



family
planning nsw

Reproductive & Sexual Health

Annual Report 2016-2017



Our mission

To enhance the reproductive and sexual health and rights of our communities by supporting all people to have control over and decide freely on all matters related to their reproductive and sexual health throughout their life.

Our values

Human rights focus - promoting the rights of all people to reproductive and sexual health

Integrity - maintaining a strong ethical base, being accountable and transparent

Inclusiveness - valuing and respecting diversity without judgement

Equity of access - ensuring access to our services for all including priority populations

Client centred - placing the needs of the whole person at the centre of our work

Commitment to excellence - ensuring high standards in all our work

Our principles

Focusing on the whole person throughout their lifespan informed by the social determinants of health

Working in **collaboration and partnership** to strengthen our services and programs

Being advocates for the community

Developing and using **best practice and evidence based** approaches

Promoting freedom of choice which reflects individual differences and preferences

Building the **capacity** of our organisation, other professionals and the community

Promoting **professionalism and continuous improvements** in our ways of working

Fostering **innovation and creativity** in our work

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Who we are

Family Planning NSW is the leading provider of reproductive and sexual health services in NSW.

Family Planning NSW is committed to excellence in meeting the reproductive and sexual health needs of the community.

Much of who we will be in the future is embedded in who we are and who we have always been.

We achieve this excellence by providing best practice, accredited clinical services, enhancing the knowledge and skills of service providers, improving knowledge about reproductive and sexual health through evidence based research and peer evaluation and leading international development projects to promote the rights of marginalised people in developing countries. This international work involves collaborating with government and organisations at state, national and international levels to strengthen the ability of local health providers to deliver family planning services.

We are experts in contraception, pregnancy options counselling, sexually transmissible infections, common gynaecological problems, cervical cancer screening, breast awareness and women and men's sexuality and sexual function.

We respect the rights of our clients to make choices about their reproductive and sexual health and we treat every person with respect, dignity and understanding.

Family Planning NSW is also well known for local and international professional education and training activities. This work is evidence based, broad ranging and includes programs for clinicians, disability workers, teachers, parents and carers, and welfare organisations. We provide a wide range of health promotion activities across diverse population groups, ensuring access to high quality information about reproductive and sexual health.



President & CEO reports



Sue Carrick

Non-Executive Director - President
MHSc, MAICD

President's report

This year has been one of outstanding achievements from the whole Family Planning NSW team, led by Chief Executive Officer Adjunct Professor Ann Brassil.

Our work is guided by detailed planning, with an overarching strategic plan signed off by the Board. The work outlined in this Annual Report reflects well on the organisation in our achievement of the targets we set in the 2014-18 Strategic Plan. Over the last three years, our clinics provided 88,500 occasions of service to more than 35,000 clients, which exceeded the targets we set ourselves, particularly for those in greatest need of our services.

We have reached more of our priority population groups. We continue to reach our priority groups with 3% of our total clients were from Aboriginal and Torres Strait Islander background, 32% born overseas, 5% people with disability and 28% young people.

Our education courses were more popular and accessible than ever and we have enhanced the flexibility of our delivery, with the ongoing implementation of e-learning and blended learning frameworks. Capacity building is our approach both here and in the Pacific, with our aim to build skills in primary health practitioners, including GPs, nurses and allied health, as well as in teachers and community support services.

Across the Pacific, we have provided a leadership role in the implementation of cervical cancer screening programs. We build the capacity of our international partners to deliver this essential service, alongside the provision of information and training across a broad spectrum of reproductive and sexual health issues. We are becoming increasingly well respected for our innovative and inclusive approach to international development work in the Asia Pacific.

Family Planning NSW partners with a diverse range of organisations to work on producing high quality research and publications that are widely used by professionals and the community. Our strong research program regularly delivers innovative studies on different aspects of reproductive and sexual health.

Our advocacy this year saw an increase in our impact for the continuance of our vital work. We successfully campaigned against the Australian re-introduction of the Mexico City Policy, also known as the Global Gag Rule, both individually as an organisation and as part of the International Sexual and Reproductive Health and Rights Consortium. We worked with governments at all levels, meeting with the Federal Parliamentary Group on Population and Development and with members of NSW and Federal Parliament. Taking our advocacy for reproductive and sexual health and rights to the international arena, Family Planning NSW, on behalf of the Asia Pacific Alliance for Sexual and Reproductive Health and Rights (APA), gave an oral presentation to the United Nations 61st session of the Commission on Population and Development in New York in April 2017.

Work has commenced on the next Strategic Plan that will take Family Planning NSW into 2022. The Board, the Executive and the staff are all collaborating to develop a continuing strong vision for the future of the organisation.

I want to thank Adjunct Professor Brassil for another year of strong leadership across such a diverse and vibrant organisation. She leads a team of highly capable Executives, who in turn lead teams of over 200 professional, passionate and committed staff across our five fixed sites and an increasing number of outreach services across NSW. Demonstrating our commitment to partnership and delivery of services within the community, our staff work in a vast array of schools, juvenile justice facilities, refuge and community centres, disability organisations and local venues to bring the best reproductive and sexual health services and education to people in NSW.

I would like to also thank my fellow Directors, who volunteer their time to contribute immensely to the governance of Family Planning NSW. This year, we said thank you and good bye to Kerrie Chambers, Neil Steggall, Christine Franks and Sue Shilbury, and welcomed Bernadette Or and Gary Trenaman. They join Kim Johnstone, Carolyn Miller, Rosalind Winfield, Melissa Williams, and Nadine Wilmot in building our Board.

I would also like to acknowledge and thank our funders and partners, particularly the NSW Ministry of Health and the Department of Foreign Affairs and Trade, for their continued support and recognition of the importance of delivering quality, evidence-based reproductive and sexual health services.



Adj. Prof. Ann Brassil

Chief Executive Officer

BSc (Psych) Hons, MA (Hons) Clin Psych, MBA, MAICD

CEO's Report

I am delighted to present the 2016-17 Family Planning NSW Annual Report which showcases the diverse, rich and specialised work we carry out across NSW, Australia and the Pacific. Our highly trained and competent staff, numbering around 200, have worked diligently to ensure that our quality reproductive and sexual health services are reaching more people in more locations than ever.

In 2016/17, Family Planning NSW saw over 15,000 clients for 30,000 visits across our five clinics and our outreach sites. Our clients included 14,525 women and 573 men from a diverse range of backgrounds, with a significant range of reproductive and sexual health needs. 4,847 clients were born overseas, 431 arrived in Australia as an asylum seeker or humanitarian refugee and 3,469

were non-English speaking. 756 of our clients reported a disability, 474 were from an Aboriginal or Torres Strait Islander background and 4,304 were less than 25 years old. This amply demonstrates the breadth and diversity of our clinical services.

We've increased our services to people with disability and their families this year, with our award winning parent forums delivered across NSW. These assist parents and carers to develop the skills they need to improve their confidence in dealing with sexuality and relationships for people with disability.

In 2016-2017 we conducted 19 new health promotion projects, developed 15 new health promotion resources and held 433 community education sessions for 11,207 participants across our target groups.

We provided cervical cancer screening training to 130 doctors and 98 nurses, including 76 international medical graduates, 49 General Practitioners practising in regional and remote areas, and eight nurses working in Aboriginal Medical Services.

Our direct clinical training with doctors and nurses continues to be in high demand. In the past year, we provided 5,085 hours of clinical training to 166 nurses and 122 doctors. We also provided training for teachers, disability workers and other professionals with 94 courses to 1,383 participants.

Our work across the Pacific grows each year, with our delivery of cervical cancer prevention and treatment rolling out across Solomon Islands and Vanuatu in close partnership with local organisations. We worked to increase capacity among health workers, organisations and clinicians to ensure that women in the Pacific have access to testing and treatment.

We have also implemented disability inclusion programs with disability organisations to support reproductive and sexual health and rights for people with disability.

We publish our research findings in peer-reviewed journals, and our expertise is often called upon to contribute to topics and issues across the field of reproductive and sexual health.

A highlight this year has been our study with RSVP, an online dating service, which revealed high contraceptive use and a desire to share contraceptive decision-making with partners. Misperceptions and low awareness of some contraceptive methods, including the emergency contraceptive pill, were evident and highlighted a need for ongoing education for men. We completed an evaluation of our Strong Family Program, undertaken with Aboriginal and Torres Strait Islander youth and Elders in NSW. This highlighted the importance of basing reproductive and sexual health projects and education with Aboriginal communities on community consultations, and ensuring they are carried out within a culturally appropriate framework.

This year we launched our new webstore, a one-stop shop for all our publications, courses and donations. Our outstanding resources are now more available for the community, clinicians and teachers wanting credible information on reproductive and sexual health.

I was delighted to celebrate, with everyone, our 90th anniversary in November last year with an exciting and innovative conference and gala dinner. This was a unique opportunity for us to come together and talk about where we have been, contextualise our work within the national and

international arena and, more importantly, think about where we are heading as we move towards being 100!

The conference, 'The Next Generation', facilitated discussions across the organisation, and with our many stakeholders who are as passionate about reproductive and sexual health as we are. Keynote addresses from international and local experts were a highlight, with Sandeep Prasad, from Action Canada for Sexual Health and Rights, Jon O'Brien, from Catholics for Choice USA and the Deputy Vice Chancellor (Research) of UTS, Professor Elizabeth Sullivan bringing their expertise and perspectives on the challenges ahead. The feedback from the conference was overwhelmingly positive, with many calls to do it again in the future.

Family Planning NSW continues to grow and flourish, and I am proud of all our staff across all of the organisation, and the work we do. I would like to particularly thank our Family Planning NSW Board who generously give up their time to provide such important strategic direction and governance of our organisation.

Clinical services

Family Planning NSW provides accredited reproductive and sexual health services to a wide range of people. Some of our priority populations include people from culturally and linguistically diverse backgrounds, people with disability, Aboriginal and Torres Strait Islander people and young people.

In 2016-2017 our clinical services saw 15,112 clients for 30,064 clinic visits. Our clients included 14,525 women and 573 men and these people came from a diverse range of backgrounds and with a significant range of personal needs. In all, 4,847 of our clients were born overseas, 431 arrived in Australia as an asylum seeker or humanitarian refugee and a significant 3,469 were non-English speaking.

People came to our clinics for a broad range of health services and advice. Contraception (12,140 visits) and gynaecological services (12,107 visits), were the primary reasons in the past year.

Across our NSW clinics the combined contraceptive pill is still the most popular contraception among clients with 2,086 scripts supplied. Long acting reversible contraceptives like intra-uterine devices (IUD) are also gaining attention and in the past year we inserted 1,277 hormonal IUDs and 399 copper IUDs.

We conduct a range of tests to ensure the reproductive and sexual health of our clients and in 2016-2017 we did 6,365 cervical screening tests, screened for Chlamydia in 556 symptomatic and 5,019 asymptomatic clients and conducted 2,316 pregnancy tests.

Our work with priority populations is part of the Family Planning NSW foundation and in 2016-2017, 756 of our clients reported a disability, 474 were from an Aboriginal or Torres Strait Islander background and 4304 were less than 25 years old.

Women trust us with their reproductive choices. We conducted 2,316 pregnancy tests in 2016-2017.

Domestic Violence Routine Screening

Domestic violence routine screening was introduced in NSW in 2003 as part of antenatal, child and family health services, mental health services and alcohol and other drug services. In 2012, Family Planning NSW also implemented this screening through our clinics.

One of our performance goals this year was to continue improving our rate of domestic violence routine screening. Our five clinic sites across Dubbo, Hunter, Penrith, Fairfield and Ashfield saw 12,910 women eligible for screening through the year and as an organisation we improved our domestic violence screening rate to an organisational average of 64 per cent, significantly more than last year. Our Dubbo clinic had the highest domestic violence screening rate across the entire Family Planning NSW network with a screening rate of 75 per cent.

Domestic violence is recognised as a significant public health concern and routine screening for this is an important intervention. There are known links between domestic violence and sexual and reproductive ill health and it is important we continue our work in this area.

Accredited Clinical Services

Family Planning NSW maintained its accreditation from the Australian Council on Healthcare Standards (ACHS) under the National Safety and Quality Health Service Standards. ACHS is an independent, not-for-profit organisation dedicated to improving quality in health care.

Family Planning NSW is due for its next accreditation site visit in 2020.

Lignocaine spray trial

We completed a pilot study into the feasibility and acceptability of lignocaine spray as a local anaesthetic during Intra-Uterine Device (IUD) insertion procedures. This pilot enabled registered nurses, working as IUD inserters, to be able to provide procedural pain relief options to clients who had concerns about pain. This new development is of great benefit procedurally and for overall patient experience.

National Cervical Screening Program

Family Planning NSW completed 6,365 cervical screenings within the year. The National Cervical Screening Program started in 1991. It has been very successful and Australia now has one of the lowest rates of cervical cancer in the world.

New knowledge and technology has led to a substantial change in the screening program because the cell changes that could lead to cervical cancer can be detected more quickly.

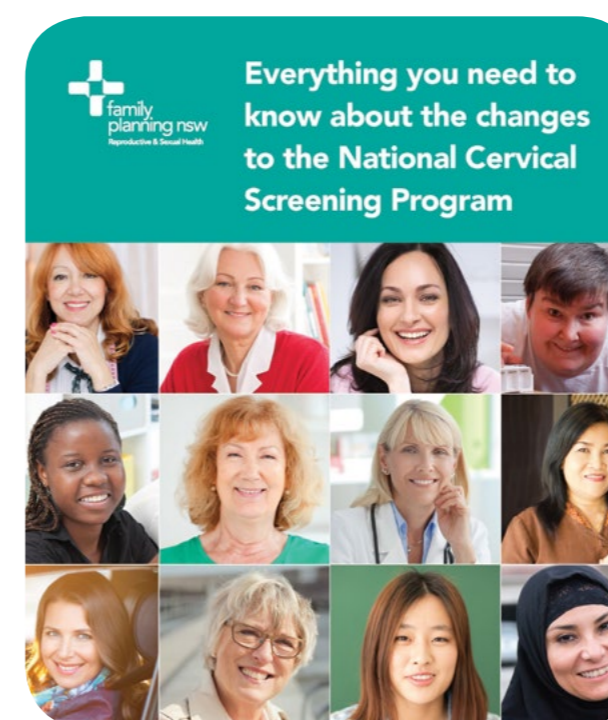
As part of our participation in the National Cervical Screening Program, we have been transitioning all our training and promotional material from the old technology of pap smears. The new Cervical Screening Test replaces the Pap smear, and all Family Planning NSW clinics have been implementing education strategies around the different requirements of the program.



Long Acting Reversible Contraceptives (LARC)

Family Planning NSW has had a focus on increasing the number of LARCs used for contraception in NSW. Increases in staff training and a growing base of assistants in nursing has seen provision of LARC grow with over 2,600 LARCs implanted over the last year.

Many women have never heard of LARCs so we have provided more information and awareness of the options for using them through our clinics. We have also raised awareness through media, social media, videos and online tools to address myths and rumours about LARCs, helping to put women at ease with clear, concise information.



Talkline



Talkline is a confidential phone, email and web information and referral service which has become an integral part of how we provide statewide clinical care, particularly in regional and rural areas. Talkline provides expert advice, information and referrals on unplanned pregnancy, contraceptive options, sexually transmissible infections and reproductive and sexual health. The addition of a web chat function to Talkline was a new service this past year and it proved to be a popular advice and information option.

6,631 calls, 997 emails and 302 web chat sessions were received by Talkline in 2016-2017. People who contacted Talkline had a range of questions and we answered 11,893 questions through the year. The topics included contraception (6,071), pregnancy (2,234), sexually transmissible infections (664), and other (2,924).

Talkline is staffed by registered nurses and we are growing the workforce capable of supporting our clients through this service. In 2016-2017, we trained five more registered nurses to work on Talkline.

Number of emails answered by sex	No.	%
Male	85	9%
Female	892	89%
Not provided	20	2%
Total	997	100%

Number of emails answered by age group	No.	%
< 25 years old	396	40%
25-29 years	155	16%
30-39 years	145	15%
40-49 years	60	6%
50 years and over	37	4%
Not provided	204	20%
Total	997	100%

Number of live chat and live chat emails answered	No.	%
Live chat	205	68%
Live chat emails	97	32%
Total	302	100%



Our Health Promotion team work to ensure there is support for each of our priority populations. We achieve this through education, awareness raising, the development of learning materials and a range of allied health projects.

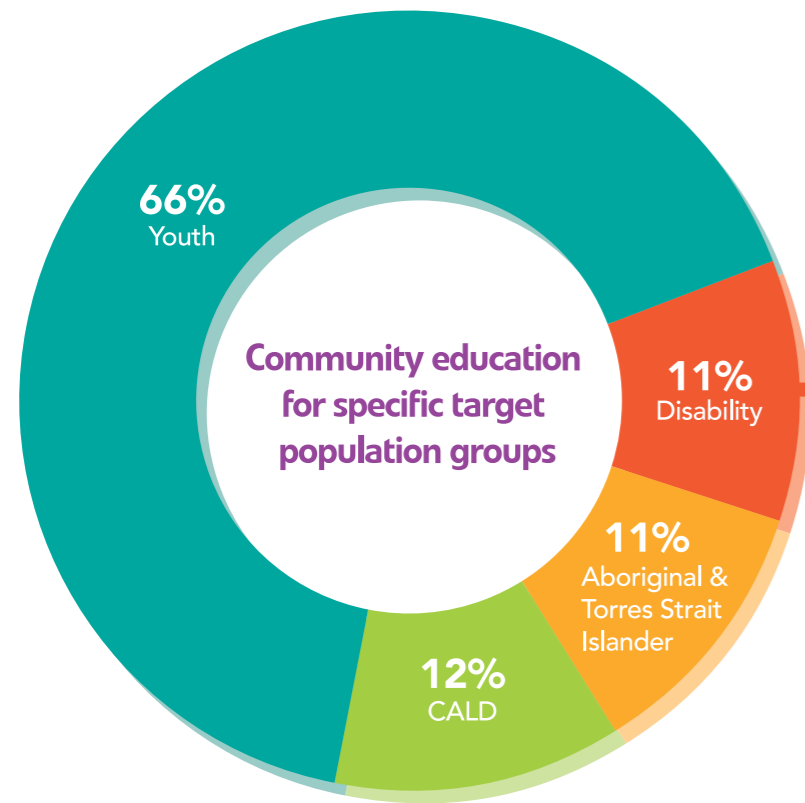
In 2016-2017, we implemented 19 new projects, developed 14 new resources and held 433 community education sessions for 11,207 participants. Our work always maintains a strong focus on core groups including young people, Aboriginal and Torres Strait Islander people, culturally and linguistically diverse communities and people with disability.

Health promotion continues to be a highly productive and vibrant area within the organisation and key programs and achievements through 2016-2017 included:

- Condom Credit Card app, plus development of an online training module for providers
- *Know Your Health* resources for culturally and linguistically diverse communities
- You+Me=Us youth healthy relationships booklet
- Strong Family Programs in Aboriginal communities
- Trending Sexual Health social media project
- *All About Sex* fact sheets for people with a disability
- Pregnancy Options resources for priority populations
- What is a LARC? resource development
- What does safe sex mean? resource development
- Intensive English Centres needs assessment project
- Presentation at the International Association for the Scientific Study of Intellectual and Developmental Disabilities World Congress

Our health promotion work is founded on positive and strategic partnerships with NSW local health districts and other service providers. This co-operative approach allows us to extend our reach to marginalised populations across NSW and support better health outcomes. One of our key responsive areas of work this year was a pornography and sexting education pilot. This work was in response to requests from schools to address a growing issue among students. The resulting education session plan, school pilot and inclusion of key information in our *You+Me=Us* healthy relationships booklet is the foundation for more extensive work in this important area.

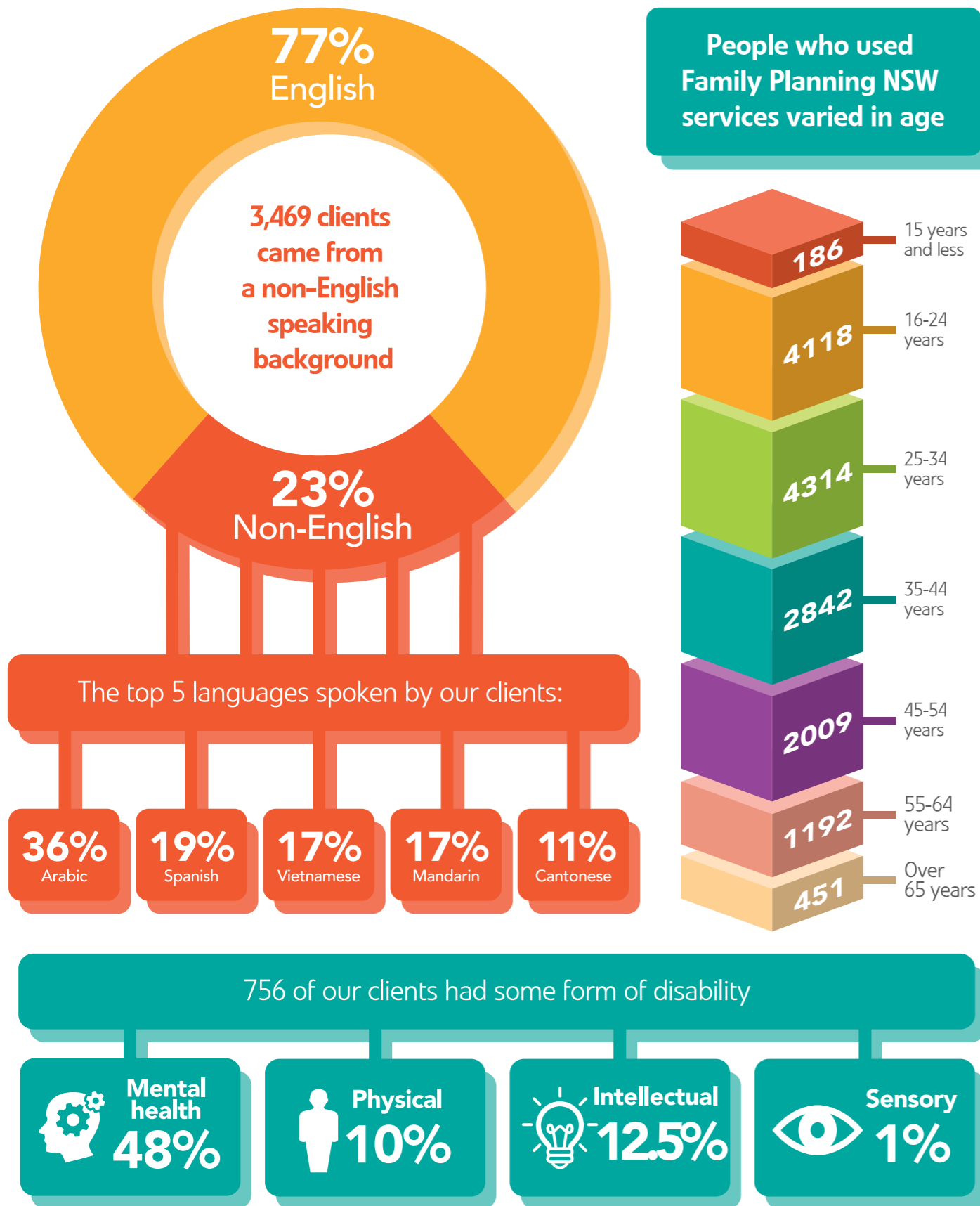
"I know the students enjoyed the sessions you ran, they were very informative and a different way to approach the topic of sex which I loved."
(Feedback from several Aboriginal and Torres Strait young people)



92.2% of people with disability identified a skill or knowledge increase from our health promotion education.



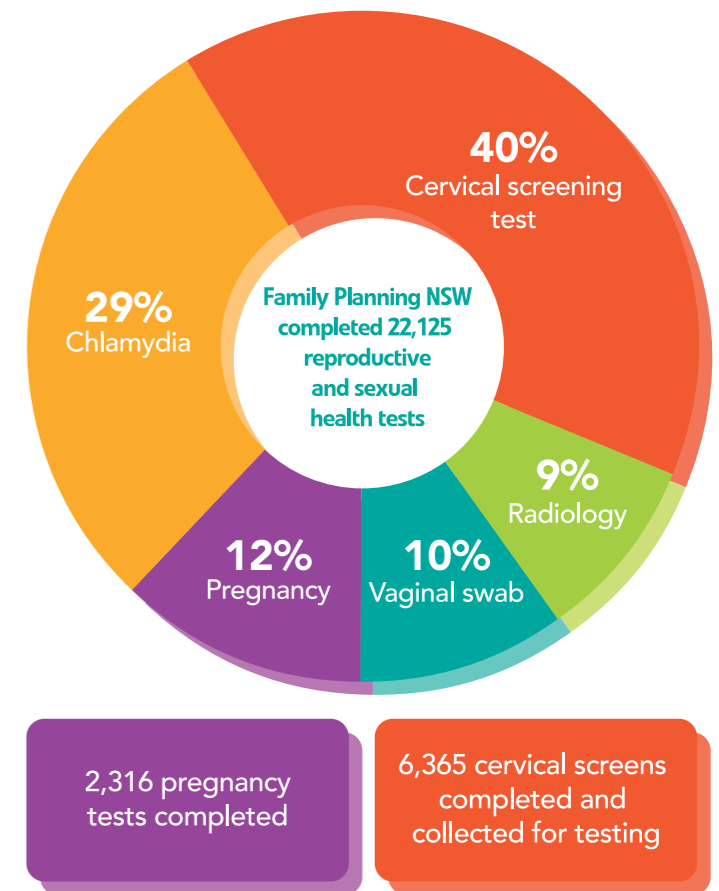
FAMILY PLANNING NSW CLIENT BACKGROUND



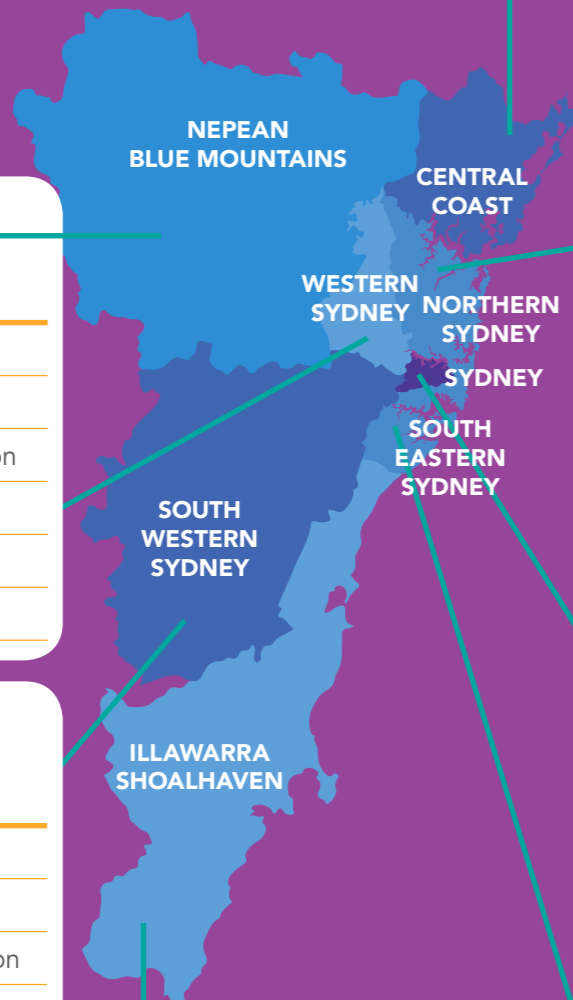
FAMILY PLANNING NSW OFFERED A WIDE RANGE OF CONTRACEPTIVE OPTIONS



REPRODUCTIVE AND SEXUAL HEALTH TESTING OR REFERRAL AT FPNSW



Services provided in Metropolitan Local Health Districts



NEPEAN BLUE MOUNTAINS

3,580 occasions of clinical service
 628 called or sent email to Talkline
 2,611 attended community education
 59 attended professional courses
 75 attended professional activities
 64,417 resources distributed

WESTERN SYDNEY

2,371 occasions of clinical service
 722 called or sent email to Talkline
 1,284 attended community education
 88 attended professional courses
 166 attended professional activities
 14,675 resources distributed

SOUTH WESTERN SYDNEY

3,640 occasions of clinical service
 772 called or sent email to Talkline
 130 attended community education
 187 attended professional courses
 155 attended professional activities
 52,718 resources distributed

ILLAWARRA SHOALHAVEN

55 occasions of clinical service
 120 called or sent email to Talkline
 187 attended community education
 57 attended professional courses
 30 attended professional activities
 24,660 resources distributed

CENTRAL COAST

148 occasions of clinical service
 97 called or sent email to Talkline
 340 attended community education
 63 attended professional courses
 153 attended professional activities
 38,639 resources distributed

NORTHERN SYDNEY

1,107 occasions of clinical service
 591 called or sent email to Talkline
 186 attended community education
 123 attended professional courses
 391 attended professional activities
 8,629 resources distributed

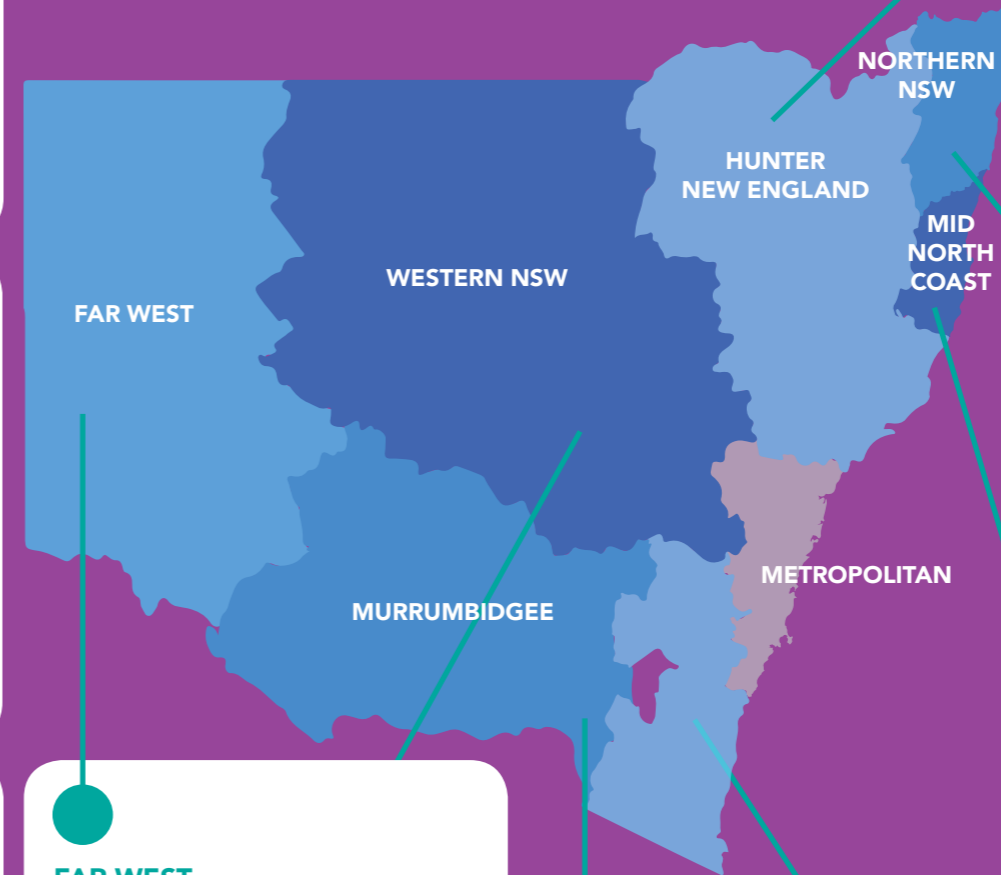
SYDNEY

5,412 occasions of clinical service
 1,877 called or sent email to Talkline
 1,409 attended community education
 131 attended professional courses
 1,550 attended professional activities
 59,909 resources distributed

SOUTH EASTERN SYDNEY

2,766 occasions of clinical service
 844 called or sent email to Talkline
 76 attended professional courses
 133 attended professional activities
 4,874 resources distributed

Services provided in other NSW Local Health Districts



FAR WEST

6 occasions of clinical service
 10 called or sent email to Talkline
 3 attended professional courses
 7,066 resources distributed

WESTERN NSW

2,802 occasions of clinical service
 212 called or sent email to Talkline
 611 attended community education
 68 attended professional courses
 74 attended professional activities
 13,794 resources distributed

MURRUMBIDGEE

4 occasions of clinical service
 33 called or sent email to Talkline
 50 attended community education
 34 attended professional courses
 21 attended professional activities
 3,603 resources distributed

HUNTER NEW ENGLAND

8,042 occasions of clinical service
 1,048 called or sent email to Talkline
 1,741 attended community education
 331 attended professional courses
 156 attended professional activities
 31,798 resources distributed

NORTHERN NSW

16 occasions of clinical service
 65 called or sent email to Talkline
 34 attended community education
 23 attended professional courses
 321 attended professional activities
 2,443 resources distributed

MID NORTH COAST

16 occasions of clinical service
 80 called or sent email to Talkline
 58 attended professional courses
 1 attended professional activities
 11,138 resources distributed

SOUTHERN NSW

9 occasions of clinical service
 35 called or sent email to Talkline
 2036 attended community education
 21 attended professional courses
 1 attended professional activities
 6,599 resources distributed



Clinics

DUBBO

- 2,804 client visits by 1,444 clients
- 16% of clients from an Aboriginal or Torres Strait Islander background
- 75% of clients screened for domestic violence

DUBBO

HUNTER

- 8,134 client visits by 3,783 clients
- 35% of clients under the age of 24

HUNTER

PENRITH

- 4,767 client visits by 2,192 clients
- 64% of clients screened for domestic violence

PENRITH

FAIRFIELD

FAIRFIELD

- 4,213 client visits by 2,318 clients
- 62% of clients born overseas
- 51% of clients do not speak English at home

ASHFIELD

ASHFIELD

- 10,146 client visits by 5,375 clients
- 44% of clients born overseas

SYDNEY

Number of client visits by main service provided by location of clinic, 2016-2017

Main Service Provided	Ashfield	Dubbo	Fairfield	Newcastle	Penrith	Total
Contraception	4473	936	1710	2887	2134	12,140
Gynaecological	4220	1458	1906	2848	1675	12,107
Pregnancy	459	181	296	323	341	1,600
STI	760	196	189	1596	507	3,248
Sexual Health*	46	7	20	60	34	167
Other	188	26	92	420	76	802
Total Visits	10,146	2,804	4,213	8,134	4,767	30,064

Number of clients by gender by clinic, 2016-2017

Sex	Ashfield	Dubbo	Fairfield	Newcastle	Penrith	Total
Female	5261	1413	2279	3478	2094	14,525
Male	106	30	39	304	94	573
Other	8	1	0	1	4	14
Total Clients	5,375	1,444	2,318	3,783	2,192	15,112

Number of clients by domestic violence screening by clinic, 2016-2017

Domestic Violence Screening	Ashfield	Dubbo	Fairfield	Newcastle	Penrith	Total
No. of women eligible for screening	4778	1236	2110	2941	1845	12,910
Women Screened	2959	930	1306	1938	1184	8,317
% women screened	62%	75%	62%	66%	64%	64%
% disclosure	3%	4%	3%	5%	6%	4%

Number of clients by age group by clinic, 2016-2017

Sex	Ashfield	Dubbo	Fairfield	Newcastle	Penrith	Total
less than 15 years	12	16	6	46	15	95
15 years	17	9	6	30	29	91
16-19 years	202	158	98	540	286	1,284
20-24 years	726	242	227	1187	452	2,834
25-29 years	922	218	304	610	381	2,435
30-34 years	717	153	382	330	297	1,879
35-39 years	575	123	320	266	225	1,509
40-44 years	516	117	268	257	175	1,333
45-49 years	518	128	192	164	129	1,131
50-54 years	388	98	157	129	106	878
55-59 years	313	83	168	94	47	705
60-64 years	258	54	87	61	27	487
65 years and over	211	45	103	69	23	451
Total	5,375	1,444	2,318	3,783	2,192	15,112

Education and training

Family Planning NSW is a leading provider of specialist training for doctors, nurses, teachers, community workers and other professionals. We are committed to building the capacity of health workers, teachers, disability and welfare professionals so that the reproductive and sexual health services offered to people in NSW continue to improve.

Demand for our education and training services continued to be strong with 94 courses attended by 1,383 participants. We also delivered Sexual Safety training to 2,416 mental health professionals and Safe Schools training to 3,240 teachers.

Our direct clinical training with doctors and nurses continued to be in high demand. In the past year, we provided 5,085 hours of clinical training to 166 nurses and 122 doctors. To achieve these high standards of training, Family Planning NSW is registered as a National Vocational Education and Training Regulator Registered Training Organisation by the Australian Skills Quality Authority.

We are endorsed by the NSW Educational Standards Authority and we continue to be recognised as an Accredited Activity Provider under the Royal Australasian College of General Practitioners' Quality Improvement and Professional Development Program. We are also proud that some Family Planning NSW medical education courses and workshops are accredited by the Australian College of Rural and Remote Medicine.

Safe Schools Coalition NSW

Family Planning NSW is committed to building the capacity of NSW schools to reduce homophobia and transphobia and to actively include same sex attracted, intersex and gender diverse students, school staff and families in NSW schools.

From June 2014 to June 2017, we delivered the Safe Schools Coalition NSW with funding from the Foundation for Young Australians.

We were proud to implement the Safe Schools program in NSW to support teachers in creating safe and supportive environments for LGBTI young people at school.

Introduced in 2014, the program saw us work with 150 member schools. The schools were: 89% (134) government sector, 8% (12) independent and 3% (4) faith based. 55% (83) of member schools were in metropolitan areas and 45% (67) in regional, rural and remote areas.



The program delivered 259 professional development sessions to 8,060 teachers and education staff. Our professional development courses were endorsed by the NSW Education Standards Authority (formerly BOSTES).

The program directly assisted 61 schools, providing teachers and well-being staff with information and resources to support sexual and gender diverse students in their school.



Safe Schools also worked with non-member schools to provide presentations, professional development and resources for school leadership parents and teachers.

Over the course of the program, from 2014-2017, we:

- held 182 professional development sessions in schools
- trained 7,119 school staff
- helped 61 schools support individual students
- trained 941 school staff outside the school setting.

Our professional development courses were endorsed by the Board of Studies Teaching and Educational Standards NSW.

“...This is enough for me to be convinced Safe Schools is about accepting kids as they are, and about us being acutely aware that there are vulnerable kids, not just LGBTI kids, that we have a fundamental obligation to protect. No indoctrination, no agendas, just the simple fact that they are children, and they rely on us to make them (all of them) feel safe. If Safe Schools has done nothing more than focus us on the diversity of those in our care, it is worth it”

—Principal, Anglican College, regional NSW

Case study: FPAA National Certificate in Reproductive and Sexual Health for Doctors Scholarship recipient

By Dr Yen Li Lim (MBBS, DCH, BA, MPP)

As a rural General Practice Registrar, I realised that access to health care services can be limited. In Lithgow, there is poor uptake of cervical cancer screening and a high rate of teenage pregnancies. Some patients have low health literacy and require more education. Other patients may not be aware of the options available and benefit from a discussion with their GP. As always, the GP is the first point of contact and we can make a huge difference in patient understanding, expectations and follow up. This is useful in facilitating a smooth patient journey.

Completing the *FPAA Certificate in Reproductive and Sexual Health for Doctors* face-to-face, allowed me to learn from clinical educators who specialised in this important field. All sessions were conducted in a professional and collegial manner which made for a great learning environment. The small group teaching was advantageous for interactive learning and a non-judgemental approach to skill building.

All topics were well covered, questions welcomed and there was ample opportunity to lift the veil on some issues which can be puzzling in general practice. The course also highlighted the many tools we can use to educate and help patients make evidence based decisions about their own care. It was good to see emphasis on communication as well as empowering women with choices.

Both are important issues and good communication allows for rapport building which is one half of a successful consultation.

Since I have completed the FPAA Certificate (theory), I have found my daily conversations about women’s health issues to be more confident and evidence based. I am better able to answer questions and provide reassurance. I will be endeavouring to improve the cervical cancer and STI screening rate, inform teenagers and parents and offering choices locally. By taking the initiative to address issues before they arise, sometimes we can temper their eventual effects. I hope that by doing so, I can help improve the reproductive and sexual health outcomes in regional and rural Australia.

Cervical screening courses

During 2016-2017, we used our expertise to build the capacity of 130 doctors and 98 nurses in cervical screening with funding from the Cancer Institute NSW.

We delivered seven *Cervical Screening Upskilling for GPs* courses including to 76 international medical graduates and 49 general practitioners practising in regional and remote areas.

At the end of each workshop, participants were individually assessed by Family Planning NSW clinical instructors and all participants were found to be competent in their practice of cervical screening test consultations.

“Now confident to start doing Pap smears”

“Excellent course, recommended for every GP”

Seven *Well Women's Screening* workshops were held, with 98 nurses participating, including eight nurses working in Aboriginal Medical Services. Courses were delivered across NSW including in Goulburn, Tamworth (funded by the Hunter New England Primary Health Network), Orange, Newcastle and Blacktown.

“A wonderful patient instructor who nurtures you as a beginner practitioner. Makes you feel comfortable in a learning environment. Has huge knowledge base which students can “tap” into. Excellent instructor. Huge thanks!”

—RN on clinical placement, April 2017

We also began running our cervical screening upskilling courses via webinar. This is a new way to teach for Family Planning NSW and gives us greater reach into remote and rural communities.

This style of education resonated well with students generally. In the past year, there was a 50 per cent growth in distance education and this led to an increase in students studying the Family Planning Alliance of Australia doctors' course.

Reproductive and Sexual Health – Clinical Accreditation Program

This year 33 nurses and midwives completed the *Reproductive and Sexual Health – Clinical Accreditation Program*, a course designed to prepare nurses/midwives to function in an extended clinical role as a practitioner in the specialty of reproductive and sexual health. Family Planning NSW supported nurses/midwives working in areas of reproductive and sexual health need, awarding scholarships to participants working in Broken Hill, Dubbo and Evans Head.

Reproductive and Sexual Health for Midwives

We continue to respond to the learning needs of health workers and in May 2017, we trialed a new reproductive and sexual health course for midwives. This new course responds to the growing specialisation of the midwifery profession and workplace changes which mean many midwives no longer also work as general nurses. This course consists of a 16-week online eLearning program alongside a two-day interactive workshop to offer participants a greater understanding of reproductive and sexual health issues within the maternity context.

Reproductive and Sexual Health - a Population Approach

In 2016, we piloted a subject, *Reproductive and Sexual Health – a Population Approach*, a post graduate unit with the University of Technology Sydney. This subject aims to further develop students' speciality knowledge around reproductive and sexual health using a health promotion framework. It is aimed at those working or intending to work in reproductive and sexual health such as clinicians, health care workers, policy advisors, Aboriginal health workers, social researchers and counsellors. The course is delivered online, with three master classes delivered by subject matter experts working in key affected populations. It provides a strong focus on the current population health approaches that guide strategies and policies to enable optimal evidence-based care.



Medical Education

Family Planning NSW continued to build the capacity of doctors, with 511 students who participated in our medical courses.

We are the coordinating state for the *FPAA National Certificate in Reproductive and Sexual Health for Doctors* and this year, we delivered the course to 135 participants, including four doctors from western NSW who received a scholarship to attend.

We continued teaching university medical students from Sydney University, Western Sydney University and the University of NSW. This included matters related to contraception, sexually transmissible infections, taking a sexual history and cervical screening. Working with universities and prominent health organisations is a key part of our work.

Intrauterine device (IUD) Training

Family Planning NSW is committed to building the capacity of clinicians to insert IUDs. This year, training was completed by 58 clinicians and 62 clinicians attended a case study night which provided an opportunity to support the management of complex or interesting cases, through peer discussion, and to receive advice on new developments in practice.

Sexual Safety Training

During 2016-2017 we were contracted by the NSW Ministry of Health's Mental Health Branch to deliver training on the sexual safety of mental health consumers. This important capacity building program spanned 154 sessions reaching 2,491 mental health professionals. Workshop evaluations supported the training with 91% of participants saying they could apply the training to their work.

The *Sexual Safety Policy Training* played an important role in changing workplace culture around sexual safety and the implementation of strategies to address the needs of highly vulnerable consumers. Professionals who attended the course were overwhelmingly positive about the quality and informative nature of the training.

"I have had so many comments from people ... on the quality of the training. I have even had comments from people who resisted the training... they said that all of the training should be like that. It was one of the most enjoyable training sessions that they have had."

—*Sexual Safety Policy Training*

Working it Out

Our new teacher training program, *Sexual Health Education: Working It Out*, was launched in collaboration with Hunter New England Local Health District. This six hour training program targets teachers of years 5-8 (10-14 year olds) that enables key school staff, including teachers, school counsellors and year advisors, to build on existing knowledge and increase confidence in answering challenging questions around puberty, relationships and sexual health using a holistic approach.

Sessions included up-to-date information and provided evidence-based examples of effective teaching strategies, activities and resources appropriate to students this age.

In August 2016, Family Planning NSW delivered five courses to 80 participants in Maitland, Taree, Newcastle, Muswellbrook, and Swansea. Feedback indicated overwhelmingly that the course was relevant and worthwhile, delivering increased knowledge and confidence in delivering sexual health education.

Disability Training

This year, we trained 252 disability workers and teachers across NSW to increase skills and confidence in proactively supporting people with disability in sexual health and relationships. Sites spanned metropolitan Sydney to Booragul, Dubbo, Wollongong, Newcastle, Tamworth, Inverell, Lismore and Port Macquarie.

The training assisted teachers and disability workers to become confident in capacity building people with disability in matters relating to sexual and reproductive health. This course increased in popularity, particularly in regional areas.

Student Placement Online Tool (SPOT) bookings

Family Planning NSW is committed to meeting the varied training needs of the clinical workforce in NSW, which means working in new and diverse ways. A new electronic clinical placement booking system (SPOT) was piloted allowing us to more effectively monitor bookings, cancellations and placements across all clinic sites. It also streamlines the booking process for students and the process for health workers in local health districts who are completing sexual safety training. SPOT will be implemented for all of our clinical placements in 2017/18.

Research and evaluation

Family Planning NSW has a strong history of achievement in research and research translation. Research undertaken by Family Planning NSW is guided by our comprehensive Family Planning NSW Research Plan 2014-2018. We collaborate with universities and other research institutions on clinical and population health research studies and have extensive experience of leading our own projects.

This year, Family Planning NSW was successful in gaining access to the Commonwealth Department of Employment Refreshable Panel for Research and Evaluation Services and the Commonwealth Department of Social Services for the provision of services in relation to social policy, evaluation, programme review and investment in data.

Family Planning NSW Ethics Committee

The Family Planning NSW Research Centre progresses research projects through a structure underpinned by our Research Governance Guidelines and the Family Planning NSW Ethics Committee. The Committee is registered with the National Health and Medical Research Council (NHMRC). Every research proposal must comply with standards as outlined in the National Statement on Ethical Conduct in Human Research (2007).

During 2016-2017, the committee convened eight times (three face to face and five online) and approved four new research applications and 12 study amendments.

Some of our research highlights included:

- **Optimising cervical cancer prevention amongst Aboriginal women in rural and remote New South Wales: A pilot study:** this study aims to explore the acceptability of a combined screening approach, based on women's informed consent, and same-day treatment (where indicated and requested), for eligible Aboriginal and non-Aboriginal women in rural and remote NSW, in order to improve rates of screening and treatment in this under-screened population.
- **Improving access to early abortion in New South Wales: health providers and women's perspectives:** this was a collaborative research project between Family Planning NSW and the University of Technology Sydney, funded by Family Planning NSW. The study aimed to identify approaches to improve access to abortion in NSW. Research findings indicated that pathways to abortion can be complex with multiple routes that are not always clear to women and health professionals. This may affect access to services, which can result in delays for women.
- **Sexual health of migrant women from CALD groups: an international comparison:** this study was conducted by the Western Sydney University Centre of Health Research, School of Medicine. It was funded by an Australian Research Council Linkage Grant and co-funded by Family Planning NSW and Merck Sharp & Dohme (MSD). The study aimed to examine how sexual and reproductive health is experienced and understood by recent migrant and refugee women living in Sydney Australia and Vancouver Canada.

- **Using supported accommodation setting for reaching women who are homeless and socio-economically disadvantaged to provide information, advocacy and referral to increase their Pap test participation:** this project was funded by the Cancer Institute NSW and was coordinated by the Women's Health, Sydney Local Health District. The project aimed to investigate knowledge of cervical cancer and screening, attitudes towards screening, prior experiences, and potential barriers and enablers for women in low socioeconomic groups. The study indicated that most women had a general understanding of the reasons for screening, however, responses were varied regarding when a woman should begin and cease screening.
- **Strong Family Project:** this project was developed in partnership with the Poche Centre for Indigenous Health and was piloted in three communities in NSW. The project aimed to increase reproductive and sexual health literacy in Aboriginal communities, within a culturally appropriate framework. Extensive consultation was undertaken with Aboriginal organisations to ensure leadership and involvement from communities, with program content and delivery based on Aboriginal pedagogy and reflecting Aboriginal cultural values.
- All Family Planning NSW research is available on our website: <https://www.fpnsw.org.au/health-professionals/research/research-studies>

Family Planning NSW also significantly contributes to peer reviewed publications, building on our expertise and clinical knowledge. Some of the highlights of our published work this year are:

- Bateson D, Stewart M, McNamee K, *An update on combined hormonal contraceptive pills*, *Medicine Today*, 18(7), 51-55, Jul 2017
- Stewart M, Ritter T, Bateson D, McGeechan K, Weisberg E, *Contraception – what about the men? Experience, knowledge and attitudes: a survey of 2438 heterosexual men using an online dating service*, *Sexual Health*, Online, <https://doi.org/10.1071/SH16235>, Jun 2017
- Metusela C, Ussher J, Perz J, Hawkey A, Morrow M, Narchal R, Estoesta J, Monteiro M, *"In My Culture, We Don't Know Anything About That": Sexual and Reproductive Health of Migrant and Refugee Women*, *Int.J. Behav. Med.*, Online, doi:10.1007/s12529-017-9662-3, Jun 2017
- Warhurst S, Rofe CJ, Brew BJ, Bateson D, McGeechan K, Merki-Feld GS, Garrick R, Tomlinson SE, *Effectiveness of the progestin-only pill for migraine treatment in women: A systematic review and meta-analysis.*, *Cephalalgia*, Online, doi:10.1177/0333102417710636, May 2017
- Goldhammer D L, Fraser C, Wigginton B, Harris M L, Bateson D, Loxton D, Stewart M, Coombe J & Lucke J C, *What do young Australian women want (when talking to doctors about contraception)?*, *BMC Family Practice*, Online, DOI 10.1186/s12875-017-0616-2, Mar 2017
- Bateson D, South R, *What to do about missing IUD threads*, *Medicine Today*, 18(3), 67-69, Mar 2017
- Dawson A J, Nicolls R, Bateson D, Doab A, Estoesta J, Brassil A, Sullivan E A, *Medical termination of pregnancy in general practice in Australia: a descriptive-interpretive qualitative study*, *Reproductive Health*, Online, DOI: 10.1186/s12978-017-0303-8, Mar 2017
- Mazza D, Bateson D, Frearson M, Goldstone P, Kovacs G, Baber R, *Current barriers and potential strategies to increase the use of long-acting reversible contraception (LARC) to reduce the rate of unintended pregnancies in Australia: An expert roundtable discussion*, *Aust N Z J Obstet Gynaecol*, 57, 206–212. doi:10.1111/ajo.12587, Mar 2017
- Pearson S, Stewart M, Bateson D, *Implanon NXT: Expert tips for best-practice insertion and removal*, *Aust Fam Physician*, 46(3), 104-108, Mar 2017
- Ussher JM, Perz J, Metusela C, Hawkey AJ, Morrow M, Narchal R, & Estoesta J, *Negotiating Discourses of Shame, Secrecy, and Silence: Migrant and Refugee Women's Experiences of Sexual Embodiment*, *Archives of Sexual Behavior*, Online, doi:10.1007/s10508-016-0898-9, Jan 2017
- Hunter T, Botfield J R, Estoesta J, Markham P, Robertson S, McGeechan K, *Experience of domestic violence routine screening in Family Planning NSW clinics*, *Sexual Health*, <http://dx.doi.org/10.1071/SH16143>, Online, Nov 2016
- Stewart M, Digiusto E, Bateson D, South R, Black KI, *Outcomes of intrauterine device insertion training for doctors working in primary care*, *Aust Fam Physician*, 2016 Nov, 45(11):837-841, Nov 2016
- Dawson A, Bateson D, Estoesta J, Sullivan E, *Towards comprehensive early abortion service delivery in high income countries: insights for improving universal access to abortion in Australia*, *BMC Health Services Research*, DOI: 10.1186/s12913-016-1846-z, Online, Oct 2016
- Bateson D, Harvey C, Trinh L, Stewart M, Black KI, *User characteristics, experiences and continuation rates of copper intrauterine device use in a cohort of Australian women.*, *Aust N Z J Obstet Gynaecol*. doi, DOI: 10.1111/ajo.12534, Online, Oct 2016
- Weisberg E, McGeechan K & Fraser IS, *Effect of perceptions of menstrual blood loss and menstrual pain on women's quality of life*, *The European Journal of Contraception & Reproductive Health Care*, DOI: 10.1080/13625187.2016.1225034, Online, Sep 2016
- Kelly M, Inoue K, Barratt A, Bateson D, Rutherford A & Richters J, *Performing (heterosexual) femininity: female agency and role in sexual life and contraceptive use - a qualitative study in Australia*, *Culture, Health and Sexuality* 2016, Aug 23, 1-16, Aug 2016
- Duley P, Botfield JR, Ritter T, Wicks J & Brassil A, *The Strong Family Program: an innovative model to engage Aboriginal and Torres Strait Islander youth and Elders with reproductive and sexual health community education*, *Health Promotion Journal of Australia* - <http://dx.doi.org/10.1071/HE16015>, Online, Online, Aug 2016
- Lieu Thi Thuy Trinh, Kevin McGeechan, Jane Estoesta, Deborah Bateson, Elizabeth Sullivan, *Contraceptive use in women at risk of unintentional pregnancy*, *Australasian Epidemiologist*, 2016;23 (1), 6, Jul 2016

Two important clinical practice handbooks were also released in 2016-17 to inform the reproductive and sexual health and contraception practices in Australia:

- Family Planning New South Wales, Family Planning Victoria and True Relationships and Reproductive Health. *Contraception: An Australian Clinical Practice Handbook, 4th edition*. Family Planning New South Wales, Family Planning Victoria and True Relationships and Reproductive Health 2016
- Family Planning NSW. *Reproductive and Sexual Health: An Australian Clinical Practice Handbook, Third Edition*. Ashfield, Sydney: Family Planning NSW, 2016.

Accreditation and Quality Management

Family Planning NSW is committed to excellence in all that we do, so we have undergone rigorous accreditation against the National Safety and Quality Health Service Standards by the Australian Council on Healthcare Standards. This accreditation is valid until July 2020, with many of the metrics assessed being of high quality.

We have been registered as a national VET regulator Registered Training Organisation (RTO) by the Australian Skills Quality Authority (ASQA) since 2000. In 2015, ASQA re-registered Family Planning NSW for an unprecedented seven year term until 2022. This ongoing accreditation recognises the quality of our trainers and assessors, the high standards of education and training provided and pleasing levels of participant satisfaction.

Family Planning NSW has been recognised as an Accredited Activity Provider (AAP) for the next three years, under the Royal Australasian College of General Practitioners' (RACGP) Quality Improvement and Professional Development Program. Relevant Family Planning NSW medical education courses and workshops are also accredited by the Australian College of Rural and Remote Medicine (ACRRM).

Family Planning NSW continues to partner with HealthDirect, an agency established by the Council of Australian Governments to facilitate access to trusted professional health information. HealthDirect describes Family Planning NSW as a valued Information partner and seeks to ensure that links are maintained to the many resources published on the Family Planning NSW website.

In May 2016, we received formal notification of our full accreditation from the Department of Foreign Affairs and Trade (DFAT). Family Planning NSW is a signatory to the Australian Council for International Development Code of Conduct.

The Family Planning NSW Ethics Committee maintains registration with the National Health and Medical Research Council (NHMRC) in accordance with the National Statement on Ethical Conduct in Human Research (2007). Registration with the NHMRC demonstrates that the Family Planning NSW Ethics Committee has appropriate procedures in place and in the words of the NHMRC "operates according to, and promotes, the highest standards of academic integrity and ethical practice in research".

Webstore



In April 2017 the new Family Planning NSW webstore was launched. With a more customer friendly look and feel the webstore now caters for streamlined event and course registrations, books and resources, online donations, Disability Resource Collection membership and pickup of orders from our Ashfield centre, all in one place.

Payments have been simplified for individual customers and for organisations. All transactions are now integrated within Family Planning NSW's financial system to streamline data handling. The webstore can be accessed from the Family Planning NSW website or directly at <https://shop.fpnsw.org.au>

The store is used by clinicians, teachers, disability workers, parents and the community wanting up-to-date and credible information on issues ranging from contraception to puberty and sexual health for people with disability. The resources on the site are aimed at equipping schools, health service facilities and other people-focused institutions to better meet the reproductive and sexual health needs of clients from a range of backgrounds.

In 2016-2017, our top selling resources included:

- Schools Sex Ed Collection
- Contraceptive Kit with Contraceptive Guide

- Reproductive and Sexual Health: An Australian Clinical Practice Handbook 3rd Edition
- Contraception: An Australian Clinical Practice Handbook 4th Edition
- Disability Resource Bundle

New resources for priority groups produced this year include *Know your health: Menopause*, which is a highly pictorial and easy-to-read resource developed for women from non-English speaking backgrounds, and *Yarning about Pregnancy – working through your options*, a resource for Aboriginal and Torres Strait Islander people. Our youth relationships resource *You & Me = Us* and *Your Child's Growing Sexuality – a guide for parents and carers of children with disability* were also released.



International development



Family Planning NSW provides reproductive and sexual health services and training in the Pacific, where we are known as Family Planning Australia. The Pacific has some of the worst reproductive and sexual health indicators globally, with high rates of maternal and infant mortality, unintended and teenage pregnancies, sexual violence and unacceptably high rates of cervical cancer deaths. We work with local organisations in Fiji, Vanuatu, Timor-Leste, Papua New Guinea (PNG) and the Solomon Islands.

Family Planning Australia builds partnerships with family planning organisations at national and international levels, and with local NGOs and government health services to improve access to comprehensive reproductive and sexual health services with funding from Australian Aid, through the Department of Foreign Affairs and Trade, and private donors.

All of our international projects closely align with achievement of the United Nations' Sustainable Development Goals and in particular:



Goal 3: Ensure healthy lives and promote well-being for all at all ages



Goal 4: Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all



Goal 5: Achieve gender equality and empower all women and girls

Our approach is to develop collaborative partnerships at local, national and international levels. We are committed to long term capacity building with government and non-government organisations to address reproductive and sexual health needs of the community. We achieve this by providing best practice services, enhancing the knowledge and skills of service providers, improving the body of knowledge about reproductive and sexual health through rigorous research and evaluation, and leading international development projects to promote the rights of marginalised people in developing countries.

Family Planning NSW is accredited by with the Department of Foreign Affairs and Trade (DFAT) responsible for managing Australia's aid program. To maintain accreditation, Family Planning NSW's systems, policies and processes are rigorously reviewed by the Australian Government. Family Planning NSW receives support through the Australian NGO Cooperation Program (ANCP).

Family Planning NSW is a signatory to the Australian Council for International Development (ACFID) *Code of Conduct*, which is a voluntary, self-regulatory sector code for good practice. As a signatory, we are committed and fully adhere to the ACFID Code of Conduct, undertaking and evaluating our work with transparency, accountability and integrity.

Family Planning NSW's work in International Development in 2016-17 reached a total of 12,331 beneficiaries.

If you wish to lodge a complaint with our organisation, our complaints handling policy can be found on our website: www.fpnsw.org.au. Formal complaints can be submitted by email at: feedback@fpnsw.org.au.

If you are not satisfied with our response to your complaint and believe our organisation has breached the ACFID Code of Conduct, you can lodge a complaint with the ACFID Code of Conduct Committee at code@acfid.asn.au. Information about how to lodge a complaint with ACFID can be found at www.acfid.asn.au.

Summary of both funding and outcomes by program

Cervical cancer prevention and treatment program

Vanuatu, Solomon Islands

Partners: Vanuatu Family Health Association, Australian Cervical Cancer Foundation, Solomon Islands Ministry of Health and Medical Services

Direct beneficiaries: 34 nurses and doctors providing cervical screening to 3,885 women

Funding: \$118,487 - ANCP

Family planning program

Vanuatu

Partners: Vanuatu Family Health Association

Direct beneficiaries: 4,991 women provided with reliable contraceptives and clinical services

Funding: \$43,253 - ANCP and donations from the Wasley family

Women's empowerment and gender equality program

Timor Leste, Papua New Guinea

Partners: Cooperativa Café Timor, Susu Mamas Inc.

Direct beneficiaries: 39 peer educators trained providing education to 3,636 community members

Funding: \$133,921 - ANCP, private donations

Disability program

Fiji

Partners: Reproductive and Family Health Association of Fiji

Direct beneficiaries: 434

Funding: \$48,344 - ANCP

Beneficiary Data

Summary	Beneficiaries	Female	Male	Urban	Rural
Cervical Cancer Program	3,919	3,919	0	1,030	2,889
Gender Program	3,661	634	3,027	0	3,661
Family Planning Program	4,317	4,317	0	863	3,454
Disability Program	434	254	180	384	50
Total	12,331	9,124	3,207	2,277	10,054
		74%	26%	18%	82%

Cervical cancer screening and treatment program

The Cervical Cancer Screening Program works with local government and key stakeholders to reduce deaths from cervical cancer by strengthening national health systems to increase cervical cancer screening and treatment appropriate to the local context.

These are multi-year projects that include working with government to highlight the need for national policy on cervical cancer prevention and treatment, development and implementation of screening to treatment pathways for women, delivery of education to sustain a skilled clinical workforce, maintaining well-resourced project clinics and implementation of community awareness strategies.

In 2016-17, Family Planning NSW continued pilot projects in Vanuatu and Solomon Islands - countries with high cervical cancer mortality rates and limited existing cervical screening and treatment services. Our aim was to ensure that comprehensive cervical cancer prevention and control programs are implemented in a sustainable manner.

This year, we trained an additional 34 local nurses, midwives and doctors to perform high quality screening and three nurses in the Solomon Islands are now able to provide cryotherapy. We have screened 1,525 women in the Solomon Islands in Honiara and Guadalcanal Plains and 2,360 in Vanuatu at six sites in Port Vila, Efate, Luganville, Espirito Santo and Malekula Vanuatu.



Photo caption: First credentialed cryotherapy providers in the Solomon Islands: Huilyn (midwife) and Margaret (nurse) from the Solomon Islands Planned Parenthood Association (SIPPA)

Photo credit: Eddie Carlo

Family Planning program

Family planning continues to be an important part of most projects managed by Family Planning NSW in the Pacific. Program achievements this year included engaging with men as partners in family planning, increasing access to family planning and contraception by young people living in rural and remote communities and people with disability, and working with governments to improve sexual health education for students in schools.

The family planning program aims to increase access to contraception for people in the Pacific region in line with the Sustainable Development Goal target 3.7 which says that by 2030, universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes will be available.

Our project to increase access to contraception for people aged 14-25 years in Vanuatu continued for a third year in partnership with Vanuatu Family Health Association. In 2016/17, our work with the Vanuatu Family Health Association reached 4,317 people providing reliable contraceptives, information and clinical services through fixed and outreach clinics. Most of those people live in rural areas and many are in communities on remote islands. Six islands were reached in total - Port Vila (Efate Island), Luganville (Espirito Santo) Tanna, Epi, Ambae, Maewo and Malekula Islands.

Vanuatu Family Health Association continued to increase awareness and acceptance of family planning services through delivery of local education, distribution of posters supported by the Ministry of Health, weekly half hour radio education sessions and hosting the Reggae Faea music festival in Port Vila which aims to spread messages about enhancing sexual and reproductive health. This year's theme was *Plan your family – use family planning* and it was attended by over 4,000 people.

Reproductive and sexual health education has continued to be delivered to senior schools in Port Vila and Vanuatu Family Health Association was invited to provide input on family planning to the Life Skills curriculum to be implemented in schools on Tanna Island.

Cervical cancer program had 3,919 beneficiaries across Vanuatu and the Solomon Islands.

Women's empowerment and gender equality program

The aim of our international gender program is for all women to be able to make informed decisions that enable them to have control over matters related to their reproductive and sexual health throughout their lives, and by doing so provide an opportunity to improve their health, economic and social standing within the family and community. Our work builds the capacity of peer educators to share information and education with their communities in PNG and Timor Leste.

Case Study: Clinical outreach services in Malekula, Vanuatu

In April 2017 the cervical screening project nurse, Nellie Olul, joined a team from Vanuatu Family Health Association in outreach to South West Bay Malekula. A total of 386 women from eleven communities participated in cervical cancer screening at three sites. Additional reproductive health services were provided to 34 of the women, including Long Acting Reversible Contraception (LARC).

Marilyne, 44 years old from Carolyn Bay, has nine children and intended to seek sterilisation following her last baby. However, due to financial constraints, did not deliver her last baby at the hospital in Santo as planned, and has no access to long acting methods of contraception near her home.

"I am so lucky that I came today and been served with two services, the family planning method Jadelle insertion and the Pap smear and HPV screening. My husband will be pleased and I have the chance to be free to work for school fees for my children. Thank you for bringing the service to our remote place."

This project was made possible thanks to the generous donation of the Wasley family.



This year, working in partnership with Susu Mamas PNG Inc, in PNG the Kamap Man Tru Men's Health and Gender Awareness Program has focussed on the Derymos Local Level Government in the Kabwum District of Morobe Province. Peer educators from 28 villages attended refresher training using updated materials translated into local language, Tok Pisin. The updating and translation process ensures that the material is accessible for community level use throughout PNG.

The peer educators delivered training to 2,825 community members, on topics ranging from the role of men in gender equality, men and decision-making, safe motherhood and raising healthy children, planned parenthood, sex, relationships and problem solving.

In Timor Leste, working in partnership with Cooperativa Café Timor, the Men's Health and Gender program is now part of a broader project, the Hamutuk Program, being piloted in Holarua as part of the multi-sector approach to combat malnutrition.

This year we trained 14 peer educators (10 men and four women) using the Men's Health and Gender Manual and other tools for use in community bases reaching 811 people across the Holarua region in Timor-Leste.

Gender program which rolled out across PNG and Timor had 3,661 beneficiaries.

Breaking down the barriers for people living with disability

Our Disability Program works with government and non-government organisations to build the capacity of reproductive and sexual health (RSH) service providers to offer disability inclusive services. We are working towards ensuring that all our programs are disability inclusive.

We developed a new Disability and Social Inclusion module in collaboration with Timor-Leste People Living with Disability organisations. The piloting of the module, a first of its kind, raised awareness about the rights and needs of women and men with disability at the community level. It was enthusiastically received by participants, the Disabled Peoples Organisations and the National Centre for Rehabilitation.

This innovative program was a huge success with participants in Timor-Leste stating that they had never received information on disability and social inclusion previously. Participants' enthusiasm and level of engagement in all aspects of the workshop resulted in the production of impressive action plans for use on their return to their communities.

We are into our third year of partnering with the Reproductive and Family Health Association of Fiji (RFHAF) to implement this targeted disability inclusion program which aims to improve the reproductive and sexual health and uphold the rights of people with disability in Fiji.

82% of our international program beneficiaries in 2016-17 were people living in rural areas.

This year 24 teachers were trained in delivery of disability inclusive reproductive and sexual health education. RFHAF has worked with Ministry of Education Life Skills Curriculum Unit to enhance the curriculum to be relevant for students in special schools. A regular program of comprehensive sexuality education was delivered to the Global School for the Deaf in Suva, Lautoka Special School and Sunshine Special School in Western Division. They also trialed two sessions for parents at Nausori Special School and Nasavusavu Special School. In total, 434 people have received education about reproductive and sexual health and rights of people with disability.

This year we customised and tested an organisational audit tool which identifies areas for improvement in becoming disability inclusive. Our partnerships with Disabled People's Organisations (DPOs) were

strengthened, and the DPO assessed the RFHAF clinic resulting in improved physical access and clinical and reception staff being coached to meet the needs of people with disability. RFHAF now has a young man with a disability on their Executive Committee in the Northern Division. RFHAF have also partnered with the United Blind Peoples Association to identify the needs of young people with vision impairment who are not in school.

A major focus of the project is to build the capacity of RFHAF staff to delivery disability inclusive training. This year two RFHAF program staff have been assessed by Family Planning NSW to ensure competence to deliver comprehensive sexuality education to people with disability. The RFHAF Project Officer has built capacity and is now supporting Family Planning NSW disability inclusion training in other Pacific countries.



Photo caption: ADTL's guest speakers, CCT facilitators and participants of the Disability and Social Inclusion Workshop at CCT's training centre

Case Study: Stories from the field on the impact of the Kamap Man Tru Men's Health and Gender Program in Kabwum District, Morobe Province, PNG

The remote, mountainous Kabwum District in Morobe Province was the site of the Kamap Man Tru pilot program from July 2015 – June 2017. Accessible only by small aircraft the field staff visited for support and monitoring purposes 3 – 4 times a year. On each visit they collected stories from the peer educators. Below is a sample of these stories collected and recorded by the Program Coordinator:

"The peer educators in Ward 6 highlighted their successes as - increased demand for family planning. However, [up until then] only two women managed to get to Etep hospital for tubal ligation. Other women could not due to the distance of the village from the health facilities. The villages are six to seven hours walk from the Yalumet health centre and a day from Derim health centre. The peer educator now is providing male condoms as options for family planning to control births where possible.

For maternal and child health care in the village the peer educator assisted the village birth attendants in building the birthing house to support and supervise women while going through labour and child birth."

"Ward 1 peer educators had the privilege of being supported by the primary school teachers to conduct a week long training using four of the

nine Kamap Man Tru, Men's Health and Gender Awareness Training Manual modules - planned parenthood, sex, relationships and problem solving, men's role in preventing violence and sexually transmitted infections and diseases with 25 men from three villages in their ward area. As an outcome of the training the peer educators claimed seven men who practiced violence against women stopped abusing their wives and three women went on to receive family planning contraception with the support of their husbands. The challenge the peer educators experienced was opposition to the use of condoms, internal politics and the need to build a birthing house in Wanga village."

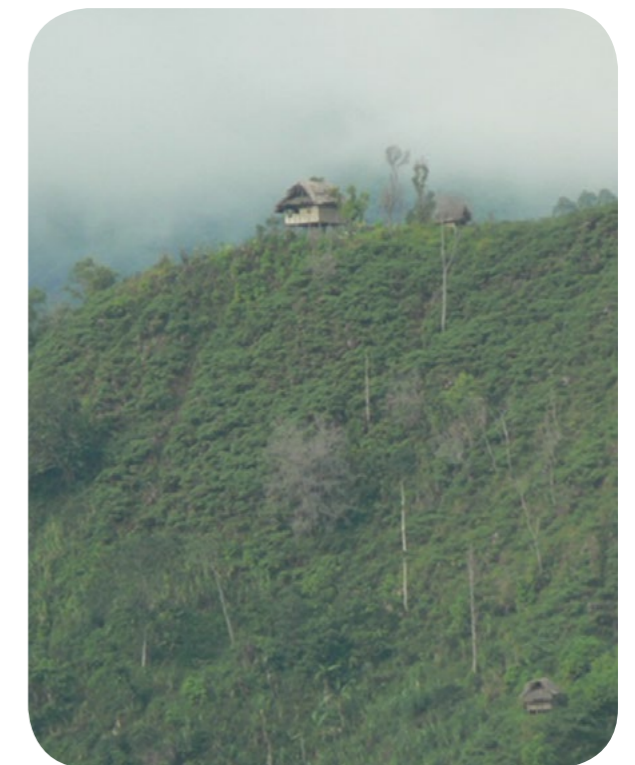


Photo caption: An isolated hamlet in the Kabwum District which is one of the communities participated in the Kamap Man Tru Men's Health and Gender program.

Case study: Capacity building of RFHAF Disability Education

This November, Sera Ratu will be presenting a paper on the inclusion of people with disability in reproductive and sexual services at the Asia Pacific Conference on Sexual and Reproductive Rights in Vietnam.

This is a huge achievement – only two years ago Sera, who is the program manager at Reproductive and Family Health Association of Fiji (RFHAF), had no experience of working with people with disability. As part of the ANCP project, with the support of Family Planning NSW, Sera and the RFHAF team have developed skills in delivering rights-based education on reproductive and sexual health to people with disability. They are delivering education to students in special schools and they have formed meaningful relationships with members of Disabled People’s Organisations. Sera is now in her second year of learning how to sign to enable her to communicate with people who are deaf.

This year she was part of a choir that signed the Fiji National Anthem at the Deaf Games in Suva.

Sera’s passion to develop her skills has led her to being able to co-facilitate with Family Planning NSW the Disability Inclusion and Reproductive and Sexual Health and Rights education program around the Pacific. This is an Australian Government funded program as part of the Partnership for Health program managed by the International Planned Parenthood Federation.

Sera brings enthusiasm and a “can-do” attitude to the training, inspiring others with the story of her own journey - as well as the rest of the RFHAF team.

RFHAF has a long-term commitment to the inclusion of people with disability and Sera is an amazing example of how with knowledge, skills and ongoing support, individuals can stand up for rights of people with disability.



Photo caption: (on opposite page) Sera from Reproductive and Family Health Association of Fiji interviewing a student with a disability with the support of his mother.

Aboriginal & Torres Strait Islander people



Meeting the needs of the Aboriginal and Torres Strait Islander community is a core priority at Family Planning NSW. We do this by bringing our services to rural and remote areas where some of these clients live. Family Planning NSW is also embedding culturally respectful and appropriate practices into our five clinic sites and in our offsite programs and education sessions so we can adequately meet the reproductive and sexual health needs of this community.

In 2016-2017, 474 of our clients identified as Aboriginal or Torres Strait Islander. We also had many projects and community outreach services that aim to reach a broader proportion of this community.

An Aboriginal cultural safety audit was completed in June 2017 which showed that the Dubbo clinic had the highest overall score of all clinics for creating a welcoming environment, engagement with Aboriginal clients and communities, communication and relationships and developing cultural competence.

Everybody's Business

Our Aboriginal leadership and mentoring framework, Everybody's Business, involved consultation with Aboriginal Sexual Health workers to identify the needs and preferences of workers and gather feedback on language and processes that would support their work in a culturally supportive way. We worked with the NSW Ministry of Health throughout the process to obtain feedback on the development and direction of the resource.

A large majority of the content was developed by the Family Planning NSW working group and the final framework document was submitted to the Ministry of Health in June 2017. The Ministry's Aboriginal Workforce Development team will now work to finalise the framework document with a view to making it available in 2017-2018.

Aboriginal Women's Advisory Group (AWAG) and Aboriginal Men's Advisory Group (AMAG)

This year we re-engaged with AWAG and AMAG and both groups have had good representation with members working as Aboriginal educators, Aboriginal health workers and Aboriginal liaison officers across various organisations. The groups had input on the:

- Reconciliation Action Plan
- Pregnancy Options Booklet
- Fee for Service changes for Aboriginal people, Dubbo,
- Cultural Safety Audit.

We also completed a range of clinical, health promotion and education projects within the community including intrauterine device training for nurses, school education sessions and community activities with the support of our Dubbo Family Planning clinic.

Reconciliation Action Plan

The Reconciliation Action Plan (RAP) formalises Family Planning NSW's commitment toward reconciliation. The RAP commits us to being an inclusive employer for Aboriginal and Torres Strait Islander people and that our clinical, health promotion and educational services meet their needs.

Through its implementation, the RAP provides opportunities for all staff at Family Planning NSW to engage in reconciliation through current and future project work and service delivery.

During 2016-2017 the RAP progressed to conditional endorsement from Reconciliation Australia and next year the RAP document will be launched and integrated into the broader organisational strategic plan and the health promotion work plan. The plan is already impacting our work and has influenced the development and implementation of an Aboriginal Cultural Safety Audit that will further refine and enhance our work with this important community.

Key RAP opportunities include:

- Raising awareness within the organisation and celebrating significant dates and events, such as National Sorry Day, Reconciliation and NAIDOC Week.
- Providing training and education opportunities.
- Starting conversations about Aboriginal and Torres Strait Islander cultures, heritage and histories.



Young people

In 2016-2017, 4304 of our clinic clients were less than 25 years old which is 28 per cent of our total clinic client population. Young people visited our Newcastle clinic most frequently, with 1803 visits this year.

Young people accessed a range of reproductive and sexual health services and many more were supported by wider health promotion programs operating in schools, the community and other health settings.

Condom Credit Card

Our Condom Credit Card (CCC) is a friendly and confidential way for young people under 25 years to access free condoms and sexual health information. As part of the project, young people can access 12 condoms at a Family Planning NSW clinic or a service that displays the CCC poster or sticker every time they present their card.

Young people use the Condom Credit Card app to find the nearest CCC provider, which has a GPS-enabled map showing all the CCC providers in NSW.

The app also provides supporting content that promotes safe sex and interactive information on condoms, contraception, sexually transmissible infections and testing.

Family Planning NSW coordinates the CCC project and we also offer high quality training to a range of provider organisations such as youth centres, accommodation services and youth health organisations.

All training and resources are provided at no cost. Training can be provided face-to-face or online via our online training facility.

Trending sexual health

The Trending Sexual Health project is a partnership activity between Family Planning NSW, the AIDS Council of NSW (ACON) and the Centre for Social Research in Health (CSRH), funded by the Commonwealth Department of Health. The Trending Sexual Health project is an innovative approach to reproductive and sexual health promotion as it focusses on a digital social marketing strategy to effect knowledge, attitudes and behaviours of young people across Australia. It aims to do this by engaging young people with entertaining content that contains an underlying health message.

Family Planning NSW leads the project, with ACON providing ongoing expertise and support in digital social marketing campaigns and CSRH managing the evaluation components. We are excited to lead such a large-scale project that draws on expert input from other key health and social welfare organisations.

"I've had a look at the two new websites and they look very schmick! You guys have done a great job!"

—Youth reference group member

Same Difference

Same Difference is an ongoing program at Family Planning NSW aiming to promote awareness of sexual and gender diversity, and reduce homophobia and transphobia in schools. Community education sessions provide young people, including school students, with information on issues faced by LGBTI young people through interactive activities and peer education. Central to every session is a life story told by a LGBTI young person sharing their experience of discrimination, homophobia and transphobia.

We received positive feedback on the 13 sessions we have held across two secondary schools and three youth services this financial year. We will continue to deliver sessions on request with key partners (including schools and youth services) who have engaged with the program in the past.

Cobham Juvenile Justice Centre

The Cobham Juvenile Justice Centre project focuses on young men, aged 15 to 18 years, in custody at Werrington. They are a high-risk group for sexually transmissible infections (STIs) and blood borne viruses due to their low use of condoms, injectable drug use and involvement in tattoos and piercings. This group is likely to have low literacy and there is a high percentage from Aboriginal communities and low-socio economic backgrounds. We delivered 24 weekly sexual health education sessions at Cobham, one school holiday session and one professional development session with staff to meet the health needs of these young people.

We have had one young person leave and then return to Cobham, telling us that they were using condoms as they didn't want an STI. He told us that he remembered our talk and would tell other friends outside about his information.



headspace Partnership

Family Planning NSW is part of *headspace* consortia, to provide reproductive and sexual health services to young people aged 12 to 25 years who may need to access support through *headspace*.

A specific project focused on the Parramatta, Mount Druitt, Penrith and Castle Hill sites, where a survey at Castle Hill quickly established a gap in provision of reproductive and sexual health services, including clinical services, health promotion and education.

Through 2016-2017, all four *headspace* sites completed the partner evaluation for Condom Credit Card and feedback from participants and those at the Castle Hill site was that there was strong support for more reproductive and sexual health services and education.



Our services are hugely popular with youth. When asked about accessing free workshops about sexual health, *headspace* clients said the following topics were of interest:

- healthy relationships** - 94%
- safe sex and sexuality** - 76%,
- contraception and STIs** - 65%

Culturally and linguistically diverse (CALD) communities



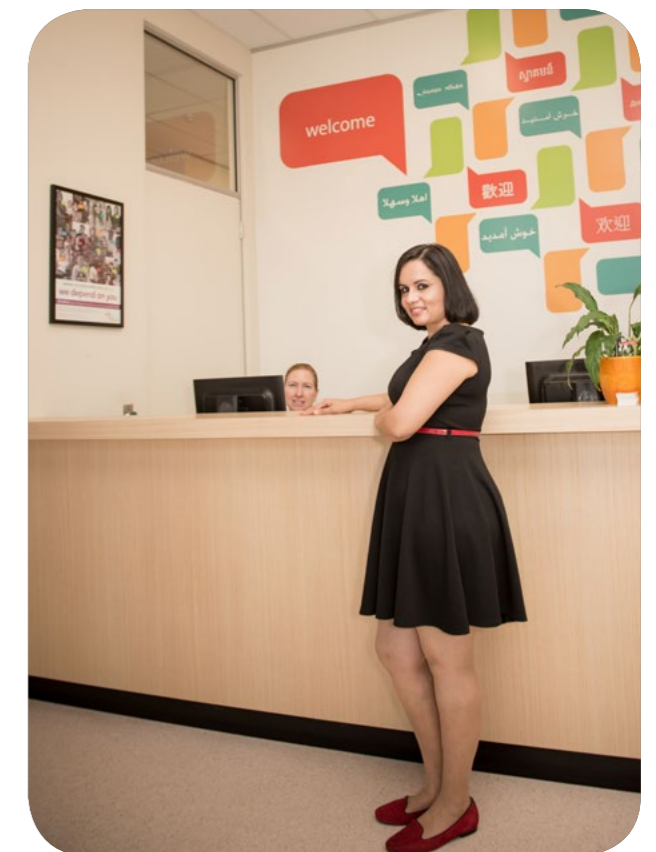
CALD communities in NSW have a significant need for reproductive and sexual health services and we are building capacity to respond to all our clients culturally and clinically.

We saw a high number of CALD clinic clients with 4,837 of our clients born overseas. The main languages, other than English, were Arabic, Spanish, Vietnamese, Mandarin and Cantonese.

Our Fairfield clinic has one of the most diverse cultural communities in Australia and demand for onsite interpreters continues to be high. In some languages, access to female interpreters, which are often requested by clients, remains a challenge. This year we used the services of a telephone interpreter service for urgent appointments at our Fairfield Clinic, which also experienced high demand from the CALD community.

Family Planning NSW staff partnered with NSW Refugee Health to better engage with clients who had not attended reproductive health services before. We launched a nurse-led health screening clinic at our Fairfield centre once a week to extend health care services to newly settled refugees.

We also operated an outreach nurse-led clinic at NSW Refugee Health's Liverpool centre to provide women's health service to refugee women once a month. In partnership with Central and Eastern Sydney Primary Health Network, we also supported male general practitioners by providing cervical screening and women's health services to patients in the Rockdale and Kogarah regions.



Extending our strong efforts to improve our reach into the CALD community, we were awarded an additional grant from South Western Sydney Local Health District to provide women's health service to CALD immigrant and refugee women in the Fairfield local government area.

Family Planning NSW collaborated with the South West Sydney Primary Health Network (SWSPHN) to deliver reproductive and sexual health information to over 65 GPs working in south west Sydney, leading to a 42% increase in GP referrals to Fairfield Family Planning NSW clinic.

While most of our CALD clients attended our Fairfield clinic, we recently explored the reproductive and sexual health information and service needs of the CALD community in the Hunter Region.

Family Planning NSW held a forum on reproductive and sexual health needs of Intensive English Course (IEC) students. This led to the development of a comprehensive program for three new IECs that we had not previously delivered sessions to, at Miller, Fairfield and Cabramatta. Students came from a diverse range of backgrounds including Assyrian, Chinese, Vietnamese, Iraqi and Cambodian who were able to ask questions and get answers to their questions in a safe environment.



People with disability

Over 750 Family Planning NSW clinic clients were people with disability. We conducted more than 50 community education sessions this year attended by 1200 people with disability.

Hunter

Our sexuality and disability service in the Hunter New England Local Health District continued to grow during the past year. The service has an excellent reputation and now enjoys strong demand for various services from the local community. To further support the community, we held three parent disability forums in Inverell, Tamworth and Newcastle with 35 participants.



Parent disability forums

The parent disability forums aim to help parents and carers gain a clearer understanding of their child's sexuality and how to support their personal development in a positive way.

Through two-hour information sessions or larger half-day forums Family Planning NSW provided parents and carers with much needed information and resources about sexuality and relationships. Each session/forum covered a range of sexuality topics across the lifespan including childhood, adolescence and adulthood.

Family Planning NSW delivered 13 parent forums in 2016-2017 across NSW including the three forums in the Hunter region.

Support for these forums was strong with parents providing overwhelmingly positive feedback. Evaluations showed that 91 per cent of parents and carers felt their sexuality and disability knowledge had been improved by attending a forum and 90 per cent of parents and carers felt more confident in dealing with sexuality and relationship issues since attending a forum.

In February 2017 Family Planning NSW won a 2017 NSW Disability Industry Innovation Award in the category 'Innovation in improving outcomes for children and young people' for these parent forums.

91% of parents and carers who attended our forums felt their sexuality and disability knowledge had improved.

90% of parents and carers said they felt more confident in dealing with sexuality and relationship issues after attending our forums.

Outing Disability

The Outing Disability photographic exhibition documents the stories of LGBTI people with disability and was completed in 2014. It was produced in collaboration with internationally acclaimed photographer Belinda Mason and, through portrait and voice, 23 people with disability shared their hopes, dreams, struggles and triumphs. The people told their stories of coming out, exploring identity, discovering love and achieving pride. The project includes the photo exhibition, an accompanying video documentary, a poster series and an accompanying booklet on LGBTI inclusivity. This year, the exhibition was displayed at the Western Sydney University Social Workers in Disability Conference and the Brimbank Council, Victoria, Midsumma Festival.

The All About Sex resource is a series of 23 fact sheets for people with intellectual disability and those who support them. The fact sheets are easy to read and include pictures to help people with intellectual disability learn about sexuality and relationships.



Photo credit: Belinda Mason

Proud

"I am Daniel. I am proud and strong about who I am. I am gay and I have an intellectual disability. The first time I told my family I was gay we had an argument so it didn't turn out as well as I planned or as I thought. If I'm gay I should be able to be happy about it."



Photographer: Belinda Mason

Communications and advocacy

At Family Planning NSW we advocate for every body in every family to receive and have access to reproductive and sexual health care of the highest possible quality. We do this through media appearances, social media, lobbying, policy engagement and formal participation in government processes.

We are a go-to source of media comment, advice and analysis from reputable outlets, such as the flagship Fairfax papers, the Guardian, the ABC, and for new media outlets such as BuzzFeed. We ensure our research and clinical excellence is highlighted when positioning Family Planning NSW as the preeminent voice for reproductive and sexual health.

Our advocacy work not only reinforces the services we provide through our clinics, but encourages systemic change to address broader issues in access and healthcare, champions the rights of marginalised populations, and supports the communities, families and health care workers who serve them.

Our advocacy work

Our submissions and advocacy also included:

- Providing advice to the NSW Education Standards Authority regarding the Personal Development, Health and Physical Education (PDHPE) K-10 Draft Syllabus;
- Making submission to Board of Studies Teaching and Educational Standards NSW (BOSTES) on the Draft Syllabus Directions for Syllabus Development for the Personal Development, Health and Physical Education (PDHPE) K-10;

- Submitting to the National Disability Insurance Scheme Code of Conduct Discussion paper;
- Making submissions to the Foreign Policy White Paper;
- Engaging with the Parliamentary Group on Population and Development;
- Meeting with members of NSW and Federal Parliament;
- Submitting to the 61st session of the United Nations Commission on the Status of Women;
- Consulting with NSW Health on the 'Towards the Next Youth Health Policy'.

Family Planning NSW continued to appear in the media, and participated in the well-attended event held by 2DayFM personality Em Rusciano that encouraged women to have a Pap test. The 'Vagina Bus' visited our Ashfield site and screened participants who won a radio competition, increasing awareness of the importance of cervical screening.

Website

The Family Planning NSW website remains a focal point for our quality information and education services. Our overall page views are up 9.2% with the majority of the website users looking for information about contraception. This year we worked to update all our factsheets to continue to be the leading provider of reproductive health and sexual health in NSW.

IUD-Mirena: 72,872 views

Copper IUD: 57,015 views

Emergency contraception: 55,588 views

Contraception: 50,143 views

People find our website by searching for information about contraception, in particular, but are also increasingly coming from Facebook. Over 55% of the Family Planning NSW website users are on their mobile phones, (38%) on desktops and (5%) on tablets.

Our website also provides up-to-date information about our courses, with the ability to book online creating increased demand.

Further websites have been developed by our Trending Sexual Health team, Frank and In Real Life, to complement the Body Talk website, all aimed at reaching young people with lively and relevant sexual and reproductive health information.

Most of our website users identify as women (78%), and are aged 18-24 (24%) and 25-34 (43%).

Social Media

Family Planning NSW has strong social media presence across several platforms, including Facebook, Twitter and Instagram. Our Facebook followers have increased by 26% this year, and our Twitter and Instagram audience continues to grow.

We have invested in high quality video, now featured on our YouTube channel, producing over 50 hours of video to highlight the wide range of work that Family Planning NSW does.

The 90th Anniversary conference delivered the opportunity to showcase the diverse voices that embody Family Planning, and share them with a broader spectrum of people across NSW.



We continued to develop significant video resources for medical education and health promotion, and produced a range of videos in community languages such as Arabic and Dari.

Young people, with the Health Promotion team, collaborated on the production of a video about the Condom Credit Card project. The CCC project makes condoms more widely available and includes a significant reproductive health messaging component that the video contributes towards.

Newsletters

Family Planning NSW produces an extensive variety of newsletters for our distinct audiences and to showcase segments of our work. Our education courses reach NSW schools promoting our professional skills development for educators. The wide range of our projects in the Pacific are a popular feature of our International newsletter, spreading the word about the capacity building with partner organisations in Vanuatu, Fiji, the Solomon Islands, Timor-Leste and Papua New Guinea. Information about our award-winning disability reproductive health forums is regularly sent out, particularly to regional areas.

FPNSW 90th birthday gala and Next Generation Conference

1926 - 2016 | 90 years

Family Planning NSW was the first family planning organisation in Australia and in November 2016 celebrated our 90-year anniversary. As the state's leading provider of reproductive and sexual health services, the anniversary was a chance to refocus and look forward to our future and ask ourselves how we would meet the needs of the next generation.

Much of who we will be in the future is embedded in who we are and who we have always been. With our organisational history spanning back to 1926, Family Planning NSW remains committed to achieving excellence as we meet the reproductive and sexual health needs of the community.

As part of our anniversary celebrations, Family Planning NSW hosted the 'Next Generation Conference' which gave us an opportunity to consider the issues before us and collaborate with international experts on the path ahead and how the needs of the next generation may differ from the needs we've met during the past 90 years.



Up to 400 leading health professionals from a variety of government and private sectors came together to hold conversations around reproductive and sexual health for the next generation, addressing the themes of choice, faith and fertility in the global and local context with renowned international and national speakers:

- **Bold Frontiers to 2030:** Sustainable Development Goals and directions for family planning in the world, the Pacific, and Australia
- **Unfinished Voyage:** The role of faith and policy in choice and contraception
- **Gateways:** Making family planning accessible to different cultures and communities
- **Challenger:** Overcoming challenges in fertility
- **Beyond Choice:** Supporting choice through abortion, adoption and parenting

These are exciting areas for us to pursue into the future while keeping our feet firmly planted in our core business of being the leading provider of reproductive and sexual health services in NSW.

Our gala 90th anniversary event brought together over 230 people to celebrate the history of Family Planning NSW, and to look forward to the future.



Financial report

For year ended 30 June 2017

ABN 75 000 026 335

Directors' report

The directors present their report, together with the financial statements on the company for the year ended 30 June 2017.

Directors

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

Sue Carrick

Kim Johnstone

Carolyn Miller

Rosalind Winfield

Kerrie Chambers (resigned 4 September 2017)

Melissa Williams

Nadine Wilmot

Bernadette Or (co-opted 31 January 2017)

Gary Trenaman (co-opted 31 January 2017)

Neil Steggall (resigned 20 September 2016)

Christine Franks (resigned 15 November 2016)

Sue Shilbury (resigned 25 February 2017)

Objectives

The entity's short term objectives are to:

- Provide expert reproductive and sexual health services targeted to marginalised communities, through clinical care and health promotion.
- Provide best practice education, training and workforce development to service providers and our target communities.

- Increase the body of evidence for reproductive and sexual health, translating research into practice and evaluating project outcomes.
- Work to assist the poor and disadvantaged communities in the Asia Pacific region to access comprehensive reproductive and sexual health services.
- Maintain a strong and sustainable organisation with efficient core services to support our staff, partners and clients.

Strategies for achieving the objectives:

- Working within a strategic framework to maximise reproductive and sexual health outcomes, through the provision of demonstration services targeted to priority populations, and education and training to healthcare providers.
- Establishing collaborative relationships and partnerships to extend the reach of Family Planning NSW.
- Promoting the uptake and integration of research findings into service delivery.

Principal Activities

During the financial year the principal continuing activities of the company were to facilitate optimal reproductive and sexual health service provision through direct clinical services, education and training of doctors and nurses, research and advocacy.

Performance Measures

The company measures its performance against benchmarks determined by the organisation's Strategic Plan, current year Business Plan and the performance indicators set in negotiation with the NSW Ministry of Health as part of annual funding agreements. Performance against these benchmarks is reported to funders and the Board of Directors. The benchmarks are used by the directors to assess the financial sustainability of the company and whether the company's short-term and long-term objectives are being achieved.

Key Performance Measures

Benchmark	2017 Actual	2017 Benchmark	2016 Actual	2016 Benchmark
Clients	30,064	28,618	30,986	28,154
Operational & Financial				

Proportion of funding from:

Grants				
Government grants	76%	78%	75%	78%
Other grants	4%	4%	4%	4%
Self-generated income:				
Donations	1%	1%	1%	1%
Investments	2%	3%	3%	3%
Other	17%	14%	17%	14%

Information on Directors



Sue Carrick

Non-Executive Director - President
MHS, MAICD

Sue's career is wide ranging with more than 25 years' experience across the healthcare, academic and non-profit sectors. Her early roles have included clinical care with Family Planning NSW and health education in policy and research in public health and nursing at the University of Sydney.

She is recognised as an authority in the arena of building visionary and effective strategic research actions plans. She has delivered a number of successful national research action and implementation strategies for several national health and research organisations. She is the architect of Register4; a successful national online resource designed to accelerate the outcomes of research by providing more effective and cost efficient delivery of research programs.

She continues to provide specialist advice in designing research strategies and translating research and strategic policy into practice.

As a company director with over 15 years' experience, Sue has a particular interest and passion for effective governance and strategy in the boardroom. Currently, she also provides governance advice to the healthcare, research and private sectors.

Sue is a Director of Twins Register Australia and Culture at Work. She has a Master of Health Science. She was elected to the Board in 2010.

Special Responsibilities:

- Chair of the Board of Directors
- Chair of the Performance, Remuneration & Nomination Committee
- Chair of the Head Office Facility Committee
- Chair of the Research Committee



Dr Kim Johnstone

Non-Executive Director - Vice President
M.S.Sc (Hons), PhD

Kim is a demographer with over 20 years' experience. She has a diverse career across research, analytical and social policy/strategy roles in government, non-government and academic sectors.

Kim's career has been characterised by using sound evidence to inform policy and strategic planning.

Currently, Kim is Manager of Research & Strategy with the NSW Data Analytics Centre, and is the community of practice lead for population-based insights.

Kim has an extensive publication list on many aspects of population. She has presented at a variety of regional and national forums on population issues and lectures at university.

Kim's interest in family planning stems from being a demographer with a focus on how fertility change affects different populations. She is a past-President of Family Planning Welfare NT and of Sexual Health and Family Planning Australia and has represented Australia on the International Planned Parenthood Federation East, South East Asia and Oceania Regional Council.

Kim has also been a Council member of the Australian Population Association. She was elected to the Board in 2012.

Special Responsibilities:

- Member of the Executive of the Board of Directors
- Chair of the International Programme Advisory Committee
- Board representative on the Ethics Committee



Carolyn Miller

Non-Executive Director - Vice President
BA (Comm); MBA (Exec)

Carolyn is Managing Director at The Honeycomb Effect and has nearly 20 years' experience in the advertising industry, working on both healthcare and consumer products. Previous clients include Sydney IVF, Lantus (Diabetes), Remicade (Crohn's Disease), Reminyl (Alzheimer's) and Consta & Risperdal (Schizophrenia) amongst many others.

She has previously worked in the capacity of Strategic Planning Director at a number of high profile advertising agencies including Moon Communications, DDB and Euro RSCG. Her experience in the field has made her a recognised authority within the creative industries and regularly appeared on ABC television's 'Gruen' series.

Carolyn has previously been a member of the Healthcare Communications Council, the industry body for Healthcare Advertising. She has an Executive MBA from the University of Technology Sydney and a BA in Communications from the University of Western Sydney. She was elected to the Board in 2012.

Special Responsibilities:

- Member of the Executive of the Board of Directors
- Member of the Fundraising Committee
- Member of the Peak Consumer Participation Committee



Gary Trenaman (co-opted 31 January 2017)

Non-Executive Director - Treasurer
BComm, MBA, CPA, GAICD, JP

Gary is an accountant with a specialisation in not-for-profit organisations. His approach is to seek insights from data that can lead to organisational competitive advantage. He has a preference for forward looking reporting and educated predictions to complement traditional historical accounting.

Gary is the Finance Manager for Can Too Foundation, a health promotion charity that transforms lives through improving fitness and funding innovative cancer research. He also provides pro bono support for Run Against Violence, a charity that raises awareness of family violence issues through Ultra Marathon events, aiming to remove the stigma and barriers of people asking for help. In addition, he has been a volunteer Age Manager of the Coogee Minnows Junior Surf Life Saving since 2012. He was co-opted to the Board in 2017.

Special Responsibilities:

- Member of the Executive of the Board of Directors
- Chair of the Audit & Risk Committee



Rosalind Winfield

Non-Executive Director - Legal Adviser
BA LLB

Rosalind is a lawyer in private practice since 1982. She has a special interest in legal issues affecting women and women's health.

Rosalind has been involved in the following organisations: Women Barristers Forum committee 2011 to date; Women's Advisory Council to Premier of NSW member 1986-1989; Women Lawyers' Association of NSW President 1988-1989 and committee member 1983-1991; Women's Legal Resources Centre director 1983-1987; Family Planning NSW; Women's Electoral Lobby (Brisbane) Convenor 1977-1978, Member 1972 – 1981; and SCEGGS Darlinghurst Parents and Friends President 1996-1997. She was elected to the Board in 1986.

Special Responsibilities:

- Member of the Executive of the Board of Directors
- Member of the Audit & Risk Committee
- Member of the Head Office Facility Committee



Kerrie Chambers

(leave of absence 28 February 2017 - 30 June 2017)
Non-Executive Director - Legal Adviser
BA LL.M

Kerrie is a partner with HWL Ebsworth and is currently group leader of the Health group. She has been a lawyer since 1986. For the last 18 years Kerrie has practised exclusively in medical negligence and health law. She regularly writes articles and presents to doctor groups and medical insurers.

Kerrie is a former member of the RANZCOG Ethics Committee. She is a member of the Medico-Legal Society of NSW.

Kerrie has a keen interest in pro bono work. She is the partner delegate for the HWL Ebsworth Homeless Persons Legal Project providing legal advice and support to the clients of The Station drop in centre.

She is on the volunteer legal roster for Kirribilli Neighbourhood Centre and has previously provided legal assistance at the Welfare Rights Centre and Macquarie Legal Centre.

She was elected to the Board in 2012.

Special Responsibilities:

- Former member of the Performance & Remuneration Committee



Melissa Williams

Non-Executive Director
BBus, Grad Cert of Research

Melissa is a descendant of the MALERA/Bundjalung People located in Northern NSW. Since November 2007, Melissa has been the Director of the Office of Aboriginal and Torres Strait Islander Employment and Engagement at the Western Sydney University. For this work, her Office was a 2009 Finalist for the Pru Goward Award for Diversity Management, awarded by the Australian Human Resources Institute, 2010 Finalist for the Ministers Award for Outstanding EEO initiative for the Advancement of Women, and won the Australian Human Resources Institute (AHRI) Fons Trompenaars Award for best people management initiatives and strategies in the management of a diverse or multicultural workplace.

Melissa holds a Bachelor of Business from University of Technology Sydney, project management qualifications from the Australian Institute of Project Management, an Innovation Patent (Medical Mechanical) from IP Australia, a Graduate Certificate

in Research from University of Western Sydney and is currently enrolled in the Doctor of Philosophy (PhD). She believes that the best way to predict the future is to invent it.

Her ambition is to create a methodology which can engage, recognise and value the unique history, place and contributions of first peoples as a core part of Australia's nation-making in the 21st century.

Her most recent books include Generations of Knowledge: Commemorating the Lives and Contributions of Aboriginal and Torres Strait Islander Elders, Leaders and Pathmakers at the University of Western Sydney: University of Western Sydney Press, 2014, co-created with Aboriginal and Torres Strait Islander Elders on Campus and Too Dark to See: Commemorating the Lives and Contributions of Aboriginal and Torres Strait Islander Veterans and Military Personnel Serving in the Australian Defence Forces. University of Western Sydney: University of Western Sydney Press, 2014, co-created with Aboriginal and Torres Strait Islander Elders on Campus.

In 2012, Melissa was the recipient of the Chief Executive Women scholarship award and her Office received an exemplar in the Federal Governments Review of Higher Education Access and Outcomes for Aboriginal and Torres Strait Islander People for University Culture and Governance. She was elected to the Board in November 2014.

Special Responsibilities:

- Member Peak Consumer Participation Committee



Nadine Wilmot

Non-Executive Director
B.Sc, MBA, FIAA, GAICD

Nadine is a senior superannuation and life insurance executive with over 25 years' experience in financial services in Australia and the United States.

Nadine's experience is wide ranging in wealth management, having held senior roles in strategic, operational, public policy, regulatory reform and governance areas. She has been involved in strategic and operational risk management as part of various roles. Her current executive role is managing the office of the trustee for a major superannuation fund (where the trustee is responsible for over \$20 billion in assets for superannuation members).

Nadine is a qualified actuary and holds an MBA, and is a Graduate Member of the Australian Institute of Company Directors. She was elected to the Board in 2016.

Special Responsibilities:

- Member of the Audit & Risk Committee



Bernadette Or (co-opted 31 January 2017)

Non-Executive Director
FCPA, M.Comm, B.Ec, Grad Dip Social Impact Studies, Grad Dip Document and Knowledge Management

As a seasoned CFO, the industries that Bernadette has been involved in include franchising (Kentucky Fried Chicken), holiday industry (P&O Cruises), professional association (Australian Human Resources Institute), children's charity (Starlight Children Foundation), secondary education change agent (Enterprise and Career Education Foundation), sports club (Northern Suburbs Rugby Football Club), employment services provider (CoAct), tertiary education institute (The College, Western Sydney University).

Currently Ms Or is the General Manager, Finance and Corporate Services at the Energy and Water (NSW) Ombudsman Office.

A mother of two adult children, Ms Or has a keen interest in community groups and social enterprises and their potential to create social values both domestically and globally.

Until 2014, Ms Or was the Chair of the Crohns and Colitis Australia Board. On top of being a Board member of Family Planning NSW, Ms Or is also a board member at Streetwize Communication, a Fellow with the Universal Business School of Sydney and a Foundation Member of SIMNA. She was co-opted to the Board in 2017.

Special Responsibilities:

- Member of the Audit & Risk Committee



Christine Franks (resigned 15 November 2016)
Non-Executive Director
M.Mgt, B.A (Statistics), FAICD

Christine is a company director with over 16 years' experience. She is currently Chair of Habitat for Humanity Australia, Chair of RESULTS Australia, a member of CUFA International Program Committee and NSW Health Patient Experience Forum. She has worked as a director on a number of financial services, personal insurance and health insurance boards including CUA, CUA Health and Credicorp Insurance.

A keen interest in international aid and development has resulted in thirty-five years of volunteering, including committee and board positions. Christine chaired the NSW Charities Ministerial Advisory Committee and the ACFID Code of Conduct Committee, receiving the inaugural ACFID Award for Outstanding Service to the Aid and Development Sector in 2006.

Christine initially qualified and worked as a registered nurse and her executive experience includes consumer research, marketing and fundraising for both commercial, academic, consumer and not for profit organisations. She was a long term beneficiary of Family Planning NSW services and is a strong supporter of the organisation, its aims and objectives. She was elected to the Board in 2014.

Special Responsibilities:

- Former member of the International Programme Advisory Committee
- Former member of the Fundraising Committee



Sue Shilbury (resigned 25 February 2017)
Non-Executive Director
MBA, BAppSc (phys), GAICD

Sue is a health care consultant with over 24 years of experience in public health sector management, ten of which have been in senior leadership positions.

As a clinician she worked extensively in children's health services and then at executive level in women's health services, providing her with a deep appreciation of some of the broader and more complex issues pertaining to family health services.

Prior to being a consultant in May 2014, Sue as the General Manager of North Shore Ryde Health Service for six years, was responsible for clinical and corporate governance of Royal North Shore and Ryde Hospitals and Community Health Services (budget of \$500 million /3,500FTE).

In this position she led a large and complex metropolitan health service that had many challenges from a governance and service perspective. During her tenure, much positive change was delivered along with a capital works program of in excess of \$1 billion.

In 2006-2008 she was the General Manager Central Sydney Hospitals, responsible for clinical and corporate governance and a member of the Area Health Service Executive (budget of \$370 million /3,250FTE).

Sue has a Bachelor of Applied Science (Physiotherapy), Masters of Business Administration and has completed the Australian Institute of Company Directors course. She was elected to the Board in 2014.

Special Responsibilities:

- Former member Peak Consumer Participation Committee
- Former member Head Office Facility Committee



Special Responsibilities:

- Former member of the Finance and Audit Committee

Neil Steggall (resigned 20 September 2016)

Non-Executive Director
BEng, FAICD

Neil's career has been based around M&A activities and the strategic development, financing and growth of a diverse range of organisations and industries including technology, telecommunications, food and agribusiness, timber, construction, export, wine and finance.

He has served as a director of both public and private companies in Australia, Asia and Europe since 1985. He is Chairman of Wardour Capital.

Neil's speciality is to assist in recognising latent opportunities within organisations or industries and to help develop the plans, strategies and implementation structures needed to realise those opportunities.

Neil is passionate about improving rural health and education in Australia. He was elected to the Board in 2014.



Karen Gannon

Company Secretary
MCom, Grad Dip Applied Corporate Governance, CPA

Karen Gannon has held the role of Company Secretary since 1995. She is a member of the Governance Institute of Australia.

Got questions?
We've got the
right answers.



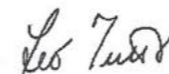
AUDITOR'S INDEPENDENCE DECLARATION UNDER SECTION 60-40 OF THE AUSTRALIAN CHARITIES AND NOT FOR PROFITS COMMISSION ACT 2012 TO THE DIRECTORS OF FAMILY PLANNING NSW

I declare that, to the best of my knowledge and belief during the year ended 30 June 2017 there have been:

- no contraventions of the auditor independence requirements as set out in the *Australian Charities and Not-for-profits Commission Act 2012* in relation to the audit; and
- no contraventions of any applicable code of professional conduct in relation to the audit.



William Buck
Chartered Accountants
ABN 16 021 300 521



L.E. Tutt
Partner
Dated this 26 day of September, 2017

CHARTERED ACCOUNTANTS & ADVISORS

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Sydney NSW 2000
Telephone: +61 2 8263 4000

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Level 7, 3 Horwood Place
Parramatta NSW 2150
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Meetings of Directors

The number of meetings of the company's Board of Directors ('the Board') and of each Board committee held during the year ended 30 June 2017 and the number of meetings attended by each director were:

Directors	Full Board		Audit & Risk Committee		Performance & Remuneration Committee		Fundraising Committee		Peak Consumer Participation Committee	
	Attended	Held	Attended	Held	Attended	Held	Attended	Held	Attended	Held
Sue Carrick	9	9	-	-	2	2	-	-	-	-
Kim Johnstone	9	9	-	-	-	-	-	-	-	-
Carolyn Miller	7	9	-	-	-	-	1	1	-	-
Rosalind Winfield	8	9	3	3	-	-	-	-	-	-
Melissa Williams	7	9	-	-	1	2	-	-	-	-
Nadine Wilmot	9	9	2	3	-	-	-	-	-	-
Gary Trenaman	5	5	2	2	-	-	-	-	-	-
Bernadette Or	4	5	2	2	-	-	-	-	-	-
Kerrie Chambers	3	6	-	-	1	1	-	-	-	-
Sue Shilbury	3	5	-	-	-	-	-	-	1	1
Christine Franks	3	3	-	-	-	-	1	1	-	-
Neil Steggall	1	2	1	1	-	-	-	-	-	-

Held: represents the number of meetings held during the time the director held office or was a member of the relevant committee.

Contributions on winding up

In the event of the company being wound up, ordinary members are required to contribute a maximum of \$10 each.

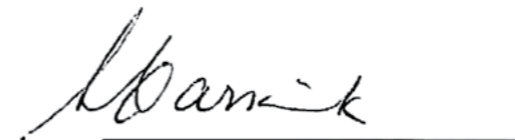
The total amount that members of the company are liable to contribute if the company is wound up is \$520 based on 52 current ordinary members.

Auditor's independence declaration

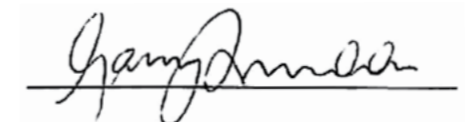
A copy of the Auditor's Independence Declaration as required under s.60-40 of the Australian Charities and Not-for-profits Commission Act 2012 is set out immediately after this director's report and forms part of the Director's report.

This report is made in accordance with a resolution of directors.

On behalf of the directors



Sue Carrick – President



Gary Trenaman - Treasurer

Dated this 26th day of September 2017

Statement of **PROFIT OR LOSS** and other comprehensive income for the year ended
30 June 2017

	2017 \$	2016 \$
Revenue		
Domestic revenue		
Grants		
Government grants	10,618,968	9,434,293
Other grants	513,392	531,275
	11,132,360	9,965,568
Sales revenue		
Contraceptive income	107,893	125,358
Course fees	442,551	332,818
Bookshop sales	187,774	76,660
	738,218	534,836
Other revenue		
Medicare revenue	520,567	694,065
Private billing revenue	641,093	426,030
Investment revenue	345,932	399,820
Other revenue	291,663	239,414
	1,799,255	1,759,329
TOTAL DOMESTIC REVENUE	13,669,833	12,259,733

	2017 \$	2016 \$
International revenue		
Grants		
Department of Foreign Affairs and Trade	306,181	308,335
Other Australian	-	11,000
Other overseas	-	-
Donations and gifts		
Monetary	36,934	55,982
Non-monetary	23,092	17,220
Bequests and Legacies	-	-
Investment income	3,332	2,494
Fundraising	79,711	2,673
Other revenue	259,307	358,582
Revenue for international political or religious adherence promotion program	-	-
TOTAL INTERNATIONAL REVENUE	708,557	756,286
TOTAL REVENUE	14,378,390	13,016,019

Statement of **PROFIT OR LOSS** and other comprehensive income for the year ended
30 June 2017 (continued)

	2017 \$	2016 \$
Expenses		
Domestic program expenses		
Cost of goods sold	(193,854)	(81,645)
Employee benefit expenses	(10,093,058)	(9,541,381)
Depreciation and amortisation expenses	(249,858)	(186,731)
Lease/rent	(76,989)	(82,898)
Insurance	(111,549)	(111,589)
Computer services and software	(298,957)	(158,791)
Printing/postage/stationery/advertising/photocopying	(167,389)	(171,211)
Repairs and maintenance/ cleaning	(225,467)	(199,985)
Teaching resources	(121,235)	(148,615)
Travel	(314,027)	(229,944)
Materials and equipment	(36,811)	(36,636)
Branding & marketing	(5,185)	(993)
Labour hire – external	(54,019)	(151,736)
Medical consumables	(76,388)	(76,115)
Consultancy	(711,447)	(32,633)
Telephone / internet	(127,034)	(132,329)
Staff recruitment	(31,484)	(35,142)
Conferences & seminars	(25,600)	(35,525)
Website development	(13,584)	(7,560)
File scanning	(5,809)	(5,480)
Utilities	(73,176)	(74,573)
Audit /professional services	(39,301)	(40,173)
Consumables /client expenses	(92,900)	(99,635)
Strata levies	(52,687)	(29,937)
Bad debts	(2,201)	(337)
Stock write-off	(6,597)	(8,119)
Other expenses	(351,873)	(307,493)
TOTAL DOMESTIC PROGRAM EXPENSES	(13,558,479)	(11,987,206)

	2017 \$	2016 \$
International aid and development programs expenses		
International programs		
Funds to international programs	(196,890)	(223,889)
Program support costs	(235,972)	(248,318)
Community education	-	-
Fundraising costs		
Public	(39,138)	(3,270)
Government, multilateral and private	-	-
Accountability and administration	(213,465)	(263,589)
Non-monetary expenditure	(23,092)	(17,220)
Total international aid and development program expenses	(708,557)	(756,286)
International political or religious adherence promotion programs expenditure	-	-
Total international program expenses	(708,557)	(756,286)
TOTAL EXPENSES	(14,267,036)	(12,743,492)

Surplus before income tax expense	111,354	272,527
Income tax expense	-	-
SURPLUS FOR THE YEAR ATTRIBUTABLE TO THE MEMBERS OF FAMILY PLANNING NSW	111,354	272,527

Other comprehensive income for the year, net of tax		
Net gain on asset revaluation reserve	-	8,828,060
Net gain on investment revaluation reserve	126,405	(42,816)
TOTAL COMPREHENSIVE INCOME / (LOSS) FOR THE YEAR ATTRIBUTABLE TO THE MEMBERS OF FAMILY PLANNING NSW	237,759	9,057,771

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

Statement of **FINANCIAL POSITION** as at 30 June 2017

	Note	2017 \$	2016 \$
Assets			
Current assets			
Cash and cash equivalents	4	5,279,139	2,907,439
Trade and other receivables	5	266,050	160,029
Inventories on hand	6	123,243	49,074
Assets held for sale		-	-
Other financial assets		-	-
Other	7	243,277	228,641
Total current assets		5,911,709	3,345,183
Non-current assets			
Trade and other receivables		-	-
Financial assets	8	1,654,589	4,028,184
Property, plant and equipment	9	16,842,496	17,023,443
Intangibles		-	-
Other non-current assets		-	-
Total non-current assets		18,497,085	21,051,627
TOTAL ASSETS		24,408,794	24,396,810
Liabilities			
Current Liabilities			
Trade and other payables	10	1,154,250	1,199,768
Employee benefits	11	1,452,164	1,259,847
Grants received in advance	12	695,378	1,062,091
Borrowings		-	-
Current tax liabilities		111,022	87,811
Other financial liabilities		-	-
Provisions		-	-
Other		-	-
Total current liabilities		3,412,814	3,609,517

	Note	2017 \$	2016 \$
Liabilities (continued)			
Non-current liabilities			
Trade and other payables		-	-
Employee benefits	13	120,413	149,485
Borrowings		-	-
Other financial liabilities		-	-
Provisions		-	-
Other		-	-
Total non-current liabilities		120,413	149,485
TOTAL LIABILITIES		3,533,227	3,759,002
NET ASSETS		20,875,567	20,637,808
Equity			
Reserves	14	12,825,835	12,699,430
Retained surpluses	15	8,049,732	7,938,378
TOTAL EQUITY		20,875,567	20,637,808
Contingent liabilities	16		
Lease	17		

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

Statement of **CHANGES IN EQUITY** for the year ended 30 June 2017

	Retained Surplus	Asset Revaluation Reserve	Investment Revaluation Reserve	General Reserves	Overseas Aid Reserve	Total Equity
Balance at 1 July 2015	7,649,216	4,007,786	(143,600)	50,000	16,635	11,580,037
Surplus after income tax expense for the year	272,527	-	-	-	-	272,527
Other comprehensive income for the year, net of tax	-	8,828,060	(42,816)	-	-	8,785,244
Total comprehensive income for the year	272,527	8,828,060	(42,816)	-	-	9,057,771
Other transfers (to) from reserves: Overseas aid reserve	16,635	-	-	-	(16,635)	-
BALANCE AT 30 JUNE 2016	7,938,378	12,835,846	(186,416)	50,000	-	20,637,808
Balance at 1 July 2016	7,938,378	12,835,846	(186,416)	50,000	-	20,637,808
Surplus after income tax expense for the year	111,354	-	-	-	-	111,354
Other comprehensive income for the year, net of tax	-	-	126,405	-	-	126,405
Total comprehensive income for the year	111,354	-	126,405	-	-	237,759
Other transfers (to) from reserves: Overseas aid reserve	-	-	-	-	-	-
BALANCE AT 30 JUNE 2017	8,049,732	12,835,846	(60,011)	50,000	-	20,875,567

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

Statement of **CASH FLOWS** for the year ended 30 June 2017

	Note	2017 \$	2016 \$
Cash flows from operating activities			
Receipts from customers (inclusive of GST)		2,479,102	2,550,606
Payments to suppliers and employees (inclusive of GST)		(13,819,082)	(13,054,754)
Grants received	3	11,022,165	10,501,218
Donations received		36,934	55,982
Interest and dividends received		221,492	308,564
Net cash from operating activities		(59,389)	361,616
Cash flows from investing activities			
Payment for property, plant & equipment		(70,340)	(107,982)
Loss/proceeds from sale of property, plant & equipment		1,429	3,537
Proceeds from sale of investments		2,500,000	-
Net cash used in investing activities		2,431,089	(104,445)
Cash flows from financing activities			
Net cash from financing activities		-	-
Net increase in cash and cash equivalents		2,371,700	257,171
Cash and cash equivalents at the beginning of the financial year		2,907,439	2,650,268
Cash and cash equivalents at the end of the financial year	4	5,279,139	2,907,439

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

Note 1: Significant Accounting Policies

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

New or amending Accounting Standards and Interpretations adopted

The company has adopted all of the new or amended Accounting Standards and Interpretations issued by the Australian Accounting Standards Board ('AASB') that are mandatory for the current reporting period.

Any new or amended Accounting Standards or Interpretations that are not yet mandatory have not been early adopted.

Basis of Preparation

These general purpose financial statements have been prepared in accordance with Australian Accounting Standards - Reduced Disclosure Requirements and the Australian Charities and Not-for-profits Commission Act 2012, as appropriate for not-for-profit oriented entities, and the ACFID Code.

The financial statements are presented in Australian dollars, which is the functional and presentation currency of the company.

Historical cost convention

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

Critical accounting estimates

The preparation of the financial statements requires the use of certain critical accounting estimates. It also requires management to exercise its judgement in the process of applying the company's accounting policies. The areas involving a higher degree of judgement or complexity, or areas where assumptions and estimates are significant to the financial statements are disclosed in note 2.

Revenue Recognition

Revenue is recognised when it is probable that the economic benefit will flow to the company 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 made.

Grants

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

Interest

Interest revenue is recognised as interest accrues using the effective interest method. This is a method of calculating the amortised cost of a financial asset and allocating the interest income over the relevant period using the effective interest rate, which is the rate that exactly discounts estimated future cash receipts through the expected life of the financial asset to the net carrying amount of the financial asset.

Other Revenue

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

Income Tax

As the company 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.

Current and Non-Current Classification

Assets and liabilities are presented in the statement of financial position based on current and non-current classification.

An asset is classified as current when: it is either expected to be realised or intended to be sold or consumed in the company's normal operating cycle; it is held primarily for the purpose of trading; it is expected to be realised within 12 months after the reporting period; or the asset is cash or cash equivalent unless restricted from being exchanged or used to settle a liability for at least 12 months after the reporting period. All other assets are classified as non-current.

A liability is current when: it is expected to be settled in the company's normal operating cycle; it is held primarily for the purpose of trading; it is due to be settled within 12 months after the reporting period; or there is no unconditional right to defer the settlement of the liability for at least 12 months after the reporting period. All other liabilities are classified as non-current.

Deferred tax assets and liabilities are classified as non-current.

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.

Trade and Other Receivables

Other receivables are recognised at amortised cost, less any provision for impairment.

Property, 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.

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

Buildings	50 years
Freehold Improvements	50 years
Fixtures & Fittings	10 years
Medical & Office Equipment	8 years
Motor Vehicles	6.66 years
Computers	3 years

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

An item of property, plant and equipment is derecognised upon disposal or when there is no future economic benefit to the company. Gains and losses between the carrying amount and the disposal proceeds are taken to profit or loss.

Financial Assets

Investments are recognised and derecognised on trade date where the purchase or sale of an investment is under a contract whose terms require delivery of the investment within the timeframe established by the market concerned, and are initially measured at fair value, net of transaction costs except for those financial assets classified as at fair value through profit or loss which are initially measured at fair value.

Financial assets are classified into the following specified categories: financial assets 'at fair value through profit or loss', 'held-to-maturity investments', 'available-for-sale' financial assets, and 'loans and receivables'. The classification depends on the nature and purpose of the financial assets and is determined at the time of initial recognition.

Available-for-sale Financial Assets

Listed shares and listed redeemable notes held by the Company that are traded in an active market are classified as AFS and are stated at fair value. Also included in this category is investments in unlisted shares that are not traded in an active market but that are also classified as AFS financial assets and stated at fair value (because the directors consider that fair value can be reliably measured).

Gains and losses arising from changes in fair value are recognised in other comprehensive income and accumulated in the investments revaluation reserve, with the exception of impairment losses, interest calculated using the effective interest method, and foreign exchange gains and losses on monetary assets, which are recognised in profit or loss. Where the investment is disposed of or is determined to be impaired, the cumulative gain or loss previously accumulated in the investments revaluation reserve is reclassified to profit or loss.

Dividends on AFS equity instruments are recognised in profit or loss when the Company's right to receive the dividends is established.

Impairment of Financial Assets

Financial assets, other than those at fair value through profit or loss, are assessed for indicators of impairment at each reporting date. Financial assets are impaired where there is objective evidence that as a result of one or more events that occurred after the initial recognition of the financial asset the estimated future cash flows of the investment have been impacted. For financial assets carried at amortised cost, the amount of the impairment is the difference between the asset's carrying amount and the present value of estimated future cash flows, discounted at the original effective interest rate.

The carrying amount of the financial asset is reduced by the impairment loss directly for all financial assets with the exception of trade receivables where the carrying amount is reduced through the use of an allowance account. When a trade receivable is uncollectible, it is written off against the allowance account.

Subsequent recoveries of amounts previously written off are credited against the allowance account. Changes in the carrying amount of the allowance account are recognised in profit or loss.

When an AFS financial asset is considered to be impaired, cumulative gains or losses previously recognised in other comprehensive income are reclassified to profit or loss in the period.

For financial assets measured at amortised cost, if, in a subsequent period, the amount of the impairment loss decreases and the decrease can be related objectively to an event occurring after the impairment was recognised, the previously recognised impairment loss is reversed through the statement of profit or loss and other comprehensive income to the extent the carrying amount of the investment at the date the impairment is reversed does not exceed what the amortised cost would have been had the impairment not been recognised.

In respect of AFS equity securities, impairment losses previously recognised in profit or loss are not reversed through profit or loss. Any increase in fair value subsequent to an impairment loss is recognised in other comprehensive income and accumulated under the heading of investments revaluation reserve. In respect of AFS debt securities, impairment losses are subsequently reversed through profit or loss if an increase in the fair value of the investment can be objectively related to an event occurring after the recognition of the impairment loss.

Impairment of Non-Financial Assets

Non-financial assets are reviewed for impairment whenever events or changes in circumstances indicate that the carrying amount may not be recoverable. An impairment loss is recognised for the amount by which the asset's carrying amount exceeds its recoverable amount.

Recoverable amount is the higher of an asset's fair value less costs of disposal and value-in-use. The value-in-use is the present value of the estimated future cash flows relating to the asset using a pre-tax discount rate specific to the asset or cash-generating unit to which the asset belongs. Assets that do not have independent cash flows are grouped together to form a cash-generating unit.

Trade and Other Payables

These amounts represent liabilities for goods and services provided to the company prior to the end of the financial year and which are unpaid. Due to their short-term nature they are measured at amortised cost and are not discounted. The amounts are unsecured and are usually paid within 30 days of recognition.

Employee Benefits

Short-term employee benefits

Liabilities for wages and salaries, including non-monetary benefits, annual leave and long service leave expected to be settled wholly within 12 months of the reporting date are measured at the amounts expected to be paid when the liabilities are settled.

Other long-term employee benefits

The liability for annual leave and long service leave not expected to be settled within 12 months of the reporting date are measured at the present value of expected future payments to be made in respect of services provided by employees up to the reporting date using the projected unit credit method. Consideration is given to expected future wage and salary levels, experience of employee departures and periods of service. Expected future payments are discounted using market yields at the reporting date on national government bonds with terms to maturity and currency that match, as closely as possible, the estimated future cash outflows.

Defined contribution superannuation expense

Contributions to defined contribution superannuation plans are expensed in the period in which they are incurred.

Fair Value Measurement

When an asset or liability, financial or non-financial, is measured at fair value for recognition or disclosure purposes, the fair value is based on the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date; and assumes that the transaction will take place either: in the principal market; or in the absence of a principal market, in the most advantageous market.

Fair value is measured using the assumptions that market participants would use when pricing the asset or liability, assuming they act in their economic best interest. For non-financial assets, the fair value measurement is based on its highest and best use. Valuation techniques that are appropriate in the circumstances and for which sufficient data are available to measure fair value, are used, maximising the use of relevant observable inputs and minimising the use of unobservable inputs.

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.

Commitments and contingencies are disclosed net of the amount of GST recoverable from, or payable to, the tax authority.

Note 2: Critical Accounting Judgements, Estimates & Assumptions

The preparation of the financial statements requires management to make judgements, estimates and assumptions that affect the reported amounts in the financial statements. Management continually evaluates its judgements and estimates in relation to assets, liabilities, contingent liabilities, revenue and expenses.

Management bases its judgements, estimates and assumptions on historical experience and on other various factors, including expectations of future events; management believes to be reasonable under the circumstances. The resulting accounting judgements and estimates will seldom equal the related actual results. The judgements, estimates and assumptions that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities (refer to the respective notes) within the next financial year are discussed below.

Estimation of useful lives of assets

The company determines the estimated useful lives and related depreciation and amortisation charges for its property, plant and equipment and finite life intangible assets. The useful lives could change significantly as a result of technical innovations or some other event. The depreciation and amortisation charge will increase where the useful lives are less than previously estimated lives, or technically obsolete or non-strategic assets that have been abandoned or sold will be written off or written down.

Impairment of non-financial assets other than goodwill and other indefinite life intangible assets

The company assesses impairment of non-financial assets other than goodwill and other indefinite life intangible assets at each reporting date by evaluating conditions specific to the company and to the particular asset that may lead to impairment. If an impairment trigger exists, the recoverable amount of the asset is determined. This involves fair value less costs of disposal or value-in-use calculations, which incorporate a number of key estimates and assumptions.

Employee benefits provision

As discussed in note 1, the liability for employee benefits expected to be settled more than 12 months from the reporting date are recognised and measured at the present value of the estimated future cash flows to be made in respect of all employees at the reporting date. In determining the present value of the liability, estimates of attrition rates and pay increases through promotion and inflation have been taken into account.

NOTES to the Financial Statements 30 June 2017

Note 3: Grants received during the year	2017 \$	2016 \$
NSW Ministry of Health: NGO Funding		
Women's Health (previously Kids & Families)	7,723,600	7,504,500
Fairfield – National Women's Health	464,500	700,000
AID, Infectious Diseases & Sexual Health	286,400	277,000
Penrith - Community Education, Women's Health & Health Transport	495,900	483,800
Penrith - HIV/AIDS	143,300	138,600
	9,113,700	9,103,900

NSW Ministry of Health: AIDS/Infectious Diseases Branch		
NSW Aboriginal Mentoring and Leadership Framework	4,270	23,000

NSW Government:		
Sexual Safety Training	161,886	323,772

Hunter New England LHD:		
Hunter Health Promotion	52,800	51,000

Cancer Institute NSW:		
GP's Up-Skilling and Well Women's Screening Training for Practice Nurses	225,082	198,118
Disability	100,000	-
NSW Aboriginal Cervical Screening	31,702	-
NSW Capacity Building of BCE	49,604	-
	406,388	198,118

	2017 \$	2016 \$
Australian Government:		
Department of Health & Ageing: BBV& STI	600,000	-
Department of Foreign Affairs & Trade:		
ANCP	315,000	300,000
Other Grants:		
Foundation of Young Australians	217,513	326,270
Research Grants	66,974	89,547
Family Planning Alliance Australia	-	21,634
CESPHN - Rockdale Clinic	78,925	-
SWSLHD – Postnatal Project	-	50,341
SWSLHD – Developing Sexual Health Resource	1,818	-
SLHD – Homeless Pap Test	-	13,000
Strathfield Council	-	636
Fairfield Club	2,891	-
	368,121	501,428

TOTAL GRANTS RECEIVED	11,022,165	10,501,218
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NOTES to the Financial Statements 30 June 2017

Note 4: Current assets-cash and cash equivalents	2017 \$	2016 \$
Cash on hand	4,560	5,760
Cash at bank		
Domestic programs	419,630	224,021
International programs	204,949	135,770
Cash on deposit		
Domestic programs	4,650,000	2,541,888
International programs	-	-
	5,279,139	2,907,439

Note 5: Current assets-trade and other receivables

Other receivables	210,876	135,606
BAS receivable	55,174	24,423
	266,050	160,029

Note 6: Current assets-inventories on hand

Stock at cost	123,243	49,074
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Note 7: Current assets-other

Accrued revenue	44,923	5,814
Prepayments	198,354	222,827
	243,277	228,641

Note 8: Non-current assets-financial assets

Available-for-sale financial assets	1,654,589	4,028,184
Available-for-sale financial assets comprise: Listed investments at fair value	1,654,589	4,028,184

Note 9: Non-current assets – property, plant & equipment	2017 \$	2016 \$
Land and buildings: at independent valuation 2016	15,150,000	15,150,000
Less: Accumulated depreciation	(127,750)	-
	15,022,250	15,150,000
Leasehold improvements - at independent valuation 2016	1,575,000	1,575,000
Less: Accumulated amortisation	(31,500)	-
	1,543,500	1,575,000
Plant & equipment - at cost	539,864	473,375
Less: Accumulated depreciation	(397,510)	(340,342)
	142,354	133,033
Office equipment - at cost	179,706	177,282
Less: Accumulated depreciation	(114,297)	(96,159)
	65,409	81,123
	16,842,496	17,023,443

The entity's land and buildings were re-valued at 30 June 2016 by an independent valuer. Valuations were made on the basis of open market value. The revaluation increase was credited to the asset revaluation reserve in equity.

Reconciliations

Reconciliations of the written down value at the beginning and end of the current financial year are set out below:

	Land and buildings	Leasehold improvements	Plant and equipment	Motor vehicles	Office equipment	Total
Balance at 1 July 2016	15,150,000	1,575,000	133,033	84,287	81,123	17,023,443
Additions	-	-	67,917	-	2,423	70,340
Disposals	-	-	(1,429)	-	-	(1,429)
Depreciation	(127,750)	(31,500)	(57,167)	(15,304)	(18,137)	(249,858)
Balance at 30 June 2017	15,022,250	1,543,500	142,354	68,983	65,409	16,842,496

NOTES to the Financial Statements 30 June 2017

Note 10: Current liabilities – trade and other payables	2017 \$	2016 \$
Trade payables	168,948	2,035
Other payables	985,302	1,197,733
	1,154,250	1,199,768

Note 11: Current liability – employee benefits

Employee benefits	1,452,164	1,259,847
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Note 12: Current liability – grants received in advance

Government grants	430,731	571,431
Other grants	264,647	490,660
	695,378	1,062,091

Note 13: Non-current liabilities – employee benefits

Employee benefits	120,413	149,485
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Note 14: Equity - reserves

Fixed asset revaluation reserve	12,835,846	12,835,846
Investment revaluation reserve	(60,011)	(186,416)
General reserve	50,000	50,000
Overseas aid reserve	-	-
	12,825,835	12,699,430

Note 15: Equity – retained surpluses

Retained surplus at the beginning of the financial year	7,938,378	7,649,216
Surplus after income tax expense for the year	111,354	272,527
Movement to overseas aid reserve	-	16,635
Retained surpluses at the end of the financial year	8,049,732	7,938,378

Note 16: Contingent Liabilities

The company had no contingent liabilities as at 30 June 2017 and 30 June 2016.

Note 17: Commitments

	2017 \$	2016 \$
Non cancellable operating leases contracted for but not capitalised in the financial statements:		
Payable: minimum lease payments		
not later than twelve months	46,885	74,999
between twelve months and five years	13,653	60,537
greater than five years	24	25
	60,562	135,561

Lease expense during the period amount to \$76,988 (2016: \$82,898) representing the minimum lease payments.

The property lease commitments are non-cancellable operating leases with lease terms of between one (1) and twenty nine (29) years. Increases in lease commitments may occur in line with CPI or market rent reviews in accordance with the agreements.

Note 18: Key Management Personnel Disclosures

Compensation

Directors receive no remuneration.

The aggregate compensation made to key management personnel of the company is set out below.

Total remuneration	1,243,364	1,388,795
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Note 19: Related Party Transactions

Key management personnel

Disclosures relating to key management personnel are set out in note 18.

Transactions with related parties

Transactions between related parties are on normal commercial terms and conditions no more favourable than those available to other parties unless otherwise stated:

316	121
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Sydney Reproductive Health Services Limited

Payment of ASIC fees by Family Planning NSW for Sydney Reproductive Health Services Limited. Dr Johnstone, Ms Wilmot and Ms Carrick are directors of both Sydney Reproductive Health Service Limited and Family Planning NSW.

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.

NOTES to the Financial Statements 30 June 2017

Note 20: Events after the Reporting Period

No matter or circumstance has arisen since 30 June 2017 that has significantly affected or may significantly affect the company's operations, the results of those operations, or the company's state of affairs in future financial years.

Note 21: Economic Dependence

The company is dependent upon the ongoing receipt of Commonwealth and State government grants to ensure the continuance of its programs. At the date of this report, management has no reason to believe that this financial support will not continue.

Note 22: Member's Guarantees

The company is incorporated under the ACNC Act 2012 and is a company limited by guarantee. If the company is wound up, the ordinary members are required to contribute a maximum of \$10 each. As at 30 June 2017 the number of members is 52 (2016: 54).

Note 23: Table of Cash Movements for Designated Purposes

Designated Purpose or Appeal	Cash available at beginning of year	Cash raised during financial year	Cash disbursed during financial year	Cash available at end of financial year
ANCP	21,233	382,825	(374,006)	30,052
Total for other non-designated purposes	114,537	73,000	(12,640)	174,897
TOTAL	135,770	455,825	(386,646)	204,949

Note 24: Financial Summary

The surplus for the year is \$111,354. The company's income and expenditure for the year ended 30 June 2017 are summarised below:

Income (\$)		Expenditure (\$)	
Government Grant	10,925,149	Staffing	10,468,805
Research Grant	170,319	Projects	3,129,592
Other Grant	343,073	Site	668,639
Self-generated Income	2,939,849		
Total Income	14,378,390	Total Expenditure	14,267,036
		Surplus	111,354

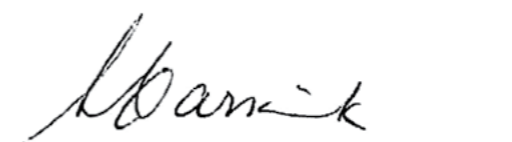
DIRECTORS' DECLARATION

30 June 2017

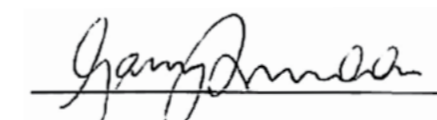
The directors of Family Planning NSW declare that in the directors' opinion:

- The attached financial statements and notes comply with the Australian Accounting Standards – Reduced Disclosure Requirements, the Australian Charities and Not-for-profits Commission Act 2012 and other mandatory professional reporting requirements;
- The attached financial statements and notes give a true and fair view of the company's financial position as at 30 June 2017 and of its performance for the financial year ended on that date; and
- There are reasonable grounds to believe that the company will be able to pay its debts as and when they become due and payable.

This declaration is made in accordance with a resolution of the Board of Directors.



Sue Carrick – President



Gary Trenaman - Treasurer

Dated this 26th day of September 2017

INDEPENDENT AUDITOR'S REPORT TO THE DIRECTORS OF FAMILY PLANNING NSW

Opinion

We have audited the financial report of Family Planning NSW (**'the Company'**) which comprises the statement of financial position as at 30 June 2017, the statement of profit or loss and other comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies, and the directors' declaration.

In our opinion the financial report of the Company has been prepared in accordance with Division 60 of the *Australian Charities and Not-for-profits Commission Act 2012*, including:

- giving a true and fair view of the Company's financial position as at 30 June 2017 and of its financial performance for the year then ended; and
- complying with Australian Accounting Standards – Reduced Disclosure Regime and Division 60 of the *Australian Charities and Not-for-profits Commission Regulation 2013*.

Basis for Opinion

We conducted our audit in accordance with Australian Auditing Standards. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Report section of our report. We are independent of the Company in accordance with the auditor independence requirements of the *Australian Charities and Not-for-profits Commission Act 2012 ('ACNC Act')* and the ethical requirements of the *Accounting Professional and Ethical Standards Board's APES 110 Code of Ethics for Professional Accountants ('the Code')* that are relevant to our audit of the financial report in Australia. We have also fulfilled our other ethical responsibilities in accordance with the Code.

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

Other Information

The directors are responsible for the other information. The other information comprises the information included in the Company's annual report for the year ended 30 June 2017, but does not include the financial report and our auditor's report thereon.

Our opinion on the financial report does not cover the other information and accordingly we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial report, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial report or our knowledge obtained in the audit or otherwise appears to be materially misstated.

If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

Directors' Responsibilities

The directors of the Company are responsible for the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards – Reduced Disclosure Regime and the ACNC Act and for such internal control as the directors determine is necessary to enable the preparation of the financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.

In preparing the financial report, the directors are responsible for assessing the Company's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the directors either intend to liquidate the Company or to cease operations, or has no realistic alternative but to do so.

The Directors are responsible for overseeing the Company's financial reporting process.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with the Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of this financial report.

As part of an audit in accordance with the Australian Auditing Standards, we exercise professional judgement and maintain professional scepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit 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 Company's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the directors.
- Conclude on the appropriateness of the directors' use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Company's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial report or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Company to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial report, including the disclosures, and whether the financial report represents the underlying transactions and events in a manner that achieves fair presentation.

We communicate with the directors regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.



William Buck
Chartered Accountants
ABN 16 021 300 521



L.E. Tutt
Partner
Dated this 26 day of September, 2017

CHARTERED ACCOUNTANTS & ADVISORS

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Who we work with

3 Bridges Community

ACON

Aboriginal Health and Medical Research Council

Albion Park Youth Centre

Allambi Youth Service

AWOL Youth Hub - Ku-ring Gai Council
Youth Services

Armajun Aboriginal Health Service Inc:

- Glen Innes
- Inverell
- Tenterfield

ASHM

Australian Catholic University

Awabakal

Awabakal Aboriginal Medical Service

Barnardos

Banardos Canterbury

Barnardos Cobar

Bankstown Intensive English Centre

Belinda Mason Photography

Beresfield Surgery

Berlin Centre of Epidemiology

Blacktown Women and Girls Health Centre

Blacktown Youth Services Association

Bligh Park Community Services Inc.

Brimbank Council

BUPA

Burnet Institute Melbourne

Child and Adolescent Mental Health Service
Prevention and Early Intervention Recovery Service
(CAMHS PEIRS) - Parramatta

Cancer Council NSW

Cancer Institute NSW

Central Coast Community Women's Health Service

Central Coast Local Health District - Central Coast
Youth Health Service

Central Eastern Sydney Primary Health Network

Cessnock High School

Cessnock Youth Services (CYCOS)

Chatswood Youth Centre - Willoughby City Council
Youth Services

Community First Step - Fairfield

Community Junction:

- Colyton
- Erskine Park
- North St Marys
- St Clair
- Werrington

Core Community Services-Cabramatta

Cringila Medical Centre

Dareton Primary Health Centre

Dubbo Neighbourhood Centre

Dubbo Sexual Health

Eastlake Youth Service - Windale and Swansea sites

Evolution Youth Service (Coast Community Connections)

Fairfield IEC

Fairfield Liverpool Youth Health Team - Carramar	Illawarra Local Health District	Mid Mountains Youth Centre	Northcott Penrith
Family Medical Practice @2325	Illawarra Women's Health Centre	Mid North Coast Local Health District	Northern NSW Local Health District
Family Planning Welfare Association Northern Territory	Job Centre Australia: <ul style="list-style-type: none"> • Chatswood • Gosford • Wyong 	Mindaribba Local Aboriginal Land Council	Northern Sydney Local Health District
Family Planning Victoria	Justice Health: <ul style="list-style-type: none"> • Charlestown • Fairfield • Gosford 	Mission Australia: <ul style="list-style-type: none"> • Claymore • Dubbo • Wellington 	NSW Gay and Lesbian Rights Lobby
Far West Child and Family Health Centre	Kari Resources	Miyay Birray Youth Service	NSW Ministry of Health <ul style="list-style-type: none"> • STI Program Unit (STIPU) • Ministry of Health, Mental Health Branch
Flourish (formerly known as Richmond PRA) <ul style="list-style-type: none"> • Blacktown • Penrith 	Kids Cancer Centre	Moree Community Health Centre	NSW Multicultural Health Communication Service
Foundation for Young Australians	Kurri Kurri Youth service	Moree Family Support Inc	NSW Refugee Health Service
Family Planning Alliance Australia	La Trobe University	Mountains Youth Services Team (MYST): <ul style="list-style-type: none"> • Katoomba • Lithgow • Springwood • Springwood Youth Centre • Upper Mountains 	One Door/Helping Hands, Nowra
Gilgandra Youth Service	Lebanese Muslim Association	MTC Australia	Orana Juvenile Justice Centre
Gloucester Youth Service	Life Links	Multicultural Disability Advocacy Association	Parks Community Network Inc-Prairiehood
GP Maroubra	Life Without Barriers	Murrumbidgee Local Health District	Pathfinders Inverell – Inverell Family Planning Youth Support Services Program
Green Square Health	Lifestyle Solutions, Shellharbour	Murrurundi Youth Centre	Police-Citizens Youth Clubs (PCYC) Shoalhaven
Hawkesbury Community Outreach Services	LikeMind: <ul style="list-style-type: none"> • Penrith • Seven Hills 	Narromine Community Skills	Peppercorn Youth Services
headspace: <ul style="list-style-type: none"> • Ashfield • Campbelltown • Castle Hill • Dubbo • Liverpool • Mount Druitt • Newcastle • Parramatta • Penrith • Uniting Care Mental Health 	Macarthur Family and Youth Services	National Aboriginal Sporting Chance Academy	Phoenix Youth Support Service
Hunter New England Local Health District	Marist Youth Care: <ul style="list-style-type: none"> • Greystanes • Kings Park 	Nepean Blue Mountains Local Health District	Planet X Youth Centre
Hobsons Bay City Council	Marrickville Resource Centre	Nepean Community and Neighbourhood Service: <ul style="list-style-type: none"> • South Penrith • Glenmore Park • Koolyangara Aboriginal Child and Family Centre • Werrington 	Platform Youth Services
IDEAS Inc	Mental Health Coordinating Council	North Richmond Community Centre	Port Stephens Family and Neighbourhood Services
	Merck Sharpe and Dohme	North Richmond Youth Project	Putland High School – Cobham
	Merriwa Youth Centre		RANZCOG
			Rape and Domestic Violence Services Australia
			Redfern Aboriginal Medical Service
			Regional Youth Support Services (RYSS)
			Royal Australian College of General Practitioners
			Royal Flying Doctors Service

Royal Women's Hospital, Melbourne	The Fitz Youth Centre - Ku-ring Gai Council Youth Services	Weave Youth and Community Services
Sax Institute	The Girls Refuge	Well Women's Event Committee
Scone Youth Centre	The Glue Factory	Wentworth Healthcare (Closing The Gap)
Scope	The Grove Youth Outreach service	Western NSW Local Health District
Sexual Health Far West	The Hills Youth Centre, Kariong	Western Sydney Local Health District
Shellharbour City Council	The Junction Works-Austral	Western Sydney University <ul style="list-style-type: none"> • Western Sydney Sexual Health Centre
Sexual Health Information Networking & Education South Australia (Shine SA)	The Lillian Howell Project Inc.	Wyong Central Community Centre
Singleton Youth Centre	The Shack Youth Services	Wyong Neighbourhood Centre
South East Sydney Local Health District	Think GP	YFoundations
South Western Sydney Local Health District	Tobwabba Aboriginal Medical Service	International partnerships
South Western Sydney Primary Health Network	Tomaree Medical Centre	Asia Pacific Alliance for Sexual and Reproductive Health and Rights
Southern NSW Local Health District	Touching Base Inc	Australian Cervical Council Foundation
Southern Youth and Family Services (Community Health for Adolescents in Need [CHAIN])	University of New South Wales <ul style="list-style-type: none"> • Northern Clinical School • BBV & STI Research, Intervention and Strategic Evaluation (BRISE) • Centre for Social Research in Health (CSRH) • The Kirby Institute 	Australian Council for International Development
Southlake Youth Service	University of Newcastle	Australian Disability and Development Consortium
St Elmo Medical Practice	University of Sydney <ul style="list-style-type: none"> • University of Sydney Rural Clinical School – Dubbo Catchment 	Cooperative Café Timor
St Leonards Medical Centre	University of Technology, Sydney	Department of Foreign Affairs and Trade
Streetwork	Upper Hunter Youth Services	International Planned Parenthood Federation
Sydney Local Health District	Victorian Assisted Reproductive Treatment Authority	Reproductive and Family Health Association of Fiji
Synergy Youth Centre	Walgett Aboriginal Medical Service	Solomon Islands Ministry of Health and Medical Services
Taldumande Youth Services	Waverley Community Living Program	Susu Mamas PNG Inc.
Ted Noffs Mount Druitt		Vanuatu Family Health Association
The Burdekin Association		
The Childrens Hospital at Westmead		
The Corner - Bankstown		



Our locations

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