated association.

The following Accounting Standards and Interpretations are most relevant to the incorporated association:

AASB 1053 Application of Tiers of Australian Accounting Standards

The incorporated association has early adopted AASB 1053 from 1 July 2012. This standard establishes a differential financial reporting framework consisting of two Tiers of reporting requirements for preparing general purpose financial statements, being Tier 1 Australian Accounting Standards and Tier 2 Australian Accounting Standards- Reduction Disclosure Requirements. The incorporated association being classed as Tier 2 continues to apply the full recognition and measurements requirements of Australian Accounting Standards with substantially reduced disclosure in accordance with AASB 2010-2 and later amending Standards, as relevant.

AASB 2010-2 Amendments to Australian Accounting Standards arising from Reduced Disclosure Requirements

The incorporated association has early adopted AASB 2010-2 from 1 July 2012. These amendments make numerous modifications to a range of Australian Accounting Standards and Interpretations, to introduce reduced disclosure requirements to the pronouncements for application by certain types of entities in preparing general purpose financial statements. The adoption of these amendments has significantly reduced the incorporated association's disclosure requirements.

AASB 2011-2 Amendments to Australian Accounting Standards arising from the Trans-Tasman Convergence Project- Reduced Disclosure Requirements

AASB 2012-7 Amendments to Australian Accounting Standards arising from Reduced Disclosure Requirements and AASB 2012-11 Amendments to Australian Accounting Standards- Reduced Disclosure Requirements and Other Amendments

The incorporated association has early adopted AASB 2011-2, AASB 2012-7 and 2012-11 amendments from 1 July 2012, to the extent that they related to other standards already adopted by the incorporated association. These amendments make numerous modifications to a range of Australian Accounting Standards and Interpretations to significantly reduce the incorporated association's disclosure requirements.

AASB 2011-9 Amendments to Australian Accounting Standards- Presentation of Items of Other Comprehensive Income

The incorporated association has applied AASB 2011-9 amendments from 1 July 2012. The amendments requires grouping together of items within other comprehensive income on the basis of whether they will eventually be 'recycled' to the profit or loss (reclassification adjustments). The change provides clarity about the nature of items presented as other comprehensive income and the related tax presentation. The amendments also introduced the term 'Statement of profit or loss and other comprehensive income' clarifying that there are two discrete sections, the profit or loss section (or separate statement of profit or loss) and other comprehensive income section.

Basis of preparation

These general purpose financial statements have been prepared in accordance with Australian Accounting Standards- Reduced Disclosure Requirements and Interpretations issued by the Australian Accounting Standards Board (AASB), legislation the Associations Incorporation Act 2009, the Charitable Fundraising Act 1991 and associated regulations, as appropriate for not-for-profit oriented entities.

Historical cost convention

The financial statements have been prepared under the historical cost convention.

Hepatitis SA Incorporated

Notes to the financial statements For the Year Ended 30 June 2014

Note 1. Significant accounting policies (continued)

Revenue recognition

Revenue is recognised when it is probable that the economic benefit will flow to the incorporated association and the revenue can be reliably measured. Revenue is measured at the fair value of the consideration received or receivable.

Sales revenue

Events, fundraising and raffles are recognised when received or receivable.

Donations

Donations are recognised at the time the pledge is received by the organisation.

Grants

Grants are recognised at their fair value where there is a reasonable assurance that the grant will be received and all attached conditions will be complied with.

Other revenue

Other revenue is recognised when it is received or when the right to receive payment is established.

Income tax

As the incorporated association is a charitable institution in terms of subsection 50-5 of the Income Tax Assessment Act 1997, as amended, it is exempt from paying income tax.

Plant and Equipment

Plant and equipment is stated at historical cost less accumulated depreciation and impairment. Historical cost includes expenditure that is directly attributable to the acquisition of the items.

Cash and cash equivalents

Cash and cash equivalents includes cash on hand, deposits held at call with financial institutions, other short-term, highly liquid investments with original maturities of three months or less that are readily convertible to known amounts of cash and which are subject to an insignificant risk of changes in value.

Depreciation is calculated on a straight-line basis to write off the net cost of each item of property, plant and AASB1180 equipment (excluding land) over their expected useful lives as follows:

Plant and equipment	3-7 years
Motor vehicles	5-7 years
Office equipment	3-5 years

The residual values, useful lives and depreciation methods are reviewed, and adjusted if appropriate, at each reporting date.

An item of plant and equipment is written off upon disposal or when there is no future economic benefit to the incorporated association. Gains and losses between the carrying amount and the disposal proceeds are taken to profit or loss.

Hepatitis SA Incorporated

Notes to the financial statements For the Year Ended 30 June 2014

Note 1. Significant accounting policies (continued)

Trade and other payables

These amounts represent liabilities for goods and services provided to the incorporated association prior to the end of the financial year and which are unpaid. Due to their short-term nature they are measured at cost.

Employee Benefits

Wages and salaries and annual leave

Liabilities for wages and salaries, including non-monetary benefits, and annual leave expected to be settled within 12 months of the reporting date are recognised in current liabilities in respect of employees' services up to the reporting date and are measured at the amounts expected to be paid when the liabilities are settled.

Long service leave

The liability for long service leave is recognised in current and non-current liabilities, depending on the unconditional right to defer settlement of the liability for at least 12 months after the reporting date. The liability is measured as the present value of expected future payments to be made in respect of services provided by employees up to the reporting date.

Goods and Services Tax (GST) and other similar taxes

Revenues, expenses and assets are recognised net of the amount of associated GST, unless the GST incurred is not recoverable from the tax authority. In this case it is recognised as part of the cost of the acquisition of the asset or as part of the expense.

Receivables and payables are stated inclusive of the amount of GST receivable or payable. The net amount of GST recoverable from, or payable to, the tax authority is included in other receivables or other payables in the statement of financial position.

Cash flows are presented on a gross basis. The GST components of cash flows arising from investing or financing activities which are recoverable from, or payable to the tax authority, are presented as operating cash flows.

Note 2. Revenue

	2014	2013
	\$	\$
<i>Revenue</i>		
Grants Received	1,579,294	1,164,787
Interest Income	19,351	15,941
Other Income	20,036	4,551
	<u>1,618,681</u>	<u>1,185,279</u>

Hepatitis SA Incorporated
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2014

Note 3. Current assets- cash and cash equivalents

	2014	2013
	\$	\$
Cash at Bank - Current Account	18,971	22,855
Online Saver	576,398	434,747
Petty Cash	250	250
	595,619	457,852

Note 4. Current assets- trade and other receivables

	2014	2013
	\$	\$
Receivables	445	150
Prepayments	5,628	6,312
	6,073	6,462

Note 5. Current assets- other

	2014	2013
	\$	\$
Gift Fund Account	1,017	967
	1,017	967

Note 6. Non-current assets- property, plant and equipment

	2014	2013
	\$	\$
Plant and equipment- at cost	185,112	180,082
Less: Accumulated depreciation	(126,994)	(112,666)
	58,118	67,416

Hepatitis SA Incorporated
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2014

Note 7. Current liabilities- trade and other payables

	2014 \$	2013 \$
Creditors	13,404	13,261
Quiznight Fund Provision	<u>3,851</u>	<u>3,851</u>
	<u>17,255</u>	<u>17,112</u>

Note 8. Current Liabilities- Employee Benefits

	2014 \$	2013 \$
Provision for Annual Leave	<u>91,616</u>	<u>83,982</u>

Note 9. Current liabilities- other

	2014 \$	2013 \$
PAYG Employee Tax	10,268	2,143
GST Payable	<u>1,070</u>	<u>16,792</u>
	<u>11,338</u>	<u>18,935</u>

Note 10. Non-current liabilities- Employee Benefits

	2014 \$	2013 \$
Provision for Long Service Leave	101,605	77,782
Provision for Employee Redundancies	<u>104,924</u>	<u>100,670</u>
	<u>206,529</u>	<u>178,452</u>

Note 11. Equity- retained surpluses

	2014 \$	2013 \$
Retained surpluses at the beginning of the financial year	129,255	117,265
Surplus after income tax expense for the year	<u>44,145</u>	<u>11,990</u>
Retained surpluses at the end of the financial year	<u>173,400</u>	<u>129,255</u>

Hepatitis SA Incorporated

Notes to the financial statements

30 June 2014

Note 12. Key management personnel disclosures

Compensation

There was no aggregate compensation made to officers and other members of key management personnel of the incorporated..

Note 13. Contingent liabilities

The incorporated association had no contingent liabilities as at 30 June 2014 nor 30 June 2013.

Note 14. Commitments

The incorporated association had no commitments for expenditure as at 30 June 2014 and 30 June 2013.

Note 15. Related party transactions

Key management personnel

Disclosures relating to key management personnel are set out in note 14.

Transactions with related parties

There were no transactions with related parties during the current and previous financial year.

Receivable from and payable to related parties

There were no trade receivables from or trade payables to related parties at the current and previous reporting date.

Loans to/from related parties

There were no loans to or from related parties at the current and previous reporting date.

Note 16. Events after the reporting period

No matter or circumstance has arisen since 30 June 2014 that has significantly affected, or may significantly affect the incorporated association's operations, the results of those operations, or the incorporated association's state of affairs in future financial years.

Hepatitis SA Incorporated

Members Report For the Year Ended 30th June 2014

The board members present their report, together with the financial statements, on the Association for the year ended 30 June 2014.

Board Members

The following persons were board members of the incorporation during the whole of the financial year and up to the date of this report, unless otherwise stated:

Arieta Papadelos	
Catherine Freguson	
Lindsay Krassnitzer	
Gillian Bridgen	
Kerry Paterson	
Jeffrey Stewart	
William Gaston	
Howard Jillings	(Appointed 9 September 2013)
Dr Judith Peppard	(Appointed 9 September 2013)
Nicola Parkin	(Appointed 12 May 2014)
Carol Holly	(Resigned 23 September 2013)
Darrien Bromley	(Resigned 14 August 2013)
Lisa Carter	(Resigned 22 October 2013)

In accordance with Section 35(5) of the Associations Incorporations Act 1985, the Board of the Hepatitis SA Incorporated hereby states that during the financial year ended 30 June 2014:

- (a) (i) No officer of the association;
- (ii) No firm of which the officer is a member;
- (iii) No body corporate in which an officer has a substantial financial interest;
- Has received or become entitled to receive a benefit as a result of a contract between the officer, firm or body corporate and the association.
- (b) No officer of the association has received directly or indirectly from the association any payment or other benefit of a pecuniary value.

Signed On Behalf of the Board:



BOARD MEMBER



BOARD MEMBER

On the 21 day of October 2014

Adelaide

INDEPENDENT AUDITOR'S REPORT

Hepatitis SA Incorporated

We have audited the accompanying financial report of the **Hepatitis SA Incorporated**, which comprises the Balance Sheet as at 30 June 2014, and the Income and Expenditure Statement for the year then ended, a summary of significant accounting policies and other explanatory notes.

The **Hepatitis SA Incorporated** are responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards (including the Australian Accounting Interpretations). This responsibility includes designing, implementing and maintaining internal control relevant to the preparation and fair presentation of the financial report that is free from material misstatement, whether due to fraud or error; selecting and applying appropriate accounting policies; and making accounting estimates that are reasonable in the circumstances.

Auditor's responsibility

Our responsibility is to express an opinion on the financial report based on my audit. We conducted my audit in accordance with Australian Auditing Standards. These Auditing Standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance 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 of 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 **Hepatitis SA Incorporated**, 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 my audit opinion.

Auditor's Opinion

In our opinion, the financial report presents fairly, in all material respects, the financial position of the **Hepatitis SA Incorporated** as of 30 June 2014, and of its financial performance for the year then ended in accordance with Australian Accounting Standards (including the Australian Accounting Interpretations).



Peter Hall Chartered Accountant

Dated **24TH October** 2014

