

“

2021
2022

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ANNUAL REPORT

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

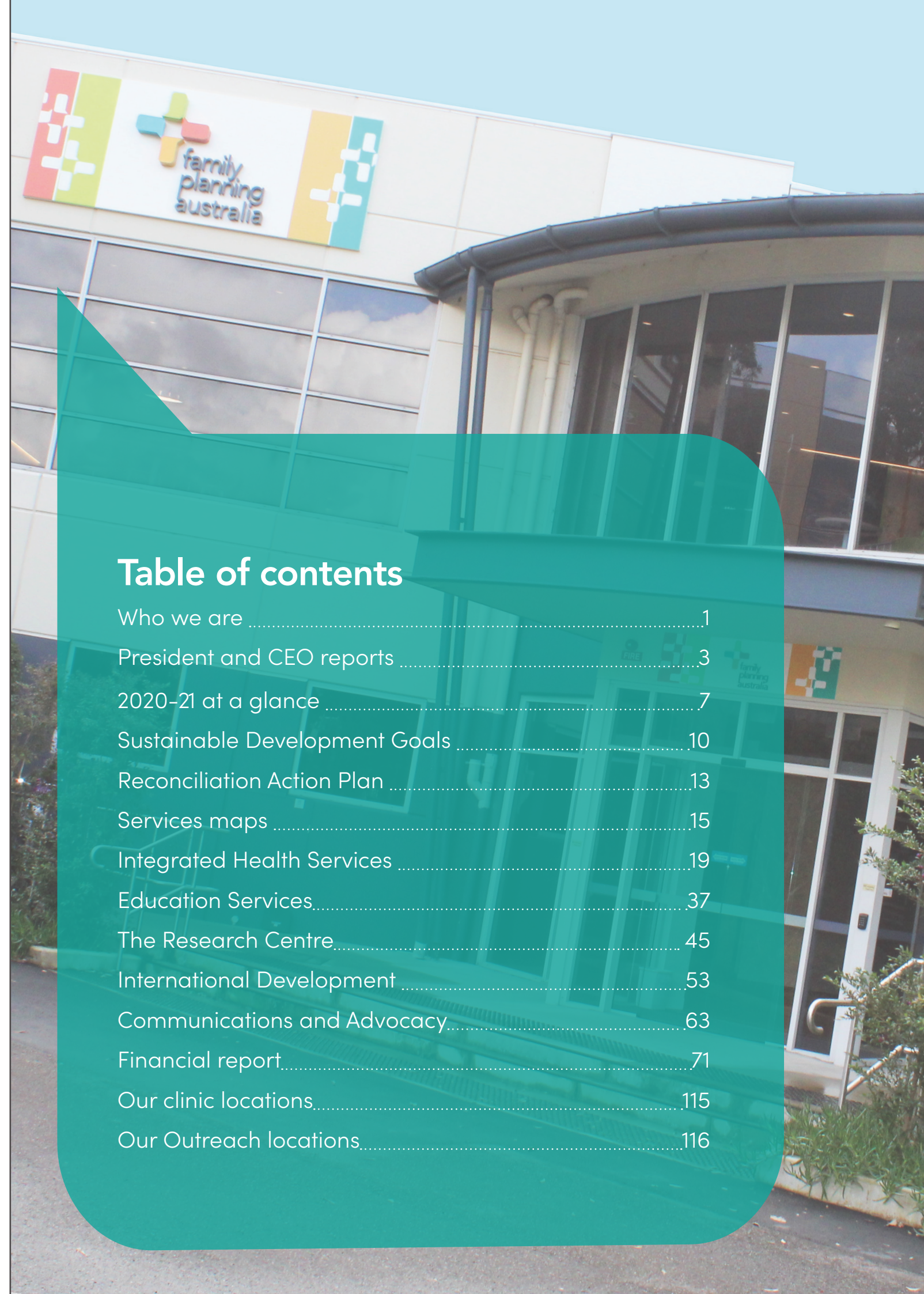


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Who we are

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 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.

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.

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.



President and CEO's reports



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

In February 2022, Board Directors were given our private tour of Family Planning NSW's new home at Newington. It was a proud moment for all of us. Somehow the challenges of the pandemic did not bring the organisation to a standstill, instead, we leaped and we bounced, and we leaped and we bounced more when there were floods, storms, supply issues and workforce challenges.

The new facilities are the new chapter for us as we come to the end of our current Strategic Plan in 2022. To visualise what the future holds, the Board and Ann's team met a month later to establish strategic directions and priorities for 2023 and beyond. We met as a group of peers committed to make a difference to the reproductive and sexual health of the people in our communities, domestically and overseas.

The heroes in this chapter are the dedicated staff who continue to deliver services to the communities, in spite of the challenges the pandemic has brought. Despite operating within less than ideal circumstances, the Family Planning NSW

team has continued to deliver services that are acknowledged as best practice across the board. Staff have stepped up and risen to the challenge, going above and beyond to ensure that our communities retain access to the services that they need. It is an absolute credit to them that they have done this in the majority with face-to-face appointments, as Public Health Orders have allowed. At the same time, our professional and community education continued through COVID-19 to be delivered on-line as were our International programme activities. This has been both an enormous success and a credit to all involved.

In addition to continuous service delivery, Family Planning NSW remains as leader in the charge for improving access to reproductive and sexual health for everybody in the community. Significant achievements in advocacy have occurred with retention of Medicare funded telehealth services that were introduced during the pandemic lockdowns and for the removal of the restriction that meant that this only applied to existing clients. At the same time the organisation has continued to advocate more generally, making a verbal statement at the Commission on Population and Development at the United Nations Commission on Population and Development, providing 20 submissions to reviews and inquiries and continuing to exceed expectations during the year with seven publications in peer-reviewed journals.

Our diverse funders and partners in service delivery support our endeavours and allow us to expand our reach across geographies and population groups, both in NSW and overseas. I am grateful for their trust in our capacity and strength with their ongoing partnership providing us with not just funding but also supplement our skills and resources in ways that improve how and what we deliver.

In particular, I would like to thank the NSW Ministry of Health and the Department of Foreign Affairs and Trade for their support provided over many years. These long-standing relationships have been built on a foundation of synchronistic priorities and mutual respect.

Our CEO Adjunct Professor Ann Brassil continues to lead by example through her commitment to bettering the reproductive and sexual health and rights of everybody in our communities. Ann is at the forefront of thought leadership in our sector and has the respect of our stakeholders and partners. I thank her for her continued dedication, giving her all for the Family Planning NSW organisation and staff.

In the last 12 months, the Board has reset ourselves and I am proud of how strong a team we have become. For this, I would also like to extend my gratitude to my fellow Board members. Their expertise and collective determination to achieve greatness provide the foundation that Family Planning NSW needs to succeed. Their ongoing commitment to enhancing organisational governance will provide for the growth of the organisation through challenging times.

Since last November, we have bidden farewell to Sharyn Coughlan. Sharyn was an active member of the Board's Performance and Remuneration Committee and was instrumental in strengthening the ongoing reviews of the CEO. On behalf of my colleagues on the Board, I thank Sharyn for her service, guidance and leadership as a valuable member of the Board.

Lastly, I thank my fellow Board Directors, Carla Cranny, Stephanie Cross, Kim Field, Neil Jackson, Dr Kim Johnstone, Gary Trenaman and Melissa Williams for continuing to work tirelessly for the benefit of the communities that we support. Family Planning NSW will continue to thrive with your collective wisdom and leadership.

The heroes in this chapter are the dedicated staff who continue to deliver services to the communities, in spite of the challenges the pandemic has brought.



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

CEO's report

With 2021-22 having drawn to a close, we can reflect on another challenging year. The Family Planning NSW team has once again risen above trying circumstances to continue to provide world's best reproductive and sexual health services to communities across NSW and the Pacific. I could not be prouder of this committed team who individually and collectively live the values of Family Planning NSW every day, striving to benefit our communities.

I am very pleased to present the 2021-22 Annual Report for Family Planning NSW which provides us with an opportunity to tell you about our achievements over the last 12 months. These have occurred in the context of COVID-19 lockdowns and associated resource challenges, reflecting the hard work and dedication of our staff during these difficult times.

We have had spectacular success from our advocacy efforts this year with the continuation of the temporary Medicare funded telehealth services after June 2020 and removal of the restriction to limiting this to existing patients. At a state and national level, Family Planning is now recognised as an essential service, testament to the critical nature of our work. These are significant victories that support increased accessibility and reach of our services.

This year has seen our head office relocate from Ashfield to Newington. This is the culmination of almost two years of work and provides us with a new home to deliver best practice clinical, professional and community education and a home for our Research Centre, International Programme and Corporate Services. Our new facility includes a Day Surgery Unit which provides us the opportunity to deliver our full suite of reproductive and sexual health services, including abortions in our own clinic. This will ultimately benefit our priority population groups as we can expand access and reach across these populations with high need.

Despite the restrictions placed upon us during 2021-22, we continued to provide face to face clinical services, supported by telehealth consultations at the client's choice. Our Education Services team delivered courses solely online until November 2021 and Health Promotion staff delivered community education online through the second half of 2021. Although the Family Planning NSW International team continued to be unable to travel to our partners in the Pacific, they have had great success in providing our Pacific partners significant capacity building in reproductive and sexual health through remote/online mechanisms.

Demonstrating our ability to reach our targeted populations over the past year, we were able to provide 28,194 clinical occasions of service across our fixed, out-reach and in-reach sites. There were 13,751 Talkline and Pregnancy Choices Hotline calls and emails addressed during 2021-22 and the Family Planning NSW online presence saw a significant increase with 1,113,674 unique visitors in 2021-22. The number of participants attending health promotion/ community education activities was

75,206 with 84% of participants from target priority groups reporting an increase in skills and knowledge post-training and the education team provided training to 1,626 course participants. Over 25,000 people in the Pacific directly benefited from our international program.

The Research Centre was highly successful in being awarded grant funding, including our first NH&MRC grant as an Administering Institution for *Overcoming Inequity: Increasing Cervical Screening Participation for People with Intellectual Disability* in conjunction with University of Western Sydney, University of NSW, University of Sydney, The Kirby Institute and the Cancer Institute NSW. The project *Improving counselling for emergency contraception: A unique job aide for pharmacists in Fiji* was also funded. Initiatives focused on telehealth during COVID-19, reproductive coercion screening and competency-based implant insertion training for midwives also provided research highlights in 2021-22.

Family Planning NSW continues to work to achieve our vision for all people to have high quality reproductive and sexual health. I feel very privileged to lead such a committed and diverse team of professionals who are focused on excellence in service delivery. It is due to them that we have achieved so much this year despite our challenging operating environment. I thank them for their efforts and also thank the Board for their continued support and strategic leadership and direction. We at Family Planning NSW are proud to be part of such a dedicated team.



2021-22 at a glance

Ongoing response to the COVID-19 pandemic

The ongoing COVID-19 pandemic continued to impact on Family Planning NSW during 2021-22. As an organisation, we implemented the NSW government restrictions, with non-client facing staff working from home whilst mandated, while maintaining our direct clinical services throughout the year. Family Planning NSW introduced telehealth consultations during this time while advocating to the Commonwealth of the importance to continue Medicare rebates for reproductive and sexual health telehealth consultations.

Despite the uncertainty during this pandemic in 2021-22, Family Planning NSW has successfully managed challenges such as ensuring staff safety and workforce stability to achieve our service objectives and budget performance.

Relocation of Family Planning NSW Head Office

The Family Planning NSW head office relocated from Ashfield to Newington in December 2021. This was the culmination of a major multi-year, cross-organisation project that has provided the organisation with a custom-built facility with growth capacity into the future. Despite impacts on the project from the COVID-19 shutdown and reduced capacity of the construction sector, the project was delivered on budget and with minimal delays.

The Newington facility includes a refreshed clinical space, inclusive of consultation rooms and interview rooms. Our Education Service now has access to state-of-the-art training facilities including informal presentation areas and a simulation room for clinical training.

Clients also have the added benefit of access to a Day Surgery Unit, allowing Family Planning NSW to provide a full suite of reproductive and sexual health procedures, including surgical abortions. The establishment of the Day Surgery Unit (DSU) has been a significant undertaking, including sourcing and recruiting credentialled and reputable staff, development of policies and procedures, increasing and supporting nursing/clinical staff with ongoing training and development; and achieving accreditation against the Diagnostic Imaging Practice Accreditation Standards, as set by the Department of Health (Commonwealth) to enable claiming of Medicare rebates.

We are working through the final stages of licencing the DSU with the Ministry of Health. This will allow the sub-leasing of the DSU when not used by Family Planning NSW. We are now running 3-4 lists per fortnight and 154 clients have had a procedure in the DSU (March – June 2022).

Feedback from staff, clients, course participants and other stakeholders has been consistently positive. We are now working to increase our profile in the local community, building our client base in this region of high reproductive and sexual health need.

Increasing access to reproductive and sexual health services in regional and rural areas

Since 2020-21, we have been working on two major projects to improve access to reproductive and sexual health services in regional and rural NSW.

Funding has been provided from the NSW Ministry of Health to trial a new service model through the [SEARCH Project](#) (Sustainable and Equitable Access to Reproductive Health Choices) to support the delivery of community-based surgical and medical termination of pregnancy services and best practice long-acting reversible contraception for women who experience barriers to safe and affordable services in regional NSW. The SEARCH Project has partnered with six existing clinical service providers, including three Aboriginal Community Controlled Health services, across Hunter New England, Central Coast and Illawarra Shoalhaven LHDs, with plans to expand to 10 services by 2023.

Also, through a long term partnership with the [Walgett Aboriginal Medical Service](#) (WAMS), we are expanding the provision of reproductive and sexual health services in Brewarrina Aboriginal Medical Service (BAMS) and WAMS via a three year Commonwealth grant to WAMS. In late 2021 registered nurses from our Dubbo clinic consulted with Walgett and Brewarrina community members to develop plans for the delivery of clinical services. Clinical outreach services commenced in February 2022, delivered by our nurses and doctors on a fortnightly basis. In the first five months of outreach provision the team has provided more than 100 appointments to people in BAMS and WAMS. The partnership has resulted in local women being able to access termination services and services for gynaecological issues that had previously been unavailable or challenging to access locally.





Consumer engagement

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

In 2021-22, we used a variety of methods to engage with consumers including online surveys, phone and video interviews, as well as face-to-face focus groups and opportunistic engagements at events once COVID-19 restrictions had eased. Key engagements with consumers included:

- **Relationships, sexuality and sexual health – Resource development for schools:** 136 people aged 16-21 responded to an online survey about their preferred topics for a digital sexuality education resource and the type of resource preferred. An online focus group was also held with seven participants to further discuss points raised through the online survey
- **Talking Frank podcast development:** 112 young people engaged across a variety of methods (online survey, focus group, consumer advisory group, written submission, voice memo submission) to help shape our new Talking Frank podcast, currently in development

- **Aboriginal Consumer Advisory Group:**

Two consumer advisory groups were conducted in 2021-22. The consumer group were responsible for the development of the Reconciliation Action Plan (RAP) Guiding Principles to our new RAP, launched in June 2022. Additional activity included the involvement of a consumer representative in the interview panel for the Aboriginal Liaison Officer position, as well as being a key speaker at the Family Planning NSW RAP launch in June 2022.

The internal Consumer Engagement Working Group met five times during 2021-22, working on a range of projects:

- reviewing feedback from quarterly client satisfaction surveys
- implementing strategies to improve communications with clients based on feedback from clients and reception staff that clients were finding the new Newington clinic difficult to find, or were still going to the old Ashfield address
- development of guidelines to support the ongoing engagement of consumers throughout all stages of health promotion projects
- updating organisational policy to create new volunteer consumer positions to broaden the scope of consumer engagement. The volunteer consumers will be involved in the Consumer Engagement Working Group, support consumer engagement projects throughout the year across the organisation and attend meetings with Board members twice yearly.

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 2022 report provides a situational analysis of Goals 4, 5, 14, 15 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.

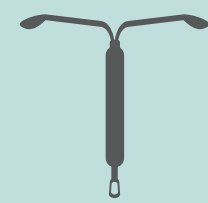
While Australia fares well in SRHR on a global scale, there is still much work to be done. Our SDG report identified eight overarching SRHR strategies for Australia and the Pacific to support achievement of the SDGs.



1. 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.

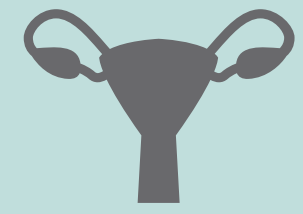


Promotes SDGs 1, 3, 5, 8, 10, 13, 16

2. 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.

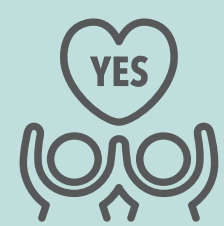


Promotes SDGs 1, 3, 5, 10

3. 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

4. PROMOTE GENDER EQUALITY AND END VIOLENCE AGAINST WOMEN

4

Discrimination and violence against women are common both in Australia and the Pacific. SRHR support gender equality by the promotion of respectful relationships, empowering women to make decisions about work, education, relationships, and whether or when to have children.



Promotes all SDGs as is a cross-cutting issue

5. 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

6. 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

7. 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

8. 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

Improving the reproductive and sexual health outcomes within Aboriginal and Torres Strait Islander communities in NSW is embedded within the Family Planning NSW Strategic Plan and forms a priority area within our core business. In translating our commitments to structured contributions, we are implementing our second [Innovate Reconciliation Action Plan \(2022-2024\)](#) to further advance our commitment to reconciliation, setting clear actions for the next two years to ensure the work we do is respectful, safe and inclusive for Aboriginal and Torres Strait Islander individuals and communities. Formally endorsed by Reconciliation Australia, the Family Planning NSW RAP has been a catalyst for increasing organisational commitment to advancing Aboriginal and Torres Strait Islander reproductive and sexual health outcomes. It has also strengthened existing organisational structures which foster and promote Aboriginal employment opportunities as well as increasing the cultural awareness and competency of all staff.

Our 2022-2024 RAP focuses on the following areas:

- advancing the cultural competency of Family Planning NSW staff
- increasing employment opportunities for Aboriginal and Torres Strait Islander people 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 delivery of RAP actions is guided by the RAP Implementation Plan and overseen by the RAP working group.

The 2022-2024 RAP was launched on 1 June 2022, during National Reconciliation Week, comprising of an all-staff online event. The launch was attended by over 60 participants, comprising of Family Planning NSW staff and external partners. We were kindly joined by Mrs Debbie Beahan, proud Wiradjuri women and founding member of the Family Planning NSW Aboriginal Consumer Advisory Group for sharing her thoughts on the reconciliation movement and how Family Planning NSW can best work with Aboriginal and Torres Strait Islander communities.



Family Planning NSW
**Innovate Reconciliation
Action Plan**
February 2022 – February 2024



Services provided in Metropolitan LHDs



CLINIC
OCCASIONS
OF SERVICE



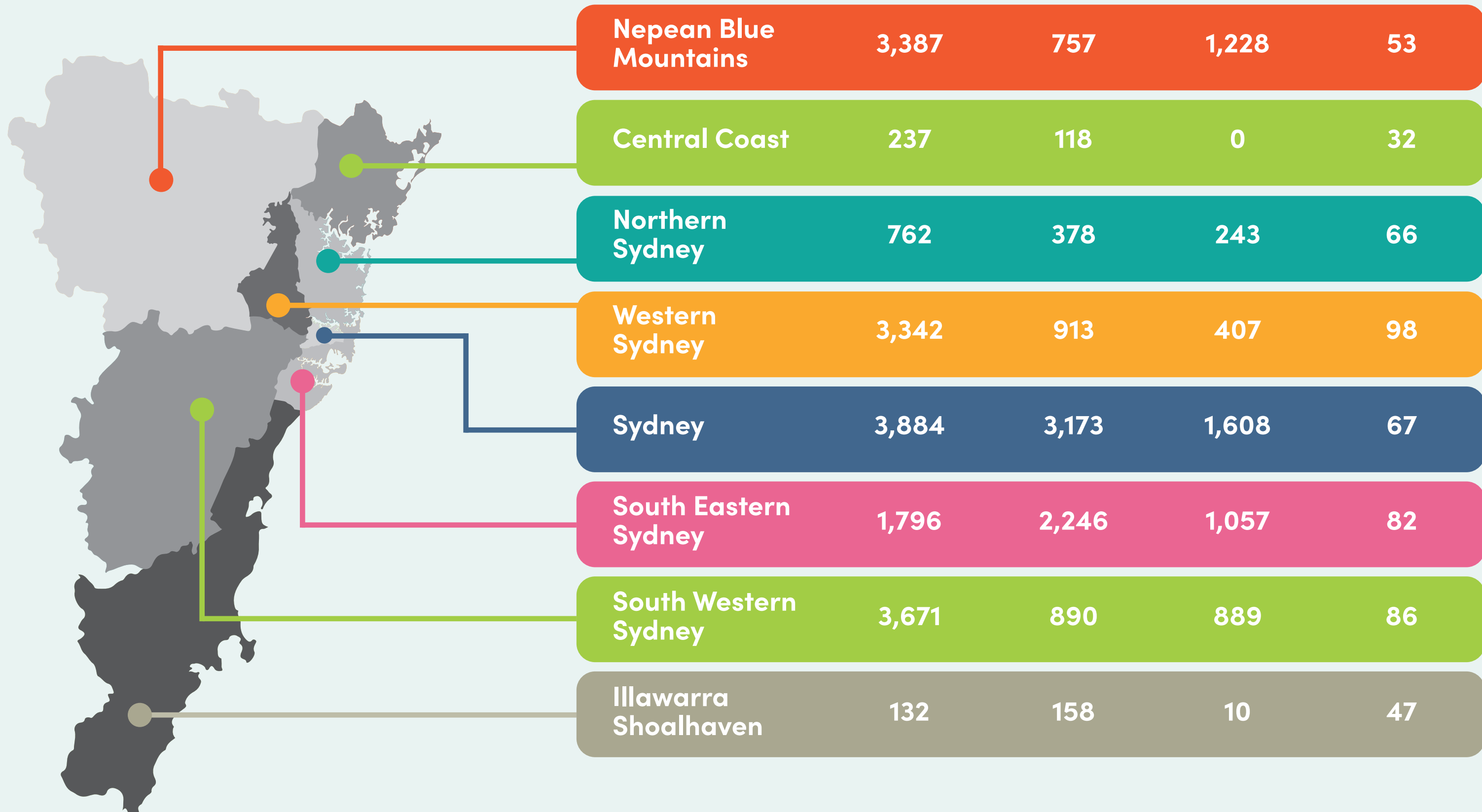
TALKLINE
OCCASIONS
OF SERVICE



COMMUNITY
EDUCATION
PARTICIPANTS



PROFESSIONAL
EDUCATION
PARTICIPANTS



Services provided in Regional LHDs



CLINIC
OCCASIONS
OF SERVICE



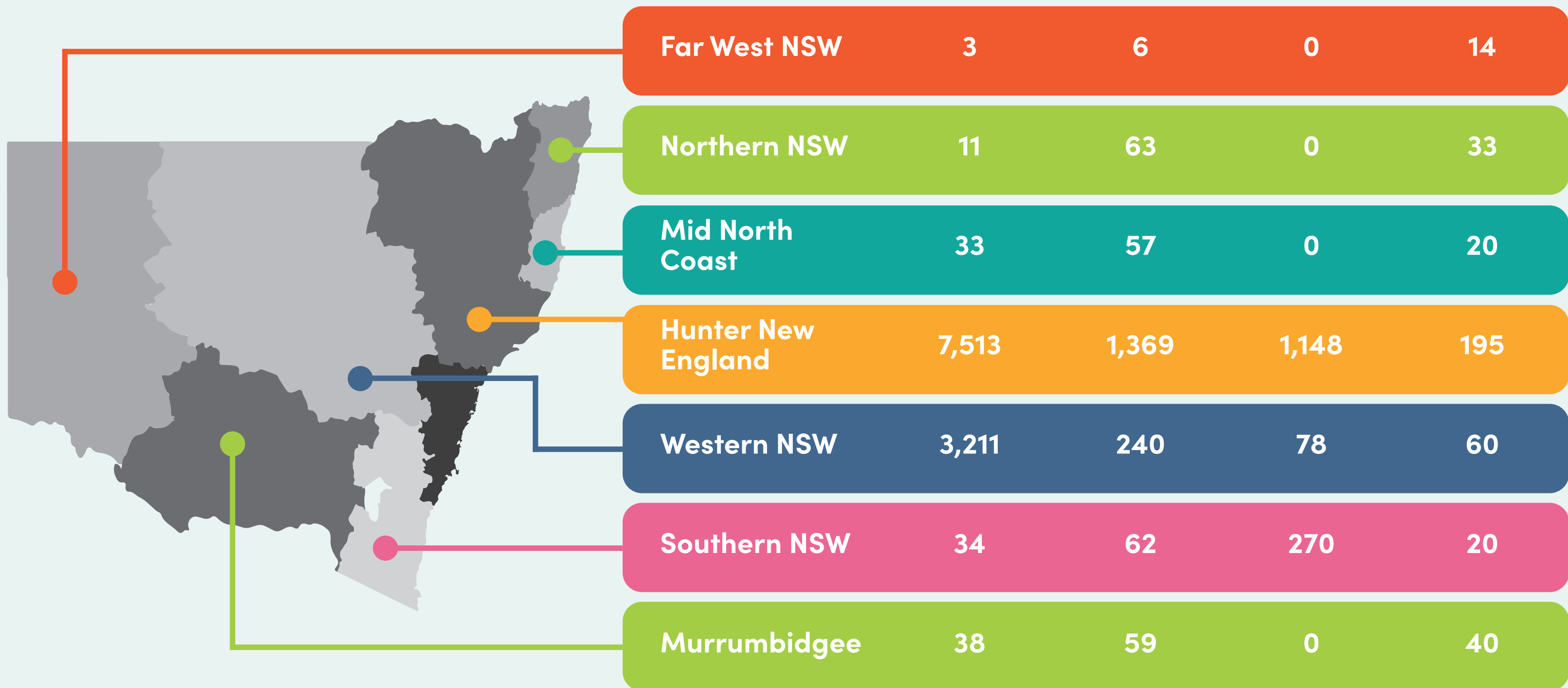
TALKLINE
OCCASIONS
OF SERVICE



COMMUNITY
EDUCATION
PARTICIPANTS



PROFESSIONAL
EDUCATION
PARTICIPANTS



Integrated Health 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.

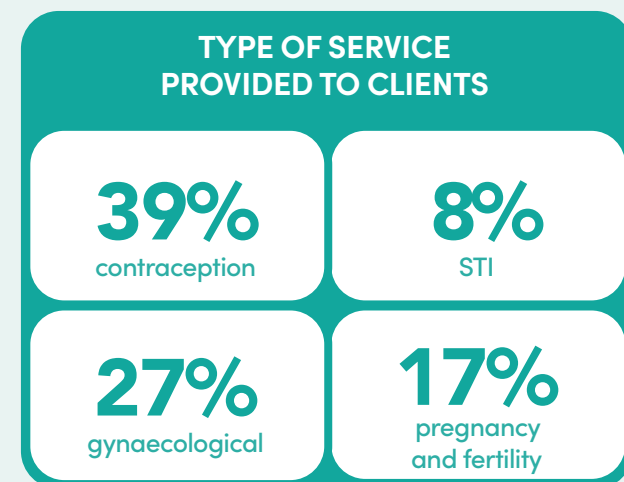
We delivered services from our fixed clinic locations in Ashfield (until 21 December 2021), Newington (from 22 December 2021), Dubbo, Fairfield, Newcastle and Penrith. In 2021-22, we continued to form valuable partnerships to expand outreach services, increasing the accessibility of reproductive and sexual health services in NSW. Our outreach locations during 2021-22 included:

- Blacktown ([Blacktown Women's and Girls' Health Centre](#))
- Brewarrina (Brewarrina Aboriginal Medical Service)
- Campbelltown (WILMA Women's Health Centre)
- Chatswood (Clinic 66)
- 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)
- Walgett (Walgett Aboriginal Medical Service)

Clinic services

In 2021-22, we provided 28,194 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 (39%), gynaecological (27%), pregnancy and fertility related services, including abortion (17%) and STIs (8%). The proportional mix of these services is demand driven, influenced by client need. We place a high value on providing quality services and are proud to report that client satisfaction remains high. In 2021-22, 93% of clients said that they were satisfied or very satisfied with the care they received from Family Planning NSW.



Clinical services

	ASHFIELD AND NEWINGTON	DUBBO *	FAIRFIELD **	HUNTER ***	PENRITH ****
Clinical occasions of service	9,642	2,752	3,704	7,842	4,254
Clients	5,546	1,670	2,202	4,381	2,542
Young people (under 30)	2,424	815	909	2,655	1,226
Aboriginal and Torres Strait Islander background	184	359	53	302	90
Clients who speak other than English at home	537	23	419	158	112
Clients with disability	249	78	110	261	134

* includes Cobar, Nyngan, Walgett and Brewarrina outreach

** includes Liverpool and Campbelltown outreach

*** includes Raymond Terrace and Maitland outreach

**** includes Blacktown outreach

Day Surgery Unit

Demand for procedures continues. 3 March 2022 saw the [Newington Day Surgery Unit](#) (DSU) commence operations. Up to that point, Family Planning NSW provided a weekly surgical list from a leased day surgery unit to enable provision of surgical abortions to clients, along with other procedures including D&Cs, IUD insertion and vasectomies under sedation.

These procedures are now undertaken in our own DSU and are in addition to the colposcopies, vasectomies and IUD procedures undertaken within our fixed clinics.

DAY SURGERY UNIT

266

Surgical terminations

13

D&C

130

IUD

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.

There were 12,638 Talkline calls, LiveChat and emails during 2021-22.

TALKLINE

6,554

Phone

910

Email

5,174

Live chat

Pregnancy Choices Helpline

In early 2021, Family Planning NSW was contracted by NSW Health to deliver the [Pregnancy Choices Helpline](#). Pregnancy Choices Helpline was launched in May 2021 and is a free, unbiased and confidential helpline that can provide clients with information on their pregnancy options, with the helpline available to clients from 8am to 8pm, Monday to Fridays. The helpline also provides NSW health professionals with a helpline number and information service they can direct women to for information on and access to abortion service providers in NSW.

Clients can access the helpline by calling 1800 008 463, or through a Live Chat function on the [website](#) for information outside of these hours.

During 2021-22 the Pregnancy Choices Helpline has engaged with 1,113 enquiries (1,004 phone calls, 30 live chat conversations and 79 emails).

PREGNANCY CHOICES HELPLINE

1,004

Phone

79

Email

30

Live chat

Client feedback

Excellent information and great communication. The nurse was brilliant. I'll definitely be referring my friends in the future

Felt warm and friendly, non-judgement and lots of helpful information

Amazing!! Highly skilled, not only with the medical procedure but also with their people skills. Thank you

My nurse was friendly, answered questions clearly with information that was easy to understand and she did not question, comment or demand information about my reproductive choices (removal of an IUD). She just checked that I understood that I would need another form of contraception unless I wanted a pregnancy. This was a very welcome change from previous experiences (with other health providers)

Everyone is always friendly, professional, educated and unbiased. My appointment was on time, and I was encouraged to ask questions which was great!

Made me feel extremely comfortable and passed no judgement. Gave me the best options for what I went in for

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

34

Health promotion resources developed

597,950

Health promotion resources distributed/accessed (including digital content)

78,659

Community education participants (including online participants)

2,376

Community education sessions

358

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.

8% 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 and Aboriginal Community Controlled Health Organisations 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 2022-2024 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

3.4%

Aboriginal and Torres Strait Islander population of Australia

8%

Proportion of clients identifying at all sites

21%

Proportion of clients identifying at Dubbo clinic

155

Aboriginal and Torres Strait Islander peoples accessing health promotion programs

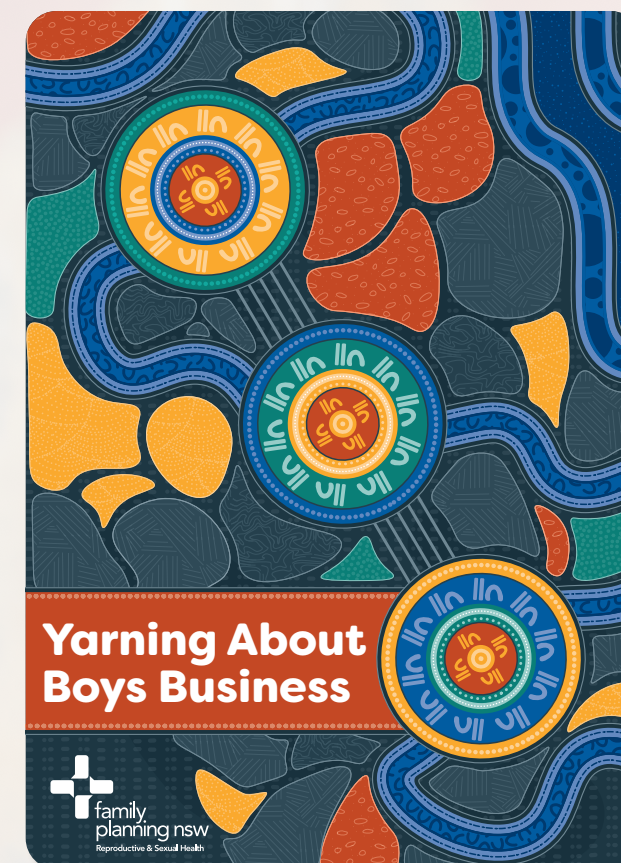
Yarning about Boys Business

The [Yarning About Boys Business](#) resource has been developed for Aboriginal young men, Aboriginal health workers, parents, and other clinical, educational and welfare professionals. The resource provides relevant, culturally appropriate information on puberty including body changes and hygiene, with a secondary focus on healthy relationships, consent, safe sex and sexually transmissible infections (STIs).

This resource was developed through consumer consultation with Dubbo Senior Campus Clontarf group, Doonside Technology High through our partnership with the AFL Indigenous Academy, and with the support of the Aboriginal Benefits Foundation.

Traditional Aboriginal artwork was developed by Aboriginal artist, Philly Harris. This artwork piece, titled *The Journey*, represents Boys Business and how the changes that everyone experiences from childhood to adulthood are all different, unique, natural and normal.

The resource is available for free download and printed versions can be requested through the Family Planning NSW website. The process undertaken in developing this resource is a strong example of listening to the needs of the community and involving them in the co-design to ensure the content, look and feel is most appropriate to Aboriginal and Torres Strait Islander communities, as well as engaging with and utilising key partners.





Choice and Control: Yarning about Cervical Screening

In March 2022, Family Planning NSW was awarded funding from the Cancer Institute NSW to implement a [12-month community education project](#) targeted toward Aboriginal women in Western NSW Local Health District (WNSWLHD).

The project aims to increase Aboriginal women’s understanding of the importance of cervical screening and the intention to screen through supported community education delivery across key areas of WNSWLHD. These areas all have a high proportion of Aboriginal people and lower than average screening rates.

Our work in these areas will link in with providing screening opportunities to Aboriginal women across our fixed and outreach clinics including Dubbo, Cobar, Nyngan, Walgett and Brewarrina.

Upcoming activities in 2022–23 will include the completion of community consultations and the delivery of webinar sessions to build the capacity of Aboriginal Health Workers. This will be followed by eight community education sessions delivered to Aboriginal women of screening age across Western NSW.

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 2021–22, 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.

Know Your Health

Research shows that 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. To address this, Family Planning NSW received funding from the Australian Government Department of Health to deliver the [Know your Health: Menarche and Menstruation project](#) as a part of the Department’s National Women’s Health Strategy 2020–2030. The aim of this project was to increase the knowledge of culturally and linguistically diverse (CALD) young girls about menarche and menstruation. The project also aims to increase the confidence and likelihood of CALD parents and carers in having conversations relating to menarche and menstruation with their daughters.

In 2021–22 a suite of resources around menarche and menstruation was developed in consultations with community and stakeholders. An engaging booklet and animated video series was developed for young girls, and videos for parents were developed featuring parents from CALD backgrounds sharing their experiences and advice around supporting young girls with puberty and the first period. The resources are available in over four community languages, and available for download from the Know Your Health microsite.

Menstrual health education sessions incorporating the new resources were conducted with girls aged 12–16 years at schools and youth groups. Evaluation of the sessions and resources indicated that the content and resource styles were engaging and useful in supporting the increase in knowledge and confidence of CALD young girls and parents and carers around menarche and menstruation.

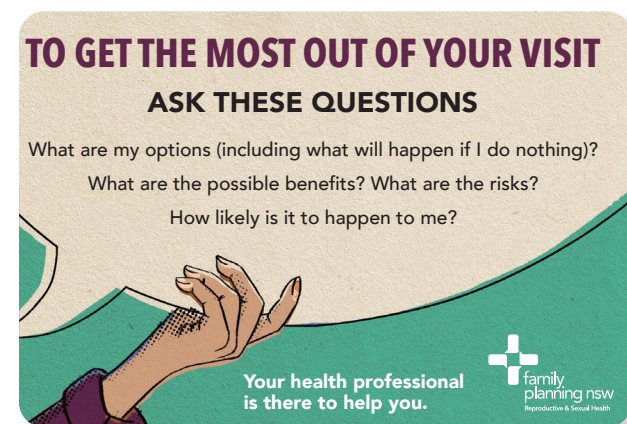
This project has now concluded, and we will continue to focus on promoting and distributing these resources amongst schools, health services and community organisations over the coming year.



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. In 2020, Family Planning NSW developed a postcard resource to support clients to utilise shared decision making processes in clinic appointments, based on findings from the 'Ask Share Know' study that the University of Sydney undertook at our Fairfield clinic in 2012. The resource was developed to be appropriate for clients with low English literacy and included the three questions research has shown to elicit better understanding and decision-making outcomes:

1. What are my options?
2. What are the possible benefits and harms of those options?
3. How likely are each of those benefits and harms to happen to me? Including 'What will happen if I do nothing?'



In 2022, Family Planning NSW evaluated the 'Ask Share Know' resource to gather information on the uptake, ease of use and perceived effectiveness from clients who are accessing the Fairfield Family Planning NSW clinic, and clinicians working at the Fairfield Family Planning NSW clinic. A client survey was distributed, and clinicians who worked at the Fairfield clinic were interviewed. Feedback was largely positive, with recommendations made to improve the resource, increase awareness of the resource to people accessing our clinics and improve their experience in their appointment. The resource will be updated over the 2022-23 financial year.

CULTURALLY AND LINGUISTICALLY DIVERSE COMMUNITIES

29.3%

NSW population born outside of Australia

16%

Clients born outside of Australia

23%

Ashfield/Newington clients born outside Australia

33%

Fairfield clients born outside Australia

5,465

CALD people accessing health promotion programs and activities

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 2021-22, 5% of clients reported a disability.

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

5%

Clients identified as having a disability

22,887

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



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.

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.

In 2021–22, the project focused on the continued promotion and dissemination of existing Planet Puberty resources, as well as the creation of new resources, including additional videos and interactive games for use by children with intellectual disability and/or autism spectrum disorder.

Since launching, feedback from parents, carers and professionals has been overwhelmingly positive. Analytics have been positive and sustained, with nearly 220,000 views of the website, 373 participants over 11 webinars, nearly 5,000 views of our YouTube videos, and over 2,000 downloads of our podcast episodes.

Disability Plan Implementation

The Disability Implementation Plan was developed in 2020 to collate recommendations from three separate disability health promotion projects, with the aim of building organisational inclusivity and accessibility. The actions in the plan were grouped thematically and prioritised according to importance and urgency over the years 2020–2023, in line with the strategic plan.

Various actions from the implementation plan were completed over the 2021–22 financial year, some of which are ongoing and will continue to develop over the next year. Highlights from this year include:

- conversion of all 70 content pages of the Planet Puberty website to Easy Read Word and PDF documents
- Easy Read training held in May 2022 with staff from Health Promotion, Education Services, International Programme, Research Centre and Communications and Marketing
- grant for an NHMRC partnership project with University of Sydney on cervical screening for people with intellectual disability

Completion of the recommendations in the disability implementation plan in 2022–23 will ensure that Family Planning NSW services and projects remain inclusive and accessible for people with intellectual disability and their support people.

Planet Puberty

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

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



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 2021-22 were under the age of 30, with 61% of Hunter clients, 49% of Dubbo clients and 48% 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

38%

NSW population under the age of 30

49%

Clients under the age of 30

61%

Hunter clients under the age of 30

49%

Penrith clients under the age of 30

37,735

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

Talking Frank

[Talking Frank](#) is a Commonwealth Department of Health funded project as part of their Activities to Support the National Response to Blood Borne Viruses (BBV) and Sexually Transmissible Infections (STI). Comprising of a podcast and social media campaign, the project aims to help normalise conversations around BBVs/STIs by exploring youth sexual health through dynamic discussions with health experts, advocates, and young people.

As an extension of our existing Frank brand and website, the Talking Frank podcast focuses on having 'frank' conversations about sex and relationships incorporating education around BBV/STI transmission, prevention, testing, and treatment. Episodes tackle various sexual health topics from different perspectives providing young people with evidence-based, engaging, and relatable content. Extensive consumer engagement has been conducted to ensure the podcast meets the diverse needs of young people.

Scheduled to go live in September 2022, the Talking Frank podcast will be available on popular podcast platforms (e.g., Spotify and Apple Podcasts) and promoted via a targeted social media advertising to young people under 30 years across the NSW.

Talking Frank – let's get Frank about sexual health! www.frank.org.au
[@gettingfrank@talking.frank](https://twitter.com/gettingfrank)



Freedom Condom (formerly Condom Credit Card)

In response to feedback from young people, service providers and Family Planning NSW staff across the state regarding the name and brand throughout the project's 14 years, we worked with stakeholders and consumers to rebrand the Condom Credit Card project in 2021. The name 'Freedom Condom' was selected by young people because it could be shortened to 'Freedom' for discretion and gave them a sense of liberation, encouraging them to be free: "free to be yourself, to live your best life with free condoms, free of worries and free of STIs". Through a partnership with the University of Wollongong, the design for the new brand was developed by the University's graphic design students – an example of design for and by young people. The new Freedom Condom brand was incorporated in a new Freedom Condom website which went live in November 2021, with the formal launch in March 2022.

At the same time, a new online direct-to-consumer ordering component and accompanying online learning tool was developed within the website. This ordering component allows young people under 30 years to order free condoms and lubricant for delivery upon completion of an online learning component, increasing access to reproductive and sexual health services. The website, online learning tool and ordering component were co-designed with young people, consisting of both metropolitan and rural representation. A pilot launched in June 2022 in Far West and Western NSW included an online advertising campaign on Facebook and Instagram. Feedback has been very promising, and as of 12 July 2022, 47 orders had been placed, 16 of which occurred in 2021-22.

The Freedom Condom rebrand, designed by and for young people, has brought new life to the 14-year-old project with a new look and feel, a new website with an improved service provider map, and high re-engagement with provider services with an increased number of refresher training sessions for service staff. Moving into 2022-23, this pilot will be subject to a full evaluation, with the results to inform the potential future expansion of direct-to-consumer ordering to more locations across NSW.



Relationships, sexuality and sexual health: Resource development for schools (Perpetual project)

In 2021, Family Planning NSW received Impact Funding from Perpetual to develop resources for young people and teachers aimed at normalising classroom discussions and conversations around consent, relationships and sexual decision making among young people aged 15-18 in NSW. The resources are designed to improve young people's education and awareness of key messages around consent and relationships and build their capacity to make healthy sexual and relationship choices.

An interactive 'choose your own adventure' relationships tool was created for young people aged 15-18 in NSW. To ensure the content was culturally appropriate, inclusive, youth friendly and accessible, young people across priority populations were consulted on the content, design and imagery.

Resources and in-class activities were developed and tested with young people and teachers to ensure relevance prior to distribution. The resources have been published on Family Planning NSW's youth focused Body Talk website to ensure ease of access for state-wide promotion and ongoing sustainability. A downloadable option of the 'Relationships Tool' is available for schools that have internet connectivity difficulties.



Mobile STI Testing

The aim of the Mobile STI screening project is to provide opportunistic 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 five events by adopting COVID safe practices and creating new partnerships. A total of 77 people registered as clients and tested for chlamydia and gonorrhoea. The Health Promotion team had meaningful engagement with 620 people at the events and received significantly positive feedback from university & community partners about the broader impact the project has had on increasing at-risk populations seeking further support. In 2021-22, mobile STI testing events were conducted at:

- Western Sydney University (WSU) Parramatta South Campus Orientation Week
- Mountains Youth Services Team (MYST) Launch Event
- WSU Penrith Campus Pop-up Event
- University of Newcastle (UON) SHAG (Sexual health and guidance week) Week Event
- WSU Hawkesbury Campus Pop-up Event

Previous and new project partners were excited to re-engage with the project when large gatherings and priority populations (including domestic and international students) returned to these settings.

66 X was a "positive male role model, which is especially important when there are so few men who come into secondary schools, particularly as health visitors. He gave the young people a positive health message which was a real bonus (feedback from community education)

This was a great webinar. Clear and concise with a willingness to answer all questions. I'm also a big fan of the Planet Puberty website and all that is available with this. It's so nice to have such access to this information that used to be so hard to get especially for our students. Thank you!

I just want to say thank you for offering this workshop online, as someone with medical conditions and disability, I am often unable to go to face to face workshops. Having them online as well as having them recorded makes it very accessible and I thank you for that.

What a fantastic co-design process with students with a great outcome!" (Freedom Condom project)

The students really enjoyed the session and remained engaged throughout, which is a testament to the interest, engagement and suitability of the resources (feedback from community education)

It's very rare that I would pick up an activity and use it as is, but in this case I would" (Perpetual resource)

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.

In 2021-22 we redesigned our Moodle learning management system to make it easier for our students to navigate and complete their courses. Our online learning courses now have a more contemporary and professional look and feel, and more consistent structures across courses. This makes it easier for participants to work through their learning and assessment tasks to improve the quality of their learning and support a more positive user experience.

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 the 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 2021-22, we have progressed enhancements to our clinical education program, including:

Pregnancy Choices eLearning course was launched. The course provides clinicians and health workers with information about the range of options available to people experiencing unintended pregnancy, best practice strategies for supporting clients in their decision making and ways to develop pathways of care for people presenting with unintended pregnancy.

The clinical education team created **pre-clinical skills workshops** for participants of the FPAA National Certificate in Reproductive and Sexual Health for Doctors who have been awaiting the opportunity to complete the clinical components of this course, delayed due to COVID-19. These workshops are designed to ensure learners are up to speed with clinical skills prior to engaging in Family Planning NSW clinics. We ran two instances of the workshops in 2021-22 with 23 doctors attending.

We have successfully delivered the first **Contraceptive Implant (Implanon NXT) Insertion and Removal Training** face to face workshop in Family Planning NSW's Newcastle office. We are happy to be able to offer this popular course to meet the demands of health professionals in the Hunter and surrounding regions. Our clinical education team now have online and face to face options available for clinicians in Sydney and regional and rural NSW.

Reproductive and Sexual Health in the Australian Context for Doctors

International Medical Graduates is one of the first two clinical courses which returned to face-to-face training mode after two years of COVID-19 restrictions. The course applied a blended learning model, in which participants are required to complete online learning tasks on Moodle before attending a two-day face-to-face workshop. The course has received excellent feedback with 100% of participants responding that their learning needs were met, their satisfaction level was high, and their knowledge and skills have increased.

Feedback from course participants

FPAA National Certificate in Reproductive and Sexual Health for Doctors – Theory course:

I found the interactive case-based discussions very helpful. The layout of Moodle was very easy to follow, and resources were easy to access. Lectures were fantastic

Implanon training:

The practical training was very thorough

Having hands-on experience is SO useful, particularly by someone who does these regularly to troubleshoot with us

The educator was very informative and a wealth of knowledge

The blend of online and face to face learning was great, as well as more time efficient





Schools and community sector education

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 maintaining proficient teacher accreditation in NSW.

Family Planning NSW continues to work to improve the existing portfolio of courses as well as building new learning opportunities, with highlights in 2021-22 including:

Sex and the law for disability sector workers Concerns about addressing sexualised behaviours in clients with intellectual disability and autism is an area of high need. In response to frequently asked questions from course participants, a new course has been developed to give further information and resources to service providers to clarify issues around sex and the law. This includes reproductive and sexual rights; laws around pornography and sexting; where the law stands on reproductive issues such as parenthood, abortion and sterilisation for people with disability; crimes such as domestic violence and sexual assault; and medical treatment and the law. The course includes reporting requirements and contact numbers, resources and case scenarios. We believe the course will go a step further in supporting disability workers to meet the needs of vulnerable clients or those who are at risk of contact with the criminal justice system. The course will be launched in 2022-23.

The **Sexualised Behaviours of Concern and Intellectual Disability** course attracted the most interest of all our disability courses for professionals working with people with intellectual disability and autism, with 126 people participating in six webinars during 2021-22.

Very clear content, great exercises for learning, breakout rooms were great; Trainers were knowledgeable on the topic of sexual behaviour and intellectual disability

Comprehensive Sexuality Education

Thanks to funding from Perpetual's Impact Philanthropy grant program, our Education and Health Promotion team worked collaboratively to develop new resources for teachers and students in upper secondary school. The resources feature an interactive online tool to support young people to learn more about consent, healthy relationships and sexual decision making, with accompanying lesson plans and activities to provide guidance for teachers to use the online tool effectively in classrooms. Our teams consulted with young people and teachers in the development and piloting of the resources to ensure the language, images and themes were relatable and engaging to meet the needs of educators and learners. The project has been a great experience, and we received terrific feedback from young people and teachers. The resources will be available on the Body Talk website: <https://bodytalk.org.au/relationships/relationships-tool/>

An instance of **The Nitty Gritty** face to face course in Fairfield was organised in response to a request from Fairfield City Council staff working in youth programs. They had identified a need for staff in local youth services to develop their capacity to support the reproductive and sexual health needs of their clients.

The workshop ran smoothly and was attended by very keen professionals who work in youth health and community services.

Very well constructed workshop; I enjoyed it very much, and they appreciated the practical activities they could use with young people stated that it "definitely [developed] the confidence to bring up the conversation with young people."

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.



PREGNANCY CHOICES

Online courses to enhance the knowledge of clinicians to support clients in their decision making for people presenting with unintended pregnancy and to manage medical abortion consultation within in their practice.



REPRODUCTIVE AND SEXUAL HEALTH UPDATES



Masterclasses and webinars for clinicians to enhance knowledge and practice on reproductive and sexual health including updates on current best practice, clinical guidelines and practical techniques.

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).



CLINICAL EDUCATION



457

Clinicians attended courses



69

Clinicians attended clinical training practicum



47

Clinical education training courses delivered



769

Hours of clinical 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.

FPAA NATIONAL CERTIFICATE IN REPRODUCTIVE AND SEXUAL HEALTH FOR DOCTORS

This blended delivery course including clinical placement, this course is designed for doctors to improve their core knowledge of contraception, STIs, cervical screening testing, unintended pregnancy options, menopause and sexual assault.



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
- Bayer
- Douglas Hanly Moir (DHM)
- Organon



School and community courses



LET'S TALK WEBINAR SERIES

Develops educators' capacity to provide engaging, evidence-based education on a specific topic, including consent and healthy relationships and influence of technology on relationships, talking with young people about contraception and puberty.



BEYOND THE NUTS AND BOLTS

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

Designed for teachers and school learning support officers working with primary and secondary students with intellectual disability.



SCHOOL AND COMMUNITY EDUCATION



574

Participants attended courses



50

Courses delivered



SEXUALITY AND DISABILITY: WORKPLACE POLICY MADE EASY

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

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



SEXUALITY MATTERS! PART B DESIGN AND DELIVER A SEXUALITY EDUCATION PROGRAM

Supporting disability workers in planning and developing their own sexuality education programs for a specific audience.



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

Aims to increase their knowledge of sexuality and sexual health issues which affect young people, with a particular focus on working effectively with young people from priority groups.



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



STARTING THE CONVERSATION

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. The [Family Planning NSW Research Centre](#) has extensive experience in leading research studies and facilitates the monitoring and evaluation of all of Family Planning NSW's programs and services in Australia and the Pacific Region. The Research Centre also collaborates with universities, national and international research institutions on clinical and population health research, with a specific focus on improving the reproductive and sexual health outcomes.

Family Planning NSW is committed to creating an active research environment where staff adhere to the highest ethical standards. The organisation's Research Governance Guidelines provides updated guidance regarding research approval processes, roles and responsibilities, ethical considerations, authorship eligibility, research dissemination and translation, and ensuring compliance with the National Health and Medical Research Council (NHMRC) Funding Agreement.

All research that Family Planning NSW is involved in must comply with standards as outlined in the NHMRC National Statement on Ethical Conduct in Human Research (2007, updated 2018). During 2021-22, the Family Planning NSW Ethics Committee convened seven times (four via Zoom and three via email). The expedited review subcommittee convened seven times (all via email), with eight additional out of session reviews (four by the Chair, and four by the Ethics Executive Officer). In addition, the Ethics Committee reviewed and approved two new research studies and 23 amendments.

Grants awarded

Overcoming Inequity: Increasing Cervical Screening Participation for People with Intellectual Disability

In January 2022, the NHMRC awarded \$1,433,806 to Family Planning NSW as the Administering Institution to conduct this three-year study in collaboration with University of Western Sydney, University of New South Wales, University of Sydney, The Kirby Institute and the Cancer Institute of New South Wales. The study aims to identify facilitators and barriers to participation in the National Cervical Screening Program among people with intellectual disability, and co-design and evaluate the impact of multifaceted interventions to improve access and uptake. In a cluster randomised controlled trial design to test the effectiveness of an updated, expanded, co-designed and co-produced suite of resource packages to support informed decision-making and increase access and uptake of screening.

Improving counselling for emergency contraception: A unique job aide for pharmacists in Fiji

In May 2022, the Women's Plans Foundation awarded Family Planning NSW \$30,000 to undertake an implementation research project in collaboration with the University of Technology Sydney, Fiji National University, the Reproductive and Family Health Association of Fiji and the Asia Pacific Consortium for Emergency Contraception. Informed by a situational analysis and cross-sectional survey of pharmacists and consumers, this project aims to increase the knowledge and confidence of pharmacists in Fiji to improve the availability and accessibility of emergency contraception in Fiji, through the creation of a pharmacist job aide and associated training program.

Research Highlights

Using telehealth services for reproductive and sexual health during the pandemic and beyond

In response to the COVID-19 pandemic, the Family Planning NSW Research Centre conducted a study investigating the experiences of clients and clinicians in using telehealth for reproductive and sexual health. Findings highlighted a range of benefits, and continued provision of telehealth/phone services will likely further enhance access to reproductive and sexual health care.

Client's voice regarding Telehealth

Convenience of it, major benefits... used to doing things by phone in COVID times...we've become a bit more accustomed to it

If I don't need to physically check something I'm going to phone consult from now on because it's a lot easier

Didn't have to leave the house and I was unwell that day... necessary service to be maintained post-pandemic as well

You feel more comfortable not being face to face ... just easier rather than getting there because I don't live near...convenience, things like scripts, easy to do over the phone...to be able to speak without feeling judged or feeling watched

Associated publication

- Research letter published in the Medical Journal Australia (<https://onlinelibrary.wiley.com/doi/epdf/10.5694/mja2.51219>)

Associated presentation, achievement and advocacy

- Virtual presentations at the 2020 Australasian Sexual Health Conference, 2020 Australian Public Health Conference, 2021 Preventive Health Conference, and 2022 Preventive Health Conference
- Lead investigator, Dr Wendy Cheng, awarded for the best poster 2020 Australasian Sexual Health Conference https://www.fpnsw.org.au/sites/default/files/assets/Presentation_Australasian-Sexual-Health-Conference_2022-03-01.pdf
- Findings of the study used as evidence in advocacy letters from the Family Planning NSW Chief Executive Officer to the Australian Commonwealth Minister of Health, Minister for Women & Acting Chief Medical Advisor and NSW Health Minister regarding the importance and relevance of continue providing reproductive and sexual health care via the telehealth approach. This national advocacy effort contributed to the creation of 24 new MBS telehealth items for blood borne viruses, reproductive and sexual health services and continuation of existing COVID -19 telehealth services, <https://www.servicesaustralia.gov.au/there-are-24-new-mbs-telehealth-items-for-blood-borne-viruses-sexual-and-reproductive-health>

Translation

Family Planning NSW General Practitioners, other Medical Practitioners, Nurse Practitioners and a Psychologist provided 1,875 telehealth services during 2021-22

Outcomes of routine screening for reproductive coercion in a family planning service

This cross-sectional study was undertaken by the Family Planning NSW Research Centre to review the outcomes of reproductive coercion (RC) screening to better understand the situation of RC among women accessing family planning services. Findings highlighted reproductive and sexual health clinicians are well placed to conduct RC screening. However, they must have adequate training and access to resources to implement screening and respond to women who disclose RC. Moreover, women who disclosed reproductive coercion were also more likely to have discussed issues relating to domestic violence in their consultation.

Associated publication

- Cheng Y, Wilson EG., Botfield JR., Boerma CJ., Estoesta J, Peters LJ, McGeechan K (2021) **Outcomes of routine screening for reproductive coercion in a family planning service.** Sexual Health 18, 349-357. <https://doi.org/10.1071/SH21079>

Associated presentation and advocacy

- Virtual presentation at the Australasian Sexual Health Conference 2020
- Media release to call for actions to address this serious health and human rights issue, <https://www.fpnsw.org.au/media-news/media-releases/reproductive-coercion-screening-family-planning-nsw-clinics>

Translation

Family Planning NSW continued to provide ongoing professional development updates through presentations and case reviews to clinicians and had access to guidance and support from a staff social worker. In 2021-22, a total of 5,703 women were screened for reproductive coercion, with 129 clinic clients disclosed experiencing RC.

Training midwives in the insertion of the contraceptive implant to increase uptake in the immediate postpartum period: a feasibility pilot study

This investigator-initiated study was a partnership study led by Family Planning NSW with Royal Prince Alfred Hospital, Canterbury Hospital and the University of Sydney. The mixed methods study aimed to explore the feasibility, acceptability and sustainability of a program that provided competency-based implant insertion training for midwives in two NSW hospitals. The study documented training completion, implant insertion numbers and experience, and conducted end of study interviews with midwives and stakeholders.

Associated publication

- Botfield, J., Tulloch, M., Contziu, H., Wright, S.M., Phipps, H., McGeechan, K., Bateson, D., Black, K., **Feasibility, acceptability and sustainability of postpartum contraceptive implant provision by midwives in NSW public hospitals, Women and Birth**, available online, 7, Nov 2021. <https://www.sciencedirect.com/science/article/pii/S1871519221001876?via%3Dihub>

Associated presentation

- Invited speaker at the Joint Australian HIV & AIDS and Sexual Health Conferences 2021
- Presentation at the Australian College of Midwives 2021

Translation

The study led to important translational outcomes including the development of the Maternity Implanon NXT insertion for Midwives clinical guideline in Sydney Local Health District, which enabled midwives to continue providing the contraceptive implant, and the development of a hospital-based education package for midwives to access implant training in Sydney Local Health District.

Peer reviewed publications

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

- Pearson, S., Boerma, C., McNamee, K., Bateson, D., **Long-acting reversible contraceptives: New evidence to support clinical practice, Australian Journal of General Practice**, Vol. 51, available online, Apr 2022
- Smith, L.W., Liu, B., Degenhardt, L., Richters, J., Bateson, D., Yeung, A., Guy, R., **Identifying gaps in dual protection from sexually transmissible infections and unintended pregnancies among Australian women: an observational study**, Sexual Health, available online, 12, Dec 2021

- Botfield, J., Tulloch, M., Contziu, H., Wright, S.M., Phipps, H., McGeechan, K., Bateson, D., Black, K., **Feasibility, acceptability and sustainability of postpartum contraceptive implant provision by midwives in NSW public hospitals, Women and Birth**, available online, 7, Nov 2021
- Keers, G., Yamada, K., Pickles, K., Bell, K., Black, K., Bateson, D., Dodd, R.H., **Understanding women's choices for management of cervical intraepithelial neoplasia 2 (CIN2): Qualitative analysis of a randomised experimental study**, The Australian and New Zealand journal of obstetrics and gynaecology, doi: 10.1111/ajo.13440, available online, Oct 2021
- Cheng, Y., Wilson, E.G., Botfield, J., Boerma, C.J., Peck, L., Estoesta, J., Peters, L.J., McGeechan, K., **Outcomes of routine screening for reproductive coercion in a family planning service**, Sexual Health Journal, <https://doi.org/10.1071/SH21079>, available online, Oct 2021
- Richters, J., Carter, A., Caruana, T., Bateson, D., de Visser, R., Rissel, C., Yeung, A., Guy, R., McGeechan, K., **Reproductive experiences and outcomes among a representative sample of women: the Second Australian Study of Health and Relationships**, ANZ Journal of Public Health, <https://doi.org/10.1111/1753-6405.13166>, available online, Sep 2021
- Cheng, Y., Boerma, C., Peck, L., Botfield, J.R., Estoesta, J., McGeechan, K., **Telehealth sexual and reproductive health care during the COVID-19 pandemic**, The Medical Journal of Australia, online, 2, Aug 2021

Conference presentations

Oral and poster presentations were given by both Research Centre and other Family Planning NSW staff at a number of conferences in 2021-22:

Title and authors	Conference
<i>Factors Associated with Pelvic Inflammatory Disease (PID) – a primary care case series</i>	Royal Australian College of General Practitioners GP21 clinical conference, Sept 2021
Enhancing access to medical abortion through telehealth: findings from Family Planning NSW (virtual presentation)	Australian Public Health Conference 2021, Sept 2021
Midwife-led insertion of the contraceptive implant in the immediate postpartum period: a feasibility pilot study	Australian College of Midwives 2021
Nurse- and midwifery-led models of care for LARC and MTOP access	Joint Australian HIV & AIDS and Sexual Health Conferences 2021 (invited speaker)
Enhancing access to sexual and reproductive health care through telehealth (virtual presentation)	Public Health Conference 2022, May 2022
Increased demand for abortion information and advice during COVID-19 (virtual presentation)	Public Health Conference 2022, May 2022
The role of peer narratives in IUD decision-making amongst young people (virtual presentation)	Public Health Conference 2022, May 2022

Accreditation

Our suite of services has 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 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 was verified by the NDIS Quality and Safeguards Commission which extends until May 2025.

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 September 2022.

Australian Aid:

Family Planning NSW's International Development programme is accredited until 2026 by the Australian Department of Foreign Affairs and Trade (DFAT), responsible for managing Australia's aid program. Reaccreditation occurred in December 2021.

Australian Council for International Development (ACFID):

Family Planning NSW is a signatory to the 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 self-assessment signatory status extends to November 2024.

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):

Family Planning NSW is accredited as a NESA Endorsed Provider of registered professional development to teachers in NSW until October 2024. The Accreditation of Professional Development Courses Policy implemented by NESA from 2021 sets out the process for the accreditation of professional development courses in priority areas for NSW teachers. Family Planning NSW has gained interim accreditation for the course Sexual Health Education for Life: the PDHPE Curriculum for Students with Disability – Webinar Series.

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.

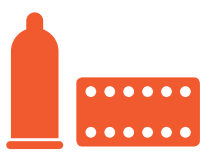
Australian Charities and Not-for-profits Commission (ACNC):

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.

3 GOOD HEALTH AND WELL-BEING



4 QUALITY EDUCATION



5 GENDER EQUALITY



17 PARTNERSHIPS FOR THE GOALS



COVID-19 responses including lockdowns and travel restrictions continued to have a direct impact on the International Programme in 2021-22. Project activity had to be adapted in response to in-country realities like the redeployment of partners' healthcare staff to COVID-19 responses. In addition, no international travel was undertaken. This presented several challenges including the need for remote monitoring of projects and reliance on digital communication and collaboration with in-country partners.

Despite this, in 2021-22, Family Planning NSW completed re-accreditation with the Department of Foreign Affairs and Trade (DFAT) related to the Australian NGO Cooperation Program (ANCP). In response to recommendations of the associated review, the Programme focused on improving processes around terrorism screening, photo consent and project appraisal. The team was also significantly expanded to deliver projects under the United Nations Population Fund (UNFPA) Transformative Agenda program.

Our International Programme is supported by the Australian government, through the ANCP, the UNFPA and Team Up program. Work is also funded by UNFPA Papua New Guinea and private donors.











Family Planning NSW is fully accredited with the 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.

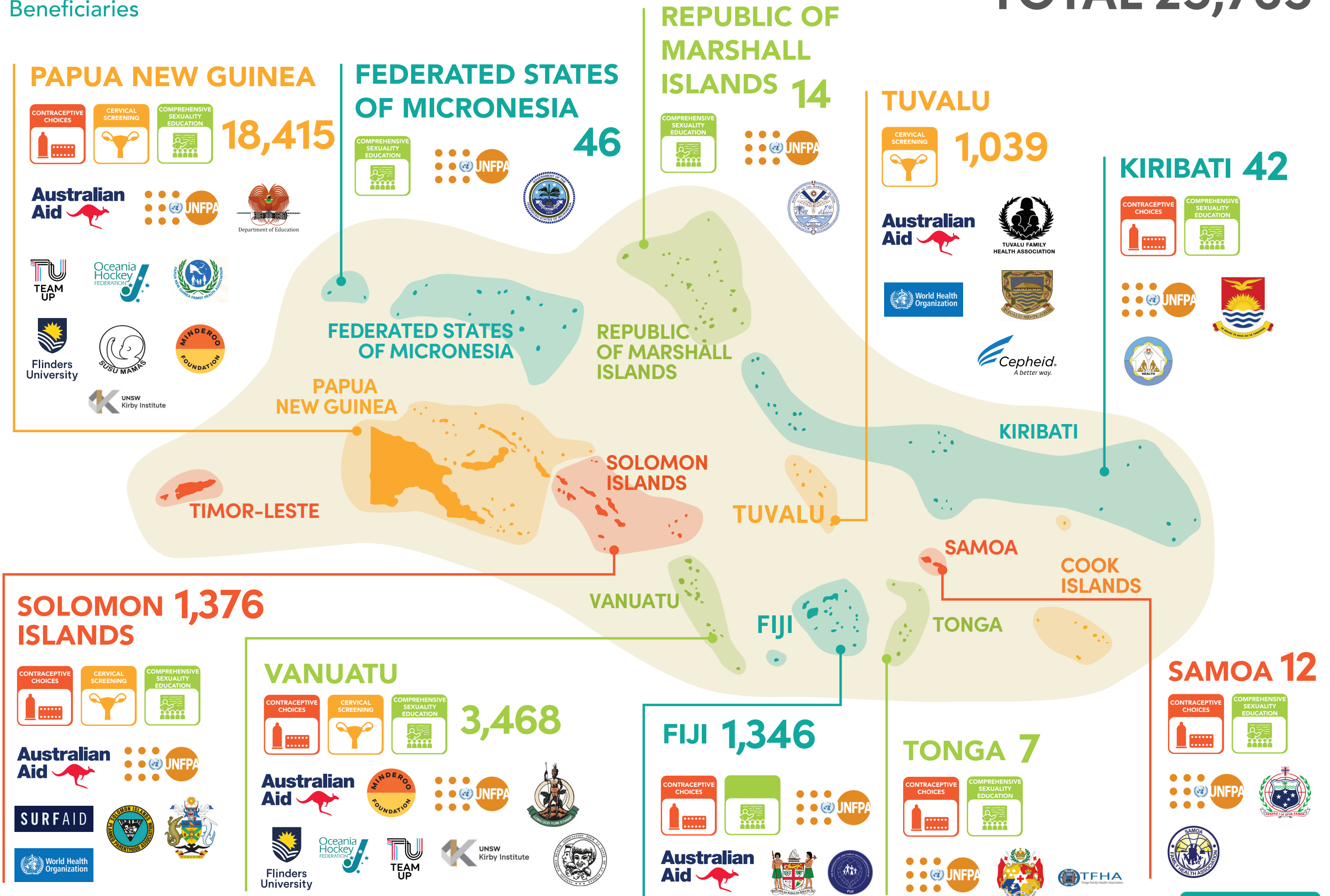


If you wish to lodge a complaint with our organisation, our complaints handling policy can be found on our website: www.fpnsw.org.au. Formal complaints can be submitted by email at:

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.



Beneficiaries



International projects at a glance

Contraceptive Choices Program



Family Planning NSW supports increasing access to safe, effective and affordable methods of contraception in the Pacific. We work to build 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.



Case study: Provision of contraceptives

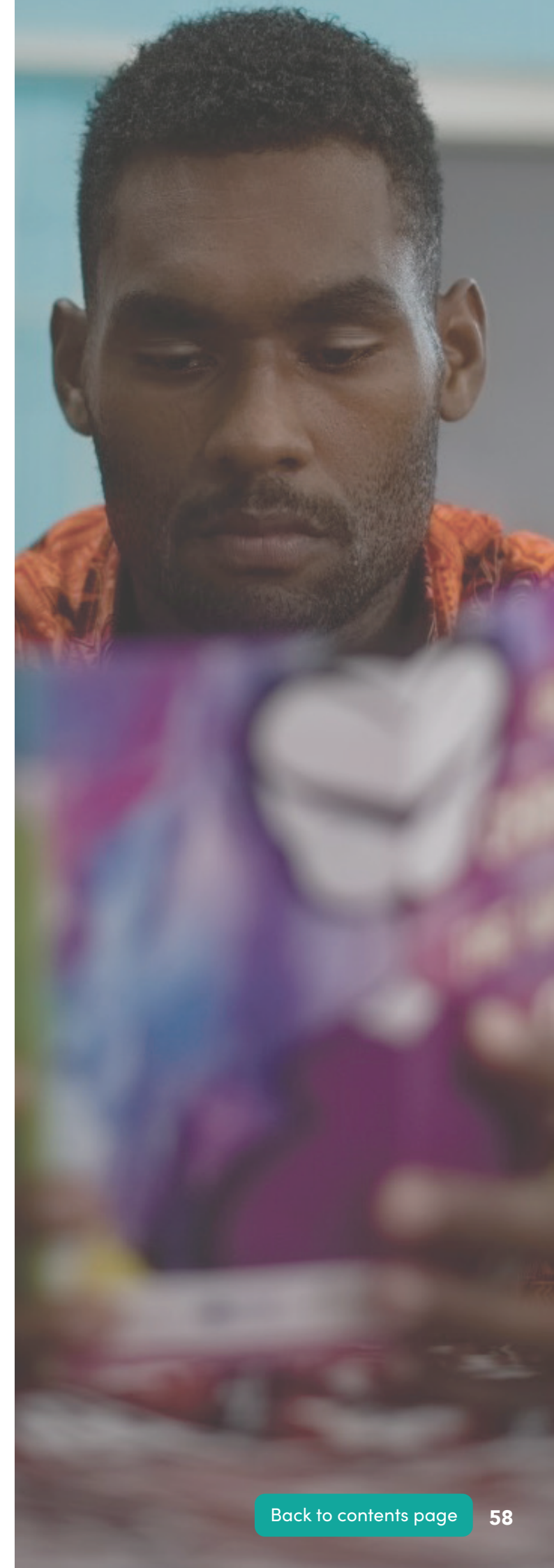
Thanks to the ongoing generous support of the Wasley family, we have been able to provide over 26,000 women with contraceptives through our partners in Papua New Guinea and Vanuatu. This support ensures women in these communities have access to contraceptives, in particular long acting reversible contraceptives.

Michael Salini, Executive Director PNGFHA wrote to us to say:

Thank you so much for the support. It will go a long way in ensuring that we continue to provide contraceptives to the women and girls who need them.

Case study: Papua New Guinea

In Papua New Guinea (PNG) we support our partner the PNG Family Health Association (PNGFHA) to increase access to and knowledge of sexual and reproductive health via the provision of contraceptive services and comprehensive sexuality education. This year, the deliverables on this project were significantly affected by COVID-19. Structural issues in PNG's healthcare system were exacerbated by the pandemic. Outbreaks not only affected the ability to deliver services but fear and stigma led to reduced use of services. Travel restrictions and decreases in community movement also meant community education outreach activities could not occur as planned. As a result, the provision of essential sexual and reproductive health services, like contraceptive counselling and distribution, was key focus for PNGFHA. Due to the flexibility of the ANCP, Family Planning NSW was able to re-direct funding to this essential work. As a result, PNGFHA well exceeded the expected target of 550 modern contraceptives provided with distribution totalling 9,134. In addition, a key learning for PNGFHA during COVID-19 was that connection to people with a disability was severely limited and work could be done to make their services more disability inclusive. For this reason, in coming years we will support PNGFHA to form partnerships with local Disabled People's Organisations.






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 mortality from this preventable disease by training health professionals, providing education, and encouraging women to be screened for early detection and treatment.


1,760
WOMEN SCREENED
IN SOLOMON ISLANDS
& TUVALU

TuFHA Project Officer and Nurse Ms Taotao Homasi said:

Cervical cancer month [was] promoting and awakening women to get tested and get their girls (10–15 years) vaccinated.

Case study: Tuvalu


Family Planning NSW partners with the Tuvalu Family Health Association (TuFHA) and the Ministry of Health on a pilot cervical screening and treatment program. In a first in the Pacific and through a partnership with Cepheid, the pilot is implementing self-collected HPV DNA testing via Gene-Xpert machines and treatment with thermal ablation. However, some initial resistance to both cervical screening and self-collection was identified. In response, a widespread community education campaign was conducted this year, including declaring January 2022 ‘Cervical Cancer Awareness Month’. Activity during the period included TuFHA nurses conducting house to house visits and community educators promoting the project to church groups, including on outer islands. Radio, television and social media (via Facebook) promotion was delivered. Transport to the TuFHA clinic was provided and, as the clinic is next to a sports field, women who attended sports events were also targeted to get tested. 592 women were reached with these strategies. This resulted in 19% of eligible women being screened despite the challenges COVID-19 restrictions created. As word has spread amongst the female population that screening is an easy and valuable service, women are telling each other “this is the best test ever” and encouraging each other to get tested.

Comprehensive Sexuality Education



The provision of comprehensive sexuality education (CSE) to all is a crucial enabler for 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 a low social status, while men are the primary decision makers. People with a disability are often not provided the same rights as others.

 **2,380**
BENEFICIARIES
RECEIVED COMPREHENSIVE
SEXUAL INFORMATION
AND EDUCATION



Impact story 1: Out-of-school Family Life Education – overcoming challenges in the Solomon Islands

“This was a very good experience which improves and builds up confidence on how to be a good facilitator and role model for young people”

“I have learned a lot in this program and I had a great time exposing to something that we don’t usually discuss with a mix-gender group. This program also help us build our confidence in public speaking”

As an implementing partner of the UNFPA Transformative Agenda, FPNSW designs and delivers comprehensive sexuality education (CSE) – also known as Family Life Education (FLE) in the Pacific. One part of this work is training youth leaders, peer educators and community workers to deliver FLE out-of-school (OOS) environments. Having developed a comprehensive OOS FLE resource package for the region, we set to work customising it via consultations with local stakeholders in eight countries. Then, in late 2021 we delivered workshops to validate the related training package.

This was completed remotely for participants in Vanuatu, Samoa and the Solomon Islands. However, 2 days into training in the Solomon Islands, workshops had to be suspended due to the political unrest in Honiara which put participant safety at risk. In 2022, we worked to secure a time to complete training and in June, 20 people completed the OOS FLE facilitator training. The training was successful in familiarising participants with OOS FLE principles, content and gave them the opportunity to start practicing the skills for delivery with young people; evaluations showed that improved confidence was a key take-away.

Impact story 2: Hook in4 Health collaborative master training

“Thanks to everyone for the 4 days of ideas and experience sharing as well, we really appreciate it. If I can get your contacts... we can communicate. I am working with youths and [will be in touch] if I need your ideas or feedback on situations regarding the work we do. From PNG thank you so much.”

Family Planning NSW works in partnership with multiple stakeholders on the Hook in4 Health project. Led by Oceania Hockey Federation, the project is part of the Australian Government’s Team Up Pacific Sports Partnership Program. We worked throughout 2021-22 to develop a training package to support master trainers from PNG and Vanuatu who will go on to deliver SRHR training to hockey leaders. With travel restrictions preventing in-person training, we trialled remote delivery to both countries simultaneously with the help of local co-facilitators. Master trainers were educated on SRHR topics, how to use the SRHR Module, and importantly, on how to apply knowledge and resources to on-train hockey leaders at a local level. However, combining training had the additional positive impact of connecting our partners in PNG and Vanuatu. Participants enjoyed the participation of their cross-Pacific peers, with the approach prompting idea sharing, advice and continued partnership on challenging scenarios and topics in their communities.



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 to and uptake of reproductive and sexual health services

- promoting and translating the key findings of Family Planning NSW research into reproductive and sexual health practice
- tailoring communications to support the reproductive and sexual health needs of those 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.

International advocacy

During 2021-22, 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. 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 also continued to actively engage with the Department of Foreign Affairs and Trade to influence Australian positions at the United Nations Commission on Population and Development and the World Health Organization.

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

Family Planning NSW released its 5th annual Sustainable Development Goal (SDG) Report, highlighting link between sexual and reproductive health and rights and SDGs 3, 5 and 17. The report was widely circulated, including to the Department of Foreign Affairs and Trade ahead of the United Nations High Level Political Forum for Sustainable Development.

With Family Planning NSW's United Nations ECOSOC Consultative Status, we delivered a statement during the United Nations Commission on Population and Development session on 29 April 2022. The statement was delivered on behalf of International Planned Parenthood Federation East & Southeast Asia and Oceania Region (IPPF ESEAOR), MSI Reproductive Choices and SERAC-Bangladesh. In this statement we:

- called on Member States to ensure consistent implementation of comprehensive sexuality education, especially within Australia and the Pacific, to ensure all people, particularly young people, develop optimal levels of literacy, including health literacy, which fosters development of essential life skills and opportunities for employment.
- urged Member States to continue to show strength, commitment and leadership to achieve sexual and reproductive health and rights for all. We encourage Member States to invest in long-acting reversible contraception and ensure access to safe abortion.

With funding from the United Nations Population Fund (UNFPA), Family Planning NSW took on the secretariat of the Australian Parliamentary Group on Population and Development. This is a cross-party group of Members of Parliament connected to a global network of parliamentarians working on population and development issues to improve integration of sexual and reproductive rights, as well as the prevention of and response to gender-based violence and harmful practices, into universal health coverage-related policies and plans and other relevant laws, policies, plans and accountability frameworks.

We have also worked with the International Planned Parenthood Federation East & Southeast Asia and Oceania Region (IPPF ESEAOR) to develop an updated Sustainable Development Goals Accountability Manual. The manual provides IPPF ESEAOR member associations with information on how to advocate to their national governments on inclusion of reproductive and sexual health and rights into the Sustainable Development Goals.

Policy submissions

During 2021-22, Family Planning NSW made or contributed to 46 submissions, online surveys and letters on issues related to reproductive and sexual health and rights for all, with a particular focus on:

- ensuring the continuation of telehealth for reproductive and sexual healthcare
- opposition to the Religious Discrimination Bill
- engagement with United Nations Commission on Population and Development
- review of Australian school curriculum to support comprehensive sexuality education
- input to the new NSW STI strategy
- addressing climate change and implications for reproductive and sexual health
- reducing violence against women and girls
- enhancing access to long-acting reversible contraceptives
- ensuring equitable and accessible reproductive and sexual health services and education for all people

Our submissions and responses included:

Focus area/issue	Recipient
New South Wales Sexually Transmissible Infections Strategy 2021-2025	NSW Ministry of Health
Disability Royal Commission – Experiences of Culturally and Linguistically Diverse People with Disability	Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability
Australian Curriculum Review	Australian Curriculum, Assessment and Reporting Authority
Implementing the successor plan to the National Framework for Protecting Australia's Children 2009-2020	Department of Social Services
Developing the next national plan to reduce violence against women and their children	Department of Social Services
National Disability Insurance Scheme Workforce	Joint Standing Committee on the NDIS (Australian Government)
26th Conference of the Parties (COP26) Special Report on Climate Change and Health	World Health Organisation
Provision of long-acting reversible contraceptives by appropriately trained Registered Nurses to enhance access across Australia	Commonwealth Government – Minister for Health and Aged Care
Provision of general practitioner and related primary health services to outer metropolitan, rural and regional Australians	Senate Standing Committee on Community Affairs
Public consultation on interim decisions to amend the Poisons Standard – November 2020 ACMS/ACCS meetings	Australian Government, Department of Health and Aged Care
Consultation on the Primary Health Care 10 Year Plan	Australian Government, Department of Health and Aged Care
CPD55 Written statement	United Nation Secretariat and Commission on Population and Development

Focus area/issue	Recipient
Menstrual Products Standards	Standards Australia
Nurse Practitioner 10 Year Plan	Australian Government, Department of Health and Aged Care
Religious Discrimination Bill 2021	Joint Committee on Human Rights
NSW Pre-Budget Submission	NSW Government
The Australian Cancer Plan 2023-2033	Department of Health, Australian Government
National Plan to Reduce Violence Against Women and Girls	Department of Social Services, Australian Government
Global Online Consultation on the Sustainable Development Goals under Review at High-level Political Forum (HLPF) 2022	Women's Major Group
CPD54 Zero Draft – NGO Input Rev 1 & 2	International Sexual and Reproductive Rights Coalition (ISRRC)

Communications and Marketing

Family Planning NSW has continued to implement marketing and communications strategies to promote reproductive and sexual health services and information throughout NSW, Australia and the Pacific.

Marketing and communications play a vital role in supporting access and uptake of reproductive and sexual health and services, addressing the information needs of individuals, stakeholders, and the wider community.

We incorporate multifaceted marketing and communications campaigns for all new services, projects and initiatives, supporting organisational objectives and health outcomes for all people.

Social Media Strategy

Family Planning NSW has continued to utilise its social media channels as education and advocacy mediums to support the reproductive and sexual health needs of all people.

We continue to implement social media strategies to structure a balance of content that meets the needs of our audience and represents the broad spectrum of Family Planning NSW's work.

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 1,651,567 impressions on users and 7,277 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 Programme.

Family Planning NSW has continued to focus on driving users to www.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 on Family Planning NSW services.

SEARCH Project Branding and Communications

As part of the SEARCH project, Family Planning NSW developed communications resources and a guidelines hub for partnering clinics to utilise in the promotion of their new service offerings. Housed in a central location, Family Planning NSW developed a suite of SEARCH branded resources, promotional material, communications templates, and communications guidelines for partnering clinics to utilise. These resources allow partnering clinics without communications and marketing teams to effectively promote their services as required.

WEBSITE GROWTH 2021-22



Head Office Relocation

To ensure minimal disruptions to clients, students and general business operations, Family Planning NSW implemented a multifaceted marketing and communications campaign to communicate vital information and milestones relating to the relocation.

Communication activations were rolled out over the months leading up to the relocation, targeting staff, clients, students, partners, suppliers, and key Local Health District and government stakeholders. The campaign utilised advertising, direct communication, social media, media and advocacy strategies to successfully transition Family Planning NSW to its new flagship site, while maintaining adequate clinical appointments and reduce disruption to business operations.

Media Relations

Family Planning NSW has continued to utilise media relations to position itself as a leader in reproductive and sexual health.

In 2021-22, Family Planning NSW coordinated media [activations](#) that promoted our clinical services, education courses, research initiatives, work in the Pacific region, as well as media activations that addressed issues relating to inequality to reproductive and sexual health around the globe.

Family Planning NSW spokespeople featured in 91 positive media articles relating to our work in reproductive and sexual health. We continue to focus on developing the skills and experience of our spokespeople in front of the media.

Head Office Relocation Campaign

IMPRESSIONS
SOCIAL MEDIA

ORGANIC
9,136

371,978
PAID

38,860
EDM'S SENT

WEBSITE VIEWS
1,598



Financial report

For year ended 30 June 2022
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 2022.

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

Stephanie Cross

Sharyn Coughlan (resigned November 2021)

Elizabeth Jacka (resigned July 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	2022 Actual	2022 Benchmark	2021 Actual	2021 Benchmark
Client Visits	28,194	28,000	30,134	28,000
Operational and Financial				
Proportion of funding from:				
Grants				
Government grants	79%	81%	64%	55%
Other grants	5%	8%	4%	8%
Self-generated income:				
Donations	1%	0%	1%	0%
Investments	0%	1%	2%	1%
Other	15%	10%	29%	36%

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 2022 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 FPNSW 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 Streetwize 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



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 Planning and Development Committee
- Member of the Board Executive Committee
- Member of the Audit and Risk 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



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 CEO of Running for Premature Babies, an organisation that fundraises for neonatal intensive care equipment and supports parents of babies born prematurely. 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 (to September 2021)
- Chair of the Audit and Risk Committee
- Member of the Board Executive Committee
- Member of the Governance Committee



Dr Kim Johnstone

Non-Executive Director –
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
- Member of the Governance 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). 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.

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Special responsibilities:

- Member of the Planning and Development Committee



Neil Jackson

Non-Executive Director – Honorary
Legal Advisor
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.

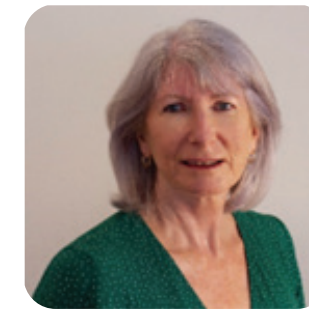
In 2002, Neil was appointed as an Arbitrator of the New South Wales Compensation Commission. In 2004 he was appointed a Mediator of the New South Wales Supreme Court and an Arbitrator of the New South Wales District Court.

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



Stephanie Cross

Non-Executive Director
B SocSc (Applied),
MBA, GAICD

Stephanie’s career in both the private and public sector includes

nearly 20 years at a Senior Executive and Board level in the NSW Public Sector. During that time Stephanie held the key positions of Deputy Director General and Executive Director in a number of NSW government departments and agencies. These included the Departments of Juvenile Justice, Environment Climate Change and Water and Sport and Recreation. Stephanie’s area of expertise is corporate and strategic services.

As an executive, Stephanie worked across government to shape and deliver policy and programs, provide shared services to various organisations and deliver 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



Sharyn Coughlan
 Non-Executive Director
 (resigned November 2021)
 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 (to November 2021)



Dr Elizabeth Jacka
 (resigned July 2021)
 Non-Executive Director
 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.



Paul Hopkins
 Company Secretary
 B.Sc., M.Sc., Grad Dip.
 Corporate Governance,
 FGIA, JP(NSW)

Mr Paul Hopkins was appointed on 10 September

2021 replacing Mr Gary Trenaman as Company Secretary.

Paul is a senior manager with a broad base of business management skills and experience in a diverse range of sectors including environmental sustainability and health research management. He is a governance professional and Chartered Secretary with more than seven years' experience in the company secretarial role.



Meetings of Directors

The number of meetings of the company's Board of Directors ('the Board') and Sub-Committees of the Board held during the year ended 30 June 2022 and the number of meetings attended by each Director were:

Directors	# Meetings Attended / # Meetings Held			
	Board	Audit & Risk Committee	Governance Committee	Planning & Development Committee
Bernadette Or	8 / 9	-	-	-
Carla Cranny	9 / 9	3 / 3	-	1 / 1
Kim Field	9 / 9	-	-	1 / 1
Gary Trenaman	9 / 9	6 / 6	1 / 2	-
Kim Johnstone	8 / 9	-	1 / 2	1 / 1
Melissa Williams	5 / 9	-	-	0 / 1
Neil Jackson	9 / 9	5 / 6	2 / 2	-
Stephanie Cross	9 / 9	6 / 6	2 / 2	-
Sharyn Coughlan	2 / 3	-	-	-
Elizabeth Jacka	0 / 0	-	-	-

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 \$1,850 based on 37 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 25th day of October 2022

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 2022 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
Director
Sydney, 25 October 2022

Family Planning NSW – Contents
– 30 June 2022

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General information

The financial statements cover Family Planning NSW as an individual entity. The financial statements are presented in Australian dollars, which is Family Planning NSW's functional and presentation currency.

Family Planning NSW is an unlisted public company limited by guarantee, incorporated and domiciled in Australia. Its registered office and principal place of business is:

8 Holker St
Newington
NSW, 2127, Australia

A description of the nature of the company's operations and its principal activities are included in the directors' report, which is not part of the financial statements.

The financial statements were authorised for issue, in accordance with a resolution of directors, on 25th October 2022. The directors have the power to amend and reissue the financial statements.

Statement of **PROFIT OR LOSS** and other comprehensive income for the year ended
30 June 2022

	2022 \$	2021 \$
Revenue		
Domestic revenue		
Grants		
Government grants	15,143,078	10,991,362
Other grants	200,354	-
	15,343,432	10,991,362
Sales revenue		
Contraceptive income	50,910	60,193
Course fees	126,960	104,739
Bookshop sales	47,529	103,808
	225,399	268,740
Other revenue		
Medicare revenue	587,038	678,838
Private billing revenue	756,126	751,155
Investment revenue	82,470	350,834
Government grant – COVID -19 Stimulus	656,191	2,924,100
Donations and gifts		
Monetary	-	80
Non-monetary	-	-
Other revenue	321,285	270,070
	2,403,110	4,975,077
Total domestic revenue	17,971,941	16,235,179

	2022 \$	2021 \$
International revenue		
Grants		
Department of Foreign Affairs and Trade	389,662	280,287
Other Australian	85,050	7,023
Other overseas	803,462	777,261
Donations and gifts		
Monetary	74,490	50,843
Non-monetary	49,137	50,534
Investment income	2,059	1,141
Other revenue	284,467	230,243
Revenue for international political or religious adherence promotion program	-	-
Total international revenue	1,688,327	1,397,332
Total revenue	19,660,268	17,632,511

Statement of **PROFIT OR LOSS** and other comprehensive income for the year ended 30 June 2022 (continued)

	2022 \$	2021 \$
Expenses		
Domestic program expenses		
Audit/professional services	(41,434)	(58,683)
Bad debts	-	(398)
Branding & marketing	(21,610)	(24,619)
Computer services and software	(577,738)	(466,421)
Conferences & seminars	(44,273)	(47,478)
Consultancy	(673,940)	(966,323)
Consumables/client expenses	(44,616)	(32,992)
Cost of goods sold	(44,616)	(53,326)
Depreciation and amortisation expenses	(799,822)	(1,044,969)
Employee benefit expense	(10,417,835)	(10,103,243)
File scanning	(9,922)	(6,209)
Insurance	(179,398)	(200,446)
Labour hire – external	(92,023)	(41,488)
Lease /rent	(10,892)	(15,785)
Materials and equipment	(90,822)	(79,252)
Medical consumables	(239,315)	(168,475)
Printing/postage/stationery/advertising/ photocopying	(133,885)	(186,245)
Repairs and maintenance/cleaning	(276,280)	(189,895)
Staff recruitment	(30,455)	(29,747)
Stock write-off	(4,341)	(16,246)
Strata levies	(39,779)	(51,811)
Teaching resources	(72,549)	(82,019)
Telephone/internet	(101,229)	(156,852)
Travel	(89,471)	(113,673)
Utilities	(111,886)	(96,401)
Website development	(29,495)	(38,488)
Other expenses	(396,831)	(840,682)
Total domestic program expenses	(14,580,696)	(15,112,166)

	2022 \$	2021 \$
International aid and development programs expenses		
International programs		
Funds to international programs	(1,014,748)	(952,101)
Program support costs	(481,311)	(264,848)
Community education	-	-
Fundraising costs		
Public	(178)	(105)
Government, multilateral and private	-	-
Accountability and administration	(142,953)	(129,744)
Non-monetary expenditure	(49,137)	(50,534)
Total international aid and development programs expenses	(1,688,327)	(1,397,332)
International political or religious adherence promotion programs expenditure	-	-
Total international program expenses	(1,688,327)	(1,397,332)
Total Expenses	(16,269,023)	(16,509,498)
Surplus before income tax (expense)	3,391,245	1,123,013
Income tax (expense)		
Surplus/ (Deficit) after income tax (expense) for the year attributable to the members of Family Planning NSW	3,391,245	1,123,013
Other comprehensive income		
Items that may be reclassified subsequently to profit or loss		
Net (loss)/gain on asset revaluation reserve	402,218	-
Net (loss)/gain on investment revaluation reserve	(23,833)	34,961
Other comprehensive income for the year, net of tax	378,385	34,961
Total comprehensive income for the year attributable to the members of Family Planning NSW	3,769,630	1,157,974

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 2022

	Note	2021 \$	2021 \$
Assets			
Current assets			
Cash and cash equivalents	4	7,237,017	12,240,222
Trade and other receivables	5	249,344	60,713
Inventories on hand	6	40,669	44,035
Other financial assets		-	-
Other	7	173,879	275,146
Total current assets		7,700,909	12,620,116
Non-current assets			
Trade and other receivables		-	-
Financial assets at fair value through other comprehensive income	8	1,713,914	1,737,747
Property, plant and equipment	9	24,286,729	649,802
Right-of-use assets	10	156,593	17,930,283
Intangibles	11	14,338	1,229,477
Work in progress	12	-	(1,053,040)
Other non-current assets		-	19,898
		26,171,574	20,514,167
Total assets		33,872,483	33,134,283
Liabilities			
Current Liabilities			
Trade and other payables	13	1,347,494	1,396,277
Lease liabilities	14	61,077	181,165
Employee benefits	15	1,333,919	1,575,065
PAYG withholding tax		68,413	64,223
Grants received in advance	16	2,561,079	5,262,995
Provisions		-	-
Other		-	-
Total current liabilities		5,371,982	8,479,725

	Note	2022 \$	2021 \$
Liabilities (continued)			
Non-current liabilities			
Trade and other payables		-	-
Lease liabilities	17	97,322	110,495
Employee benefits	18	89,486	-
Borrowings		-	-
Provisions		-	-
Other		-	-
Total non-current liabilities		186,808	110,495
Total liabilities		5,558,790	8,590,220
Net assets			
		28,313,693	24,544,063
Equity			
Reserves	19	3,439,130	3,060,745
Retained surplus	20	24,874,563	21,483,318
Total equity		28,313,693	24,544,063

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 2022

	Asset Revaluation Reserve	Investment Revaluation Reserve	General Reserves	Retained Surplus	Total Equity
Balance at 1 July 2020	3,037,597	(11,813)	-	20,360,305	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	-	34,961	-	1,123,013	1,157,974
Balance at 30 June 2021	3,037,597	23,148	-	21,483,318	24,544,063
Balance at 1 July 2021	3,037,597	23,148	-	21,483,318	24,544,063
Surplus after income tax (expense) for the year	-	-	-	3,391,245	3,391,245
Other comprehensive income for the year, net of tax	402,218	(23,833)	-	-	378,385
Total comprehensive income for the year	402,218	(23,833)	-	3,391,245	3,769,630
Balance at 30 June 2022	3,439,815	(685)	-	24,874,563	28,313,693

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

Statement of **CASH FLOWS** for the year ended 30 June 2022

	Note	2022 \$	2021 \$
Cash flows from operating activities			
Receipts from customers (inclusive of GST)		2,120,308	2,957,065
Payments to suppliers and employees (inclusive of GST)		(17,139,007)	(16,409,590)
Grants received		15,295,798	13,854,840
Government Grant – COVID-19 stimulus		656,191	2,924,100
Donations received		74,416	50,923
Interest and dividends received		83,729	372,294
Net cash from operating activities		1,091,435	3,749,632
Cash flows from investing activities			
Payment for property, plant & equipment	9	(5,763,162)	(31,801)
Additions of work in progress		-	(649,802)
Net cash used in investing activities		(5,763,162)	(681,603)
Cash flows from financing activities			
Repayment of lease liability		(331,478)	(662,511)
Net cash from financing activities		(331,478)	(662,511)
Net increase in cash and cash equivalents		(5,003,205)	2,405,518
Cash and cash equivalents at the beginning of the financial year		12,240,222	9,834,704
Cash and cash equivalents at the end of the financial year	4	7,237,017	12,240,222

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 have been 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.

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

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

Conceptual Framework for Financial Reporting (Conceptual Framework)

The company has adopted the revised Conceptual Framework from 1 July 2021. The Conceptual Framework contains new definition and recognition criteria as well as new guidance on measurement that affects several Accounting Standards, but it has not had 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

The company has adopted AASB 1060 from 1 July 2021. The standard provides a new Tier 2 reporting framework with simplified disclosures that are based

on the requirements of IFRS for SMEs. As a result, there is increased disclosure in these financial statements.

Basis of preparation

These general purpose financial statements have been prepared in accordance with Australian Accounting Standards – Simplified Disclosures and the Australian Charities and Not-for-profits Commission Act 2012, as appropriate for not-for-profit oriented entities, and accordance with the requirements set out in the ACFID Code of Conduct. For further information on the Code please refer to the ACFID website at www.acfid.asn.au.

The financial statements are presented in Australian dollars, which is Family Planning NSW's functional and presentation currency.

Historical cost convention

The financial statements have been prepared under the historical cost convention, except for, where applicable, the revaluation of financial assets and liabilities at fair value through profit or loss, financial assets at fair value through other comprehensive income, investment properties, certain classes of property, plant and equipment and derivative financial instruments.

Critical accounting estimates

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

Revenue recognition

The company recognises revenue as follows:

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.

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

Trade and other receivables

Other receivables are recognised at amortised cost, less any allowance for expected credit losses.

Inventories

Stock on hand is stated at the lower of cost and net realisable value. Cost comprises of purchase and delivery costs.

Net realisable value is the estimated selling price in the ordinary course of business.

Work in progress

Relates to new building fit-out cost which were 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 company 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, its 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 company intends to hold for the foreseeable future and has irrevocably elected to classify them as such upon initial recognition.

Impairment of financial assets

The company 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 company'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 mandatorily measured at fair value through other comprehensive income, the loss allowance is recognised in other comprehensive income with a corresponding expense through profit or loss. In all other cases, the loss allowance reduces the asset's carrying value with a corresponding expense through profit or loss.

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 periodic, at least every 3 years, valuations by external independent valuers, 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. Increases in the carrying amounts arising on revaluation of land and buildings are credited in other comprehensive income through to the revaluation surplus reserve in equity. Any revaluation decrements are initially taken in other comprehensive income through to the revaluation surplus reserve to the extent of any previous revaluation surplus of the same asset. Thereafter the decrements are taken to profit or loss.

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
Leasehold improvements	50 years
Fixtures and Fittings	10 years
Medical and 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.

Leasehold improvements are depreciated over the unexpired period of the lease or the estimated useful life of the assets, whichever is shorter.

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 company 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.

Intangible assets

Website

Significant costs associated with the development of the revenue generating aspects of the website, including the capacity of placing orders, are deferred and amortised on a straight-line basis over the period of their expected benefit, being their finite life of 5 years.

Impairment of non-financial assets

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

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

Trade and other payables

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

Employee benefits

Short-term employee benefits

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

Other long-term employee benefits

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

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 interests. 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 and assumptions

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

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.

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.

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.

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 2022

Note 3: Grants received during the year (Exclusive of GST)	2022 \$	2021 \$
NSW Ministry of Health: NGO Funding		
Women's Health	8,852,700	8,602,200
Fairfield – National Women's Health	658,100	639,400
Population Grant	334,800	324,700
Penrith – Community Education, Women's Health & Health Transport	582,925	709,125
Penrith – Reproductive and Sexual Health Training & Education	1,000	171,700
	10,429,525	10,447,125

NSW Government:		
NSW Health – Day Surgery Grant	-	162,500
NSW Health – SEARCH	800,000	
NSW Health – Pregnancy Hotline	41,415	114,110
NSW Department of Customer Service	180,000	-
Department of Communities and Justice – COVID-19 Domestic Family Violence	-	150,000
	1,021,415	426,610

Hunter New England LHD:		
Hunter Health Promotion	59,500	58,500

Cancer Institute NSW:		
Cervical Screening Training	57,500	50,313
Young Women	-	10,000
	57,500	60,313

	2022 \$	2021 \$
Commonwealth Government Grants:		
Department of Health and Ageing: Know Your Health	39,000	37,350
Department of Health: Trending Sexual Health	499,012	-
NDIA Grant	-	215,525
Department of Foreign Affairs and Trade: ANCP	371,645	365,326
	909,657	618,201

Other Grants:		
Research Grant	321,461	135,157
Australian Doctors International	-	400
Spencer Lionel	-	74,630
Minderoo Foundation	101,106	-
UNFPA	830,938	893,192
IPPF	13,531	-
Oceania Hockey	88,690	-
Women's Plan Foundation	30,000	-
ABF Foundation	5,000	-
	1,390,726	1,103,379
Total grants received	13,868,323	12,714,128

NOTES to the Financial Statements 30 June 2022

Note 4: Current assets-cash and cash equivalents	2022 \$	2021 \$
Cash on hand	1,410	3,450
Cash at bank		
- Domestic programs	6,373,669	11,639,438
- International programs	861,938	597,334
	7,237,017	12,240,222

Note 5: Current assets-trade and other receivables

Trade receivables – other	249,344	60,713
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Note 6: Current assets-inventories on hand

Stock at cost	40,669	44,035
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Note 7: Current assets-other

Accrued revenue	17,521	16,721
Prepayments	156,358	258,425
	173,879	275,146

Note 8. Non-current assets – financial assets at fair value through other comprehensive income

Financial Assets at Fair Value through other comprehensive income (Listed investment at fair value)	1,713,914	1,737,747
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Note 9. Non-current assets – property, plant and equipment	2022 \$	2021 \$
Land and buildings: at independent valuation 2022	22,200,000	16,550,000
Less: Accumulated depreciation	(19,530)	(392,291)
	22,180,470	16,157,709
Leasehold improvements – at independent valuation 2022	1,600,000	1,600,000
Less: Accumulated amortisation	(2,667)	(64,000)
	1,597,333	1,536,000
Plant & equipment – at cost	1,190,447	780,173
Less: Accumulated depreciation	(762,581)	(648,458)
	427,866	131,715
Motor vehicles – at cost	98,048	98,048
Less: Accumulated depreciation	(47,550)	(32,843)
	50,498	65,205
Office equipment – at cost	222,588	215,656
Less: Accumulated depreciation	(192,026)	(176,002)
	30,562	39,654
	24,286,729	17,930,283

Valuations of land and buildings

The basis of the valuation of land and buildings is fair value. The land and buildings were last revalued on 30 June 2022 based on independent assessments by a member of the Australian Property Institute having recent experience in the location and category of land and buildings being valued. The directors believe that there has been a material movement in fair value since the revaluation date. Valuations are based on current prices for similar properties in the same location and condition.

NOTES to the Financial Statements 30 June 2020

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

2022 \$ 2021 \$

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 2021	16,157,709	1,536,000	131,715	65,205	39,654	17,930,283
Additions*	5,967,281	-	440,041	-	5,641	6,412,963
Revaluation increments	308,885	93,333	-	-	-	402,218
Depreciation expense**	(253,405)	(32,000)	(143,890)	(14,707)	(14,733)	(458,735)
Balance at 30 June 2022	22,180,470	1,597,333	427,866	50,498	30,562	24,286,729

* Within the total addition balances made during FY22 includes \$649,802 assets which were transferred from work in progress upon completion of Newington premise.

** The total depreciation and amortisation expense \$799,822 as disclosed in the statement of profit and loss and other comprehensive income, \$458,735 relates to property, plant and equipment, \$5,560 relates to website amortisation expense and remaining \$355,527 relates to AASB 16 Leases – depreciation expense.

Note 10. Non-current assets – right-of-use assets

2022 \$ 2021 \$

Land and buildings – right-of-use	187,913	1,229,477
Less: Accumulated depreciation	(31,320)	(1,053,040)
	156,593	176,437

Note 11. Non-current assets – intangibles

Website – at cost	27,800	27,800
Less: Accumulated amortisation	(13,462)	(7,902)
	14,338	19,898

Note 12. Non-current assets – work in progress

2022 \$ 2021 \$

Work in progress	-	649,802
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During FY22, the work in progress costs were transferred to property, plant and equipment.

Note 13. Current liabilities – trade and other payables

Trade payables	200,854	245,620
Income received in advance	235,619	842,625
BAS payable	190,598	221,199
Other payables	720,423	86,833
	1,347,494	1,396,277

Note 14. Current liabilities – lease liabilities

Lease liability – premises	61,077	181,165
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Other grants

Future lease payments

Future lease payments are due as follows:

Within one year	64,073
One to five years	98,918
	162,991

Note 15: Current liability – employee benefits

Employee benefits	1,333,919	1,575,065
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Note 16: Current liability – grants received in advance

Other grants	822,074	746,919
Government grant	1,739,005	4,516,076
	2,561,079	5,262,995

NOTES to the Financial Statements 30 June 2022

Note 17. Non-current liabilities – lease liabilities	2022 \$	2021 \$
Lease liability – premise	97,322	-
Refer to Note 14 for maturity profile of future lease payments.		

Note 18. Non-current liability – employee benefits	2022 \$	2021 \$
Employee benefits	89,486	110,495

Note 19. Equity – retained surpluses	2022 \$	2021 \$
Retained surplus at the beginning of the financial year	21,483,318	20,360,305
Surplus after income tax (expense) for the year	3,391,245	1,123,013
Retained surpluses at the end of the financial year	24,874,563	21,483,318

Note 20. Equity – dividends
There were no dividends paid, recommended or declared during the current or previous financial year.

Note 21: 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:

Aggregate compensation	1,463,351	1,260,847
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Note 22. Remuneration of auditors

During the financial year the following fees were paid or payable for services provided by the auditor of the company

Audit services	48,500	43,000
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Note 23. Contingent liabilities
The company had no contingent liabilities as at 30 June 2022 (2021: Nil).

Note 24: Related party transactions	2022 \$	2021 \$
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Key management personnel
Disclosures relating to key management personnel are set out in note 21.

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:
The following transactions occurred with related parties:

Related Party Transactions	2022 \$	2021 \$
Sydney Reproductive Health Services Limited	250	332

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.

Terms and conditions
All transactions were made on normal commercial terms and conditions and at market rates.

Note 25. Economic dependency
Family Planning NSW is partially 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 26. 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 2022 the number of members of the company is 37 (2021: 56).

Note 27. Events after the reporting period

No matter or circumstance has arisen since 30 June 2022 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.

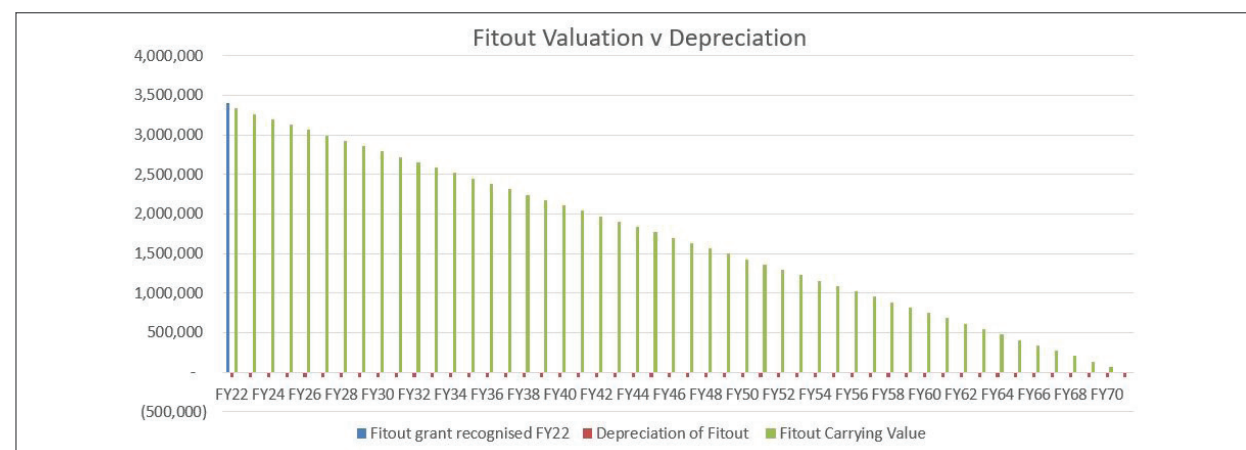
Note 28. Financial Summary

The surplus of the company for the current year is \$3,391,245. The company’s income and expenditure for the year ended 30 June 2022 is summarised below.

2021-22 remained a challenging year due to COVID-19. However, with support from all staff and our funders and partners, Family Planning NSW maintained a healthy financial position in 2021-22.

Our total revenue in 2021-22 was \$19.66m, representing a 12% increase from 2020-21. Despite the restrictions placed upon us during 2021-22, we continued to provide face to face clinical services, supported by telehealth consultations at the client’s choice. Our Education Services team delivered courses solely on-line until November 2021 and Health Promotion staff delivered community education online through the second half of the year. Following the easing of COVID-19 restrictions, activities reverted to face-to-face as appropriate.

Family Planning NSW is reporting an operating surplus of \$3.4m in 2021-22, primarily as the result of recognising the grant provided by Ministry of Health to support the fitout of the new Family Planning NSW head office at Newington. The cost of the renovation and construction of this facility has been capitalised and will be depreciated over the future years.



Family Planning NSW’s net assets as of 30 June 2022 was \$28m. This is an increase from \$25m from the previous year, reflecting a very healthy and sustainable balance sheet and financial position.

International Programme

Family Planning NSW’s international work focuses on improving reproductive and sexual health outcomes in the Pacific and further developing the capacity of local partners to deliver services and education to clinicians, communities, teachers, government officials and young people across three program streams:

- contraception choices
- cervical screening
- comprehensive sexuality education

Revenue from international development was \$1.7m in 2021-22, which is an increase of \$0.3m from 2020-21.

Our international program is supported by the Australian government, through the ANCP, the UNFPA and Team Up program. Work is also funded by UNFPA Papua New Guinea and private donors. COVID-19 responses including lockdowns and travel restrictions continued to have a direct impact on the International Programme in 2021-22. Project activity was adapted in response to in-country realities including the redeployment of partners’ healthcare staff to COVID-19 responses. In addition, no international travel was undertaken. This presented several challenges including the need for remote monitoring of projects and reliance on digital communication and collaboration with in-country partners.

Despite these challenges, the International team met Business Plan, funder and partner targets.

Note 28. Financial Summary (continued)

Income	
NSW Ministerially Approved Grants	10,439,400
Other periodic government grants	5,749,531
Research grants	120,724
Other grants	968,142
Self-generated income	2,382,471
	19,660,268
Expenditure	
Staffing	(11,728,249)
Projects	(3,302,626)
Site	(1,238,148)
	(16,269,023)
	3,391,245

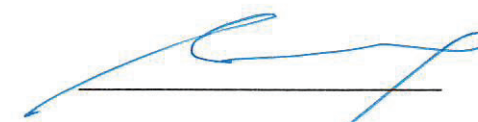
Directors' declaration 30 June 2022

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

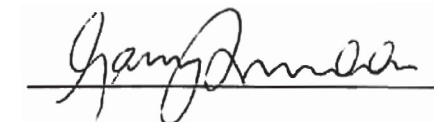
- The attached financial statements and notes comply with the Australian Accounting Standards – Simplified Disclosures, the Australian Charities and Not-for-profits Commission Act 2012 and other mandatory professional reporting requirements;
- The attached financial statements and notes give a true and fair view of the company's financial position as at 30 June 2022 and of its performance for the financial year ended on that date; and
- There are reasonable grounds to believe that the company will be able to pay its debts as and when they become due and payable.

Signed in accordance with a resolution of directors made pursuant to section 295(5)(a) of the Corporations Act 2001.

On behalf of the directors



Bernadette Or – President



Gary Trenaman – Treasurer

Date this 25th day of October, 2022

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 2022, 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 2022 and of its financial performance for the year then ended; and
- b. Complying with Australian Accounting Standards – Simplified Disclosures 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 2022 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 – Simplified Disclosures 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, 25 October 2022

Our clinic locations

Family Planning NSW
NEWINGTON (ONGOING
FROM 21/12/21)

8 Holker Street
Newington NSW 2127

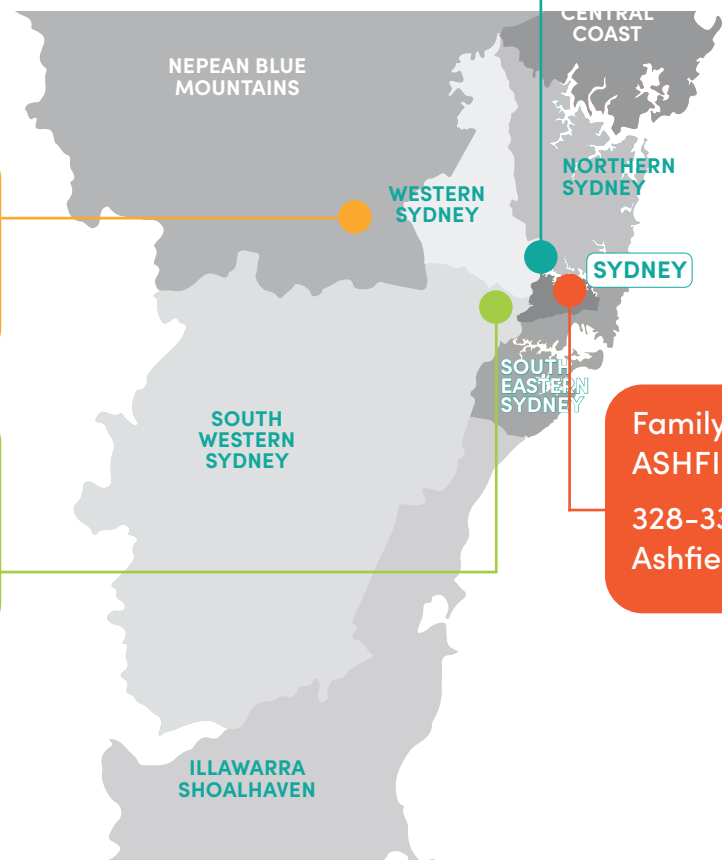
Family Planning NSW
PENRITH
13 Reserve Street
Penrith NSW 2750

Family Planning NSW
FAIRFIELD
24–26 Nelson Street
Fairfield NSW 2165

Family Planning NSW
ASHFIELD (1/7/2021–21/12/2021)
328–336 Liverpool Road
Ashfield NSW 2131

Family Planning NSW
DUBBO
2B/155 Macquarie St
Dubbo NSW 2830

Family Planning NSW
NEWCASTLE
Ground Floor
384 Hunter Street
Newcastle NSW 2300



Our outreach locations

Blacktown Women's and
Girls' Health Centre
6 Prince Street
Blacktown NSW 2148

NSW Refugee Health
Services Liverpool
1/157-161 George Street
Liverpool NSW 2170

Clinic 66 (1/7/2021–28/2/2022)
31 Bertram Street
Chatswood NSW 2067

WILMA Women's Health Centre
6 Bugden Place
Campbelltown NSW 2560

Brewarrina Aboriginal
Medical Service
5-7 Sandon St
Brewarrina NSW 2839

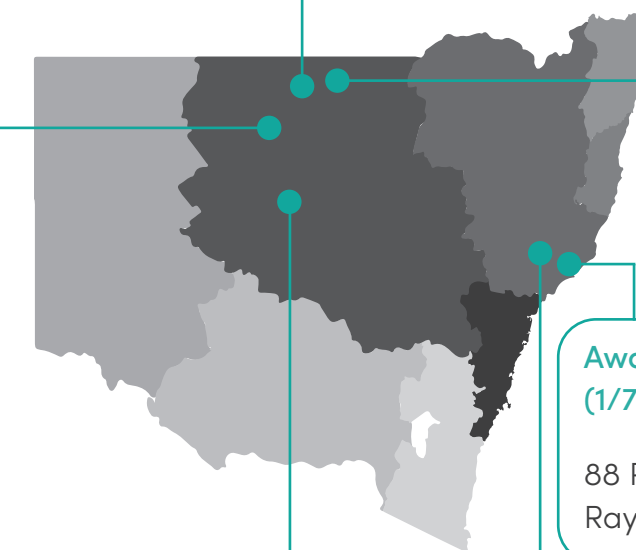
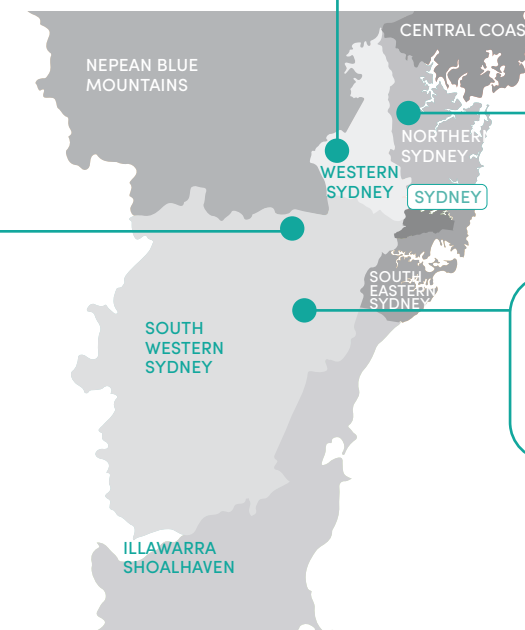
Cobar Primary and
Community Health Centre
33 Woodiwiss Avenue
Cobar NSW 2835

Walgett Aboriginal
Medical Service
37 Pitt St
Walgett NSW 2832

Awabakal Raymond Terrace
(1/7/2021–31/12/2021)
88 Port Stephens St,
Raymond Terrace NSW 2324

Bogan Shire
Medical Centre
76C Pangee Street
Nyngan NSW 2825

Awabakal Maitland
1 Johnson Street
Maitland NSW 2320





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Family Planning NSW is a not-for-profit organisation funded by the NSW Ministry of Health