

ANNUAL REPORT

2020-21



family
planning nsw
Reproductive & Sexual Health

Our vision

Our vision is for all people to have high quality reproductive and sexual health.

Our mission

Our mission is 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

A just culture – a balanced accountability for both individuals and the organisation

Pro-choice – supporting a woman's right to make decisions regarding all pregnancy options

Our principles

Focusing on the whole person throughout their lifespan

Working in **collaboration and through partnerships** to strengthen our services and programs

Being advocates for the community

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

Designing and delivering **optimal services to the community**

Promoting freedom of choice which reflects individual differences and preferences

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

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

Fostering **innovation and creativity** in our work

Our communities

Every body in every family

Aboriginal and Torres Strait Islander peoples and communities

People from culturally and linguistically diverse backgrounds

People with disability

Young people

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Who we are

Family Planning NSW is the leading provider of reproductive and sexual health services in NSW. Our work is grouped across four interdependent pillars, underpinned by robust organisational support:

Integrated Health Services

We are experts in contraception, pregnancy options counselling, sexually transmissible infections (STIs), common gynaecological problems including menstrual disorders, cervical cancer screening, abortion, breast awareness and women's 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 each and every person with respect, dignity and understanding.

Education Services

Family Planning NSW's education and training activities are evidence-based, broad-ranging and include programs for clinicians, disability workers, teachers, parents and carers, and other health education and welfare professionals, both locally and internationally. Our education services build the capacity of health, education and community professionals to address the reproductive and sexual health needs of their communities and region, beyond our clinical services.

The Research Centre

The Research Centre leads and partners with universities and other research organisations to grow the body of knowledge about reproductive and sexual health.

We focus on translating research findings into clinical practice and teaching and in guiding governments on best practice reproductive and sexual health.

We conduct rigorous evaluations of all our work to continuously improve the quality of all our services and to ensure we are achieving optimal results.

International Development

Our international development program works to build capacity of government and civil society to assist poor and marginalised communities in developing countries in the Pacific region to increase access to comprehensive reproductive and sexual health services.

We recognise that every body in every family should have access to high quality clinical services and information. As an independent, not-for-profit organisation, we provide a safe place for people to talk about their reproductive and sexual health.

Organisational structure



President and CEO's report



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

President's report

After a year like no other, it is a privilege to lead an organisation that has continued to grow and excel in the most challenging of circumstances. Family Planning NSW is an organisation that is dedicated to serving the community through the delivery of exceptional reproductive and sexual health services across the state and internationally, and I am humbled to be part of it.

Whilst responding to the very real needs of the pandemic, ensuring the wellbeing and safety of staff and clients and managing business as usual, the organisation remains ambitious in its goals to increase access and broaden the reach of our services, outlined in our Strategic Plan (2018-2022).

The organisation has done just this, and more. We led the way in ensuring equitable access to reproductive and sexual health services via telehealth, a complementary service delivery mechanism to face-to-face care, and developed a framework to map abortion access across the state. The organisations' expertly led telehealth campaign resulted in removal of stringent eligibility criteria of Medicare funded telehealth access. This means that all Medicare-eligible Australians have access to essential reproductive and sexual health care regardless of geographic location and financial status.

The organisation also made a record number of policy submissions, contributing to over 35 state, national and international inquiries and consultations. Advocacy is a core part of our work. It complements our clinical service delivery, provides a strong evidence-base, guides our health promotion and education programs, and enables our research to fill gaps in reproductive and sexual health knowledge and data.

The pandemic highlighted the health related inequities experienced by some of Australia's most vulnerable. Aboriginal and Torres Strait Islander peoples disproportionately experience higher rates of cervical cancer, STIs and unplanned pregnancy than their non-Indigenous counterparts. Young people still do not have consistent access to evidence-based comprehensive sexuality education, leaving them vulnerable to reproductive and sexual ill-health. People with disability are still at increased risk of violence, abuse and neglect, and people from culturally and linguistically diverse backgrounds face significant barriers to accessing essential health services, contributing to poor reproductive and sexual health outcomes.

I am proud that we, as an organisation, work to address and overcome these barriers and improve health outcomes for all people, especially our most vulnerable.

We have made significant strides in access to contraception, particularly in remote regions of the Pacific, developed targeted cervical cancer programs to address low uptake and, have advocated on a local and global scale for the importance of inclusive comprehensive sexuality education for people of all ages.

As we wrap up another year, we look forward to moving our Head Office to our new purpose built facility, located in Newington. The new facility will future-proof Family Planning NSW, providing additional clinical and educational capacity and providing enhanced facilities for both staff, clients and education participants. Importantly, this new site will have a fully functioning day procedure suite, enabling the provision of surgical abortions, in a fully credentialed facility – a critical element to ensuring all women have access to essential reproductive and sexual health services.

We work with a diverse range of funders and business partners whom we are ever grateful for their support and continued trust in Family Planning NSW. I would like to acknowledge and thank all our funders and partners, in particular the NSW Ministry of Health and the Department of Foreign Affairs and Trade, for their continued support in allowing us to reach our ambitious goals. The financial and non-financial support and assistance provided to our organisation allows us to continue to deliver high quality reproductive and sexual health services to our community and fill gaps in current service provision.

The success of the organisation over the past year would not have been possible without a committed, passionate and diverse workforce, with many of our staff on the frontline delivering exceptional services to clients who seek our help. On behalf of the Board, thank you. I am grateful for our staff's passion and dedication to ensuring our services meet the needs of our community and are available, especially under the most challenging of circumstances.

The last year has shown more than ever the importance of strong and dedicated leadership. I would like to thank Adj. Prof Ann Brassil, CEO for her steadfast leadership over the past year and her commitment to supporting her staff and those who seek Family Planning NSW services. Under Ann's leadership, the organisation has continued to thrive as a leader in the reproductive and sexual health space.

I would also like to thank my colleagues on the Board, who have continued to demonstrate their commitment to Family Planning NSW with their strategic guidance, expertise and time. The collective determination to strengthen the organisation's corporate governance and see the organisation continue to grow from strength to strength has often resulted in robust discussions at Board meetings. This diversity of views needs to be celebrated. As the President of the organisation and the Chair of the Board and I cannot be more honoured to work with my fellow Directors.

Since last November, we bid farewell to three directors - Rosalind Winfield, Dr Elizabeth Jacka and Violet Roumeliotis. Rosalind joined the Board in 1986 providing deep and valuable insights over 35 years thanks to her legal background and commitment to the purpose and vision of Family Planning NSW. She was most recently a member of the Audit & Risk Committee, a member of the Planning and Development Committee and a member of the Board Executive. She was also a former member of the Ethics Committee. Elizabeth brought her experience to being both a Director of the Board, as well as a member of the Governance Committee. Violet was a valuable member of the Performance and Remuneration Committee along with her role as a Board Director. I thank them for their service, guidance and leadership of the organisation.

To my fellow Board Directors, Carla Cranny, Kim Field, Gary Trenaman, Dr Kim Johnstone, Melissa Williams, Neil Jackson, Stephanie Cross and Sharyn Coughlan, thank you for working enthusiastically and collegiately to support the achievement of our mission over the last year. I am positive that with your support and leadership, the organisation will continue to excel and be a leader in its field.



Adj Prof. Ann Brassil
Chief Executive Officer
BSc (Psych) Hons,
MA (Hons) Clin Psych, MBA, MAICD

CEO's report

It is a privilege to lead an organisation that has continued to excel and deliver quality reproductive and sexual health services during the most challenging of times. I would firstly like to thank our committed team, who have not only risen to the challenge, but have gone above and beyond ensuring that we, as an organisation, continue to provide high quality services to our community. Without the support and dedication of our highly-skilled staff, our services would not be able to operate.

I am delighted to present Family Planning NSW's 2020-21 Annual Report which showcases the many achievements of the organisation, as well as the diverse, rich and specialised work we carry out across NSW, Australia and the Pacific.

In 2021, Family Planning NSW celebrates its 95th anniversary as the state's leading provider of reproductive and sexual health services, continuing our proud history of leadership in this area. It has been a year of focus, reflection, and adaptation as we have all learnt how to work in these abnormal times and adapt services and programs to best suit the needs of our community.

Over the past financial year, we provided 30,134 clinical occasions of services across our [five fixed clinics](#) along with key outreach sites. In order to ensure equity of access to reproductive and sexual health services, we focused on increasing services in areas of need in our regions, providing regular outreach services in Western NSW LHD and Hunter New England LHD. Demand for services across all clinics has continued to be high in 2020-21, and was complemented by the provision of telehealth service delivery for a period of six months.

The main services provided to clients were contraception (40%), gynaecological (31%), pregnancy and fertility related services (14%) and STI (10%). The proportion of services related to contraception and STIs were stable compared to 2019-20, however, demand for gynaecological services decreased from 37% in 2019-20, offset by an increase in pregnancy and fertility related services which increased from 8% last year.

In 2020-21, 321 surgical terminations were provided, an increase from 41 in 2019-20 (from October 2019 to June 2020). There was an increase in [vasectomies](#), from 132 to 202 completed in Ashfield, Hunter and Dubbo in 2020-21 and the demand for [colposcopies](#) at Family Planning NSW continued to be steady following the 2017 changes to the national cervical screening guidelines.

Following on from the decriminalisation of abortion in late 2019, Family Planning NSW established a state-wide advisory group and conjointly developed a [Framework for Abortion Access in NSW](#). The Framework maps current healthcare services and settings where abortion services are delivered in NSW and describes a proposed model for medical and surgical abortion service delivery to address the current lack of service provision.

The development of the Framework highlighted the organisation's collaborative leadership in this area. Family Planning NSW then was successful in being awarded funding, following a rigorous tender process by the NSW Ministry of Health, to establish a health service model to build the capacity of local service providers in regional and rural areas to provide high quality clinical services, including abortion and LARCs, which are financially sustainable. This is a game-changer for ensuring equitable access to abortion services for women in NSW.

As part of NSW Health's commitment to improving services, Family Planning NSW was engaged to provide an enhanced free, unbiased, and confidential information and support service on pregnancy choices to assist both the public and health practitioners in NSW. We successfully launched the [NSW Pregnancy Choices Helpline](#) in May, with a new dedicated website with live chat during operating hours and email for afterhours now available. The Helpline also provides health practitioners, including those with a conscientious objection to abortion, with a service they can direct women to for information on and access to abortion service providers in NSW. Since its launch in May 2021, the Pregnancy Choices Helpline has responded to 166 client enquiries.

The new Helpline has been incorporated into the existing [Talkline](#) service and is being staffed by our expert Registered Nurse workforce, with expanded hours of 8am-8pm Monday-Friday. This service replaces the previous NSW Pregnancy Options Helpline operated by Healthdirect. Importantly, our Talkline continued to provide reproductive and sexual health information and referrals to clients, with 10,905 calls and emails received and answered during 2020-21.

In 2020-21 our Health Promotion team continued to deliver and launch innovative reproductive and sexual health projects based on extensive community consultation and identified need. Health Promotion's community education programs are now more in demand than ever with a great focus on consent and rights-based education. Our programs have successfully transitioned into a mixed-methods delivery with both face-to-face and digital delivery offered to communities when face-to-face services are feasible under COVID. The number of participants attending health promotion/community education activities was high with 32,560 individuals engaging in either face-to-face or virtual activities. Importantly, over 99% of participants from target priority groups reported an increase in skills and knowledge post training – a true testament to the skill and expertise of our team.

The Health Promotion team successfully launched [Planet Puberty](#), funded by the Australian Department of Social Services. This co-designed resource is a first of its kind digital resource to build the capacity of parents and carers across Australia to better support their children with intellectual disability and/or autism spectrum disorder in the transition through puberty to young adulthood. The Planet Puberty website houses over 70 pages of information, 25 downloadable worksheets and 15 instructional/information videos. Initial feedback has been very positive with over 18,000 website users from April to June 2021.

Family Planning NSW's professional [education and training](#) activities are evidence-based, broad-ranging and include programs for clinicians, disability workers, teachers, parents and carers, and other health education and welfare professionals, both locally and internationally. Our activities include face-to-face workshops, online learning and clinical placements. In 2020-21, 1,473 participants attended our training courses, increasingly online due to COVID-19, or face-to-face.

This year, Family Planning NSW launched several new and updated [courses](#), including: Medical abortion online; IUD insertion training; Let's Talk: Technology, sex and relationships; Let's Talk: Contraception; Let's Talk: Positive puberty and; Sexualised behaviours of concern and people with intellectual disability.

Once again, we have excelled in research with a focus on increasing the body of knowledge in reproductive and sexual health and translating evidence into practice.

This year, through the Family Planning NSW [Research Centre](#), we published 24 research reports in peer-reviewed journals and worked in an increasing number of research partnerships to carry out critical research activities. We also published two reports on [Induced abortion in Australia: 2000-2020](#), and an assessment on the [prevalence and trends in contraceptive use in Australian women](#).

Despite the challenges of COVID-19, our [International Programme](#) continued to work locally, through online capacity building, to increase access to comprehensive reproductive and sexual health services in countries in the Pacific. The remote nature of our International Programme's work highlighted the strength of our in-country partnerships.

In 2010-21, we are proud to have remotely supported our in-country partners to reach 14,825 people across nine countries. This includes projects that provided clinical training on contraception and cervical cancer screening and treatment services, supported capacity development approaches to deliver sustainable reproductive and sexual health programs, and worked to provide best practice guidance around the implementation of in-school and out-of-school comprehensive sexuality education. Our work is supported by the Australian government, through the Australian NGO Cooperation Program (ANCP), the United Nations Population Fund (UNFPA) and private donors.

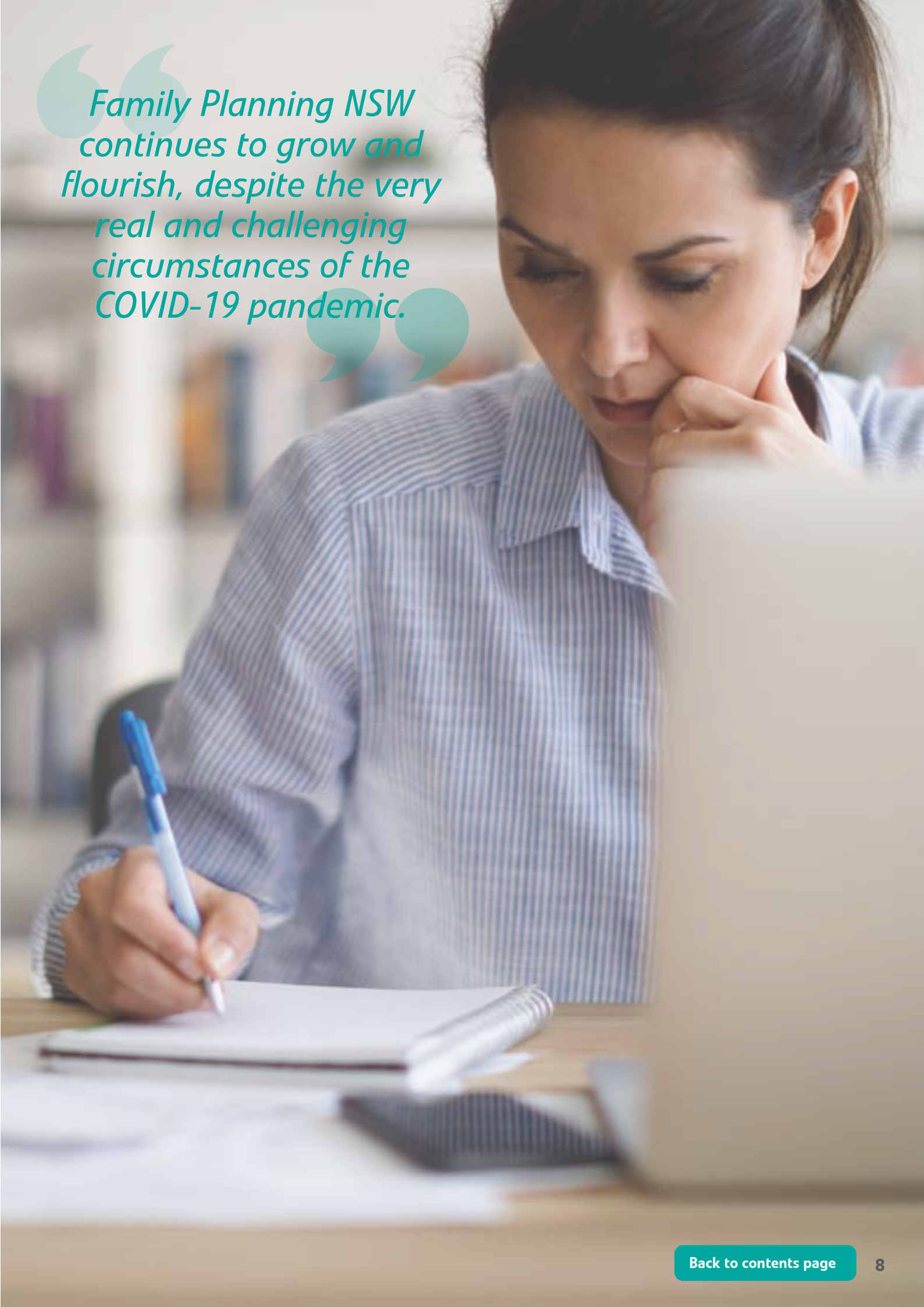
Our [advocacy](#) around equitable access to reproductive and sexual health services and rights has remained strong over the last 12 months with 35 [submissions](#) made to state, national and international reviews and inquiries along with an additional 47 pieces of advocacy related content.

Advocacy around reproductive and sexual health and rights is a key priority of the organisation and we work tirelessly to ensure everyone has access to essential care. A major achievement for all Australians was the removal of stringent eligibility criteria for access to reproductive and sexual health care via telehealth, of which Family Planning NSW was a key advocate to the Commonwealth government. This now re-establishes an additional service delivery mechanism through which we continue to work with underserved populations who are in vital need of reproductive and sexual health services.

Family Planning NSW is committed to working collaboratively with Aboriginal and Torres Strait Islander peoples and to working towards reconciliation. Our first [Reconciliation Action Plan](#), launched in September 2018, solidified our commitment to reconciliation, and set clear actions to ensure the work we do is respectful, safe and inclusive for Aboriginal and Torres Strait Islander individuals and communities. We are currently working toward developing our next Reconciliation Action Plan and expect it to launch in late 2021.

Our work with Aboriginal and Torres Strait Islander communities was recognised by Reconciliation Australia, a major achievement for the organisation. We were honoured to be one of the keynote speakers at Reconciliation Australia's online webinar series: RAP Impact – Telling the Story.

Family Planning NSW continues to grow and flourish, despite the very real and challenging circumstances of the COVID-19 pandemic. I thank our wonderful staff for continuing to deliver exceptional services over the past year. I am grateful that I can rely on them to always give their all and serve our community, even in the most challenging of circumstances that COVID has thrown at us. We have staunchly remained 'open-for-business' to our clients and stakeholders, to ensure their needs are met, whilst fiercely protecting our staff through adherence to strict clinical protocols. This is our central mission. I also sincerely thank our Board who generously give their time to provide such important strategic direction, governance and support for our organisation.



Family Planning NSW continues to grow and flourish, despite the very real and challenging circumstances of the COVID-19 pandemic.

2020-21 at a glance

Ongoing response to the COVID-19 pandemic

Throughout 2020-21, Family Planning NSW has been continually managing the ongoing operational impact of COVID-19 in our commitment to providing essential reproductive and sexual health services to the community throughout this pandemic.

Family Planning NSW has followed NSW Health guidelines in regard to COVID-19 safety to ensure the wellbeing of staff, clients, education and community education participants and adapted approaches to service delivery and staff management as required.

Our clinics have remained open throughout the year, providing essential reproductive and sexual health services to the community. We have continued to provide professional and community education online with face-to-face sessions offered when COVID-19 restrictions permitted.

Relocation of Family Planning NSW head office

The Family Planning NSW head office relocation project has progressed during 2020-21. In December 2019, Family Planning NSW purchased 8 Holker St Newington. Since that time we have been working through all necessary pre-planning and regulatory processes. 2020-21 has seen the development of detailed plans and designs, providing for a renewed experience for all visitors and staff. Clients of our clinical service will have the added benefit of access to a licenced surgical unit, allowing Family Planning NSW to provide a full suite of reproductive and sexual health procedures, including surgical abortions. This will complement our existing portfolio of clinical services.

Our Education Service will have access to state of the art training facilities including informal presentation areas and a simulation room for clinical training.

The demolition and fit out commenced in June 2021 with an anticipated completion date of the end of 2021.

Clinical accreditation

Family Planning NSW has been accredited against the National Safety and Quality Health Service (NSQHS) Standards since 2014. In 2021 we were successfully re-accredited by Quality Innovation Performance which extends until July 2024.

Increasing access to abortion and LARCs in regional and rural areas

In 2021, following a competitive tender process, Family Planning NSW was appointed by NSW Health to pilot a new service model to improve access to affordable abortion and contraception services in regional and rural NSW.

The project aims to build the capacity of local service providers in regional and rural areas to provide high quality clinical services in abortion and LARC that are financially sustainable. We will partner with Aboriginal Community Controlled Health services and NGOs, to provide customised training and support, including implementation of clinical policies and procedures, communications materials, data reporting and financial modelling to ensure sustainability of quality services.

Consumer engagement

Consumer engagement at Family Planning NSW is a responsive and continuous process of ensuring consumer input is embedded into the business-as-usual processes within the Integrated Health Services team, Executive and Board.

A wide variety of opportunities are made available to allow consumers to provide input into the governance, planning, design, implementation

and evaluation of services and programs at Family Planning NSW in ways that suit the consumer's needs. The internal Consumer Engagement Working Group met six times during 2020-21, working on a range of projects, including:

- consultation sessions were conducted to develop a collaborative service model in Nyngan and Bourke and as an opportunity to build rapport with local services. The session in Nyngan was attended by community service representatives and various community/health workers attended in Bourke. The consultation helped determine the need for reproductive and sexual health outreach services and community education in their town, preferred clinic location and how to effectively community our services in the community.
- surveying clinic clients on their experiences with domestic violence routine screening, including past instances of being screened, how they felt about the way the screening was conducted, their thoughts on importance of routine domestic violence screening and comments or suggestions about improving screening. 100% of survey responses agreed it's important to do routine domestic violence screening. Suggestions for improvement include conducting the screening in a trauma informed way and screening more regularly.
- consulting clients in the Hunter clinic for their feedback on the existing clinic information flyer. All respondents agreed the flyer was helpful but could be simplified and suggested including a brighter, colourful palette for the flyer and images of diverse clients and clinicians.

Family Planning NSW successfully adapted alternative methods of consumer engagement to overcome the limitations of face-to-face engagements due to COVID-19 social distancing requirements. This included using online surveys, phone and video interviews, and promotion of consumer engagement opportunities through social media. The strength of Family Planning NSW's engagement with consumers was acknowledged in the feedback of the National Safety and Quality Health Service Standards accreditation of our clinical services during 2021.



Cloud Migration and VOIP Telephone

In 2020-21, Family Planning NSW transitioned its ICT infrastructure from an on premise configuration to a managed cloud-based environment, with an increase in infrastructure support to a 24 hour, 7 days a week, 52 weeks a year basis and an increase in the general security posture of Family Planning NSW's ICT infrastructure.

Family Planning NSW has now implemented a hosted virtual private cloud solution delivered from a third party's secure data centre facilities. This solution provides the flexibility of adjusting resource consumption based on changing requirements of the business. The private cloud solution includes managed services, security, back up and disaster recovery as well as VOIP telephony services.



Partnership with Walgett Aboriginal Medical Service for Women's Wellbeing

Family Planning NSW has a long term partnership with the Walgett Aboriginal Medical Service. In 2021, Walgett Aboriginal Medical Service and Family Planning NSW received a three year Commonwealth grant to expand the provision of reproductive and sexual health services in Brewarrina Aboriginal Medical Service and Walgett Aboriginal Medical Service.

The project planning has resulted in agreement of exploring new and innovative ways to attract and retain clinical staff to provide on-site outreach services to Walgett Aboriginal Medical Service and Brewarrina Aboriginal Medical Service clients. Family Planning NSW will work with Walgett Aboriginal Medical Service to build the capacity of Walgett Aboriginal Medical Service and Brewarrina Aboriginal Medical Service staff with staff participating in reproductive and sexual health courses with clinical support and supervision locally through FIFO services.

Sustainable Development Goals

In 2015, United Nations member states agreed to the 2030 Agenda for Sustainable Development, which included 17 Sustainable Development Goals (SDGs). The SDGs are a collection of global goals designed to be a "blueprint to achieve a better and more sustainable future for all".

Sexual and reproductive health and rights (SRHR) underpin the achievement of the ambitious SDGs, and the achievement of universal access to essential reproductive and sexual healthcare. Without this access, many women and their families do not have the opportunity to fully and meaningfully engage in society. As an organisation, we work to highlight the centrality of SRHR within the SDGs through our national and international work.

Annually, we publish a [report](#) on Australia's commitment and progress against the SDGs with respect to SRHR, with the aim to influence the Australian Government. Our [reports](#) provide essential input into global discussions and ensure that SRHR is at the forefront of global SDG dialogue.

Our 2021 report provides a situational analysis of Goals 3, 8, 10, 13, 16 and 17 in Australia and the Pacific and highlights the centrality of SRHR to the achievement of the 2030 Agenda. The report aligns each strategy with relevant SDGs and has a particular focus on our organisational content and practice areas of expertise: contraception, cervical cancer and comprehensive sexuality education.

While Australia fares well in sexual SRHR on a global scale, there is still much work to be done. Our SDG report identified eight overarching SRHR strategies for Australia and the Pacific to support achievement of the SDGs.



In 2021, Family Planning NSW identified eight reproductive and sexual health and rights priorities to guide implementation of the SDGs in Australia, and Australia's work in the Pacific.



INCREASE ACCESS TO LONG-ACTING REVERSIBLE CONTRACEPTIVES (LARCs) 1

Despite the evidence as to their effectiveness, use of LARCs in Australia and the Pacific remains low. Increasing LARC uptake supports women and girls to decide whether or when to have children, and enables them to engage in work and education by reducing the number of unintended pregnancies.



Promotes SDGs 1, 3, 5, 8, 10, 13, 16

ELIMINATE CERVICAL CANCER 2

While Australia is on track to eradicating cervical cancer, compliance with screening varies within vulnerable and marginalised populations. Further, cervical cancer remains a leading cause of death for women in many countries in the Pacific, preventing many women from living long and healthy lives. Focus needs to remain on improving screening rates in under-screened populations in Australia and improving access to screening services in the Pacific.



Promotes SDGs 1, 3, 5, 10

INVEST IN COMPREHENSIVE SEXUALITY EDUCATION (CSE) 3

There remains no consistent approach to CSE in Australia, and an alarming lack of CSE in the Pacific. Implementation of age-appropriate CSE promotes respectful relationships based on consent, gender equality and better health outcomes, including lower rates of unintended pregnancy, STIs and gender-based violence.



Promotes SDGs 1, 3, 4, 5, 10, and 16

PROMOTE GENDER EQUALITY AND END VIOLENCE AGAINST WOMEN 4

There remains no consistent approach to CSE in Australia, and an alarming lack of CSE in the Pacific. Implementation of age-appropriate CSE promotes respectful relationships based on consent, gender equality and better health outcomes, including lower rates of unintended pregnancy, STIs and gender-based violence.



Promotes SDGs 1, 3, 4, 5, 10, and 16

PROMOTE ACCESS TO REPRODUCTIVE AND SEXUAL HEALTH SERVICES FOR VULNERABLE GROUPS 5

Access to reproductive and sexual health services is important so that all community members can achieve good health outcomes. Achieving health equity requires ensuring universal healthcare access for all people, including those most disadvantaged. People who are socially or culturally marginalised may face additional challenges in accessing



reproductive and sexual health services, contributing to health inequity.

Promotes SDGs 1, 3, 4, 5, 10, 11

IMPROVE ACCESS TO ABORTION CARE 6

Across Australia and the Pacific, many women face significant challenges accessing abortion care. Improving access to abortion care ensures better health outcomes, supports women and girls to decide whether or when to have children, and enables them to engage in work and education.

Promotes SDGs 3, 5, 8, 10

IMPROVE REPRODUCTIVE AND SEXUAL HEALTH DATA COLLECTION 7

There are significant gaps in reliable data on key indicators that would improve governments' ability to identify areas of reproductive and sexual health need and to assess the effectiveness of existing strategies and policies.



Promotes SDGs 3, 16, 17

CONTRIBUTE TO THE EVIDENCE ON AND ADDRESS THE LINKS BETWEEN CLIMATE CHANGE AND SRHR 8

There are known links between climate change and SRHR, particularly around gender equality and access to family planning. Improving evidence on the links between SRHR and climate change would identify existing gaps and lead to SRHR strategies that reduce the impact of climate change.



Promotes SDGs 3, 5, 13, 16

As an organisation, we work to highlight the centrality of SRHR within the SDGs through our national and international work.



Reconciliation Action Plan

In September 2018, Family Planning NSW launched its first Innovate Reconciliation Action Plan (RAP). The RAP is an initiative that formalises our ongoing commitment to reconciliation. Formally endorsed by Reconciliation Australia and sitting alongside the organisation's business and strategic plans, the RAP provides direction that drives our contribution to reconciliation internally and in the communities in which we operate. This is achieved through the development of strong, lasting and meaningful relationships with Aboriginal and Torres Strait Islander peoples and communities.

To this day, Aboriginal and Torres Strait Islander peoples experience greater inequities in reproductive and sexual health, including a higher prevalence of STIs, greater rates of cervical and breast cancer mortality and lower rates of preventive cancer screening. As an organisation, we are committed to reducing these health inequities under the guidance of our RAP.

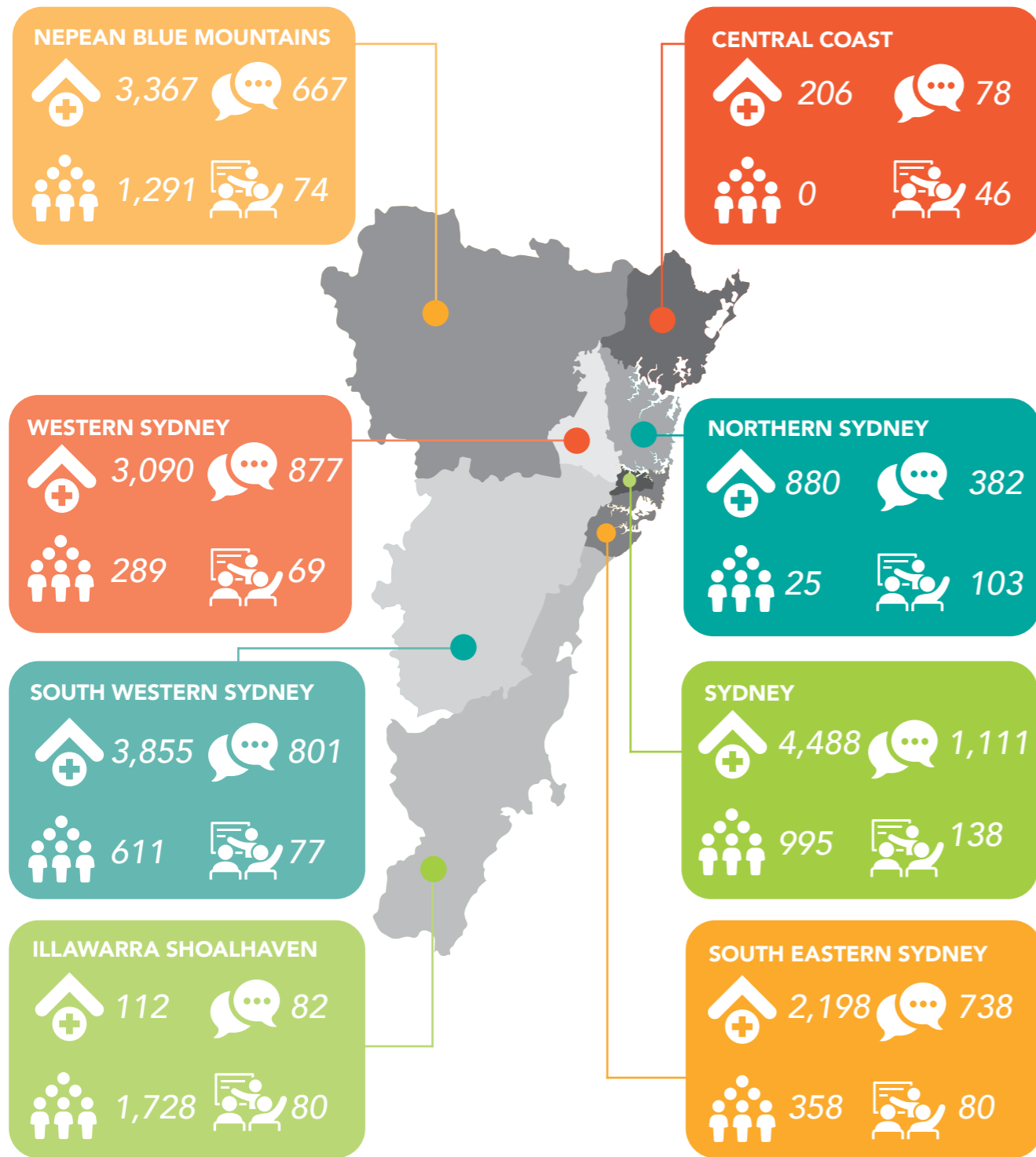
Over the last two years, the implementation of our RAP has seen the achievement of significant milestones of change for the organisation including the introduction of Aboriginal Cultural Awareness Training for all staff, the development of an Aboriginal and Torres Strait Islander Employment and Retention Strategy, implementation of the Aboriginal Health Impact Statement in all projects, establishment of outreach clinics in Western NSW, and the addition of Supplier Diversity into our Purchasing Procedure to encourage the procurement of Aboriginal and Torres Strait Islander goods and services.

As we move forward to our next RAP, we take the learnings and experiences of what we have achieved, to build our new Innovate RAP (2021-2023) to further our commitment to reconciliation. We are committed to preserving our valuable relationships with Aboriginal and Torres Strait Islander communities and advocating for the reproductive and sexual health and rights of Aboriginal and Torres Strait Islander peoples. Our new Innovate RAP will contain detailed actions that aim to advance the strong foundations laid in our first iteration. Our areas of focus for the next two years will include:

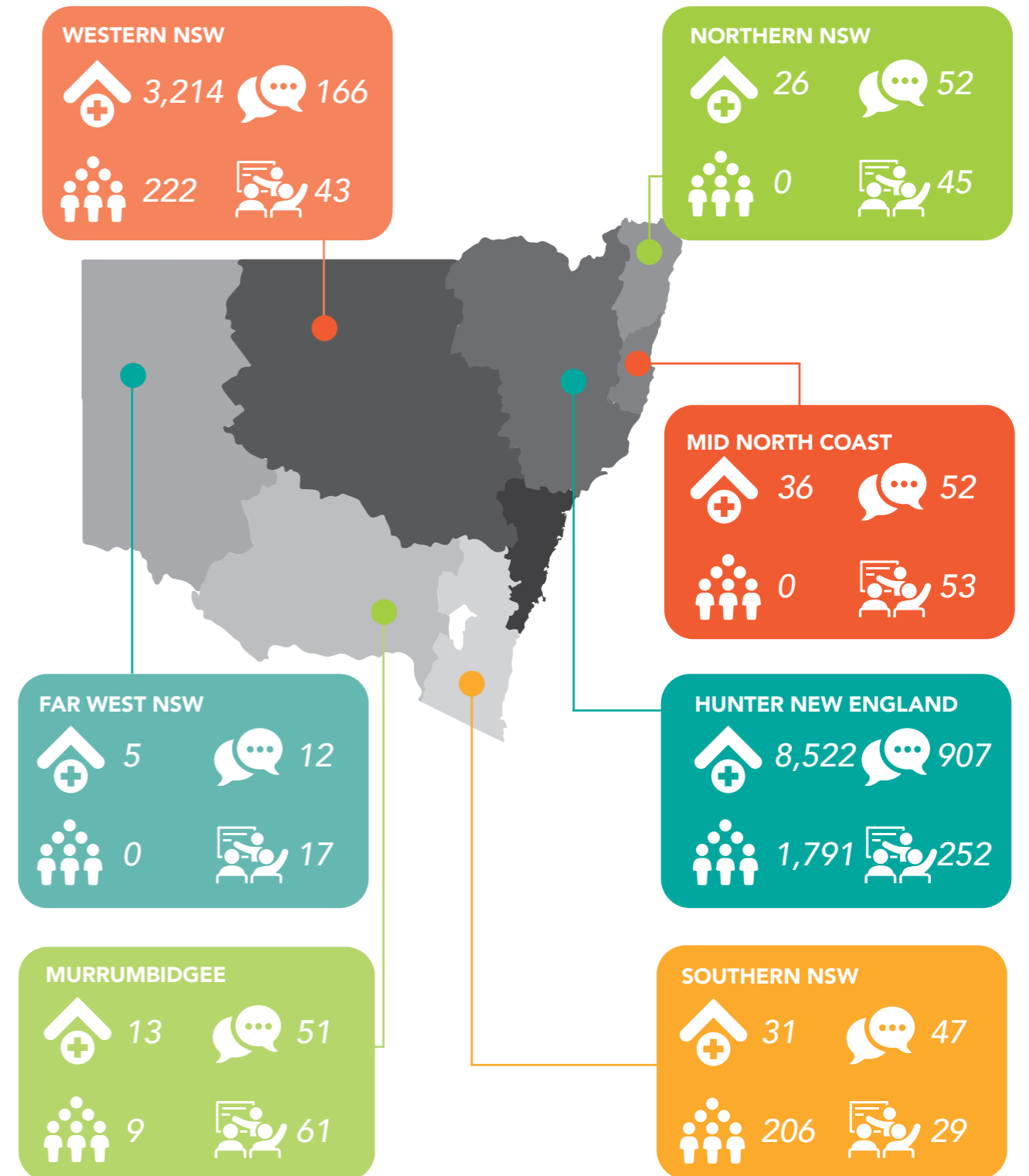
- advancing the cultural competency of Family Planning NSW staff
- increasing employment opportunities for Aboriginal and Torres Strait Islander peoples across the organisation
- enhancing clinical partnership opportunities with Aboriginal Medical Services
- strengthening the evaluation and accountability of our work with Aboriginal and Torres Strait Islander communities

The implementation of the RAP will continue to be led by our dedicated cross-pillar working group which ensures the progression of actions in the RAP as well as representation across all Family Planning NSW sites and services.

Services provided in Metropolitan LHDs



Services provided in Regional LHDs



KEY



CLINIC
OCCASIONS
OF SERVICE



TALKLINE
OCCASIONS
OF SERVICE



COMMUNITY
EDUCATION
PARTICIPANTS



PROFESSIONAL
EDUCATION
PARTICIPANTS

Integrated Health Services

Clinical services

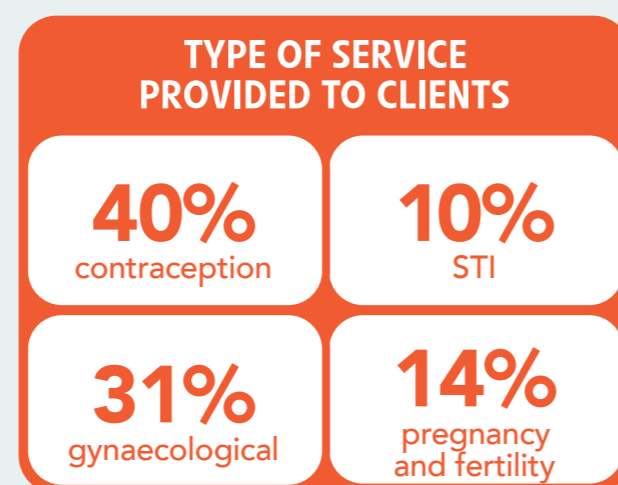
Family Planning NSW provides accredited reproductive and sexual health services to a wide range of people across NSW, including clinical services, community education, and the Talkline information and referral service. We also focus on addressing the needs of our priority population groups which are Aboriginal and Torres Strait Islander peoples, culturally and linguistically diverse people, people with disability and young people.

We have five fixed clinic locations in Ashfield, Dubbo, Fairfield, Hunter and Penrith. In 2020-21, we continued to form valuable partnerships to expand outreach services, increasing the accessibility of reproductive and sexual health services in NSW. Our outreach locations during 2020-21 included:

- Blacktown (Blacktown Women's & Girls' Health Centre)
- Campbelltown (WILMA Women's Health Centre)
- Cobar (Cobar Primary and Community Health Centre)
- Liverpool (NSW Refugee Health Services)
- Maitland (Awabakal Ltd Medical Service)
- Nyngan (Bogan Shire Medical Centre)
- Raymond Terrace (Awabakal Ltd Medical Service)

In 2020-21, we provided 30,134 occasions of service across our fixed and outreach clinics. Family Planning NSW was able to maintain clinical services to the community throughout the COVID-19 period.

The main services provided to clients were contraception (40%), gynaecological (31%), pregnancy and fertility including termination of pregnancy (14%) and sexually transmissible infection services (10%). We place a high value on providing quality services and are proud to report that client satisfaction remains high. In 2020-21, 92% of clients said that they were satisfied or extremely satisfied with the care they received from Family Planning NSW.



Professional and welcoming staff. The nurse was amazing – she answered all my questions

Clinical services

	ASHFIELD	DUBBO *	FAIRFIELD **	HUNTER ***	PENRITH ****
Clinical occasions of service	8,949	3,141	4,173	8,794	5,075
Clients	4,441	1,390	1,979	3,654	2,305
Young people (under 30)	1,728	685	749	2,452	1,143
Aboriginal and Torres Strait Islander background	33	287	15	210	71
Clients born overseas	1,901	128	938	413	474
Clients who speak other than English at home	779	76	619	127	401
Clients with disability	101	48	40	224	119

** includes Cobar and Nyngan outreach

** includes Liverpool and Campbelltown outreach

*** includes Raymond Terrace and Maitland outreach

**** includes Blacktown outreach

Procedures

Demand for procedures continues to build. Family Planning NSW currently provides a weekly surgical list from a leased day surgery unit to enable provision of surgical abortions to clients, along with other procedures under sedation including D&Cs, IUD insertions and vasectomies. These are in addition to the colposcopies, vasectomies and LARC procedures (implants and IUDs) undertaken within our fixed clinics.

In 2020-21, 321 surgical terminations were provided, an increase from 41 in 2019-20 (from October 2019 to June 2020). There has been an increase in vasectomies in 2020-21, with 202 procedures completed across the Ashfield, Hunter and Dubbo clinics compared with 132 in the previous year.

A highlight for our Dubbo clinic was a World Vasectomy Day clinic held at our Dubbo facility in partnership with Clinic 66 on 19 and 20 November 2020. This was a great success with 14 vasectomies provided over the 2 days and strong profiling of the service through traditional and social media.

Talkline

Family Planning NSW Talkline is a nurse-led telephone, email and live chat information and referral service which provides confidential and evidence-based information to the community and health professionals on a wide range of reproductive and sexual health topics. Information and referrals from the service cover a range of topics including unplanned pregnancy, contraceptive options and sexually transmissible infections. Talkline has become an integral part of how we provide state-wide clinical care and advice, particularly in regional and rural NSW. Utilising web-based technology has dramatically changed the way we communicate and access information and services, and has made Family Planning NSW more accessible to the community.

The number of Talkline calls, emails and live chats was 10,095 in 2020-21.

TALKLINE

6,397
Phone

876
Email

2,822
Live chat

Domestic violence and reproductive coercion screening

Family Planning NSW first introduced routine domestic violence routine screening (DVRS) in 2012 and added routine screening for reproductive coercion in 2018. DVRS is now a strong component of delivering holistic services to clients. There are known links between domestic violence and reproductive and sexual ill health.

During 2020-21, 7,448 women were screened for domestic violence, with 299 domestic violence disclosures (4 % disclosure rate) and 180 reproductive coercion disclosures (2% disclosure rate).

*Doctor was judgement free!
Everything felt confidential!*

Clinical projects

Pregnancy Choices Helpline

In early 2021, we were contracted by NSW Health to deliver the Pregnancy Choices Helpline. Pregnancy Choices Helpline was launched on 10 May 2021 and is a free, unbiased and confidential helpline that provides clients with information on their pregnancy options. The helpline is available to clients from 8:00 am to 8:00 pm, Monday to Fridays. The helpline also supports NSW health professionals by providing them with an access point they can direct women to for further information and access to abortion service providers in NSW.

Clients can access the helpline by calling 1800 008 463, through the website at www.pregnancychoices.org.au/ or through the live chat function on the website. The live chat function also provides the opportunity for clients to contact the service via a email after hours.

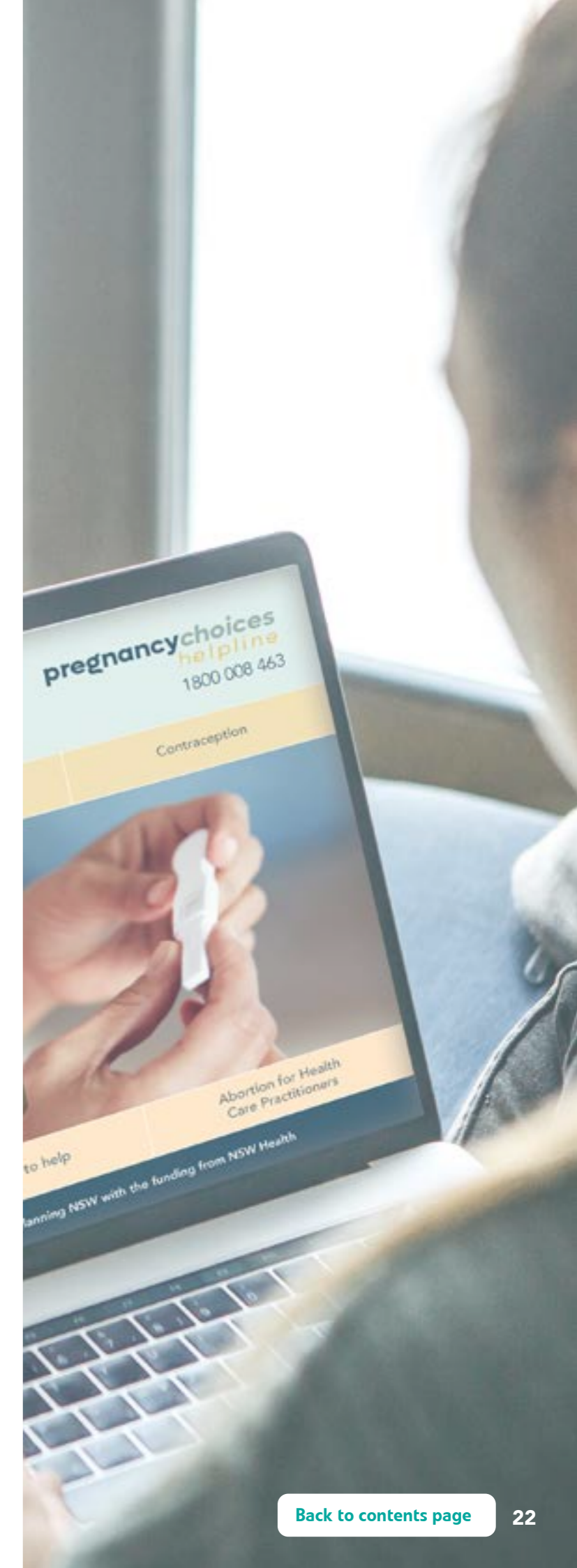
The Pregnancy Choices Helpline is yet another expansion of vital services for Family Planning NSW. Since its launch in May 2021 until end of June 2021, the Pregnancy Choices Helpline has engaged with 166 enquiries.

PREGNANCY CHOICES HELPLINE

152
Phone

2
Email

12
Live chat



Women's NSW COVID-19 Domestic Violence Project

In December 2020, we were successful in receiving grant funding under the Women NSW COVID-19 Domestic and Family Violence program. A targeted program, Integrated Trauma & Violence Informed Response to Complex Presentations during COVID-19, was developed by the Family Planning NSW Social Work Service that focused on:

- extending the capacity of our social work services to meet increased demand for psychosocial assessment, brief crisis counselling and complex case management, telehealth counselling and safety planning
- enhancing the domestic and family violence/reproductive coercion (DFV/RC) screening procedures, including a tailored resource and procedure for clinicians to implement during clinical consultations with male and non-binary clients
- developing and facilitating training for all Family Planning NSW clinicians in trauma and violence informed practice, DFV/RC, child protection and self-care, including the evidence of intersectionality increasing during COVID-19
- developing and recording training video/webinar for clinicians on the Integrated Trauma and Violence Informed Clinical Practice Framework, and Trauma Informed Practice to enable ongoing sustainability and access for both new and existing employees
- developing postcard resources highlighting the impact of DFV/RC for the community
- facilitating a more comprehensive integrated interdisciplinary practice model in response to clients impacted by DFV/RC, including coercive control and children at risk of serious harm

2020-21 saw the development and rollout of clinician and client surveys to inform the development of the training program and resources, and to capture baseline data. An additional social worker was recruited and trained.

The program will continue until December 2021 with further clinician sessions and staff and client evaluations scheduled. Feedback from clinicians has been extremely positive to date, with DVRC screening and child protection reporting rates steadily increasing.

The staff made me feel very comfortable, safe and accommodated my needs

Health Promotion

The Family Planning NSW Health Promotion team supports our priority population groups including Aboriginal and Torres Strait Islander peoples, culturally and linguistically diverse communities, people with disability and young people. We achieve this through community education, supporting professional development, the development of resources, and a range of projects which focus on the different reproductive and sexual health needs of our priority population groups.

We understand that reproductive and sexual health can sometimes be difficult to discuss.

It is our priority to ensure that the community can rely on us to provide trustworthy, up-to-date and evidence-based information. Our experienced health promotion officers are skilled in delivering information about sensitive topics in a way that promotes safety and comfort for participants.

Some of the topics that are covered in community education include:

- cervical and breast screening
- contraception and family planning
- STIs and safe sex
- healthy relationships and consent
- menopause
- pornography, sexting and media
- puberty and menstruation – information for young people and parents
- sexual health and staying safe

Strategic partnerships with Local Health Districts, service providers, community organisations and other NGOs have enabled the Health Promotion team to extend its reach to marginalised populations across the state and support better health outcomes. These partnerships play an important role in reaching people who would not ordinarily come in contact with reproductive and sexual health services.

HEALTH PROMOTION

10

Health promotion resources developed

553,846

Health promotion resources distributed/ accessed including digital content

34,917

Community education participants (including online participants)

330

Community education sessions

315

Consumer engagement participants

Our priority populations

Aboriginal and Torres Strait Islander peoples

Improving reproductive and sexual health outcomes within Aboriginal and Torres Strait Islander communities is embedded within the Family Planning NSW Strategic Plan and forms a priority area within our core business.

Our engagement with Aboriginal and Torres Strait Islander communities is based on cultural awareness, cultural sensitivity and cultural safety.

4% of our clients across all clinics identify as Aboriginal or Torres Strait Islander.

Our Dubbo clinic has a particular focus on this priority population group with Aboriginal and Torres Strait Islander people representing 21% of our clients at that site.

We work closely with various Aboriginal Medical Services, ensuring clinical services, health promotion activities, and our education and training packages respond to the needs of Aboriginal and Torres Strait Islander communities effectively.

Our Health Promotion team provides community education, professional development, resource development and other support to Aboriginal and Torres Strait Islander communities across NSW. These activities are driven by the Family Planning NSW Innovate Reconciliation Action Plan which provides strategic direction on our contribution to positive reproductive and sexual health outcomes of Aboriginal and Torres Strait Islander peoples at both a community and organisational level.

ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLES

3.5%

Aboriginal and Torres Strait Islander population of Australia

4%

Proportion of clients identifying at all sites

21%

Proportion of clients identifying at Dubbo clinic

394

Aboriginal and Torres Strait Islander peoples accessing health promotion programs

The Strong Family Program – UNSW ARC Aboriginal Strengths Based Linkage Project

Aboriginal young people in Australia often experience poorer reproductive and sexual health outcomes than their non-Aboriginal counterparts. To address some of the disparities, the 'Strong Family Program' was developed to deliver reproductive and sexual health education to Aboriginal communities in NSW.

Alongside this long-standing program, we partnered with University of NSW (UNSW) as part of a broader research project titled 'What We Do Well' which explores the positive actions Aboriginal young people take to reduce their sexual risk and build sexual wellbeing. Consisting of two main components, the research project applies a strengths-based framework to evaluate two existing sexual health promotion programs targeting Aboriginal young people.

We have been actively involved in both components of the research project ranging from participation in research interviews, delivery of peer interview training and community education sessions, as well as participation on the 'What We Do Well' project team meetings.

Due to the COVID-19 pandemic, the face-to-face delivery of the Strong Family Program was postponed. Family Planning NSW, with the support of UNSW, adapted its focus and contribution to the wider research project by increasing its involvement in the delivery of peer education research training at both Cranebrook and Campbelltown as well as increasing the number of staff participating in research interviews.

A total of four community education sessions were delivered as part of our contribution to the wider research project, in partnership with the UNSW research team and Nepean Blue Mountains and South West Sydney Local Health District representatives. These sessions were delivered to 12 Aboriginal and Torres Strait Islander young people who were being trained as peer interviewers and included key modules and sessions from the Strong Family Program.

Feedback from these community education sessions indicated that participant's best enjoyed the sexual health education components of the peer interview training delivered by Family Planning NSW including the topics of sexual relationships: staying healthy and solving problems and an introduction to sexual health services.

The doctor took the time to explain to me the results.

Yarning about Boys Business

The 'Yarning About Boys Business' resource was initially developed in 2013 for Aboriginal young men, Aboriginal Health Workers, parents, and other clinical, educational and welfare professionals. In 2020, the resource commenced a redevelopment to provide Aboriginal and Torres Strait Islander young men with access to up-to-date, easily understandable and culturally appropriate information on puberty and sexual health.

The resource will include an in-depth overview of puberty including body changes and hygiene, with a secondary focus on healthy relationships, consent, safe sex and STIs, including testing.

The resource was co-designed with Aboriginal young men in across NSW. Due to COVID-19 restrictions, face-to-face focus group consultations were initially adapted into a survey questionnaire, which was circulated to existing stakeholders. After COVID-19 restrictions eased, a face-to-face consultation was completed in June 2021 with students from Doonside Technology High School through the AFL Indigenous Program. Resource text was then drafted incorporating the feedback from the survey response and focus group consultation findings.

Feedback was also sought from the Family Planning NSW Aboriginal and Torres Strait Islander Consumer Advisory Group regarding cultural appropriateness and content of the resource. A male Aboriginal artist has been engaged to develop culturally appropriate artwork that reflects the journey of boys business.

2021-22 will see the graphic design of the updated resource finalised, printed and distributed as a contemporary, culturally appropriate resource for Aboriginal and Torres Strait Islander young men.



Quite informative & detailed explanations provided

Culturally and linguistically diverse (CALD) communities

Culture and language may act as a barrier for CALD people accessing health services, particularly for reproductive and sexual health.

Of our total clients in 2020-21, 28% were born outside Australia and 15% reported a non-English speaking background. Our Fairfield site has a particular focus on CALD populations, with 31% from a non-English speaking background and 47% born outside Australia. Our clinical presence also includes an outreach clinic at the NSW Refugee Health Service in Liverpool. This service, run by South Western Sydney Local Health District, has a particular focus on refugees and asylum seekers.

Family Planning NSW's Health Promotion team also provides community education, professional development, resource development and other additional support to CALD communities to normalise reproductive and sexual health and increase access to services.

African-Australian Women's Health Education Program

The 'African-Australian Women's Health Education Program' aimed to improve knowledge of cervical screening among women from the African sub-continent. The project was implemented in collaboration with Western Sydney University and the Community Migrant Resource Centre (CMRC).

Family Planning NSW trained community workers to deliver information on cervical screening to women from their communities. Family Planning NSW staff collaborated with the community workers to develop education sessions based on community consultation findings and the community workers own knowledge of their community. This approach built the capacity of community workers to develop and deliver education on cervical screening, and ensured education sessions were tailored to the needs of each community.



Due to the COVID-19 pandemic, and the cessation of face-to-face education delivery, a novel approach was undertaken and sessions were delivered online in a forum style event, in coordination with CMRC. Based on findings from consultations with community members, a forum style approach was taken as women reported that they would be reluctant to attend education sessions focused solely on cervical cancer, however, women were happy to attend sessions that included discussion of the cervical screening test and cervical cancer as part of a broader women's health forum. This is a new approach for the CALD health promotion team that can be utilised in the future when working with African women.

Six forums were delivered to women by community workers with the support of Family Planning NSW staff, including education on cervical screening.

Know Your Health

Many migrant and refugee girls do not receive enough reliable information about menstruation prior to menarche and have described this stage of their lives as isolating, shocking and frightening. The aim of the Know Your Health: Menarche and Menstruation project was to develop resources and an education session for newly arrived migrant and refugee girls to better prepare them for, and dispel myths commonly associated with, menarche and menstruation. The project also includes the development of resources for parents and carers, to build their confidence in supporting young girls in their care with menarche and menstruation.

Consultations were conducted with 13 stakeholders, 20 CALD parents and carers and 25 newly arrived girls to inform the development of print and audio-visual resources on menarche and menstruation for girls, and their parents and carers.

We worked with the following organisations on this project:

- Fairfield IEC
- Bankstown IEC
- Settlement Services International
- PARKS community network
- Community First Step
- NSW Refugee Health Service
- Warwick Farm Play Group
- Western Sydney University

Currently in development are in-language print and audio-visual resources for young girls and parents and carers, and a co-designed education session plan.



An evaluation will be undertaken to measure the outcomes of the project. The evaluation will include focus testing of resources and session content as well as pre and post education surveys to determine changes in knowledge around menarche and menstruation and confidence in accessing appropriate support services. Parents and carers of young girls will also be invited to review the audio-visual resources to determine whether their confidence around talking to young girls about periods has increased.

Shared Decision Making resource

Shared decision making allows both the client and clinician to contribute to the treatment decision making process, contributing to informed decision making around treatment options. Two resources have been developed to support shared decision making between clients and clinicians at Family Planning NSW. The resources have been developed based on findings from the 'Ask Share Know' study which was undertaken by the University of Sydney at our Fairfield clinic in 2012. The findings of the study suggest that by asking three key questions, the quality of information provided to clients during consultations can be improved.

The resources include a postcard style resource for clients to take with them into their appointment, and a short video for the waiting room. Both of these resources have been designed to prompt clients to ask the key questions that promote shared decision making.

These resources were developed in collaboration with community members, ensuring they are relevant to the community and the people using them. Both resources have been disseminated to all our sites and displayed in the waiting areas utilised by our clients.

CULTURALLY AND LINGUISTICALLY DIVERSE COMMUNITIES

30%

NSW population born outside of Australia

28%

Clients born outside of Australia

43%

Ashfield clients born outside Australia

47%

Fairfield clients born outside Australia

1,663

CALD people accessing health promotion programs and activities

All members of their staff are very friendly and work hard to make people feel comfortable and explain procedures/ possible side effects clearly and in detail.

People with disability

Equity of access to information and services is at the heart of our work with people with disability.

We recognise the need to advocate for the reproductive and sexual health and rights of people with disability.

Across our clinics in 2020-21, 4% of clients reported a disability. Our Hunter clinic, with its specialist Sexuality & Disability Service, saw 161 clients with disability. The excellent reputation of the service continues to build and is now generating repeat referrals from disability service providers.

Family Planning NSW provides training, information and resources to support people with disability around all areas of sexuality, relationships, and reproductive and sexual health.

PEOPLE WITH DISABILITY

4%

Clients identified as having a disability

17,037

People with disability (including their parents and carers) reached with health promotion activities

Appreciate your time and information. Good to know there are so many supports in place to help our beautiful kids

Planet Puberty

In 2019-20, Family Planning NSW was funded by the Australian Government Department of Social Services to co-design a digital resource to build the capacity of parents and carers across Australia to better support their children with intellectual disability and/or autism spectrum disorder in the transition through puberty to young adulthood.

This two year project has focused on the digital conversion and enhancement of our existing resource 'Your Child's Growing Sexuality' and our existing face-to-face workshops for parents and carers. The co-design process has been guided by adults with intellectual disability and/or autism spectrum disorder and their puberty experiences, and informed by the needs of parents and carers. This digital resource is titled Planet Puberty.

The Planet Puberty website www.planetpuberty.org.au was launched in April 2021, with over 70 pages of information, 25 downloadable worksheets and 15 instructional/information videos. This was followed by the Planet Puberty social media campaign, webinar series and podcast series which were launched in May 2021. We worked with nearly 100 different stakeholders across the country, including people with intellectual disability and/or autism, parents and carers, allied health professionals, disability and carer advocacy organisations, and other reproductive and sexual health services.



Planet Puberty

Support for parents and carers of kids with intellectual disability and autism.

New site for parents and carers visit:
planetpuberty.org.au



Initial feedback has been very positive, and analytics from the website and campaign very promising. From April–June 2021, there were over 18,000 users of the website across nearly 23,000 sessions and; the social media campaign received nearly 784,000 impressions and 620 YouTube views.

We worked with a number of organisations across the country as part of the Planet Puberty project. These organisations were part of our stakeholder advisory group, and continue to provide support in promoting the project to their respective client groups:

- SHINE SA
- Down Syndrome Queensland
- People First Programme
- Council for Intellectual Disability
- Carers Victoria
- Deakin University
- Autism Awareness Australia

Parent and Carer Project

This project aims to help parents and carers to gain a clearer understanding of their child’s sexuality and how to support their personal development in a positive way. Through interactive workshops and webinars, Family Planning NSW provides parents and carers with much needed information and resources about sexuality and relationships for people with intellectual disability and autism.

In 2020-21, Family Planning NSW supported 317 attendees across thirteen information workshops about sexuality support for people with intellectual disability and autism.

90% of the parents who completed an evaluation form reported their knowledge around supporting their child to learn about sexuality issues had increased as a result of attending these workshops, while 98% said they were satisfied with the training delivered.

Feedback from participants:

“ Excellent webinar! Dear State and Federal Governments: Webinars like this are definitely worth funding. Please continue to support Family Planning NSW financially.”

“ Well done, facilitators are excellent. Content very relevant for parents and other educators supporting children and young people with complex learning needs. Thank you.”

“ Thank you so much. It’s great to know we are not alone but also that we are on the right path”

“ Many, many thanks to the facilitators. I don’t feel so unmoored now talking to my autistic 10 year old who is pubescent and already very boy crazy and so vulnerable.”

*Thank you so much,
I feel more comfortable
and confident to teach
my kid*

Disability Plan Implementation

In 2018-19, Family Planning NSW undertook three key disability health promotion projects.:

- Disability Inclusivity Audit (internal)
- Disability Needs Assessment (external key stakeholders in disability sector)
- nib foundation: Evaluation of puberty, sexuality and relationships workshops for parents and carers of people with disability and autism spectrum disorders

For each of these projects, a final report was written with recommendations for future actions.

A plan was developed to implement these recommendations over the next three years (2019-2023) in line with the Family Planning NSW strategic plan. Implementation highlights from this year include:

- enhanced use of online supports in our work with parents and carers through the Planet Puberty project
- enhancement of referral hub for support services and counsellors in regional areas
- Advocacy submissions to the:
 - Disability Royal Commission: Rights and Attitudes Issues Paper
 - National Disability Strategy
 - Disability Royal Commission (interview)
 - Disability Royal Commission: Promoting Inclusion Issues Paper

Completion of the recommendations in the disability implementation plan will ensure that Family Planning NSW services and projects remain inclusive and accessible for people with intellectual disability and their support people. This work will continue in the coming years.

Outing Disability

Outing Disability is a reflective journey into the lives of lesbian, gay, bisexual, transgender, intersex and queer people with disability. The Outing Disability exhibition is a captivating series of portraits that provide a rare insight into the hopes and dreams of 25 unique people as they share their struggles and triumphs of coming out, exploring identity, discovering love and finding pride.

Two Outing Disability exhibitions were held in 2020-21. The first was held in February and March 2021 at the Wollongong Art Gallery as part of the community art program. The exhibition consisted of 25 Outing Disability portraits and their accompanying audio descriptions. Gallery officials received positive feedback about the exhibition and the importance of its content. This exhibition also led to an important connection with the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability. This connection assisted Family Planning NSW to provide feedback and recommendations at a federal government level.

From March to June 2021, selected portraits of Outing Disability participants were exhibited as part of Western Sydney University Whitlam Institute’s exhibition ‘Beyond the blind spot’. The exhibition explored intersections in the lives of women and advocates for the rights of people with disability, those who suffer violence and those oppressed on the basis of their sexuality, gender identity or ethnicity.



Young people

Family Planning NSW provides a non-judgmental, confidential, safe space for young people to find all the reproductive and sexual health information and services they need without feeling uncomfortable.

49% of our clients in 2020-21 were under the age of 30, with 67% of Hunter clients and 50% of Penrith clients in this age group.

Family Planning NSW provides training, information and resources to support young people in all areas of puberty, relationships, and reproductive and sexual health.

YOUNG PEOPLE

39%

NSW population under the age of 30

49%

Clients under the age of 30

67%

Hunter clients under the age of 30

50%

Penrith clients under the age of 30

4,405

Young people under the age of 30 accessing health promotion programs and activities

Test Out West

The digital health promotion campaign 'Test Out West' was co-designed with young women in south western and western Sydney. The campaign, funded by Cancer Institute NSW, aimed to increase cervical screening rates among young women aged 25-34 years living in South Western Sydney and Western Sydney Local Health Districts.

Due to the COVID-19 pandemic, the project was extended for six months to December 2020 and key messaging regarding cervical screening during COVID-19 was incorporated into the campaign. During the extension period, the campaign was expanded to include Nepean Blue Mountains LHD; some content was re-advertised to South Western Sydney and Western Sydney LHD; resources were re-printed for dissemination; and a selection of resources were translated into community languages.

The expanded campaign ran in Nepean Blue Mountains LHD for three months and in that time received 939,643 impressions with a total reach of 129,155. The campaign ran in South West Sydney and Western Sydney LHDs for an additional two months and received 154,495 impressions with a total reach of 58,515. A total of 200 brochures and 20 posters were distributed during the six month period.

The COVID-19 pandemic impacted Family Planning NSW clinics' cervical screening occasions of service. Since the expansion and re-advertisement of the campaign in Nepean Blue Mountains, South West Sydney and Western Sydney during September to October 2020, there have been slight improvements to Family Planning NSW cervical screening occasions of service amongst the target age group at our clinics.

*The new site looks so great!
I love the phrases and images.
Like making screening about
taking care of yourself, and
being around for your family.*

Condom Credit Card – Stage 2

The Condom Credit Card is Family Planning NSW's longstanding free condom distribution project. Operating state-wide, the project implements a capacity building health promotion framework through partnerships whereby Family Planning NSW staff train and support workers across youth services, mental health services, universities, GPs and disability services.

Designed as an early intervention strategy, project partners engage in conversations with young people on sexual health, providing a safe and non-judgmental environment to facilitate discussions on safer sex. The project aims to increase the correct use of condoms among young people, reduce the stigma associated with accessing safe sex information and decrease other barriers young people experience when accessing reproductive and sexual health services.

Despite continued challenges posed by the COVID-19 pandemic, the project continued to grow in 2021-21, with 598 young people successfully engaged across the state, new partnerships formed and over 150 ongoing partnerships maintained.

This financial year ended on a key achievement with the project rebranding after 13 years as the Condom Credit Card project. A partnership with the University of Wollongong enabled third year students within the Faculty of Arts, Social Sciences and Humanities program to co-design the redesign and rebrand of the Condom Credit Card project. Numerous consumer consultations were conducted with young people including Aboriginal and CALD groups to determine a new name and preferred design for the project. The project rebrand is scheduled to launch in early 2022.



Working with Vulnerable Young People

Youth experiencing homelessness or at risk of homelessness face greater reproductive and sexual health disadvantage than other cohorts as they are more likely to engage in risk taking behaviours that increase the risk of sexually transmissible infections and blood borne virus transmission and unplanned pregnancy that can lead to further disadvantage.

Lower Hunter areas, including Newcastle and Lake Macquarie Local Government Areas (LGAs), experience higher homelessness rates than neighbouring LGAs and this is forecast to increase. Based on the health inequities of vulnerable young people, reproductive and sexual health intervention is required to support better health outcomes for youth experiencing homelessness in the Lower Hunter.

In response, a needs assessment project explored the reproductive and sexual health of youth experiencing homelessness in the Lower Hunter. Due to the vulnerability of these young people and the challenges engaging them, the project shifted focus to engage with service providers. An online survey targeting service providers identified the current reproductive and sexual health trends of youth experiencing homelessness including limited access to 'youth friendly' services and limited reproductive and sexual health knowledge and self-efficacy. Service providers reported confidence in supporting youth experiencing homelessness, however, a need was identified for reproductive and sexual health training across the sector.

To address the identified needs, the project will operate at a service provider level, building the capacity of the sector that directly supports youth experiencing homelessness. This will be achieved through facilitating access to reproductive and sexual health training; creating pathways to reproductive and sexual health information, resources and services, and guiding sector collaborative action to enable sustainable reproductive and sexual health outcomes for youth experiencing homelessness in the Lower Hunter.

Mobile STI Screening

The aim of the Mobile STI Screening project is to provide accessible chlamydia and gonorrhoea screening and reproductive and sexual health information to at-risk populations (primarily young people) at Family Planning NSW led mobile screening activations. Additional project aims include increasing Family Planning NSW service and resource awareness and normalising sexual health checks for high priority populations.

Despite the impact of restrictions from COVID-19, the Mobile STI Screening team has been able to successfully deliver two events by adjusting strategies and creating new partnerships. A total of 28 people registered as clients and tested for chlamydia and gonorrhoea through urine sample. The Health Promotion team had meaningful engagement with 160 people at the events, and received positive feedback from community partners about the broader impact the project has had on increasing at-risk populations seeking further support. In 2020-21, the project was conducted at:

- Mountains Youth Service Team (MYST) Youth Week Skate Competition – Lawson
- Western Sydney University (WSU) Pop-Up Family Planning NSW event – Parramatta South Campus



Previous and new project partners are excited to re-engage with the project when large gatherings and priority populations (including domestic and international students) return to these settings and COVID-19 public health restrictions ease.

Following the MYST event, our main contact affirmed that the young people really valued the opportunity to get tested. At the following Blue Mountains youth worker interagency meeting, staff from across MYST and other youth services in the area affirmed that the Mobile STI Screening project's presence at the event made it easier for them to have conversations with young people about reproductive and sexual health, and to encourage future testing.

Presenters from NSW Family Planning were lovely and friendly!

University of Newcastle Project

Universities are a unique setting that provide opportunities to embed health promotion into the student learning experience. Family Planning NSW partnered with the University of Newcastle to co-design a reproductive and sexual health promotion project to support student health outcomes.

The program involved the development and delivery of community education sessions as well as facilitation of a stall at the universities Sexual Health and Guidance (SHAG) week event. In total, 6 sessions were conducted and 334 participants were engaged in both community education sessions and events.

The webinar sessions were promoted on social media through the Student Association's Facebook page and the University of Newcastle Global Facebook page. The University of Newcastle Student Association reported that engaging students in extra-curricular activities had been difficult since COVID-19 due to an increase in online learning and limited student attendance on campus.

Overall, students reported a high level of satisfaction with the education sessions and provided positive feedback with 88% of students indicating that their knowledge and skills in discussing sexual health with peers had increased as a result of the education session.

Emotional intelligence and delivery of presenters are great!



If only there was more time for them to continue!



Resource Development Project

Funded by Sydney Local Health District, this project focused on better understanding the reproductive and sexual health needs of young people from CALD backgrounds, young people with disability, and young sexuality and gender diverse (SGD) people.

The project commenced with a needs assessment conducted by the Research Centre, while Health Promotion led consumer engagement and the development of resources. The following resources have been developed as part of this project:

- A relationships [booklet](#) for young CALD people, translated into [Arabic](#), [Vietnamese](#), [simplified Chinese](#) and [Hindi](#)
- An animated [video](#) for young CALD people focusing on consent
- A relationships [booklet](#) for young people with intellectual disability and/or autism
- 3 videos for young LGBTIQ people, focusing on:
 - [Sexuality](#)
 - [Gender](#)
 - [Supports](#)



Feedback from the SGD video consumer group:

“ Thank you again for the opportunity I really enjoyed it! I love the end result of the videos a lot!”

“ Thanks so much for all your work. The videos look great and hopefully they can be a great resource for helping others.”

“ Looks great. Thanks for having me. I’m really glad we had the extended consultations. If I’m relevant to any more videos/projects in the future, I’m happy to be contacted!”

Feedback from consumers on the relationships booklet for young people with disability:

“ Great resources from FPNSW for people with an intellectual disability or autism about relationships and dating.”

“ This booklet covers important topics and is written in straight forward language. As a clinician working with young adults who have communication challenges, I would work through it very slowly, spending plenty of time on each concept that is introduced, making sure the ideas and vocabulary are understood and recognised in everyday situations before moving onto the next concept.”

“ A great resource by Family Planning NSW.”

Education Services

Family Planning NSW's education and training activities are evidence-based, broad-ranging and include programs for clinicians, disability workers, teachers, youth and community workers and other health, education and welfare professionals, both locally and internationally.

This year we have enhanced our existing clinical course offering and developed new webinars aimed at professionals working in schools and the community sector.

Clinical education

We are an accredited provider with the Royal College of General Practitioners (RACGP) and Australian College of Rural and Remote Medicine (ACRRM) for 2020-2022 triennium, with all courses for doctors being accredited.

All our courses for registered nurses, enrolled nurses and midwives provide certification with equivalent hours to meet the Nursing and Midwifery Board of Australia (NMBA) requirements for continuing professional development.

In 2020-21, we have delivered a variety of flagship courses in blended, online or face to face delivery.

The presentation was very clear and the workshop went really well. The people are friendly and helpful. The hands-on experience was great."

Participant, IUD Insertion Training

Reproductive and Sexual Health – Clinical Accreditation Program

The Reproductive and Sexual Health – Clinical Accreditation Program (RSH-CAP) was delivered as a theory only course to accommodate for COVID-19 restrictions in 2020-21. The course was divided into a Section 1 and Section 2. Section 1 included two compulsory live interactive webinar sessions via zoom and two optional sessions which were spread out once a week for 4 weeks. Section 2 included self-paced readings, activities, quizzes and assessment tasks for participants to work through, which related to specific subjects. In 2020-21, 52 students enrolled and 42 completed the course. 100% of participants said their learning needs had been entirely met. Participants praised the course for its well-designed online format and relevant and interesting content.

FPAA National Certificate for Reproductive and Sexual Health for Doctors

The FPAA National Certificate course for doctors was remodelled for online delivery and has been offered since June 2020 to ensure course continuity withstanding COVID-19 restrictions. The course remodelling included updating content and recording new lecture slides as well as including interactive online activities such as live group discussion sessions on Zoom with the facilitator or engaging in the Q&A forum on Moodle.

Unfortunately, the COVID-19 pandemic led to a temporary pause in our clinical placements for course participants and only resumed for a short time between May and June 2021. We intend to continue working on providing clinical placement opportunities to those keen for this experience, pending changes in COVID-19 restrictions.

In 2020-21, 64 students enrolled and 35 received their statement of attainment for the theory component. The course has been well received with 81% of participants said their learning needs had been entirely met. Course participant feedback has affirmed the quality of the course:

"Case based tutorials were really good and relevant. It helped to apply the knowledge from the lectures to example patients."

Reproductive and Sexual Health in the Australian Context (International Medical Graduates)

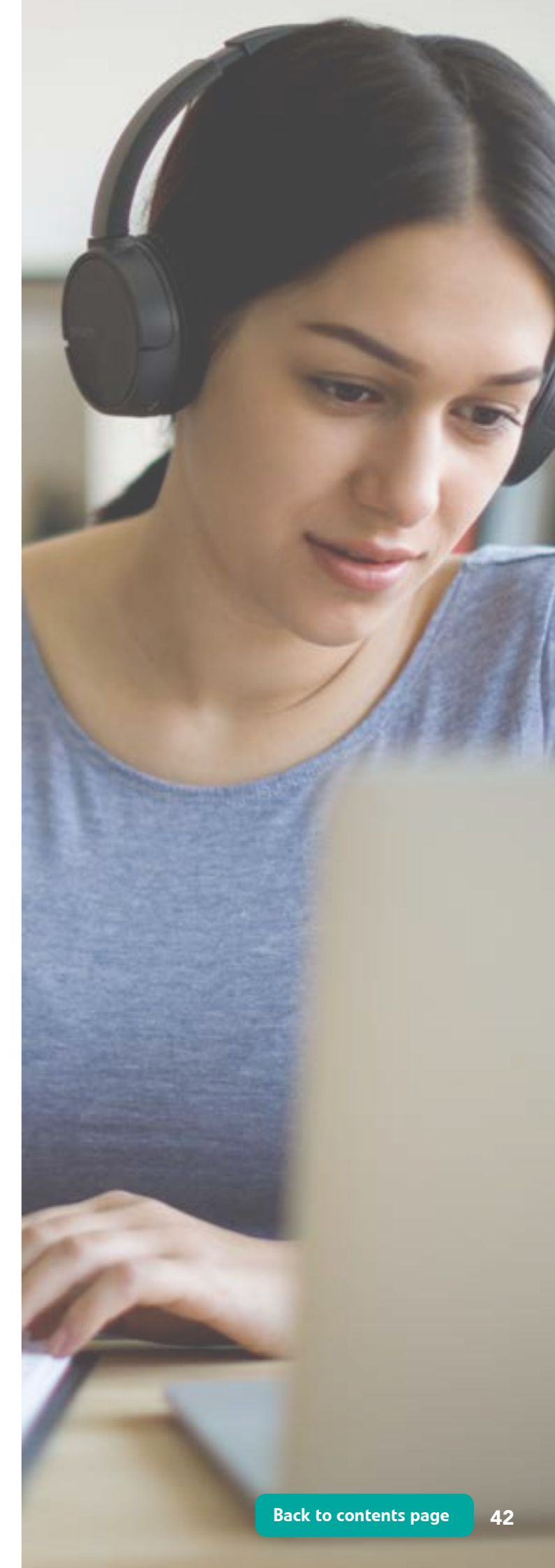
The online version of this course was delivered in 2020-21 with interactive activities, live online tutorials through zoom and case study work to ensure continuity of support for overseas-trained doctors with limited practice experience in Australia through COVID-19.

The course attracted 30 enrolments across the 2 instances with participants from across metropolitan Sydney and regional NSW. The course was positive reviewed by participants with 83% of course participants rated their learning outcomes as entirely met. Course participants also provided enthusiastic feedback that the course was holistic and up to date and well presented with helpful and friendly educators and resources.

IUD Insertion Training

Our IUD insertion training course is a popular course for GPs, nurses and nurse practitioners who are interested in becoming IUD inserters within their own clinical setting.

The delivery of this course was impacted significantly by COVID-19 restrictions as the face-to-face component and clinical placements could not be offered with several planned cohorts from June to December 2020 cancelled due to ongoing restrictions. Course participants from early 2020 were allocated to priority clinical placement in November to December 2020. Thankfully, we were able to recommence the first IUD course for this financial year in February 2021 with 10 enrolments.





Well Women's Screening Course Rural

In 2020-21, we delivered cervical screening training to GPs, nurses and midwives practising in regional or remote areas with funding from the Cancer Institute NSW.

An adapted version of the course was delivered, where participants viewed pre-recorded lectures and attended an online case study webinar, followed by face-to-face workshop with nurse educators and a practice patient at one of the rural locations: Forbes, Queanbeyan and Wagga Wagga.

In 2020-21, 26 26 clinicians enrolled with 100% of participants stating their learning needs had been entirely met. One student commented that:

"The ability to do practical assessment and clarify questions and discuss one on one with educators was a brilliant opportunity."

Masterclass Webinars

Masterclasses are held four times a year with special guests who are expert in their professional field. Delivering Masterclass webinars is one effective way we have utilised online teaching platforms to offer opportunities for GPs, nurses and midwives to be updated with medical knowledge in their field.

Since March 2020, our Masterclass sessions have attracted 165 participants attending the four Masterclass instances through Zoom. The course has been well received with 97% of participants saying they were satisfied with the course and would recommend it to others. Participants' comments include:

"Fantastic overview! I learnt so much in a short space of time, still a lot further and more I can learn but I am more confident in discussing possible diagnosis with clients when I see them."

Medical abortion

Medical Abortion Online is a self-paced online course for GPs, nurses and midwives wanting to update their knowledge about the provision of medical abortion in Australia. This new online course was launched in November 2020 and 91 participants have enrolled between November 2020 and June 2021. To date, the course has been positively received by course participants. 88.73% of participants said they were happy with their experience of online learning. According to the participants, the best aspects of the course include the case studies and ability to download materials.

Schools and community sector

Family Planning NSW has been a Registered Training Organisation (RTO) since 2000. This allows us to deliver nationally accredited courses under the Australian Qualifications Framework. Relevant courses for teachers are accredited by the NSW Education Standards Authority against the Australian Professional Standards for Teachers which are required to towards maintain proficient teacher accreditation in NSW.

Our Education Services team continues to adapt and deliver courses accordingly with the changes of COVID-19 restrictions and also cases of extreme weather when in early March 2021; one of our facilitators conducted her Sexual Health Education for Life webinar from home surrounded by flooding in her area.



The Nitty Gritty: Specialised Reproductive and Sexual Health Training for Youth Workers

Our flagship face-to-face course was successfully delivered over nine instances across metropolitan Sydney and regional NSW. Nitty Gritty has proven to be a popular course with 172 attendees, exceeding our target attendance rate at each session. This reflects the effort of promotion by our education and communication team and word of mouth recommendations from past attendees in other regions that the course was excellent.

Participant feedback has been very positive as 82% of participants said their learning needs had been entirely met. Participant comments on the course include:

“Extremely engaging, informative and entertaining. Only training I’ve never fallen asleep in.”

“Reflection was great as I realised I can do more in my work to discuss with young people and improve their outcomes with sexual health.”

Nitty Gritty Online was released in March 2021 for youth workers to develop skills in talking about reproductive and sexual health with young people. This self-paced online version of the course was developed collaboratively in consultation with Family Planning NSW staff, an advisory group from NSW Health and youth sector workers to ensure the content and approach was aligned to the needs of the youth sector and reproductive and sexual health specialists.

Modules of the course include a core module and four shorter modules focusing on priority population groups: young LGBTIQ people, young people with disabilities, young people from culturally and linguistically diverse backgrounds and young Aboriginal and Torres Strait Islander peoples.

Let’s Talk Series

In 2020-21, we launched the Let’s Talk webinar series for teachers. Each webinar presents current and evidence based information on each of the topics and strategies to teach about it. The courses include ‘Let’s Talk: Contraception’ and ‘Let’s Talk: Technology, Sex and Relationships’ which aim to improve teachers’ abilities to deliver engaging and evidence-based information that is practical and relevant to participants in years 7-12. In addition, ‘Let’s Talk: Positive Puberty’ informs upper primary and secondary level teachers on how to take a positive, strength-based approach when talking about the changes that occur during puberty.

Across the Let’s Talk series there have been 51 participants attending the webinars. Participants’ feedback has been positive across the courses and have consistently mentioned the quality of course resources as one of the best aspects of the course.

Sexuality Matters! Part B: Design and Deliver a Sexuality Education Program

Sexuality Matters! Part B is an advanced course for participants who wish to further develop their skills in providing rights-based sexuality support for people with disability. In 2020-21, the course was adapted and delivered as a 3-part webinar which attracted more enrolments than the previous face-to-face version of the course. Participants’ feedback about best aspects of the course includes the practicality of the program template that helped participants design and plan for a program and also the ease of fitting the webinar sessions into their work day.

Sexual Health Education for People with Intellectual Disability and Sexualised Behaviours of Concern

This new short course has been designed and delivered in response to many requests from disability sector workers for a course that specifically addresses sexualised behaviours of concern in people with intellectual disability.

Five webinars have been delivered between April and June 2021, with 57 participants attending. The webinars have been well received to date with attendees from across NSW and interstate enrolling and finding the content relevant. Although the course was developed for non-clinical disability workers, we had a wide range of participants attending, including experienced clinicians.

Customised training

In addition to the Family Planning NSW ongoing education calendar, our expert trainers have provided customised training including short seminars, full and half day courses and webinars for:

- Australian Disability Services Pty Ltd
- Birra Li Aboriginal Maternal and Child Health Service
- Kinchela Boys Home Aboriginal Corporation
- Murrumbidgee Primary Health Network
- The University of Sydney, Concord Medical School

Good to focus on the fact that the same guidelines around relationships, consent, etc apply to technology. Also good to focus on technology, because we tend to just do the physically present stuff but technology is a big part of the young people’s lives.”

Participant, Let’s Talk: Technology, Sex and Relationships

Clinical education

CERVICAL SCREENING

Well Women's Screening Courses, webinars, online learning, practical workshops, simulated clinical sessions and clinical placements provided opportunity for clinicians to refresh and update their knowledge on cervical screening.



CLINICAL EDUCATION



697

Clinicians attended clinical courses



69

Clinicians attended clinical training practicum



47

Clinical education courses delivered



1,065

Clinical hours of training

REPRODUCTIVE AND SEXUAL HEALTH IN THE AUSTRALIAN CONTEXT FOR DOCTORS (INTERNATIONAL MEDICAL GRADUATES)



Designed specifically for International Medical Graduates (IMGs) with limited experience in reproductive and sexual health to prepare them

for practice within the Australian setting.

REPRODUCTIVE AND SEXUAL HEALTH UPDATES



Masterclasses, Clinical Forums, Refresher Day for Doctors and Professional Development Days for Nurses and Midwives are designed to enhance knowledge and practice on reproductive and sexual health including updates on current best practice, clinical guidelines and practical techniques.

FPAA NATIONAL CERTIFICATE IN REPRODUCTIVE & SEXUAL HEALTH FOR DOCTORS

Offered face-to-face or online and including clinical placement, this course is designed for doctors to improve their core knowledge of contraception, STIs, cervical screening, unintended pregnancy options, menopause and sexual assault.



LARCs

Online and blended learning courses, practical workshops, clinical placements and a discussion evening were delivered to support clinicians in the safe insertion, removal and management of clients with LARCs (Implanon and IUDs).



REPRODUCTIVE AND SEXUAL HEALTH – CLINICAL ACCREDITATION PROGRAM (RSH-CAP)

This blended delivery course including clinical placement is designed to prepare and extend the role of nurses and midwives to work in the specialty of reproductive and sexual health.



FUNDERS, SPONSORS AND GRANTS

Family Planning NSW acknowledges our major funding bodies, sponsors and grant providers in contributing to the success of our clinical education courses, most notably:

- Sydney LHD
- Hunter New England LHD
- Douglas Hanly Moir (DHM)
- Cancer Institute NSW
- Bayer
- Merck Sharp and Dohme (MSD)

*These courses were rapidly converted to be delivered online during the COVID-19 pandemic



School and community courses



LET'S TALK WEBINAR SERIES

Each webinar in this series develops educators' capacity to provide engaging, evidence-based education on a specific topic, including technology as it relates to sexuality and relationships, different methods of contraception and puberty.



BEYOND THE NUTS AND BOLTS

This series of webinars is designed for secondary school teachers to develop their knowledge and confidence in delivering education programs about relationships, sexuality and sexual health using a holistic approach.



INTRODUCTION TO SEXUALITY AND DISABILITY

An introductory course for disability sector workers to support people with intellectual disability in sexuality and relationships.

SEXUAL HEALTH EDUCATION FOR LIFE: THE PDHPE CURRICULUM FOR STUDENTS WITH DISABILITY

A one day course or series of three webinars for teachers and school learning support officers working with primary and secondary students with intellectual disability.



Family Planning NSW acknowledges our major funding bodies and grants in contributing to the success of our School and Community education courses:

- Sydney LHD
- Nepean Blue Mountains LHD
- Hunter New England LHD
- Newcastle Permanent Charitable Foundation

*These courses were rapidly converted to be delivered online during the COVID-19 pandemic

SCHOOL AND COMMUNITY EDUCATION



623

Participants attended courses



50

Courses delivered



SEXUAL HEALTH EDUCATION: WORKING IT OUT

This one day course enables teachers of years 5-8 to increase their knowledge and confidence in delivering sexuality education programs about puberty, relationships and sexual health using a holistic approach.

SEXUALITY AND DISABILITY: WORKPLACE POLICY MADE EASY

This online course provides participants with the knowledge and skills to develop policy that supports the sexual rights of people with disability and provides guidance to staff.



SEXUALITY MATTERS! PART A PROVIDE RIGHTS-BASED SEXUALITY SUPPORT

This course for disability workers provides strategies and resources to gain essential skills in how to proactively support people with intellectual disability in the area of sexuality and relationships.



THE NITTY GRITTY: SPECIALISED REPRODUCTIVE AND SEXUAL HEALTH TRAINING FOR YOUTH WORKERS

This interactive course is for workers in the youth and community services sector to increase their knowledge of sexuality and sexual health issues which affect young people.

STARTING THE CONVERSATION

This one day course enables community workers to increase their knowledge and confidence to talk to people from CALD communities about reproductive and sexual health.



The Research Centre

Family Planning NSW has a strong history of achievement in research and research translation. Established in 1990, the Family Planning NSW Research Centre (previously known as the Sydney Centre for Reproductive Health Research) facilitates the monitoring and evaluation of Family Planning NSW's programs and services in Australia and the Pacific Region. The Research Centre collaborates with universities and other domestic and international research institutions on clinical and population health research, with a specific focus on improving the reproductive and sexual health evidence base, and has extensive experience in leading our own research studies and evaluations.

Family Planning NSW is committed to creating an active research environment where staff adhere to the highest of ethical standards. We have reviewed and refreshed the organisation's Research Governance Guidelines to provide updated guidance regarding research approval processes, research roles and responsibilities, ethical considerations, authorship eligibility, research dissemination and translation, and other associated research requirements.

In 2020, Family Planning NSW successfully executed a funding agreement with the National Health and Medical Research Council (NHMRC) to become an NHMRC Administering Institution.

All research that Family Planning NSW is involved in must comply with standards as outlined in the NHMRC National Statement (2007, updated 2018). During 2020-21, the Family Planning NSW Ethics Committee convened 7 times: 4 face-to-face (via Zoom) and 3 via email, and the expedited review subcommittee convened 7 times (all via email), with 8 additional out of session reviews (4 by the Chair, 4 by the Ethics Executive Officer). In addition, the Ethics Committee reviewed and approved 2 new research and 23 amendments.

Research findings and translation

Findings from our research contribute to informing Family Planning NSW's clinical practice, community education, professional education and training, and health promotion activities, as well as our ongoing advocacy efforts in several key areas. We have highlighted in the following a selection of our studies and publications from 2020-21 and how we use findings from these to advocate for change regarding reproductive and sexual health and rights.

Findings

Increase access to Long Acting Reversible Contraception in Australia through expanding the role of nurses

Over the past year, Family Planning NSW led a large number of studies with the aim to identify strategies to increase access to long acting reversible contraception (LARC) and the role of nurses in improving access. We have summarised a range of studies undertaken by the Family Planning NSW Research Centre that contribute evidence towards nurse-led LARC services.

Training nurses in contraceptive implant procedures: implications for practice in Australia

This study was undertaken by the Family Planning NSW Research Centre to determine the effectiveness of implant training for nurses and consider the implications for clinical service delivery. Findings highlighted nurses are well placed to undertake contraceptive implant procedures.

Botfield, JR., Wright, SM., Fenwick, SE., Cheng, Y., Training nurses in contraceptive implant procedures: implications for practice in Australia, Collegian, available online, 16 Aug 2020, Volume 28, Issue 1, February 2021.

Intrauterine contraceptive device training and outcomes for healthcare providers in developed countries: A systematic review

A systematic review was undertaken in January 2017 to determine the effectiveness of intrauterine device (IUD) training for healthcare providers in relation to provision of IUDs to women. Findings show that increasing the number of healthcare providers skilled in IUD insertions in high-income countries including nurses and midwives, will enhance access to this method of contraception and allow women greater contraceptive choice.

Ouyang, M., Peng, K., Botfield, J. R., & McGeechan, K., Intrauterine contraceptive device training and outcomes for healthcare providers in developed countries: A systematic review, PLoS ONE, 14(7), e0219746, Jul 2019

Insertion of intrauterine contraceptive devices by registered nurses in Australia

This qualitative study explored the attitudes of nurses and medical officers in regards to extending nurses scope of practice to include IUD insertion in the context of reproductive and sexual health care. Inclusion of IUD insertions in registered nurses' scope of practice appears feasible and well-received by registered nurses and medical officers, suggesting nurses are well-placed to provide intrauterine device insertions in Australia.

Fleming K, Cheng Y, Botfield J, Sousa M, Bateson D, Inclusion of intrauterine device insertion to registered nurses' scope of clinical practice., Collegian, Online, <https://doi.org/10.1016/j.colegn.2017.12.002>, Mar 2018. Volume 26, Issue 1, February 2019, pp 28-32.

Translation

Evidence shows nurse-led LARC service provision is an effective, safe and economical strategy for promoting women's access to LARC, with many countries already having integrated nurse-led LARC service provision into funded healthcare. There is strong support from Australian stakeholders around nurse-led LARC service provision as a strategy to address unmet need for LARC, particularly in rural and regional areas. Family Planning NSW is using the findings from these studies outlined here to advocate for an MBS Item number for nurses for LARC procedures in Australia.

Comprehensive Sexuality Education in NSW, Australia

Findings

Opportunities for strengthening sexual health education in schools: Findings from a student needs assessment in NSW

Comprehensive sexuality education (CSE) is important for the reproductive and sexual health of young people. Family Planning NSW conducted a student needs assessment survey in 2017 to better understand young people's views and experiences of sexual health education in NSW.

Findings from the needs assessment provided valuable insights for improving CSE in NSW, including recognition of the influence and potential role of social media, parents and the internet in young people's sexual health. Professional development for educators could contribute to improving the quality of CSE delivered in schools. Accurate and up to date resources must also be utilised to support student engagement and effective learning.

Roth, C., Cheng, Y., Wilson, E. G., Botfield, J., Stuart, A., & Estoesta, J. (2021). *Opportunities for strengthening sexual health education in schools: Findings from a student needs assessment in NSW*. *Health Promotion Journal of Australia*.

Family Planning NSW, *Sexual Health Education in New South Wales Schools: Student Needs Assessment*. Ashfield Sydney: FPNSW 2018.

Translation

Findings from the needs assessment are being utilised by Family Planning NSW for a number of advocacy efforts, including to form the evidence-base of multiple domestic and international policy submissions. Specifically, we have drawn from the needs assessment in the following submissions:

- **Review of the NSW School Curriculum** to advocate for the essential nature of CSE and its need to be included/integrated into the NSW School Curriculum

- **Inquiry into the child protection and social services system** to advocate for the essential nature of age-appropriate and evidence-based CSE for children and young people
- **Australian Curriculum Review** to advocate for the inclusion of key components of CSE within the Australian Curriculum
- **Education Legislation Amendment (Parental Rights) Bill 2020** to express our strong opposition to the Bill and advocate for the right of all students to receive evidence-based CSE
- **Australian Education Legislation Amendment (Prohibiting the Indoctrination of Children) Bill 2020** to advocate for the essential nature of CSE and to strongly oppose the One Nation Australia Bill

Family Planning NSW is also committed to utilising findings to inform organisational community education and health promotion program best practice.

Comprehensive Sexuality Education in the Asia-Pacific

Findings

Comprehensive Sexuality Education in Asia and the Pacific Region: A regional review

In 2019, a collaborative project between Family Planning NSW, United Nations Population Fund (UNFPA), United Nations Educational, Scientific and Cultural Organization (UNESCO) and International Planned Parenthood Federation East & South East Asia and Oceania Region (IPPF ESEAOR) was undertaken to explore the status of CSE in Asia and the Pacific Region. Family Planning NSW was commissioned to conduct a regional review.

Comprehensive Sexuality Education in Asia and the Pacific Region: Regional Review 2019, Background Paper

<https://drive.google.com/file/d/19yWr1wiYH6DRA/d9b5LfNSlmituL2zV6a/view>

Translation

Findings from the review suggested that important progress and commitments were being made in many countries in Asia and the Pacific Region in developing and implementing sexuality education for young people. However, a number of gaps and opportunities remain in further strengthening the design and implementation of CSE in the region, particularly in relation to supportive policy environments, teacher training, and curriculum development and implementation.

LEARN. PROTECT. RESPECT. EMPOWER. The Status of Comprehensive Sexuality Education in Asia-Pacific: A Summary Review 2020

<https://unesdoc.unesco.org/ark:/48223/pf0000377782/PDF/377782eng.pdf.multi>

The findings of the review informed the development of a range of factsheets developed by UNESCO, UNFPA and IPPF. The factsheets cover different aspects of school-based CSE, including an Enabling Framework, Curriculum for CSE, Teacher's Preparedness, Monitoring and Assessment, and Meeting Needs of Young People.

Peer reviewed publications

The Family Planning NSW Research Centre disseminates research findings in a number of ways, including through peer reviewed publications such as:

- Roth, C, Cheng, Y, Wilson, EG, Botfield, J, Stuart, A, Estoesta, J. (2021). Opportunities for strengthening sexual health education in schools: Findings from a student needs assessment in NSW. *Health Promotion Journal of Australia*.
- Botfield, J., Ratu, S., Turagabeci, E., Chivers, J., McDonald, L., Wilson, E., Cheng, Y. (2021). Sexuality education for primary students with disability in Fiji. *Health Education Journal*.
- Botfield, JR., McGowan, C., Gagahe, V., Tashkeel, F., Stuart, A. (2021). Cervical screening in Solomon Islands: challenges and opportunities for a national screening programme, *Development in Practice*.
- Sweeney, SO., Cheng, Y., Botfield, JR., Bateson, DJ. (2021). Renewal of the National Cervical Screening Program: health professionals' knowledge about screening of specific populations in NSW, Australia. *Public Health Research and Practice*.
- Dawson, A., Ekeroma, A., Rokoduru, A., Wilson, D., Tran, N.T., Bateson, D. (2021). The COVID-19 Pandemic and Sexual and Reproductive Health and Rights in the Pacific, Sage Publishing and Asia Pacific. *Journal of Public Health*.
- Carter, A., Strnadova, I., Watfen, C., Pebdani, R., Bateson, DJ., Loblinzk, J., Guy, R., Newman, C. (2021). The Sexual and Reproductive Health and Rights of Young People with Intellectual Disability: A Scoping Review. *Sexuality Research and Social Policy*.
- Hughes, FRA., Botfield, JR., McGeechan, K. (2021). Sexual and reproductive health train the trainer programs in low- and middle-income countries: a scoping review. *Journal of Global Health Reports*.
- Coombe, J., Goller, J., Vaisey, A., Bourne, C., Sanci, L., Bateson, D. (2021). Temple-Smith, M., Hocking, J., New best practice guidance for general practice to reduce chlamydia-associated reproductive complications in women. *RACGP/AJGP*.
- Fenwick, S., Botfield, J., Kidman, P., McGeechan, K., Bateson, D. (2021). Views and experiences of the female condom in Australia: An exploratory cross-sectional survey of cisgender women. *PLoS One*.
- Bateson, D., McNamee, K. (2021). Hormonal contraception: what's new? (2021). *Endocrinology Today*.
- Botfield, J., Cacuzza, S., Kidman, P., Fenwick, S., Bateson, D. (2021). The female condom: What do Australian women say? *Health Promotion Journal of Australia*.

- Hawkey, A.J., Ussher, J.M., Perz, J., Parton, C., Patterson, P., Bateson, D., Hobbs, K., Kirsten, L. (2021). The impact of cancer-related fertility concerns on current and future relationships: People with cancer and partner perspectives. *European Journal of Cancer Care*.
- Vodstrcil, LA., Plummer, EL., Doyle, M., Fairley, CK., McGuinness, C., Bateson, D., Hocking, JS., Law, MG., Petoumenos, K., Donovan, B., Chow, EPF., Bradshaw, Catriona S. (2020). Treating male partners of women with bacterial vaginosis (StepUp): a protocol for a randomised controlled trial to assess the clinical effectiveness of male partner treatment for reducing the risk of BV recurrence. *BMC Infectious Diseases*.
- Harris, ML., Coombe, J., Forder, PM., Lucke, J., Bateson, D., Loxton, D. (2020). Young Women's Complex Patterns of Contraceptive Use: Findings from an Australian Cohort Study. *Perspectives on Sexual Health and Reproductive Health*.
- Carter, A., Newman, C., de Visser, R., Yeung, A., Rissel, C., Grulich, A., Haire, B., Bateson, D., Vaughn, C., McGeechan, K., Donovan, B., Richters, J., Guy, R. (2020). Unwanted Sex Due to Intoxication among Australians Aged 16-69 Years. *The Journal of Sex Research*.
- Dolan, H., Li, M., Bateson, D., Thompson, R., Tam, CWM., Bonner, C., Trevena, L. (2020). Healthcare providers' perceptions of the challenges and opportunities to engage Chinese migrant women in contraceptive counselling: a qualitative interview study. *Sexual Health*.
- Sweeney, S., Cheng, Y., Botfield, JR., Bateson, D. (2020). National Cervical Screening Program renewal in Australia: survey of clinician views and attitudes. *Australian Journal of Primary Health*.
- Botfield, JR., Tullock, M., Contziu, H., Phipps, H., Bateson, D., Wright, SM., McGeechan, K., Black, KI. (2020). Contraception provision in the postpartum period: Knowledge, reviews and practices of midwives. *Women and Birth*.
- Botfield, J.R., Wright, S., Fenwick, S., Cheng, Y. (2020). Training nurses in contraceptive implant procedures: Implications for practice in Australia. *Collegian*.
- Freedman, E., Bateson, D. (2020). Recognising and responding to domestic violence during COVID-19: How telehealth can help. *Medicine Today*.
- Bateson, DJ., Lohr, PA., Norman, WV., Moreau, C., Gemzell-Danielsson, K., Blumenthal, PD., Hoggart, L., Li, HWR., Aiken, ARA., Black, K. (2020). The Impact of COVID-19 on contraception and abortion care policy and practice: experiences from selected countries. *BMJ Sexual and Reproductive Health*.
- McNamee, K., Bateson, D. (2020). A new low-dose levonorgestrel intrauterine contraceptive. *Medicine Today*.
- Goller, JL., Coombe, C., Bateson, D., Temple-Smith, M., Tomnay, J., Vaisey, A., Chen, M.Y., O'Donnell, H., Groos, A., Sanci, L. and Hocking, J. (2020). Patient-delivered partner therapy for chlamydia in Australia: can it become part of routine care? *Sexual Health*.
- Nicholas, L., Newman, C.E., Botfield, J.R., Terry, G., Bateson, D. and Aggleton, P. (2020). Men and Masculinities in Qualitative Research on Vasectomy: Perpetuation or Progress. *Health Sociology Review*.

Other publications

Induced Abortion in Australia: 2000-2020

The '[Induced Abortion in Australia: 2000-2020](#)' statistical report was finalised and published on the Family Planning NSW website in 2021. The aims of this report are to: compare rates of induced abortion between Australia and other countries; describe the trends in induced abortion in Australia; and, describe the trends in induced abortion in population subgroups and identify areas of data development.

Reproductive and Sexual Health Handbook update

The Family Planning NSW Reproductive and Sexual Health Handbook provides online access to current evidence-based reproductive and sexual health information. The Handbook is available via a subscription-based website: <https://reproductiveandsexualhealth.org.au/>. This year the chapter on the cervix was updated to incorporate changes to the National Cervical Screening Program Intermediate Risk Pathway implemented on 1 February 2021.

Assessing prevalence and trends in contraceptive use of Australian women

The [Assessing prevalence and trends in contraceptive use of Australian women](#) report aims to describe contraceptive trends using a market research data set and evaluate its comprehensiveness, recency and generalisability compared to other Australian data sources.



Conference presentations

Oral and poster presentations were given by both Research Centre and other Family Planning NSW staff at a number of conferences in 2020/21:

Title and authors	Conference
<i>Reproductive Health Policy and Practice in Changing Times</i> Author: Bateson D	Australasian Sexual Health Conference 2020 (oral)
<i>A retrospective review of a phone service for sexual and reproductive health</i> Authors: Cheng Y, Boerma C, Botfield JR, McGeechan K, Estoesta J	Australian Public Health Conference 2020 (virtual oral)
<i>Experience of reproductive coercion routine screening in Family Planning NSW clinics</i> Authors: Cheng Y, Fieldes S, Boerma C, Wilson E, Botfield JR, Estoesta J, McGeechan K	Australasian Sexual Health Conference 2020 (virtual oral)
<i>A retrospective review of a phone service for sexual and reproductive health</i> Authors: Cheng Y, Peck L, Boerma C, Botfield JR, McGeechan K, Estoesta J	Australasian Sexual Health Conference 2020 (virtual poster)
<i>Navigating trans visibilities, trauma, and trust in the new era of cervical cancer screening</i> Authors: Drysdale K; Botfield JR; Cook T; Mooney-Somers J; Newman C	Health in Difference conference (oral)
<i>Telehealth opportunities for sexual and reproductive health care during the Coronavirus (COVID-19) pandemic</i> Authors: Cheng Y, Boerma C, Peck L, Botfield JR, McGeechan K, Estoesta J	Preventive Health Conference 2021 (virtual oral)
<i>A novel, non-hormonal, non-invasive ultrasound device is effective in treating the symptoms of vulvovaginal atrophy (VVA) in postmenopausal (PM) women including breast cancer survivors (BCS)</i> Author: Bateson D	Scientific Network on Female Sexual Health and Cancer (oral)

Accreditation

Our suite of services have been accredited by national and international independent organisations. This covers our expert clinical services as well as our education, research and international development activities.

National Safety and Quality Health Service (NSQHS) Standards:

Family Planning NSW has been accredited against the National Safety and Quality Health Service (NSQHS) Standards since 2014. In 2021, we were successfully re-accredited by Quality Innovation Performance which extends until July 2024.

National Disability Insurance Scheme (NDIS) provider:

Family Planning NSW has been registered under the National Disability Insurance Scheme (NDIS) since 2015. In 2019 Family Planning NSW registration was renewed by the NDIS Quality and Safeguards Commission which extends until May 2022.

Registered Training Organisation (RTO):

Family Planning NSW has been a Registered Training Organisation (RTO) since 2000. In 2015 Family Planning NSW was re-accredited by the Australian Skills Quality Authority (ASQA) which extends until 2022.

Australian Aid:

Family Planning NSW's International Development programme is accredited until 18 May 2021 by the Australian Department of Foreign Affairs and Trade (DFAT), responsible for managing Australia's aid program. Family Planning NSW is currently in the process of working towards becoming reaccredited, submitting an agency profile in May 2021 with a site audit due in September 2021.

Australian Council for International Development (ACFID):

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 annually with transparency, accountability and integrity. The current signatory status extends to November 2021.

Royal Australian College of General Practitioners (RACGP):

Family Planning NSW has been recognised as an Accredited Activity Provider (AAP) for the 2020-22 triennium, under the Royal Australian College of General Practitioners' (RACGP) Quality Improvement and Professional Development Program.

Australian College of Rural and Remote Medicine (ACRRM):

Relevant Family Planning NSW clinical education courses and workshops are also accredited by the Australian College of Rural and Remote Medicine (ACRRM).

NSW Education Standards Authority (NESA):

Relevant Family Planning NSW courses for teachers are accredited by the NSW Education Standards Authority against the Australian Professional Standards for Teachers which are required to towards maintain proficient teacher accreditation in NSW.

Family Planning NSW has received NESA Accredited PD interim accreditation for Sexual Health Education for Life: the PDHPE Curriculum for Students with Disability - Webinar Series (Funded), which extends until February 2022. Applications for other course will be made in line with changing NESA standards as appropriate.

National Health and Medical Research Council (NHMRC):

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 (2018).

HealthDirect:

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.

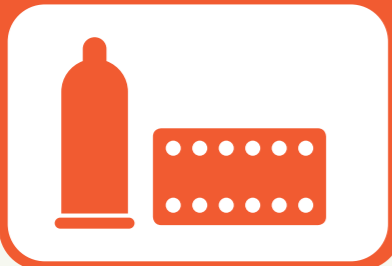
Australian Charities and Not-for-profits Commission (ACNC):

Family Planning NSW is registered with the Australian Charities and Not-for-profits Commission (ACNC).

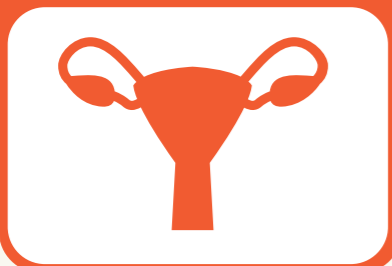
International Development

Family Planning NSW works to improve reproductive and sexual health outcomes in the Pacific and further develop the capacity of local partners to deliver services and education to clinicians, communities, teachers, government officials and young people across three program streams:

CONTRACEPTIVE CHOICES



CERVICAL SCREENING



COMPREHENSIVE SEXUALITY EDUCATION



Our projects empower women, girls, and people with disabilities to make decisions about their own reproductive and sexual health.

Universal access to reproductive and sexual health and rights are critical if we are to achieve the 2030 Agenda for Sustainable Development, in particular Sustainable Development Goals 3, 4, 5, and 17.



COVID-19 travel restrictions have had a direct impact on the International Programme, with no international travel undertaken since March 2020. While this has had a number of challenges including the need for remote monitoring of projects, it has also provided the opportunity to develop distance learning packages and accelerated the update of digital communications across the team and with in-country partners.

In 2020-21, Family Planning NSW has focused on ensuring that our safeguarding measures, including child protection, sexual exploitation, abuse and harassment, terrorism financing, fraud and environmental have been highlighted throughout our projects and we have set up a schedule of policy reviews and training for all staff and partners.

Our international program is supported by the Australian government, through the Australian NGO Cooperation Program (ANCP), the United Nations Population Fund, and private donors.

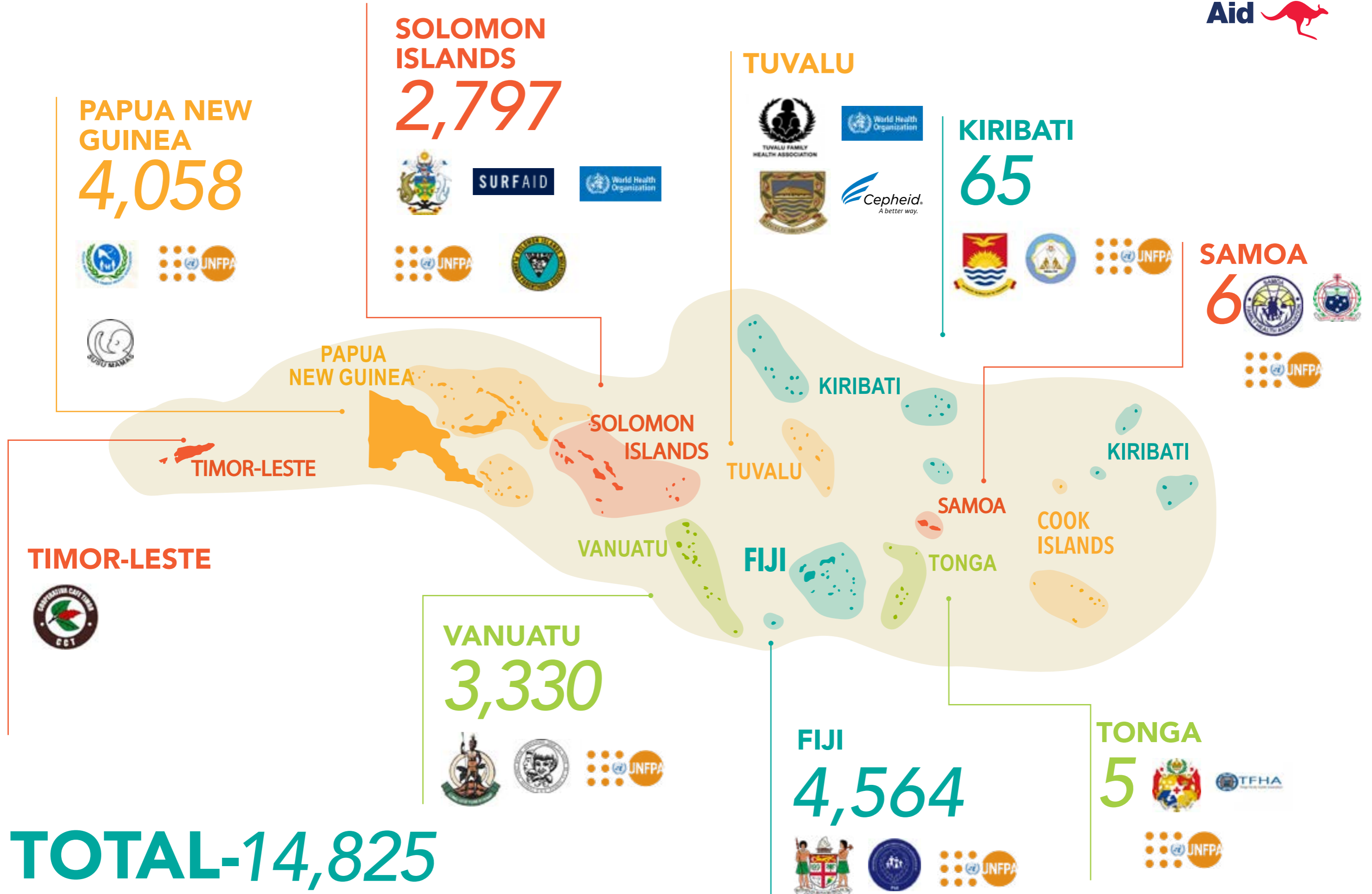


Family Planning NSW is fully accredited with the Department of Foreign Affairs and Trade (DFAT) in relation to the management of international projects. This includes all components of DFAT compliance requirements for service integrity, development effectiveness, and financial management.

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.

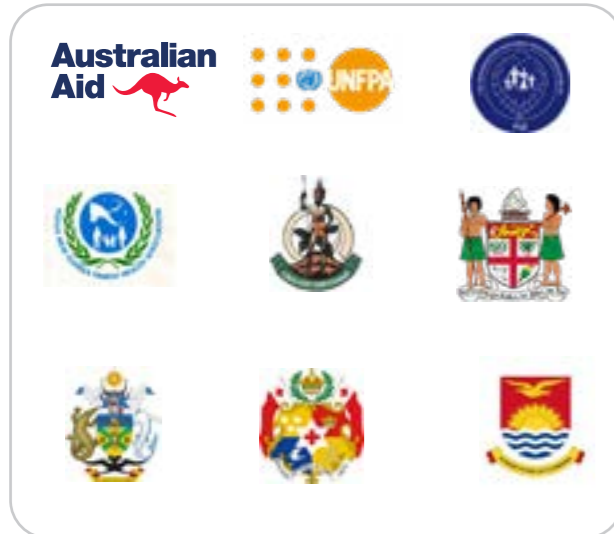


If you wish to lodge a complaint with our organisation, our complaints handling policy can be found on our website: www.fpnsw.org.au. Formal complaints can be submitted by email at: feedback@fpnsw.org.au. If you are not satisfied with our response to your complaint and believe our organisation has breached 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.



International projects at a glance

Contraceptive Choices Program

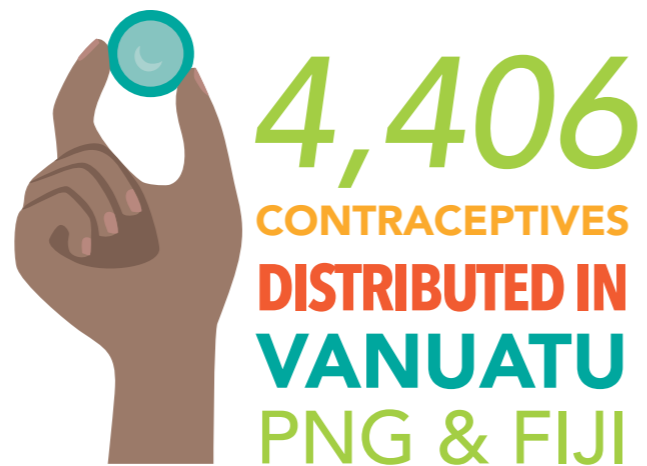


Case study: Provision of contraceptives

Thanks to the ongoing generous support of the Wasley family, we have been able to provide over 15,000 women with contraceptives over the past two years through our partners in Papua New Guinea, Timor Leste and Vanuatu. This support ensures women in these communities have access to contraceptives, in particular long acting reversible contraceptives.

Family Planning NSW supports increasing access to safe, effective and affordable methods of contraception in the Pacific by building the capacity of health systems to provide information, counselling and services so families can actively plan whether to have children, when to have them and how many to have.

The Pacific has some of the lowest contraceptive prevalence rates globally, and a high need for family planning. Enabling women to delay starting families until they have reached their educational goals allows them to participate in employment and civil activities.



Over the past 5 years, our project in Vanuatu has ensured that young people have increased access to contraceptives. As part of the project, our partner, Vanuatu Family Health Association, visited a remote community on Tanna Island. During this visit, the team were asked to deliver contraceptive services as well as information and awareness on COVID-19, family planning, and the importance of sexual and reproductive health. They also provided mentoring to the clinic staff at the North Tanna facility to ensure it can continue to provide services to the community.

The Board and Management of VFHA would like to express their thank you to FPNSW from the bottom of their heart... The contraceptives project leaves behind many wonderful miracles, testimonies and happy women whose lives that been changed during the course of the project.




In April 2021, we remotely delivered via Zoom a 'Train the Trainer' program to Solomon Island nurses and doctors, so they could take ownership to deliver the cervical screening and treatment training in the provinces. This model continues to prioritise local ownership and partnership. The Solomon Islands project started 6 years ago, and is now in scale up phase to ensure that all women across Solomon Islands have access to cervical screening and treatment options.

Cervical Screening Program



Cervical screening and treatment saves lives, however, it is not widely available in the Pacific. As a result, women are dying at up to 13 times the rate of women in Australia.

Family Planning NSW supports the development of cervical cancer screening and treatment programs that reduce the mortality from this preventable disease by training health professionals, providing education, and encouraging women to be screened for early detection and treatment.

 **2,595**
WOMEN
SCREENED

Case study: SurfAid Partnership

Since 2018, Family Planning NSW has partnered with Australian NGO SurfAid on the Solomon Islands cervical screening project. SurfAid are experts at community engagement, and together we have been able to improve the demand for cervical screening. Our partnership will continue into 2021-22 as we continue to rollout the program to other provinces.

We have learnt a lot from the training. We feel ready to roll out the training to the provinces and always know that we can ask you for help as we deliver these services to women in Solomon Islands.

Comprehensive Sexuality Education Program



The provision of comprehensive sexuality education to all is a crucial enabler of individuals to make decisions on their reproductive and sexual health. We take a lifetime approach to learning, in which all people from children to the elderly should receive appropriate and evidence-based information.

In many countries in the Pacific, women and girls have low social status and men are the primary decision makers. People with a disability are often not provided the same rights as others.



4,983

BENEFICIARIES
RECEIVE
INFORMATION AND
EDUCATION ON
REPRODUCTIVE
AND SEXUAL
HEALTH

Case study:

Fiji has had a hard year, firstly with Tropical Cyclone (TC) Yasa arriving just before Christmas of 2020 and TC Ana in mid-February 2021. This was followed by a serious outbreak of the COVID-19 Delta strain in March 2021, which saw Fiji have the highest COVID-19 cases in the world per capita in June 2021. Despite this, our partner the Fiji Reproductive and Family Health Association of Fiji (RFHAF) was able to mobilise its clinic teams to ensure young people were not forgotten amidst the numerous humanitarian responses occurring all at once. Those young people reached were thankful to this outreach. The visits addressed topics and issues on sexual and reproductive health and rights which many young people said they could not discuss within their communities, even though there was a high rate of unplanned pregnancies among young women.

It was great to learn how to create a supportive learning environment, especially when teaching sensitive topics. I've learned a lot and excited to support teachers in classrooms to teach these topics.

In partnership with the Kiribati Ministry of Education, the Kiribati Teachers College, and UNFPA, we developed and delivered a CSE training course to master trainers. The course provided an introduction to CSE, understanding the myths and barriers to teaching and providing tools to address these. The master trainers then delivered the same training to all Kiribati teachers during their regular summer school in-service program. We also supported the Ministry to update their CSE curriculum for year 11 students so that it has the most up to date information on topics such as puberty, contraception, consent, gender-based violence, the rights of people with a disability, and healthy relationships.

Communications and Advocacy

At Family Planning NSW, we utilise communications and [advocacy](#) strategies to support the reproductive and sexual health of all people in NSW, Australia and the Pacific. Through partnerships with local and national governments, international agencies and non-government agencies, our work supports some of the most marginalised and vulnerable members of the community.

We believe that all people should:

- have the right to make informed choices about reproductive and sexual health, without harm to others
- enjoy equal rights and be free from all forms of discrimination and harm based on sex, sexuality and gender
- be able to choose whether or when to have children

Our work has a particular focus on improving reproductive and sexual health outcomes for people from culturally and linguistically diverse and Aboriginal and Torres Strait Islander backgrounds, people with disability and young people. Read our advocacy statement [here](#).

As an organisation, we work to drive change by:

- educating the community on reproductive and sexual health services available
- positioning our experts at the centre of reproductive and sexual health media discourse
- advocating for improved access and uptake of reproductive and sexual health services
- promoting key findings of Family Planning NSW research and translating findings into reproductive and sexual health practice

- tailoring communications to support the reproductive and sexual health needs of people from marginalised and vulnerable communities
- working in partnership with government, non-government and community organisations to implement programs that support the achievement of the [Sustainable Development Goals](#).

Our advocacy is underpinned by evidence from research and a strong commitment to human rights.

We use a range of strategies to achieve our goals, including: media, community relations, social media promotion, policy processes such as submission writing, working with other non-government organisations, and engaging in formal government processes at the state, national and international levels.

Telehealth

Advocacy around reproductive and sexual health and rights is a key priority of the organisation and we work tirelessly to ensure everyone has access to essential care. In 2020-21, we committed to ensuring all people have access to reproductive and sexual healthcare via telehealth.

During 2020-21, access to Medicare Benefits Schedule (MBS) related telehealth changed, restricting access to essential healthcare for clients of Family Planning NSW. Under this new telehealth model, Medicare rebates to provide care to new clients, or those who had not been seen by a Family Planning NSW doctor in the past year, were removed. Many of our clients were affected by this, as some may not have needed to see our specialised doctors over the past year.

Following strong advocacy, a major achievement for the organisation was the removal of stringent eligibility criteria for access to reproductive and sexual health care via telehealth, of which Family Planning NSW was a key influencer to the Commonwealth government. This now re-establishes an additional service delivery mechanism through which we continue to work with underserved populations who are in vital need of reproductive and sexual health services.

International advocacy

During 2020-21, Family Planning NSW increased its activity and engagement on reproductive and sexual health and rights international advocacy including in United Nations discussions, regional forums, and meetings with key policy makers. We are committed to annually reporting on Australia and the Pacific's progress against the Sustainable Development Goals and promoting this report in numerous global forums. We also increased our international publications, with articles focused on the delivery of sexual and reproductive health services in the Pacific in the context of the COVID-19 pandemic.

In 2020-21, Family Planning NSW continued its membership of regional organisations such as the Asia Pacific Alliance for Sexual and Reproductive Health and Rights and the Pacific Society for Reproductive Health. We contributed to regional consultations and attended key partner meetings. Family Planning NSW also continued to actively engage with DFAT to influence Australian positions at the United Nations Commission on Population and Development and the World Health Assembly.

Family Planning NSW continues to be a member of the International Sexual and Reproductive Health Consortium, a group of Australian non-government organisations who provide strategic guidance and direction on reproductive and sexual health and rights to government in both Australia and the Pacific.



Policy submissions

During 2020-21, Family Planning NSW made submissions and responses to 35 reviews and inquiries that reflected our commitment to reproductive and sexual health and rights for all, with a particular focus on:

- investing in the consistent delivery of comprehensive sexuality education
- increasing access to long acting reversible contraceptives
- improving access to abortion care, particularly in regional and remote areas
- eliminating cervical cancer in Australia and the Pacific
- improving access to reproductive and sexual health services for all people
- improving reproductive and sexual health data collection opportunities

Our submissions and responses included:

Focus area/issue	Recipient
Inquiry into family, domestic and sexual violence	Australian Government – Standing Committee on Social Policy and Legal Affairs
Nurse led IUD insertions	Medical Services Advisory Committee
Australian Government Human Rights UPR	Australian Government
Disability Royal Commission: Rights and attitudes issues paper	Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability
Inquiry into the Review of the NSW School Curriculum	Parliament of NSW - Education Portfolio Committee 3
US Geneva Consensus Declaration	DFAT/ Ambassador Guivarra
Inquiry into the Anti-Discrimination Amendment (Religious Freedoms and Equality) Bill 2020	Joint Select Committee on the Anti-Discrimination Amendment (Religious Freedoms and Equality) Bill 2020, Parliament of NSW
National Cervical Screening Program Self-Collection Policy Review	National Cervical Screening Program
National Preventive Health Strategy	Department of Health - National Preventive Taskforce
National Disability Strategy	Department of Social Services
Inquiry into approval processes for new drugs and novel medical technologies in Australia	House of Representatives Standing Committee on Health, Aged Care and Sport
MSAC Revised Draft Guidelines	Medical Services Advisory Committee
Regional Indicator Framework for ICPD	ESCAP Committee on Social Development, ICPD
NSW School Curriculum – Committee Discussion Paper	Parliament of NSW - Education Portfolio Committee 3
NSW School Curriculum – Chair Discussion Paper	Parliament of NSW - Education Portfolio Committee 3
NH&MRC Consultation Paper	National Health and Medical Research Council
Proposed enhancements to adverse event reporting for medical devices	Medical Devices Reform Unit - Therapeutic Goods Administration
Public Health Act 2010: Statutory Review	NSW Ministry of Health
Health outcomes and access to health and hospital services in rural, regional and remote NSW	Parliament of NSW Committee No. 3 – Health
CPD54 Individual NGO Statement	ICPD

Focus area/issue	Recipient
Inquiry into the child protection and social services system	Committee on Children and Young People
Mandatory Disease Testing	NSW Parliament
Crimes Legislation (Offences Against Pregnant Women) Bill 2020	NSW Government
NSW STI Strategy	NSW Ministry of Health
Education Legislation Amendment (Parental Rights) Bill 2020	NSW Government Portfolio Committee No. 3 – Education
Education Legislation Amendment (Parental Rights) Bill 2020 (submission via survey)	NSW Government Portfolio Committee No. 3 – Education
Adult literacy and its importance	Standing Committee on Employment, Education and Training
Australian Education Legislation Amendment (Prohibiting the Indoctrination of Children) Bill 2020	Senate Education and Employment Committees
CPD54 Zero Draft – NGO Input	ICPD
CPD54 Zero Draft – NGO Input (second round)	ICPD
Draft National Preventive Health Strategy	Department of Health – National Preventive Taskforce
Draft Cancer Plan	NSW Government
High Level Segment Written Statement	High Level Political Forum
Proposed Amendments to the Poisons Standard in relation to substances when used in oral contraceptives	Department of Health
Disability Royal Commission – Promoting Inclusion Issues Paper	Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability

We also supported the following advocacy efforts led by external organisations and advocacy bodies:

Submission	Lead organisation or initiating organisation	Audience
Survey on the COVID impact on SRHR/HIV, self-care initiatives, and marginalized communities	Asia Pacific Alliance	Asia Pacific Alliance
Australian Government Human Rights Universal Periodic Review	NGO Coalition	Australian Government
Inquiry into the human rights of women and girls in the Pacific	International Sexual and Reproductive Health and Rights Consortium (Australia)	Australian Government (Department of Foreign Affairs and Trade)
Australian Charities and Not-for-profits Commission Proposed Regulations Amendments	Australian Council for International Development	Australian Prime Minister
Developing an online advocacy toolkit	Civil Society Engagement Mechanism	Civil Society Engagement Mechanism
International Sexual and Reproductive Rights Coalition statement on the outcome of the 54th session of the Commission on Population and Development	International Sexual and Reproductive Rights Coalition	Commission on Population and Development
Joint Letter on Behalf of Member Associations with International Programmes – Western Hemisphere Region to leave the International Planned Parenthood Federation	Member Associations with International Programs	Department of Foreign Affairs and Trade
Regional Indicator Framework for International Conference on Population and Development	Asia Pacific Alliance	Economic and Social Commission for Asia and the Pacific Committee on Social Development, International Conference on Population and Development
COVID-19 and Youth Statement	Young Feminist Caucus	Government and UN agencies
Priorities of young people for the High Level Meeting on HIV and AIDs	Asia Pacific Alliance	High Level Meeting
Letter of Support - Australian College of Nurse Practitioners response to the Medicare Benefits Schedule Review Taskforce	Australian College of Nurse Practitioners	The Hon. Greg Hunt MP

Submission	Lead organisation or initiating organisation	Audience
Commission on Population and Development, fifty-fourth session NGO Statement	International Planned Parenthood Federation	International Conference on Population and Development
International Planned Parenthood Federation International Conference on Population and Development Methods of Work Consultation	International Planned Parenthood Federation	International Conference on Population and Development Secretariat
One Nation NSW Religion Bill – Joint statement	Equality Australia	NSW Government
One Nation Religious Discrimination Bill - Joint Statement	Statement Equality Australia, Women’s Electoral Lobby, Women’s Health NSW, Family Planning NSW, Women’s Safety NSW	NSW Government
Climate Statement	Health Equity Alliance of NSW Council Of Social Service	NSW Government
Recommendations to ensure meaningful civil society participation at the United Nations: From ambition to action	Unmute Civil Society	United Nations
Rapid Survey: Private sector and civil society collaboration for universal health coverage	Civil Society Engagement Mechanism	Universal Health Coverage 2030 Civil Society Engagement Mechanism
Global Gag Rule - Joint Statement	International Planned Parenthood Federation	US Government

Additionally, Family Planning NSW engaged in:

- 14 pieces of advocacy related content
- 13 letters to key advocacy bodies supported by Family Planning NSW
- 17 letters to key advocacy bodies written by Family Planning NSW



Communications and Marketing

At Family Planning NSW, we continue to utilise communications and marketing strategies for the development and promotion of all Family Planning NSW services and initiatives, while also positioning Family Planning NSW as leaders in reproductive and sexual health.

Social media

Family Planning NSW has continued to grow and adapt its social media channels to meet the needs of the organisation and our audiences.

Our process-led approach to social media, including the use of the social media plan and calendar, has allowed us to structure effective content for Family Planning NSW's social media channels. These tools have supported Marketing and Communications in developing a balance of social media content that represents the broad spectrum of Family Planning NSW's work.

2020-21 saw the introduction of social media campaigns. These quarterly campaigns feature a suite of social media posts and artwork focused on one core area of reproductive and sexual health. These campaigns allow Family Planning NSW to provide a deeper dive into key concepts of reproductive and sexual health in an engaging and youthful format. Campaign subject have included STI, contraception and men's health. Each social media campaign has been received overwhelmingly well with individual users, industry bodies and supporting organisations.

Social media advertising has continued to be an effective tool in the acquisition of clients, education participants and to promote Family Planning NSW's research projects and international programs. Family Planning NSW social media advertising has resulted in 1,006,831 impressions on users and 8,963 website visits.

Website

The Family Planning NSW website is a central source of information on reproductive and sexual health services for clients, an entry point for enrolment in Education Service courses for healthcare, school and community workers and a reference point for our Research Centre and International Projects.

Family Planning NSW has continued to focus on driving users to fpnsw.org.au to support clinical appointments and education course enrolments. The key method for increasing website traffic has been the implementation of Google Search Ads campaigns, utilising key word search terms to serve users ads for Family Planning NSW services.

Pregnancy Choices Helpline website development

To support the implementation of the Pregnancy Choices Helpline (PCH), we developed the Pregnancy Choice Helpline branding, structure and content of the www.pregnancychoices.org.au website in conjunction with NSW Health representatives.

The Pregnancy Choices Helpline website has been received well by NSW Health and is now a central source of information on pregnancy choices, referral pathways and support services for women and their clinicians.

Media relations


Communications and Marketing have continued to utilise media relations activations to position Family Planning NSW as a leading voice in reproductive and sexual health. 2020-21 saw Family Planning NSW implement 13 separate media relations activations resulting in 131 positive media mentions.

Media relations activations have been essential in supporting advocacy efforts of Family Planning NSW. With the 2020-21 introduction of Medicare rebates to support reproductive and sexual health (RSH) services via telehealth throughout COVID-19, and the later removal of these items for RSH specialised service providers, we implemented advocacy activations including media and communications with the Federal Health Minister to reinstate telehealth MBS rebates for specialised RSH service providers. Through the advocacy activations, MBS rebates for RSH telehealth services were reinstated from 1 July 2021.

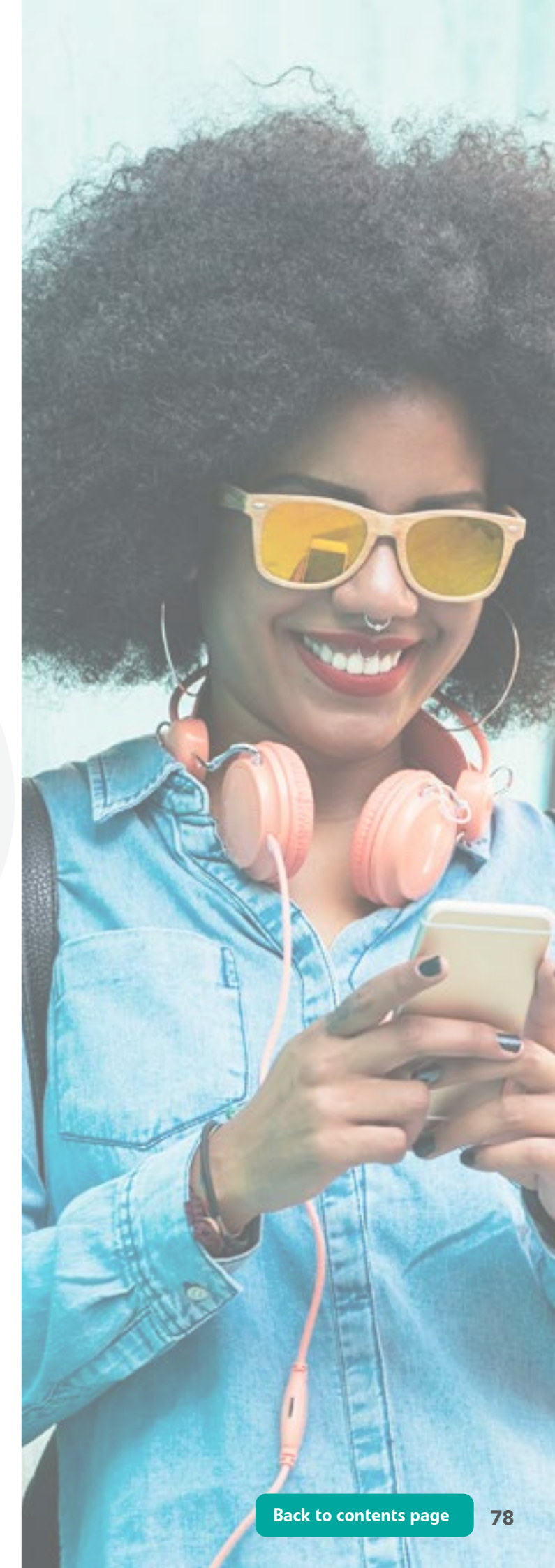
INCREASE IN FOLLOWERS


4.5%


8.7%


28.1%


30.5%



Financial report

For year ended 30 June 2021

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 2021.

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:

Bernadette Or
Carla Cranny
Kim Field
Gary Trenaman
Kim Johnstone
Melissa Williams
Neil Jackson
Sharyn Coughlan
Stephanie Cross
Elizabeth Jacka (resigned July 2021)
Violet Roumeliotis (resigned February 2021)
Rosalind Winfield (resigned February 2021)

Objectives

The company'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

The company's long term objectives are to:

- Facilitate, promote and provide best practice reproductive and sexual health services for all
- Be sustainable and strive for continuous improvement as to provide the best possible outcomes with respect to reproductive and sexual health for the people of NSW and Asia Pacific region

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	2021 Actual	2021 Benchmark	2020 Actual	2020 Benchmark
Client Visits	30,134	28,000	31,307	28,000
Operational and Financial				

Proportion of funding from:

Grants				
Government grants	64%	55%	72%	79%
Other grants	4%	8%	3%	1%
Self-generated income:				
Donations	1%	0%	0%	1%
Investments	2%	1%	2%	2%
Other	29%	36%	23%	17%

Events after the reporting period

The impact of the Coronavirus (COVID-19) pandemic is ongoing. It is not practicable to estimate the potential impact, positive or negative, after the reporting date. The situation is rapidly developing and is dependent on measures imposed by the Australian Government and other countries, such as maintaining social distancing requirements, quarantine, travel restrictions and any economic stimulus that may be provided.

No other matter or circumstance has arisen since 30 June 2021 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.

COVID -19 response and impacts

Family Planning NSW has responded to the COVID-19 crisis by implementing a range of mitigation actions to adapt to the new normal and maintain business continuity (COVID-19 Response Plan). As COVID-19 restrictions begin to ease Family Planning NSW is planning the road to recovery. The COVID-19 recovery phase is unlikely to end suddenly given the evolving nature of the virus and the uncertain prospects and timing of a vaccine.

The present plan aims to identify the actions required by Family Planning NSW to shift from crisis response to recovery. The recovery strategies and actions are in alignment with the [Three-step Framework for a COVIDSafe Australia](#) and [the National COVID-19-Safe Work Principles](#) released by the Australian Government.

The plan is revised frequently as restrictions and conditions change.

Information on directors



Bernadette Or
Non-Executive Director – President, FCPA, M.Comm, B.A. Economics and Accounting, Grad Dip Social Impact Studies, Grad Dip Document and Knowledge Management

As a seasoned CFO, Bernadette has been involved in a variety of industries including franchising (Kentucky Fried Chicken), tourism (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) and currently, alternate dispute resolution (Energy and Water Ombudsman NSW).

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

Until 2014, Bernadette was the Chair of the Crohns and Colitis Australia Board. In addition to being a Board member and Chair of Family Planning NSW, she is also a board member at Streetwise Communication, a Fellow with the Universal Business School of Sydney and a Foundation Member of SIMNA (Social Impact Measurement Network Australia). She was elected to the Board in 2017.

Special responsibilities:

- Chair of the Performance and Remuneration Committee
- Chair of the Board Executive Committee



Dr Kim Johnstone
Vice President
M.S.Sc (Hons), PhD, MBA

Kim is a demographer whose career has spanned the government, non-government and

academic sectors, with a primary focus always being the use of evidence to inform policy. Her experience has highlighted the importance of partnership and collaboration to deliver results that effect change.

Kim completed a Master of Business Administration in March 2018 after winning the UN Women Australia and University of Sydney School of Business scholarship in 2015. She has a PhD in Demography from the Australian National University where her research focus was Indigenous fertility. 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.

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 is President of the Australian Population Association. She was elected to the Board in 2012.

Special responsibilities:

- Chair of the International Programme Advisory Committee
- Member of the Planning and Development Committee



Carla Cranny
Non-Executive Director –
Vice President
BA, University of Sydney

Carla originally trained as an anthropologist and worked in advocacy and leadership roles in the

community and not for profit sector including as CEO of Family Planning NSW.

She was the first NSW Women’s Health Adviser appointed in NSW and was responsible for leading statewide reforms in women’s health, sexual assault and maternity care and the NSW introduction of the national BreastScreen and cervical cancer screening programs.

She continued her public sector career as head of strategic and service planning in Western Sydney Area Health Service and with Central Agencies before establishing her human services planning and management consultancy firm.

Carla has worked with national and state governments, clinician groups, consumers and not for profit organisations on major policy and service reforms in primary health care, mental health, organ and tissue donation, cancer care and hospital governance and funding and with Local Health Districts and communities on service planning. She has facilitated over 150 stakeholder consultations and policy roundtables for the Department of Health and Ageing, the National Health and Hospital Reform Commission, the National Maternity Review, Cancer Australia, the NH&MRC, the National Lead Clinicians Group, Australian Medical Local Alliance and state agencies including Ageing and Disability.

Carla is a Company Director of 20 years standing and prior to her retirement in 2019 she was a Gateway Reviewer for NSW Treasury.

She remains committed to improving community access to sexual and reproductive care, innovation in women’s health across the lifespan and quality mental health and disability support.

Carla was elected to the Board in 2018.

Special responsibilities:

- Chair of the Planning and Development Committee
- Member of the Board Executive Committee



Gary Trenaman
Non-Executive Director
– Treasurer
BComm, MBA, CPA,
GAICD, FGIA, 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 has previously provided substantial 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 was a volunteer Age Manager of the Coogee Minnows Junior Surf Life Saving since 2012 and continues to volunteer for the Club. Gary has a special interest in endurance athletic events. He was elected to the Board in 2017.

Special responsibilities:

- Company Secretary
- Chair of the Audit and Risk Committee
- Member of the Board Executive Committee
- Member of the Governance Committee



Kim Field
Non-Executive Director
Master of Social Work

Kim has worked in health for over 40 years has a Master of Social Work (USyd). She commenced her career

as a social worker in Mental Health, Cumberland Hospital, where she worked in Psycho-Geriatrics and Acute Care. Her speciality in acute care was working with young women who had been abused. Kim has also held the roles of Equal Employment Officer and Ethnic Services Coordinator for the hospital at a time when these programs were seen as controversial.

Kim worked briefly as a social work student unit instructor in Child and Family Health Services at Merrylands Community Health Centre where she became the manager for 5 years. During that time her speciality was working with women who had been or were being abused. She became a domestic violence trainer of staff on the impact of domestic violence on women. This again was a controversial program when it was rolled out as many still saw domestic violence as a personal issue between partners.

Since 1995 Kim has been the Director of Primary and Community Health, firstly in Western Sydney and then in Northern Sydney Central Coast and now at Northern Sydney Local Health District. During this time she managed BreastScreen services, Menopause Clinics, Sexual Health Services, Sexual Assault Services and Women’s Health Services, gaining a very good knowledge and understanding of the issues that may arise in family planning services.

She was elected to the Board in 2018.

Special responsibilities:

- Member of the Planning and Development Committee
- Member of the Performance and Remuneration Committee
- Member of the Board Executive Committee



Melissa Williams
Non-Executive Director
BBus, Grad Cert
of Research

Melissa is a descendant of the Bundjalung People located in Northern NSW. Since

August 2018, Melissa has been the Chief Executive Officer at Gandangara Local Aboriginal Land Council. Gandangara has land holdings across 6 local government areas and is the largest land holder in the Sutherland Shire. Further overseeing controlled entities: Gandangara Health Services Limited – All community Medical Practice, Gandangara Transport Services Limited - Patient and Community Transport and Marumali Limited which is one of two nationally.

Melissa was previously a Director at 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.

Prior to this, Melissa held big picture roles in industry including Industry Director for Telstra’s Media, Entertainment and Hospitality market with in Enterprise and government.

Melissa holds a Bachelor of Business from University of Technology Sydney, project management qualifications from the Australian Institute of Project Management, an Innovation Patent (MedicalMechanical) from IP Australia, a Graduate Certificate in Research from Western Sydney University and is currently enrolled in the Doctor of Philosophy (PHD).

She believes that the best way to predict the future is to invent it. Melissa’s 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.



Neil Jackson
Non-Executive Director
LLB BEc LLM

Neil practises as a barrister, largely in family law and de facto relationships law.

He is a member of the Conciliators and Arbitrators Association, the Australian Association of Family Lawyers and Conciliators, and the Family Law Section of the Law Council of Australia. He is also a member of the Australian Plaintiff Lawyers Association.

Currently he sits on both the Family Law Committee and the Alternative Dispute Resolution Committee of the New South Wales Bar Council.

In 2002, Neil was appointed as an Arbitrator of the New South Wales Compensation Commission. In 2004 he was appointed a Mediator of the New South Wales Supreme Court and an Arbitrator of the New South Wales District Court.

From 2012, Neil was a member of the Board of Menai Community Inc, an organisation that subsequently merged in 2014 to be known as “3 Bridges”. He remained a member of the Board of “3 Bridges” until 2019.

In 1998 Neil was an observer member of the board of Family Planning NSW. He was then a board member of Family Planning NSW from 1999 to 2011, being re-elected in 2017 and 2020.

Special responsibilities:

- Member of Audit and Risk Committee
- Member of Governance Committee



Sharyn Coughlan
Non-Executive Director
Grad Dip Social Ecology
(WSU), M. Public Policy
(Syd), ACC (ICF), MAHRI,
MAES.

Sharyn has more than 30 years’ experience as

a public sector manager in the NSW State and Local Government sectors, driving strategy, managing change and delivering results. Her extensive experience in business development, service management and evaluation, policy development, risk management and strategic planning spans the public, private and not-for-profit sectors. She has a strong reputation for developing and evaluating innovation and performance.

Her qualifications are complemented by studies in Corporate Wellness, Consulting & Coaching Psychology, and Government Investigations. She holds nationally recognised qualifications in Training & Assessment, and Corporate & Workplace Coaching. Sharyn is accredited (ACC) with the International Coach Federation, is a member of the Australian HR Institute, and the Australian Evaluation Society.

She has been consulting in organisational development since 2011, evaluating programs, developing talent and co-creating health and productivity programs that actively support people to navigate the demands of work and life, imparting the practical skills of managing self and others.

Sharyn is also Chair of Cicada International Limited, founders of the Australian Women in Music Awards. Sharyn was elected to the Board in November 2018.

Special responsibilities:

- Member of the Performance and Remuneration Committee



Stephanie Cross
(appointed November 2019)
Non-Executive Director
B SocSc (Applied), MBA,
GAICD

Stephanie's career has spanned both

the private and public sectors and includes nearly 20 years at a Senior Executive and Board level in the NSW Public Sector. Over this time, Stephanie has held the positions of Deputy Director General in the Department of Juvenile Justice and the Department of Sport and Recreation, and Executive Director in the Department of Environment Climate Change and Water (subsequently the Office of Environment and Heritage), the NSW Office of Communities, and the NSW Office of Sport.

Stephanie's expertise is in the area of corporate and strategic services.

As an executive Stephanie has worked across government to shape and deliver policy and programs, provided shared services to various organisations and delivered major organisational change initiatives and reform programs. She has experience working and managing state wide educational programs and research initiatives, has partnered with organisations to improve service delivery outcomes and has deep experience across human resources, financial management, governance and risk, ICT and knowledge management, capital works and facilities management.

Stephanie has a Bachelor of Social Science (Applied), holds a Master of Business Administration, and is a Graduate Member of the Australian Institute of Company Directors. Stephanie was elected to the board in 2019.

Special responsibilities:

- Chair of the Governance Committee
- Member of the Audit and Risk Committee



Dr Elizabeth Jacka
(resigned July 2021)
BSC., B.A., PhD

Dr Elizabeth Jacka has a career spanning academic management and the public sector

and was previously an academic and Professor of Communications and Dean of the Faculty of Arts and Social Sciences at the University of Technology Sydney (UTS).

Elizabeth's breadth of experience includes change management, strategic planning and management and administration. Her work as an Assistant Director at the Australian Broadcasting Authority has seen her involved in policy analysis and development and her background includes significant experience in both research and research management.

During her time at UTS, Elizabeth was involved in the establishment of an Indigenous Centre (the Jumbunna Institute for Indigenous Research and Education) and was Chair of the university's Indigenous Education Committee.

Outside of her academic career, Elizabeth has been involved with a number of not-for-profit organisations including the Edmund Rice Centre for Social Justice, where she managed a major project in education of young Indigenous people, and she has been on the board of Dying With Dignity since 2014. She was elected to the board in 2019.

Special responsibilities:

- Member of the Governance Committee



Violet Roumeliotis AM
(resigned February 2021)
Non-Executive Director BA,
MMgt, GAICD

Violet Roumeliotis AM is a social entrepreneur who champions the strengths of our diverse communities.

Through her C-suite and board roles, Violet uses innovation and collective impact to promote social justice and inclusion.

She is the CEO of Settlement Services International, a community organisation and social business that supports newcomers and other vulnerable individuals to achieve their full potential. During her eight years as CEO, Violet has taken SSI from a Sydney-based organisation with 68 staff to an 800-plus workforce that supports more than 37,600 people nationally each year.

Violet is committed to achieving equity, and advancing diversity and inclusion in all forms. In 2020, she was made a member of the Order of Australia for outstanding service to the community. Violet is also a former Telstra Australia Business Woman of the Year, has been named one of AFR's Top 100 Women of Influence for 2018 in the category of Diversity & Inclusion and was awarded the title of Community Fellow from Western Sydney University for outstanding service to the community.

Violet sits on the board of the Australian Council of Social Service, Family Planning NSW and the NSW Domestic and Family Violence, and Sexual Assault Council. Her other appointments include the SBS Community Advisory Committee, the Leadership Council on Cultural Diversity, the UTS Business MBA Advisory Group, the Council on Economic Participation for Refugees, the International Metropolis Steering Committee, the Australian Defence Force's Chiefs of Service Committee's diversity and inclusion panel, and the NSW government's joint partnership working group overseeing refugee resettlement.

Special responsibilities:

- Member of the Performance and Remuneration Committee



Rosalind Winfield
(resigned February 2021)
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; Women's Electoral Lobby (Brisbane) Convenor 1977-1978, Member 1972 – 1981; and SCEGGS Darlinghurst Parents and Friends President 1996-1997. Family Planning Australia President's Award 1995. She was elected to the Board in 1986.

Special responsibilities:

- Member of the Audit and Risk Committee
- Member of the Planning and Development Committee
- Member of the Board Executive Committee
- Formerly a member of the Ethics Committee

Company Secretary

Mr Gary Trenaman appointed as Company Secretary on 1 August 2019.

Meetings of Directors

The number of meetings of the company's Board of Directors ('the Board') held during the year ended 30 June 2021 and the number of meetings attended by each director were:

Directors	Full board	
	Attended	Held
Bernadette Or	10	10
Carla Cranny	10	10
Kim Field	10	10
Gary Trenaman	10	10
Kim Johnstone	8	10
Melissa Williams	5	10
Neil Jackson	10	10
Sharyn Coughlan	9	10
Stephanie Cross	10	10
Elizabeth Jacka	9	10
Violet Roumeliotis	4	5
Rosalind Winfield	5	5

Held: represents the number of meetings held during the time the director held office

Contributions on winding up

In the event of the company being wound up, ordinary members are required to contribute a maximum of \$50 each.

The total amount that members of the company are liable to contribute if the company is wound up is \$2,800 based on 56 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



Bernadette Or – President



Gary Trenaman - Treasurer

Date this 27th day of September 2021



AUDITOR'S INDEPENDENCE DECLARATION UNDER SECTION 307C OF THE CORPORATIONS ACT 2001 TO THE DIRECTORS OF FAMILY PLANNING NSW

I declare that, to the best of my knowledge and belief, during the year ended 30 June 2021 there have been:

- no contraventions of the auditor independence requirements as set out in the *Corporations Act 2001* in relation to the audit; and
- no contraventions of any applicable code of professional conduct in relation to the audit.

William Buck

William Buck
Accountants & Advisors
ABN 16 021 300 521

L E Tutt

L E. Tutt
Partner
Sydney, 27 September 2021

ACCOUNTANTS & ADVISORS

Sydney Office
Level 29, 66 Goulburn Street
Sydney NSW 2000

Parramatta Office
Level 7, 3 Horwood Place
Parramatta NSW 2150

Telephone: +61 2 8263 4000
williambuck.com

Statement of **PROFIT OR LOSS** and other comprehensive income for the year ended 30 June 2021

	2021 \$	2020 \$
Revenue		
Domestic revenue		
Grants		
Government grants	10,991,362	11,015,001
Other grants	-	133,282
	10,991,362	11,148,283
Sales revenue		
Contraceptive income	60,193	66,858
Course fees	104,739	205,735
Bookshop sales	103,808	78,847
	268,740	351,440
Other revenue		
Medicare revenue	678,838	558,706
Private billing revenue	751,155	700,678
Investment revenue	350,834	376,223
Government grant – Jobkeeper	2,924,100	1,338,580
Gain on sale of fixed assets	-	45,112
Donations and gifts		
Monetary	80	21,615
Non-monetary	-	-
Other revenue	270,070	138,177
	4,975,077	3,179,091
TOTAL DOMESTIC REVENUE	16,235,179	14,678,814

	2021 \$	2020 \$
International revenue		
Grants		
Department of Foreign Affairs and Trade	280,287	337,870
Other Australian	7,023	4,367
Other overseas	777,261	285,806
Donations and gifts		
Monetary	50,843	64,432
Non-monetary	50,534	16,208
Bequests and Legacies	-	-
Investment income	1,141	795
Commercial activities income	-	-
Other revenue	230,243	289,610
Revenue for international political or religious adherence promotion program	-	-
Total international revenue	1,397,332	999,088
Total revenue	17,632,511	15,677,902

Statement of **PROFIT OR LOSS** and other comprehensive income for the year ended 30 June 2021 (continued)

	2021 \$	2020 \$
Expenses		
Domestic program expenses		
Audit / professional services	(58,683)	(55,923)
Bad debts	(398)	(100)
Branding & marketing	(24,619)	(9,748)
Computer services and software	(466,421)	(201,871)
Conferences & seminars	(47,478)	(54,261)
Consultancy	(966,323)	(383,238)
Consumables / client expenses	(32,992)	(77,169)
Cost of goods sold	(53,326)	(62,873)
Depreciation and amortisation expenses	(1,044,969)	(727,928)
Employee benefit expense	(10,103,243)	(10,505,090)
File scanning	(6,209)	(7,104)
Insurance	(200,446)	(161,376)
Labour hire – external	(41,488)	(46,341)
Lease / rent	(15,785)	(66,808)
Materials and equipment	(79,252)	(11,943)
Medical consumables	(168,475)	(131,277)
Printing / postage / stationery / advertising/ photocopying	(186,245)	(214,251)
Repairs and maintenance / cleaning	(189,895)	(228,730)
Staff recruitment	(29,747)	(11,830)
Stock write-off	(16,246)	(5,736)
Strata levies	(51,811)	(47,870)
Teaching resources	(82,019)	(86,407)
Telephone / internet	(156,852)	(150,814)
Travel	(113,673)	(131,309)
Utilities	(96,401)	(90,822)
Website development	(38,488)	(27,411)
Other expenses	(840,682)	(501,336)
Total domestic program expenses	(15,112,166)	(13,999,566)

	2021 \$	2020 \$
International aid and development programs expenses		
International programs		
Funds to international programs	(952,101)	(278,893)
Program support costs	(264,848)	(495,267)
Community education	-	-
Fundraising costs		
Public	(105)	(55)
Government, multilateral and private	-	-
Accountability and administration	(129,744)	(208,665)
Non-monetary expenditure	(50,534)	(16,208)
Total international aid and development programs expenses	(1,397,332)	(999,088)
International political or religious adherence promotion programs expenditure	-	-
Total international program expenses	(1,397,332)	(999,088)
Total Expenses	(16,509,498)	(14,998,654)

Surplus before income tax expense	1,123,013	679,248
Income tax expense		
SURPLUS/ (DEFICIT) AFTER INCOME TAX EXPENSE FOR THE YEAR ATTRIBUTABLE TO THE MEMBERS OF FAMILY PLANNING NSW	1,123,013	679,248

Other comprehensive income for the year, net of tax		
Net gain on asset revaluation reserve	-	-
Net (loss)/gain on investment revaluation reserve	34,961	(24,674)
TOTAL COMPREHENSIVE INCOME FOR THE YEAR ATTRIBUTABLE TO THE MEMBERS OF FAMILY PLANNING NSW	1,157,974	654,574

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 2021

	Note	2021 \$	2020 \$
Assets			
Current assets			
Cash and cash equivalents	4	12,240,222	9,834,704
Trade and other receivables	5	60,713	495,570
Inventories on hand	6	44,035	68,283
Other financial assets		-	-
Other	7	275,146	333,639
Total current assets		12,620,116	10,732,196
Non-current assets			
Trade and other receivables		-	-
Financial assets	8	1,737,747	1,702,786
Work in progress	9	649,802	-
Property, plant and equipment	10	17,930,283	18,295,649
Right of use asset	11	1,229,477	1,225,622
Right of use asset - accumulated	11	(1,053,040)	(405,142)
Intangibles	12	19,898	25,458
Other non-current assets		-	-
Total non-current assets		20,514,167	20,844,373
Total assets		33,134,283	31,576,569

Liabilities

Current Liabilities

Trade and other payables	13	1,396,277	1,110,503
Employee benefits	14	1,575,065	1,369,420
Grants received in advance	15	5,262,995	4,707,087
Current tax liabilities – PAYG withholding tax		64,223	64,077
Lease liabilities	16	181,165	650,523
Provisions		-	-
Other		-	-
Total current liabilities		8,479,725	7,901,610

	Note	2021 \$	2020 \$
Liabilities (continued)			
Non-current liabilities			
Trade and other payables		-	-
Employee benefits	17	110,495	107,713
Borrowings		-	-
Lease liabilities	18	-	181,157
Provisions		-	-
Other		-	-
Total non-current assets		110,495	288,870
TOTAL LIABILITIES		8,590,220	8,190,480
NET ASSETS		24,544,063	23,386,089

Equity

Reserves	19	3,060,745	3,025,784
Retained surplus	20	21,483,318	20,360,305
TOTAL EQUITY		24,544,063	23,386,089

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 2021

	Retained Surplus	Asset Revaluation Reserve	Investment Revaluation Reserve	General Reserves	Total Equity
Balance at 1 July 2019	9,982,103	12,737,597	12,861	-	22,732,561
Surplus after income tax expense for the year	679,248	-	-	-	679,248
Other comprehensive Income/(deficit) for the year, net of tax	(1,046)	-	(24,674)	-	(25,720)
Total comprehensive income for the year	678,202	-	(24,674)	-	(653,528)
Other transfers to/(from) reserves:					
Asset revaluation reserve	9,700,000	(9,700,000)	-	-	-
Balance at 30 June 2020	20,360,305	3,037,597	(11,813)	-	23,386,089
Balance at 1 July 2020	20,360,305	3,037,597	(11,813)	-	23,386,089
Surplus after income tax expense for the year	1,123,013	-	-	-	1,123,013
Other comprehensive income for the year, net of tax	-	-	34,961	-	34,961
Total comprehensive income for the year	1,123,013	-	34,961	-	1,157,974
Balance at 30 June 2021	21,483,318	3,037,597	23,148	-	24,544,063

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 2021

	Note	2021 \$	2020 \$
Cash flows from operating activities			
Receipts from customers (inclusive of GST)		2,957,065	5,180,006
Payments to suppliers and employees (inclusive of GST)		(16,409,590)	(16,371,925)
Grants received		13,854,840	14,558,120
Government Grant – JobKeeper		2,924,100	944,080
Donations received		50,923	86,047
Interest and dividends received		372,294	367,170
Net cash from operating activities		3,749,632	4,763,498
Cash flows from investing activities			
Payment for property, plant & equipment	10	(31,801)	(13,698,898)
Proceeds from sale of property, plant & equipment		-	11,026,707
Additions of work in progress	9	(649,802)	-
Website development		-	(27,800)
Proceeds from sale of investments		-	-
Net cash used in investing activities		(681,603)	(2,699,991)
Cash flows from financing activities			
Repayment of lease liability		(662,511)	(377,715)
Net cash from financing activities		(662,511)	(377,715)
Net increase in cash and cash equivalents		2,405,518	1,685,792
Cash and cash equivalents at the beginning of the financial year		9,834,704	8,148,912
Cash and cash equivalents at the end of the financial year	4	12,240,222	9,834,704

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.

The adoption of these Accounting Standards and Interpretations did not have any significant impact on the financial performance or position of the company.

New accounting standards and Interpretations not yet mandatory or early adopted

Australian Accounting Standards and Interpretations that have recently been issued or amended but are not yet mandatory, have not been early adopted by the company for the annual reporting period ended 30 June 2021. The company's assessment of the impact of these new or amended Accounting Standards and Interpretations, most relevant to the company are set out below.

Conceptual Framework for Financial Reporting (Conceptual Framework)

The revised Conceptual Framework is applicable to annual reporting periods beginning on or after 1 July 2021 and early adoption is permitted. The Conceptual Framework contains new definition and recognition criteria as well as new guidance on measurement that affects several Accounting Standards. Where the company has relied on the existing framework in determining its accounting

policies for transactions, events or conditions that are not otherwise dealt with under the Australian Accounting Standards, the company may need to review such policies under the revised framework. At this time, the application of the Conceptual Framework is not expected to have a material impact on the company's financial statements.

AASB 1060 General Purpose Financial Statements – Simplified Disclosures for For-Profit and Not-for-Profit Tier 2 Entities

A new stand-alone disclosure standard, AASB 1060 General Purpose Financial Statements – Simplified Disclosures for For-Profit and Not-for-Profit Tier 2 Entities, is to replace the current reduced disclosure requirements ("RDR") framework from 1 July 2021, with early application permitted.

This applies to all Tier 2 for-profit and NFP entities. The new standard is based on IFRS for SME's. It supports the removal of Special Purpose Financial Statement's (SPFS) and also addresses concerns raised by stakeholders in relation to the current Tier 2 RDR framework. Key consequences of this new standard:

- Reductions in the disclosure compared to the current RDR;
- Increase in disclosures compared to SPFS particularly related parties, financial instruments and tax;
- An option not to present a statement of changes in equity under certain circumstances; and
- Some additional disclosures not currently required.

If the company adopts the standards prior to the mandatory application date it will be able to take advantage of certain special transitional disclosure relief relating to comparative information in the first year of adoption. At this time, preparing General Purpose – Simplified Disclosures for Not-for-Profit Tier 2 is not expected to have a material impact on the company's financial statements.

Note 1: Significant accounting policies (continued)

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 from contracts with customers

Revenue is recognised at an amount that reflects the consideration to which the company is expected to be entitled in exchange for transferring goods or services to a customer. For each contract with a customer, the company: identifies the contract with a customer; identifies the performance obligations in the contract; determines the transaction price which takes into account estimates of variable consideration and the time value of money; allocates the transaction price to the separate performance obligations on the basis of the relative stand-alone selling price of each distinct good or service to be delivered; and recognises revenue when or as each performance obligation is satisfied in a manner that depicts the transfer to the customer of the goods or services promised.

Sales revenue

Income from events, fundraising and raffles are recognised when received or receivable.

Grants

Grant revenue is recognised in profit or loss when the company satisfies the performance obligations stated within the funding agreements.

Grants received in advance

If conditions are attached to the grant which must be satisfied before the company is eligible to retain the contribution, the grant will be recognised in the statement of financial position as a liability until those conditions are satisfied

Volunteer services

The company has elected to recognise volunteer services as either revenue or other form of contribution received. As such, any related consumption or capitalisation of such resources received is also recognised.

Donations

Donations are recognised at the time the pledge is received.

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.

Note 1: Significant accounting policies (continued)

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.

Cash and Cash Equivalents

Cash and cash equivalents include 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 allowance for expected credit losses.

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.

Land and buildings are shown at fair value, based on valuations performed by external independent valuers at least every 3 years, less subsequent depreciation and impairment for buildings. The valuations are undertaken more frequently if there is a material change in the fair value relative to the carrying amount. Any accumulated depreciation at the date of revaluation is eliminated against the gross carrying amount of the asset and the net amount is restated to the revalued amount of the asset.

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. Any revaluation surplus reserve relating to the item disposed of is transferred directly to retained profits.

Right-of-use assets

A right-of-use asset is recognised at the commencement date of a lease. The right-of-use asset is measured at cost, which comprises the initial amount of the lease liability, adjusted for, as applicable, any lease payments made at or before the commencement date net of any lease incentives received, any initial direct costs incurred, and, except where included in the cost of inventories, an estimate of costs expected to be incurred for dismantling and removing the underlying asset, and restoring the site or asset.

Right-of-use assets are depreciated on a straight-line basis over the unexpired period of the lease or the estimated useful life of the asset, whichever is the shorter. Where the consolidated entity expects to obtain ownership of the leased asset at the end of the lease term, the depreciation is over its estimated useful life. Right-of-use assets are subject to impairment or adjusted for any remeasurement of lease liabilities.

The company has elected not to recognise a right-of-use asset and corresponding lease liability for short-term leases with terms of 12 months or less and leases of low-value assets. Lease payments on these assets are expensed to profit or loss as incurred.

Lease liabilities

A lease liability is recognised at the commencement date of a lease. The lease liability is initially recognised at the present value of the lease payments to be made over the term of the lease, discounted using the interest rate implicit in the lease or, if that rate cannot be readily determined, the company's incremental borrowing rate. Lease payments comprise of fixed payments less any lease incentives receivable, variable lease payments that depend on an index or a rate, amounts expected to be paid under residual value guarantees, exercise price of a purchase option when the exercise of the option is reasonably certain to occur, and any anticipated termination penalties. The variable lease payments that do not depend on an index or a rate are expensed in the period in which they are incurred.

Work in progress

New building fit-out cost are capitalised as work in progress during construction stage and is stated at the actual cost per the construction contract.

Investments and other financial assets

Investments and other financial assets are initially measured at fair value. Transaction costs are included as part of the initial measurement, except for financial assets at fair value through profit or loss. Such assets are subsequently measured at either amortised cost or fair value depending on their classification. Classification is determined based on both the business model within which such assets are held and the contractual cash flow characteristics of the financial asset unless, an accounting mismatch is being avoided.

Financial assets are derecognised when the rights to receive cash flows have expired or have been transferred and the consolidated entity has transferred substantially all the risks and rewards of ownership. When there is no reasonable expectation of recovering part or all of a financial asset, it's carrying value is written off.

Financial assets at fair value through profit or loss

Financial assets not measured at amortised cost or at fair value through other comprehensive income are classified as financial assets at fair value through profit or loss. Typically, such financial assets will be either: (i) held for trading, where they are acquired for the purpose of selling in the short-term with an intention of making a profit, or a derivative; or (ii) designated as such upon initial recognition where permitted. Fair value movements are recognised in profit or loss.

Financial assets at fair value through other comprehensive income

Financial assets at fair value through other comprehensive income include equity investments which the consolidated entity intends to hold for the foreseeable future and has irrevocably elected to classify them as such upon initial recognition.

Impairment of financial assets

The consolidated entity recognises a loss allowance for expected credit losses on financial assets which are either measured at amortised cost or fair value through other comprehensive income. The measurement of the loss allowance depends upon the consolidated entity's assessment at the end of each reporting period as to whether the financial instrument's credit risk has increased significantly since initial recognition, based on reasonable and supportable information that is available, without undue cost or effort to obtain.

Where there has not been a significant increase in exposure to credit risk since initial recognition, a 12-month expected credit loss allowance is estimated. This represents a portion of the asset's lifetime expected credit losses that is attributable to a default event that is possible within the next 12 months. Where a financial asset has become credit impaired or where it is determined that credit risk has increased significantly, the loss allowance is based on the asset's lifetime expected credit losses. The amount of expected credit loss recognised is measured on the basis of the probability weighted present value of anticipated cash shortfalls over the life of the instrument discounted at the original effective interest rate.

For financial assets measured at fair value through other comprehensive income, the loss allowance is recognised within other comprehensive income. In all other cases, the loss allowance is recognised in profit or 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 the 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 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.

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.

Note 2. Critical accounting judgements, estimates and assumptions (continued)

Coronavirus (COVID-19) pandemic

Judgement has been exercised in considering the impacts that the Coronavirus (COVID-19) pandemic has had, or may have, on the company based on known information. This consideration extends to the nature of the products and services offered, customers, supply chain, staffing and geographic regions in which the company operates. Other than as addressed in specific notes, there does not currently appear to be either any significant impact upon the financial statements or any significant uncertainties with respect to events or conditions which may impact the company unfavourably as at the reporting date or subsequently as a result of the Coronavirus (COVID-19) pandemic.

Lease term

The lease term is a significant component in the measurement of both the right-of-use asset and lease liability. Judgement is exercised in determining whether there is reasonable certainty that an option to extend the lease or purchase the underlying asset will be exercised, or an option to terminate the lease will not be exercised, when ascertaining the periods to be included in the lease term. In determining the lease term, all facts and circumstances that create an economical incentive to exercise an extension option, or not to exercise a termination option, are considered at the lease commencement date. Factors considered may include the importance of the asset to the company's operations; comparison of terms and conditions to prevailing market rates; incurrence of significant penalties; existence of significant leasehold improvements; and the costs and disruption to replace the asset. The company reassesses whether it is reasonably certain to exercise an extension option, or not exercise a termination option, if there is a significant event or significant change in circumstances.

Incremental borrowing rate

Where the interest rate implicit in a lease cannot be readily determined, an incremental borrowing rate is estimated to discount future lease payments to measure the present value of the lease liability at the lease commencement date. Such a rate is based on what the company estimates it would have to pay a third party to borrow the funds necessary to obtain an asset of a similar value to the right-of-use asset, with similar terms, security and economic environment.

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 2021

Note 3: Grants received during the year (Exclusive of GST)	2021 \$	2020 \$
NSW Ministry of Health: NGO Funding		
Women's Health	8,602,200	8,734,700
Fairfield – National Women's Health	639,400	625,400
HIV/AIDS	324,700	316,300
Penrith - Community Education, Women's Health & Health Transport	709,125	538,651
Penrith - Reproductive and Sexual Health Training & Education	171,700	170,949
	10,447,125	10,386,000
NSW Government:		
NSW Health - Day Surgery Grant	162,500	162,500
NSW Health – Pregnancy Hotline	114,110	-
NSW Health - Head Office Fit-out Grant	-	1,500,000
Department of Communities and Justice - COVID-19 Domestic Family Violence Grants	150,000	-
	426,610	1,662,500
Hunter New England LHD:		
Hunter Health Promotion	58,500	56,500
Cancer Institute NSW:		
Cervical Screening Training	50,313	150,314
Young Women	10,000	47,057
	60,313	197,371

	2021 \$	2020 \$
Australian Government:		
Department of Health and Ageing: Know Your Health	37,350	4,550
NDIA Grant	215,525	277,167
Department of Foreign Affairs and Trade: ANCP	365,326	373,998
	618,201	655,715
Other grants:		
Research Grant	135,157	149,700
CESPHN - Rockdale Clinic	-	11,036
SWSLHD Women's Service	-	114,428
Newcastle City Council	-	14,758
Australian Doctors International	400	4,367
Spencer Lionel	74,630	-
SurfAid	-	8,909
UNFPA	893,192	303,002
International Planned Parenthood Federation	-	13,074
	1,103,379	619,274
Total grants received	12,714,128	13,577,360

NOTES to the Financial Statements 30 June 2021

Note 4: Current assets-cash and cash equivalents	2021 \$	2020 \$
Cash on hand	3,450	3,410
Cash at bank		
- Domestic programs	11,639,438	4,005,339
- International programs	597,334	314,112
Cash on deposit		
- Domestic programs	-	5,511,843
- International programs	-	-
	12,240,222	9,834,704

Note 5: Current assets-trade and other receivables

Other receivables	60,713	495,570
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Note 6: Current assets-inventories on hand

Stock at cost	44,035	68,283
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Note 7: Current assets-other

Accrued revenue	16,721	37,839
Prepayments	258,425	295,800
	275,146	333,639

Note 9. Work in progress

New head office fit-out	649,802	-
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Note 10: Non-current assets – property, plant & equipment	2021 \$	2020 \$
Land and buildings: at independent valuation 2019	16,550,000	16,550,000
Less: Accumulated depreciation	(392,291)	(158,854)
	16,157,709	16,391,146

Leasehold improvements - at independent valuation 2019	1,600,000	1,600,000
Less: Accumulated amortisation	(64,000)	(32,000)
	1,536,000	1,568,000

Plant & equipment - at cost	780,173	758,519
Less: Accumulated depreciation	(648,458)	(556,258)
	131,715	202,261

Motor vehicles - at cost	98,048	98,048
Less: Accumulated depreciation	(32,843)	(18,136)
	65,205	79,912

Office equipment - at cost	215,656	218,019
Less: Accumulated depreciation	(176,002)	(163,689)
	39,654	54,330
	17,930,283	18,295,649

The entity's land and buildings were re-valued at 30 June 2019 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.

NOTES to the Financial Statements 30 June 2020

Note 9: Non-current assets – property, plant & equipment continued

2021 \$ 2020 \$

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 2020	16,391,146	1,568,000	202,261	79,912	54,330	18,295,649
Revaluation Increment						0
Additions			30,183		1,618	31,801
Disposals						
Depreciation	(233,437)	(32,000)	(100,729)	(14,707)	(16,294)	(397,167)
Balance at 30 June 2021	16,157,709	1,536,000	131,715	65,205	39,654	17,930,283

Note 11. Right to use asset

Right of use asset - building	1,229,477	1,225,622
Less: Accumulated amortisation	(1,053,040)	(405,142)
	176,437	820,480

Note 12: Intangibles

Website development	27,800	27,800
Less: Accumulated amortisation	(7,902)	(2,342)
	19,898	25,458

Note 13: Current liabilities–trade and other payables

Trade payables	245,620	46,446
Other payables	842,625	746,181
Income received in advance	221,199	204,667
BAS (receivable)/ payable	86,833	113,209
	1,396,277	1,110,503

Note 14: Current liability–employee benefits

2021 \$ 2020 \$

Employee benefits	1,575,065	1,369,420
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Note 15: Current liability–grants received in advance

Government grants	4,516,076	4,276,976
Other grants	746,919	430,111
	5,262,995	4,707,087

Note 16. Current liability–other financial liabilities

Lease liability - building	181,165	650,523
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Note 17. Non-current liability–employee benefits

Employee benefits	110,495	107,713
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Note 18. Non-current liability–other

Lease liability - building	-	181,157
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Note 19. Equity - reserves

Fixed asset revaluation reserve	3,037,598	3,037,598
Investment revaluation reserve	23,147	(11,814)
Total remuneration	3,060,745	3,025,784

Note 20. Equity – retained surpluses

Retained surplus at the beginning of the financial year	20,360,305	9,982,104
Surplus/deficit after income tax expense for the year	1,123,013	679,248
Adjustment to the beginning retained surplus – AASB 16 Lease	-	(1,047)
Transfer from fixed asset revaluation reserve	-	9,700,000
Retained surpluses at the end of the financial year	21,483,318	20,360,305

NOTES to the Financial Statements 30 June 2021

Note 21. Contingent Liabilities

	2021 \$	2020 \$
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The company had no contingent liabilities as at 30 June 2021 and 30 June 2020.

Note 22: Commitments

Family Planning NSW currently has a lease agreement at the cost of \$1 per annum for 50 years and the agreement will terminate in 2046.

In December 2018, AASB issued an amending standard that provides a temporary exemption for NFP entities from the requirement to fair-value the right-of-use assets arising from peppercorn lease contract.

Note 23: Key management personnel disclosures

Compensation

The directors of the company receive no remuneration for their role as director.

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

Total remuneration	1,260,847	1,357,241
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Note 24: Related party transactions

Key management personnel

Disclosures relating to key management personnel are set out in note 23.

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:

Sydney Reproductive Health Services Limited

Payment of ASIC fees by Family Planning NSW for Sydney Reproductive Health Services Limited. Ms Or, Ms Field and Dr Johnstone are directors of both Sydney Reproductive Health Service Limited and Family Planning NSW	332	493
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Receivable from and payable to related parties

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

Loans to/from related parties

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

Note 25. Events after the reporting period

	2021 \$	2020 \$
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The impact of the Coronavirus (COVID-19) pandemic is ongoing. It is not practicable to estimate the potential impact, positive or negative, after the reporting date. The situation is rapidly developing and is dependent on measures imposed by the Australian Government and other countries, such as maintaining social distancing requirements, quarantine, travel restrictions and any economic stimulus that may be provided.

No other matter or circumstance has arisen since 30 June 2021 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 26. Economic dependence

Family Planning NSW is dependent upon the ongoing receipt of Federal 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 27. Member's guarantees

Family Planning NSW is incorporated under the Australian Charities and Not-for-profits Commission 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 \$50 each. As at 30 June 2021 the number of members of the company is 56 (2020: 52).

Note 28. 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	71,666	365,326	(280,287)	156,705
UNFPA	28,870	893,191	(777,261)	144,800
Australian Doctors International	-	400	(400)	-
SurfAid	8,909	-	(8,909)	-
Spencer Lionel (Perpetual)	-	74,630	-	74,630
Total for other non-designated purposes	204,667	61,340	(44,808)	221,199
	314,112	1,394,887	(1,111,665)	597,334

Note 29: Financial summary

The surplus of the company for the current year is \$1,123,013. The company's income and expenditure for the year ended 30 June 2021 is summarised below:

Income (\$)		Expenditure (\$)	
Government Grant	10,991,362	Staffing	10,929,526
Research Grant	-	Projects	3,836,921
Other Grant	784,284	Site	1,743,051
Self-generated Income	5,856,865		
Total Income	17,632,511	Total Expenditure	16,509,498
		Surplus	\$1,123,013

Note 30. Work in progress

In December 2020, Family Planning NSW sold Ashfield premises and purchased a new head office facility at Newington. The fit-out work commenced in April 2021.

Note 30. Going concern

Family Planning NSW have incurred a surplus of \$1,123,013 for the year ended 30 June 2021 and has an accumulated surplus as of that date \$24,544,063. The ability of Family Planning NSW to remain as a going concern continues to be dependent on the ongoing support of the government and private grants, and self-generated income. The Directors are confident that Family Planning NSW has the ability to realise its assets and extinguish its liabilities as and when they become due and payable and at the amounts stated in the current financial report.

Therefore, the Directors are satisfied that the going concern basis of preparation is appropriate and therefore the financial report does not include any adjustments relating to the recoverability or classification of recorded assets amounts or the amounts or classification of liabilities that might be necessary.

**Directors' declaration
30 June 2021**

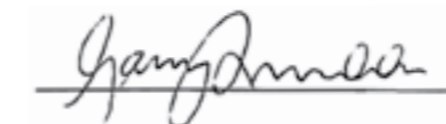
The directors of Family Planning NSW declare that in the directors' opinion:

- a) 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;
- b) The attached financial statements and notes give a true and fair view of the company's financial position as at 30 June 2020 and of its performance for the financial year ended on that date; and
- c) 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.



Bernadette Or - President



Gary Trenaman - Treasurer

Date this 27th day of September, 2021

Family Planning NSW

Independent Auditor's Report To The Directors

Report on the Audit of the Financial Report

Opinion

We have audited the financial report of Family Planning NSW ('the Organisation'), which comprises the statement of financial position as at 30 June 2021, the statement of profit and loss and other comprehensive income, the statement of changes in equity and the statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies and other explanatory information, and the directors' declaration.

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

- a) Giving a true and fair view of the Organisation's financial position as at 30 June 2021 and of its financial performance for the year then ended; and
- b) 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 Organisation 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 Organisation's annual report for the year ended 30 June 2021 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.

Responsibilities of the Directors for the Financial Report

The directors of the Organisation are responsible for the preparation and fair presentation of the financial report 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 and fair presentation of a financial report that is free from material misstatement, whether due to fraud or error.

In preparing the financial report, the directors are responsible for assessing the ability of the Organisation 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 Organisation or to cease operations, or has no realistic alternative but to do so.

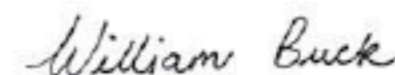
Auditor's Responsibilities for the Audit of the Financial Report

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.


A further description of our responsibilities for the audit of these financial statements is located at the Auditing and Assurance Standards Board website at:

http://www.auasb.gov.au/auditors_responsibilities/ar3.pdf

This description forms part of our independent auditor's report.



William Buck
Accountants & Advisors
ABN 16 021 300 521



L E. Tutt
Partner
Sydney, 27 September 2021

ACCOUNTANTS & ADVISORS

Sydney Office
Level 29, 66 Goulburn Street
Sydney NSW 2000

Parramatta Office
Level 7, 3 Horwood Place
Parramatta NSW 2150

Telephone: +61 2 8263 4000
williambuck.com



Partnerships 2020-21

3 Bridges Community Service

A Place to Go – Cranebrook Community Health Centre

ACON

AFL Indigenous Academies

Albion Park Youth Centre

Allambi Care

Allambi Youth Service

Anglicare: Goulburn and Yass

Armidale Family Support Service

Armidale Medical Practice

Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine

Auburn Youth Centre

Australian Catholic University

Australian College of Rural and Remote Medicine

Australian Government – Department of Health

Australian Government – Department of Social Services

Awabakal LTD

AWOL Youth Hub

Bankstown Intensive English Centre

Barnardos: Belmore, Cobar, Cranebrook, Marrickville and Nyngan

Bega Teen Clinic

Beresfield Surgery

Berlin Centre of Epidemiology

Big Yellow Umbrella

Blacktown Area Community Centre (BACC formerly BYSA)

Blacktown Women and Girls Health Centre

Bogan Shire Medical Centre

Breakthru: Penrith, Bankstown and Belmore

BUPA

Byron Youth Service

CAMHS PEIRS – Parramatta

Canterbury Hospital

Carers Victoria

Cessnock High School

Cessnock Youth Services (CYCOS)

Chatswood Youth Centre – Willoughby City Council Youth Services

Clontarf Aboriginal Boys Academy – Dubbo College Senior Campus

Coffs Harbour Women's Health Centre

Community First Step – Fairfield

Community Junction: North St Marys, St Clair and Werrington

Community Migrant Resource Centre

Coomealla Aboriginal Corporation

Core Community Services: Campbelltown, Liverpool, Fairfield and Liverpool

Deakin University- Sexual Lives Respectful Relationships Program

Down Syndrome Queensland

Down The Track – Lower Lachlan

Dubbo Neighbourhood Centre

Dubbo Waratah Corporation

Dundas Community Centre

Eastlake Youth Service – Windale and Swansea sites

Edgeworth Family Practice

Evolution Youth Service (Coast Community Connections)

FACS Nyngan

Fairfield IEC

Fairfield Liverpool Youth Health Team

Fairfield Youth and Community Centre

Family Medical Practice @2325

Family Planning Welfare Association Northern Territory

First Steps Parenting Centre

Flinders University

Flourish Australia: Emu Heights; Blacktown; Penrith

Forbes Health Service

Foundations Care Tamworth

Family Planning Alliance Australia

Gandangara Aboriginal Health Service

Gandangara Health Services

Gilgandra Youth Service

Girls Academy – Dubbo South Campus

Glyde Health

Goulburn Mulwaree Council

GP Maroubra

Green Square Health

Hawkesbury Community Outreach Services

headspace: Ashfield; Campbelltown; Camperdown; Castle Hill; Coffs Harbour; Dubbo Katoomba; Mount Druitt; Newcastle; Parramatta; Penrith; Queanbeyan

Hippy Australia Dubbo

IDEAS Inc

Illawarra Women's Health Centre

Illawarra and Shoalhaven Local Health District – Shellharbour Adolescent Medical Health Inpatient Unit

Jesmond Neighbourhood Centre

Jesuit Refugee Service Australia

Job Centre Australia – Choice and Control Albury with Chatswood, Gosford, Wyong, Wagga Wagga and Young

John Hunter Hospital

Junaa Buwa Centre for Wellbeing and Outreach

Program, Mission Australia	Murrurundi Youth Centre	Putland Education Training Unit – Cobham	Ted Noffs Mount Druitt
Justice Health: Charlestown, Gosford and Parramatta	Mountains Youth Services Team (MYST): Katoomba; Springwood; Springwood Youth Centre	Queanbeyan GP Super Clinic	The Benevolent Society
Kariong Youth Centre	Narromine Community Skills	Royal Australian Collage of General Practitioners	The Boulevarde Family Practice
Karralika Programs	National Aboriginal Sporting Chance Academy	Rural and Remote Medical Service – Lightning Ridge	The Centre @ Kurri Kurri
Karrikin Youth Mental Health (previously Uniting Church Parramatta Mission)	National Disability Practitioners	Real Futures	The Corner Youth Health Service, Bankstown
Lebanese Muslim Association	National Health and Medical Research Council	Regional Youth Support Services (RYSS)	The Fitz Youth Centre
Leichhardt Women’s Community Health Centre	Navitas Fairfield	Royal Prince Alfred Hospital	The Girls Refuge/ Detour House
Life Without Barriers Norwest	Nepean Community Neighbourhood Service – South Penrith	Schools Industry Partnership: Springwood and Penrith	The Hills Youth Centre, Kariong
Lithgow Community Health Centre	North Richmond Community Centre	Scone Youth Centre	The Hub at Miller
Macarthur Family and Youth Services	NSW Department of Communities and Justice – Coffs Harbour	Sexual Health Quarters	The Lillian Howell Project Inc.
Mackenzie’s Mission	NSW Refugee Health Service	Shellharbour City Council	The Shack Youth Services
Madorra	Nyngan Community Hub	SHineSA	Tocal College
Marist Youth Care – Greystanes	One Door/Helping Hands, Nowra	Singleton Youth Centre	Tomaree Medical Centre
Marist180 – Daramu Program	Orana Juvenile Justice Centre	Singleton Youth Venue	Ungooroo GP and Health Services
Marrickville Resource Centre	Parks Community Network Inc – Prairiewood	Soaring Eagles Youth	University of Melbourne
Marsh Street Medical Practice	Pathfinders Inverell – IFYSS Program	South Eastern Sydney Local Health District	University of New South Wales
MedCIRC Young	PCYC Shoalhaven	Southern Cross University Campus, Coffs Harbour	University of Newcastle
Merck Sharp & Dohme (MSD)	Phoenix Youth Support Service	Southern Youth and Family Services (CHAIN)	University of Sydney
Merriwa Youth Centre	Planet X Youth Centre	Southlake Youth Service	University of Technology, Sydney
Mindaribba Local Aboriginal Land Council	Platform Youth Service – Penrith	St Elmo Medical Practice	University of Wollongong
Mission Australia: Dubbo, Nyngan and Wellington	Play Safe Peer Educators Youth Advisory Council	St Leonards Medical Centre	Upper Hunter Shire Council
Miyay Birray Youth Service	Port Stephens Family and Neighbourhood Services	Stepping Stone House	VCS Pathology
Monash University	Positive Life NSW	NSW Sexually Transmissible Infections Unit (STIPU)	Veru
Moree Community Health Centre	Project Youth: The Bridge Youth Crisis Accommodation and Peer Educators Youth Advisory Council	Sydney Children’s Hospital	Walgett Aboriginal Medical Service (WAMS)
Moree Family Support Inc		Taldumande Youth Services	Warilla Neighbourhood Centre
Multicultural Disability Advocacy Association			Watanobbi Community Centre

Waverley Community Living Program
WAYS Family and Youth Service
Wellington Aboriginal Health Service
Wellington High School
Wellington Information and Neighbourhood Service
Western NSW Local Health District
Western Sydney Local Health District
Western Sydney University
Westmead Sexual Assault Service (Grevillea Cottage)
WILMA Women's Health Centre
Wyong Neighbourhood Centre
yFoundations
Young People's Refuge
Youth Angle – Coast Shelter
Youth Drug and Alcohol Clinical Services
Youth Health Team
Youth Off the Streets: Canley Vale and Cessnock
Youthworx

International Programme partnerships

Asia Pacific Alliance for Sexual and Reproductive Health and Rights
Australian Council for International Development
Australian Disability and Development Consortium
Cephied
Cooperativa Café Timor
Department of Foreign Affairs and Trade
International Planned Parenthood Federation

Oceania Hockey Federation
Papua New Guinea Family Health Association
Reproductive and Family Health Association of Fiji
Solomon Islands Ministry of Health and Medical Services
Solomon Islands Planned Parenthood Association
SurfAid
Susu Mamas PNG Inc.
Tuvalu Family Health Association
Tuvalu Ministry of Health
Vanuatu Family Health Association
World Health Organisation

Program funders domestic

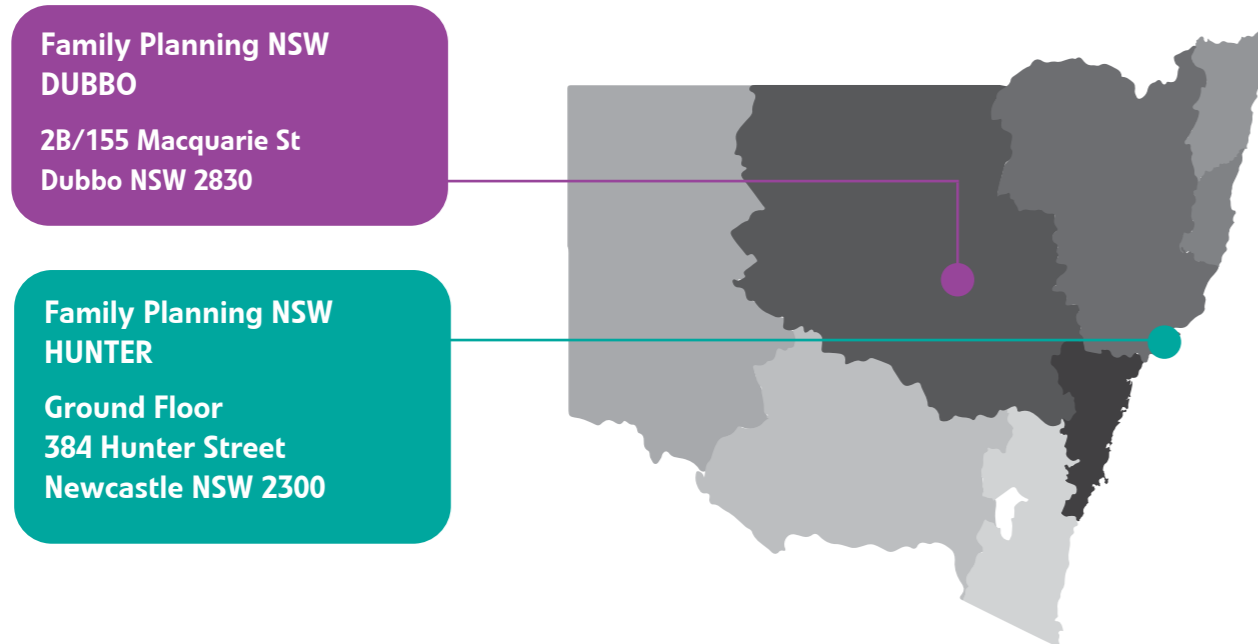
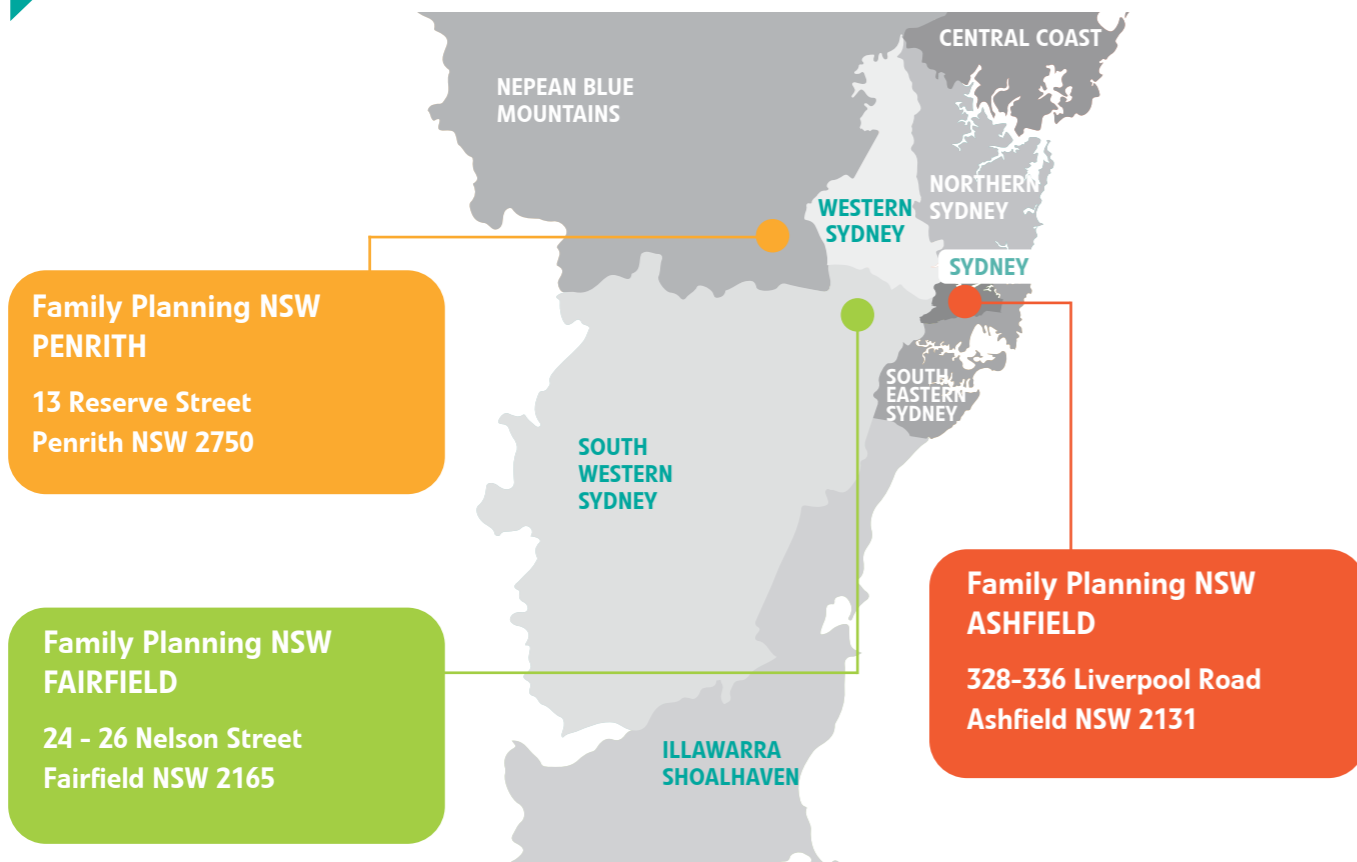
Cancer Institute NSW
Hunter New England Local Health District
Nepean Blue Mountains Local Health District
NSW Ministry of Health
South Western Sydney Local Health District
Sydney Local Health District

Program funders international

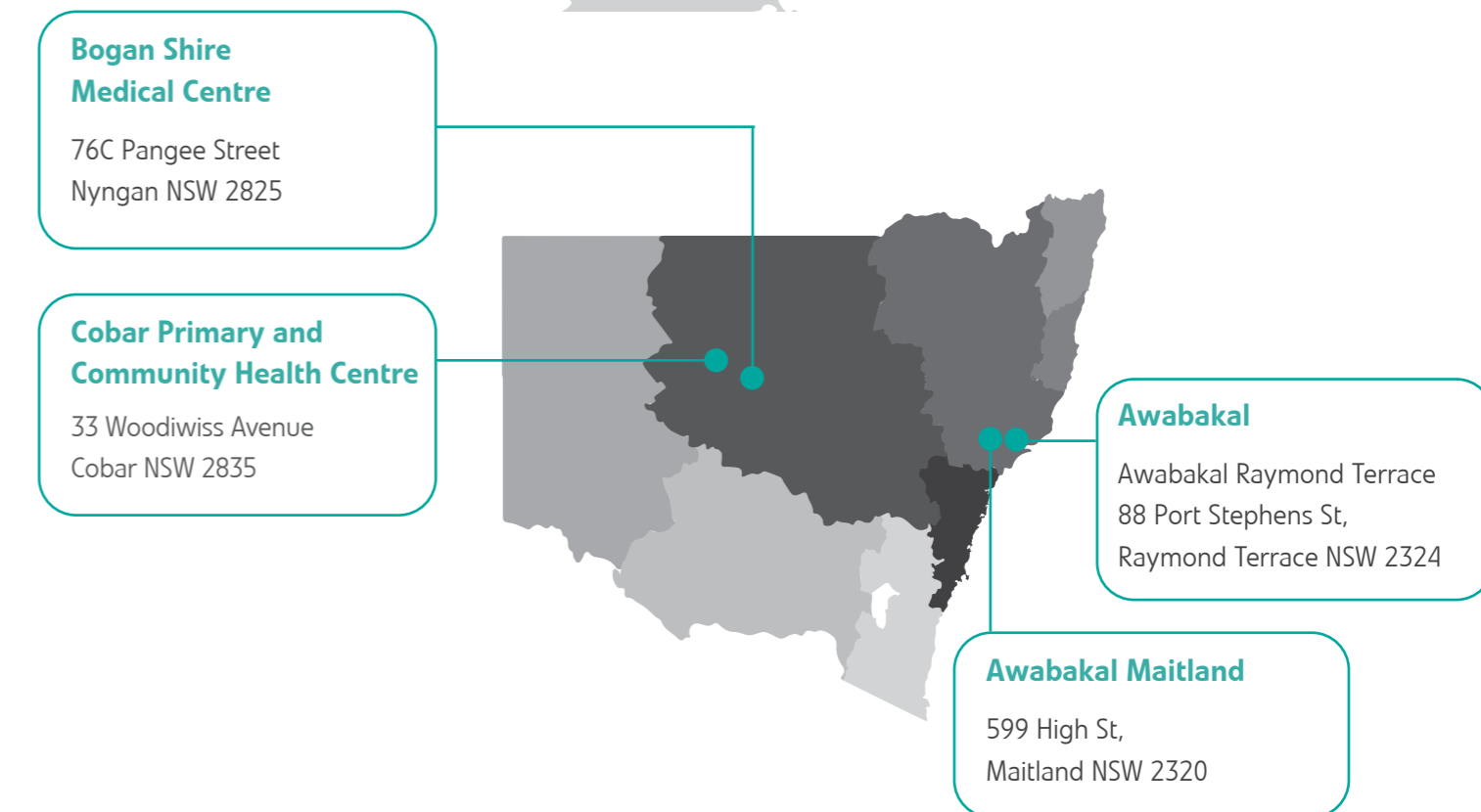
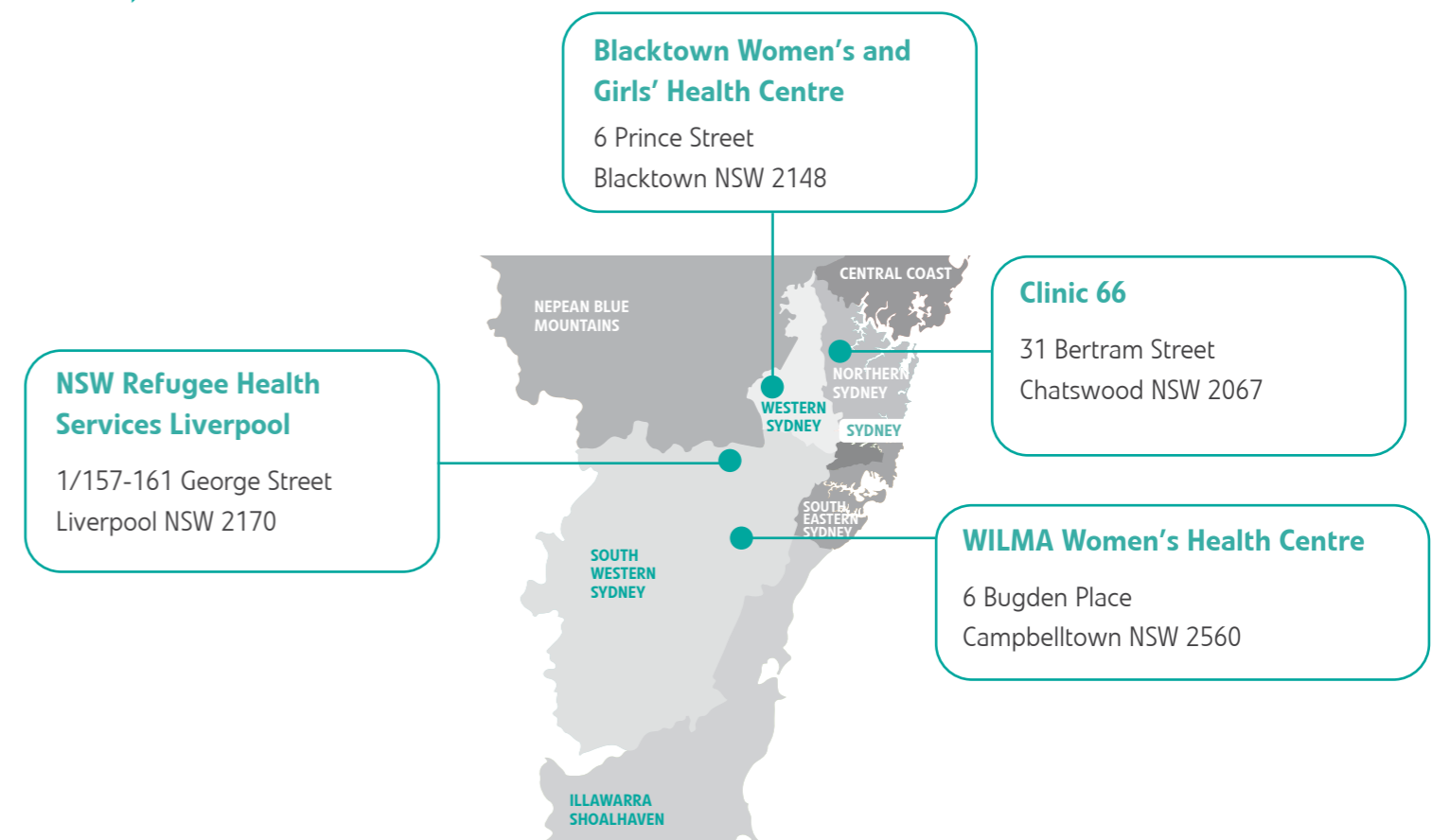
Department of Foreign Affairs and Trade
John James Foundation
The Wasley Family
UNFPA Pacific
UNFPA Papua New Guinea



Our clinic locations



Our outreach locations





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