



ANNUAL
REPORT

2022
2023



family
planning
australia

Reproductive & Sexual Health

In the spirit of reconciliation, Family Planning Australia acknowledges the Traditional Custodians of Country throughout Australia and their connections to land, sea and community. We pay our respect to their Elders past and present and we extend that respect to all Aboriginal and Torres Strait Islander peoples. Our hope and belief is that we can move to a place of equity and justice and work hand-in-hand together.

Publisher

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In December 2022 Family Planning NSW rebranded and is now trading as Family Planning Australia. Our registered name remains Family Planning NSW.

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Who we are

Family Planning Australia 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 Australia'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.

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

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

This year we said good bye to Ann Brassil, CEO of Family Planning Australia and thanked Ann for her 17 years of service. A leader in the field and mentor to many, Ann will be greatly missed but leaves behind an incredible legacy.

Under Ann's leadership, the organisation has grown and doubled in size, with a diversified funding base and has increased our access to broader sources of income. This is a significant achievement for any not-for-profit organisation. Our organisation has blossomed from a cottage industry to a professional, respected organisation that is more than the sum of its parts.

Ann was at the forefront of the fight to decriminalise abortion in NSW in 2019 after having been in the criminal code for 119 years. Ann also led the development of the [Framework for Abortion Access](#) in NSW in partnership with key industry stakeholders and partners.

The scope of services provided by Family Planning Australia is now broader and deeper. The range of work for registered nurses has increased with nurses performing IUD and implant insertions, our procedural services have increased

to include vasectomies and colposcopies and, we have opened a day surgery at Newington and introduced surgical abortions. Our reach of services has increased with Family Planning Australia providing outreach clinical services across the state and providing education and capacity building across 10 countries in the Pacific.

On behalf of my colleagues on the Board I would like to thank Ann sincerely for her outstanding leadership and contribution to the pursuit of reproductive and sexual health and rights for all, across the organisation, NSW, Australia and in the international arena.

It is not only Ann that we have farewelled. This year, Jane Estoesta, the Director of the Research Centre retired. Jane worked for Family Planning Australia for over 17 years and her knowledge of and expertise in reproductive and sexual health statistics, data analysis and research is unparalleled. Over many years, Jane established and transformed the Research Centre to become a respected team which provides data, evaluation and research that supports service delivery across Family Planning Australia. I thank

I would like to provide my gratitude to the Family Planning Australia team... This is a truly exceptional and special team that is committed to each other and the people that they serve.

Jane for her contributions and wish her the best for her retirement.

This year has seen the Board and Executive of Family Planning Australia provide focus around the future. 2022-23 saw the development of a new strategic plan for 2023 – 2027. This Board-led process has featured extensive consultation with the Executive, Managers, staff and consumers. The plan is nearing sign-off and we look forward to sharing this with you in the very near future.

My Board colleagues have been steadfast in working to support the Family Planning Australia vision and mission. At the AGM in November 2022, we sadly saw the retirement of Dr Kim Johnstone. Kim has been part of the Family Planning Australia Board for 10 years and her contribution to the organisation cannot be downplayed. We sincerely thank her for her years of service. During 2022-23 we welcomed Samantha Campbell and Suzanne Stanton who join my fellow Board Directors Carla Cranny, Stephanie Cross, Kim Field, Neil Jackson, Gary Trenaman and Melissa Williams. I thank you one and all for your leadership and support.

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 supplementing our skills and resources in ways that improve how and what we deliver.

I would particularly like to give my thanks to the NSW Ministry of Health and the Department of Foreign Affairs and Trade for their continued support that has now been provided over many years. These longstanding partnerships have been built on a foundation of mutual respect and obligation.

Lastly, I would like to provide my gratitude to the Family Planning Australia team. This group of individuals come together to create a difference in the lives of all those that they come into contact with. This is a truly exceptional and special team that is committed to each other and the people that they serve. Thank you.



Anne Stuart
Acting Chief Executive Officer
BAppSc, MHSM, MAcct

CEO's report

The end of 2022-23 has seen Family Planning Australia continue to be a leader in the provision of reproductive and sexual health services. As Acting CEO, it is my absolute privilege to present to you the 2022-23 Annual Report for Family Planning Australia and share our achievements over the last 12 months. The Family Planning Australia team have yet again risen above the ongoing day to day challenges from COVID-19 and continue to provide quality reproductive and sexual health services in NSW and the Pacific.

At the end of June 2023, we said goodbye to our CEO, Adjunct Professor Ann Brassil and the Director Research Centre, Jane Estoesta. Ann and Jane leave a strong organisational legacy and their achievements in reproductive and sexual health will drive continued improvements in healthcare outcomes for years to come. We thank them for their many years of dedication to improving the reproductive and sexual health of marginalised communities and wish them all the best for their retirements.

This year has seen us re-brand our organisation to Family Planning Australia. We have been trading as Family Planning Australia across our international programme over many years and we are now adopting this brand for our domestic services allowing us to unite our messaging and profile.

Our success in reaching our targeted populations during 2022-23 is undeniable and demonstrated throughout this report. We provided 28,332 occasions of clinical services across NSW and continue to build the number of procedures that are undertaken in both the Newington Day Surgery Unit and across other clinics over the course of the year. There has been a growth in Talkline and Pregnancy Choices Helpline with 12,386 calls and emails addressed to the end of June 2023. Our online presence remains strong with over 1.1 million unique visitors to the Family Planning Australia main website, Body Talk, Frank, In Real Life, Planet Puberty and the Reproductive and Sexual e-handbook.

We have seen 81,355 people participate in community education/health promotion activities and 1,784 participants attend education courses across face-to-face and online learning activities. Over 34,300 people in the Pacific directly benefited from our international program.

The Research Centre continues to provide leadership across the research, advocacy, data analysis and evaluation specialities. We continue to be actively involved in advocating for reproductive and sexual health and rights for all through 57 submissions, consultations, letters and meetings with decision makers. The Research Centre has been active in

supporting the Australian Parliamentary Group on Population and Development (APGPD), a cross-party group of Members of Parliament and Senators committed to advocating for reproductive and sexual health, the rights of women, and sustainable development.

Family Planning Australia is demonstrably committed to our vision for all people to have high quality reproductive and sexual health. I want to personally thank the Family Planning Australia team for their ongoing efforts and for working hard to make a difference in our community. I would also like to thank the Board for all the support and encouragement that they provide. We are all proud to be part of such a dedicated team.

The Family Planning Australia team have yet again risen above the ongoing day to day challenges from COVID-19 and continue to provide quality reproductive and sexual health services in NSW and across the Pacific.



2022-23 at a glance

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.

SEARCH (Sustainable and Equitable Access to Reproductive Health Choices)

In July 2021, Family Planning Australia received funding from the NSW Ministry of Health to trial a new service model through the [SEARCH Project](#). This supports the delivery of community-based surgical and medical termination of pregnancy services and best practice long-acting reversible contraception (LARC) for women who experience barriers to safe and affordable services in regional NSW.

We currently have 11 established partners across five Local Health Districts and this year new partnerships were established with Yamba Doctors, the Royal Flying Doctor Service and Narromine Shire Family Medical Centre. Our SEARCH project manager is continuing to develop new partnerships with organisations scheduled to come online during early 2023–24.

Family Planning Australia hosted a GP Women's Health Forum in Dubbo, with 14 GPs attending the Women's Health update, and receiving information about the SEARCH project. In addition,

the SEARCH project attended the Rural Doctors Network (RDN) GP Refresher Conference in Port Macquarie. This enabled us to connect with over 100 rural GPs and explore partnership opportunities with them. It has also fostered a strengthening of our partnership with RDN which will build more visibility for SEARCH.

Partnership with Walgett Aboriginal Medical Service for Women's Wellbeing

The Commonwealth grant to [expand the provision of reproductive and sexual health services](#) in Brewarrina Aboriginal Medical Service (BAMS) and Walgett Aboriginal Medical Services (WAMS) has been extended for a further twelve months.

Over the last twelve months Family Planning Australia has provided outreach services to BAMS and WAMS on a fortnightly basis. This has resulted in 382 episodes of care provided on-site at WAMS or BAMS. Additionally, results follow up phone calls, liaising between clinics, providing clients with telehealth appointments or follow-up when necessary has been delivered to ensure quality care delivery for the clients who access services at BAMS and WAMS. Education and training has continued and local clinicians have received education in responding to clinical deterioration, LARC assessment, insertion and removal, and cervical screening. One doctor and two nurses employed by WAMS and BAMS were enrolled in the Family Planning Australia National Certificate in Reproductive and Sexual Health for Doctors and Reproductive and Sexual Health – Clinical Accreditation Program courses respectively.

The Walgett and Brewarrina communities were badly affected by flooding in late 2022. The townships became completely cut-off and inaccessible for our outreach service providers for eight weeks. During this time our regional clinics continued to provide much needed care to clients via telehealth. Family Planning Australia sent packs of supplies to the Aboriginal Medical Services (AMSs) to support the community during the hardship. This included mosquito nets for prams, mosquito repellent and itch relief cream. This goodwill gesture spoke to the value we place in the partnership and demonstrating support to the Aboriginal communities in the Walgett and Brewarrina townships and surrounds. Despite the closure during the flooding, the partnership has been maintained and service provision has continued to both communities.

Consumer engagement

In 2022–23, Family Planning Australia used a variety of methods to engage with consumers including online surveys, focus groups and opportunistic engagements at events. Key engagements with consumers included:

- The development of the new Family Planning Australia Strategic Plan: 10 focus groups were held with 80 key consumer groups representing young people, Aboriginal and Torres Strait Islander communities, people from culturally and linguistically diverse (CALD) backgrounds and women and men 30–60 years. This was followed by a 5-minute online survey by a representative sample of 1,006 participants across NSW, thereby obtaining the attitudes of the broader population in the state on key issues relating to Family Planning Australia.





- Talking Frank podcast project: 20 young people engaged across a variety of methods (online survey, focus group, consumer advisory group, written submission, voice memo submission) to help develop the new Talking Frank podcast. A further 302 young people responded to a survey to evaluate the impact of the Talking Frank podcast
- Supporting Decision Making resource update: 127 consumers from CALD backgrounds engaged in the redesign of the Family Planning Australia supported decision making postcard resource, utilising their feedback to improve the design and usability of the resource
- Choice and Control: 15 Aboriginal women were consulted in the development of an information session on cervical screening. The information session was subsequently delivered to 89 women in Western NSW
- Freedom Condom – Direct-to-consumer ordering: 96 young people from Western NSW completed an online survey to gather feedback on the relevance and usability of the Freedom Condom online ordering pilot program

The internal Consumer Engagement Working Group met four times during 2022-23, working on a range of projects:

- Reviewing feedback from quarterly client satisfaction surveys
- Discussing key ways to improve client experience across all aspects of the client journey. This discussion will continue into 2023-24
- Updating organisational policy and the Consumer Engagement Working Group terms of reference to create new volunteer consumer positions to broaden the scope of Family Planning

Australia consumer engagement, in line with feedback during our most recent National Safety and Quality Health Service accreditation

In 2023, Family Planning Australia recruited three new consumer representative volunteers. Our consumer representative volunteers are community members who are engaged on a long-term volunteer basis to provide a consumer perspective on how we can improve the reproductive and sexual health services and programs Family Planning Australia provides to the community in NSW. To date, our consumer representative volunteers have attended one Consumer Engagement Working Group meeting and one meeting with Board and Executive representatives. They have provided valuable insight and advice on a variety of matters including call handling, cultural responsiveness and strategies to support clients to have better access to clinics.

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 people in our communities, particularly women, do not have the opportunity to fully and meaningfully engage in society.

As an organisation, we highlight the essential role of SRHR for the achievement of the SDGs through our national and international work. We work closely with the Australian Government, local stakeholders and global networks and partners to engage in and influence global discussions and ensure that SRHR is at the forefront of global SDG dialogue. Annually, we publish a report demonstrating Family Planning Australia’s commitment and contributions towards realisation of the SDGs with respect to SRHR. It describes our strategies, programs and advocacy in Australia and the Pacific, with examples aligned to relevant SDGs.

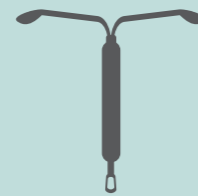
While Australia fares well in SRHR on a global scale, there is still much work to be done. Our work in Australia and the Pacific focuses on eight overarching SRHR strategies to support achievement of the SDGs.



INCREASE ACCESS TO LONG-ACTING REVERSIBLE CONTRACEPTIVES (LARCS)

1

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. Our work involves training clinicians to provide LARCs, advocating for more accessible services and increasing community awareness on the benefits of highly effective contraceptives.



Promotes SDGs 1, 3, 5, 8, 10, 13, 16, 17

ELIMINATE CERVICAL CANCER

2

While Australia is on track to eradicating cervical cancer, compliance with screening varies within vulnerable and marginalised populations. 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. Our work focuses on improving screening rates in under screened populations in Australia and improving access to screening services in the Pacific through workforce training and building the capacity of Pacific health services.



Promotes SDGs 1, 3, 5, 10, 17

INVEST IN COMPREHENSIVE SEXUALITY EDUCATION (CSE)

3

Despite greater awareness of the need for CSE, CSE delivery in Australia is inconsistent, and not yet widespread in the Pacific. 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. Our work provides CSE resources, community education and professional learning programs for teachers and educators outside of school settings.



Promotes SDGs 1, 3, 4, 5, 10, 16, 17

PROMOTE GENDER EQUALITY AND END VIOLENCE AGAINST WOMEN

4

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

Promotes all SDGs as this is a cross-cutting issue



PROMOTE ACCESS TO REPRODUCTIVE AND SEXUAL HEALTH SERVICES FOR VULNERABLE GROUPS

5

Access to RSH services enables all community members to achieve good health outcomes. People who are socially or culturally marginalised may face additional challenges in accessing RSH services, contributing to health inequity. Our work provides and advocates for universal access to RSH services for all people, including those most disadvantaged.

Promotes SDGs 1, 3, 4, 5, 10, 11, 17

IMPROVE ACCESS TO ABORTION CARE

6

Across Australia and the Pacific, there are significant challenges accessing abortion care. Improving access to safe and reliable abortion care supports choice and ensures better outcomes in health, education and employment, particularly for women. Our work in Australia advocates to build the capacity of our health system to improve access to abortion care, whilst providing training for clinicians and reliable information for the community.

Promotes SDGs 3, 5, 8, 10, 17

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 RSH need and to assess



the effectiveness of existing strategies and policies. Our work contributes to building the evidence base and improving data collection systems.

Promotes SDGs 3, 16, 17

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

8

There are known links between climate change and SRHR, particularly around gender equality and access to family planning. Our work highlights the links between SRHR and climate change and supports the development of SRHR strategies to reduce the impact of climate change, such as improving systems and infrastructure for more resilient service delivery.

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

The second [Innovate Reconciliation Action Plan \(RAP\) 2022-2024](#) was developed 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. We are committed to working with Aboriginal and Torres Strait Islander communities in improving reproductive and sexual health outcomes across NSW.

During 2022-23, RAP actions have been implemented as per the agreed implementation plan. As of 30 June 2023, 62% of total actions have been completed. Notable RAP achievements include:

- Consultation conducted with Aboriginal women in rural and remote settings on the importance of Cervical Screening Tests
- Completion of Choice and Control community education project
- Regular eDM established and sent quarterly
- Completion of Yarning about Contraception resource
- Increased procurement from Aboriginal Supply Nation businesses across the organisation
- Joint event conducted with Walgett Aboriginal Medical Service to promote Family Planning Australia services
- Commenced Aboriginal Health Worker Cervical Screening Training project delivery
- New partnerships established with Narang Bir-rong Aboriginal Corporation Penrith, Redfern Aboriginal Medical Service, Dubbo Baptist Care, Catholic Care Wilcannia-Forbes, and Brewarrina MacKillop Family Services
- Aboriginal cultural learning space developed on Moodle staff orientation

Moving forward, the 2023-24 financial year will focus on the completion of remaining RAP deliverables and the commencement of drafting our next RAP in collaboration with Reconciliation Australia.



ARTWORK

Artist: Billy Reynolds

Name of Artwork: Coastal People

Services provided in Metropolitan LHDs



CLINIC
OCCASIONS
OF SERVICE



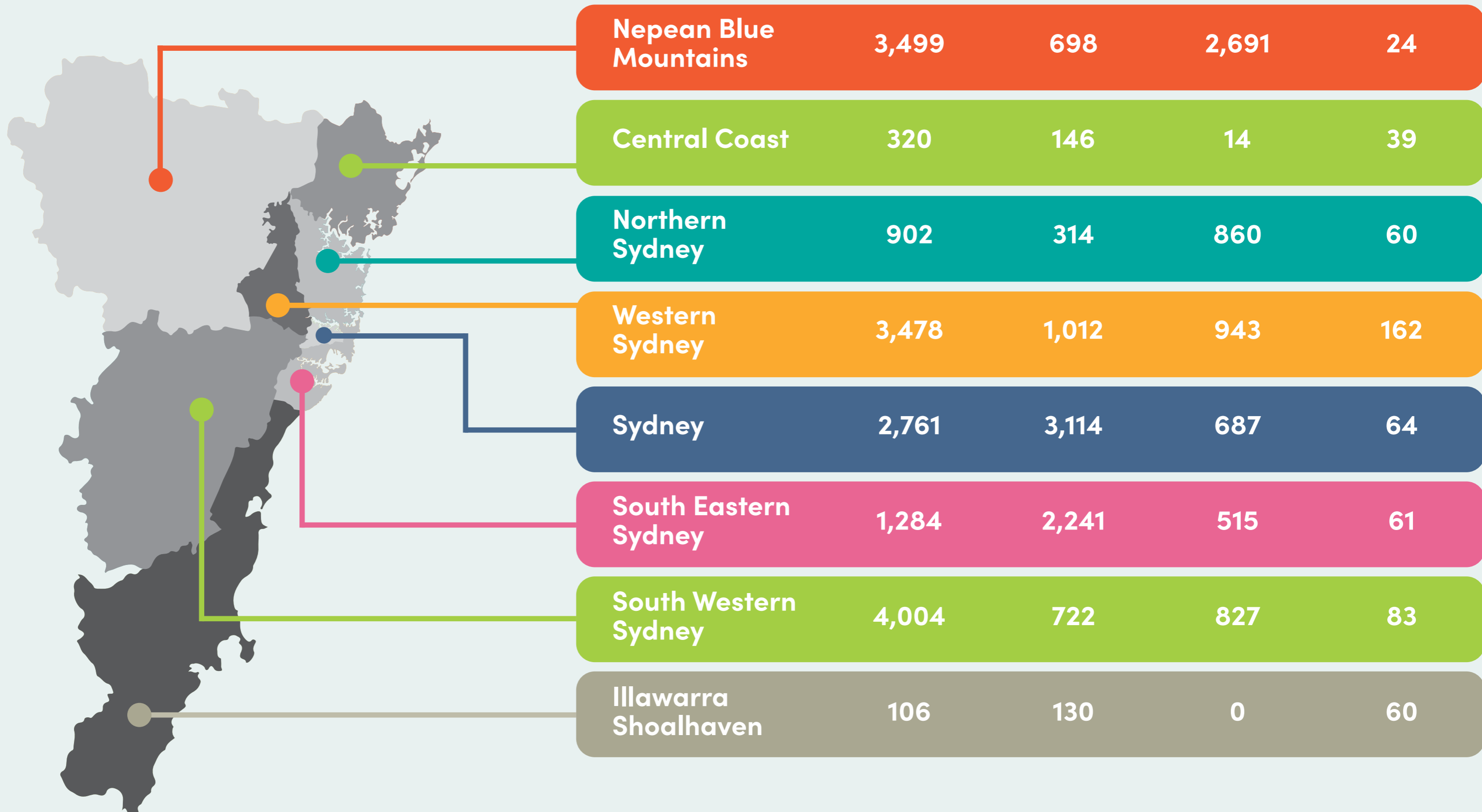
TALKLINE
CALLERS AND
E-MAILS



COMMUNITY
EDUCATION
PARTICIPANTS



PROFESSIONAL
EDUCATION
PARTICIPANTS



Services provided in Regional LHDs



CLINIC
OCCASIONS
OF SERVICE



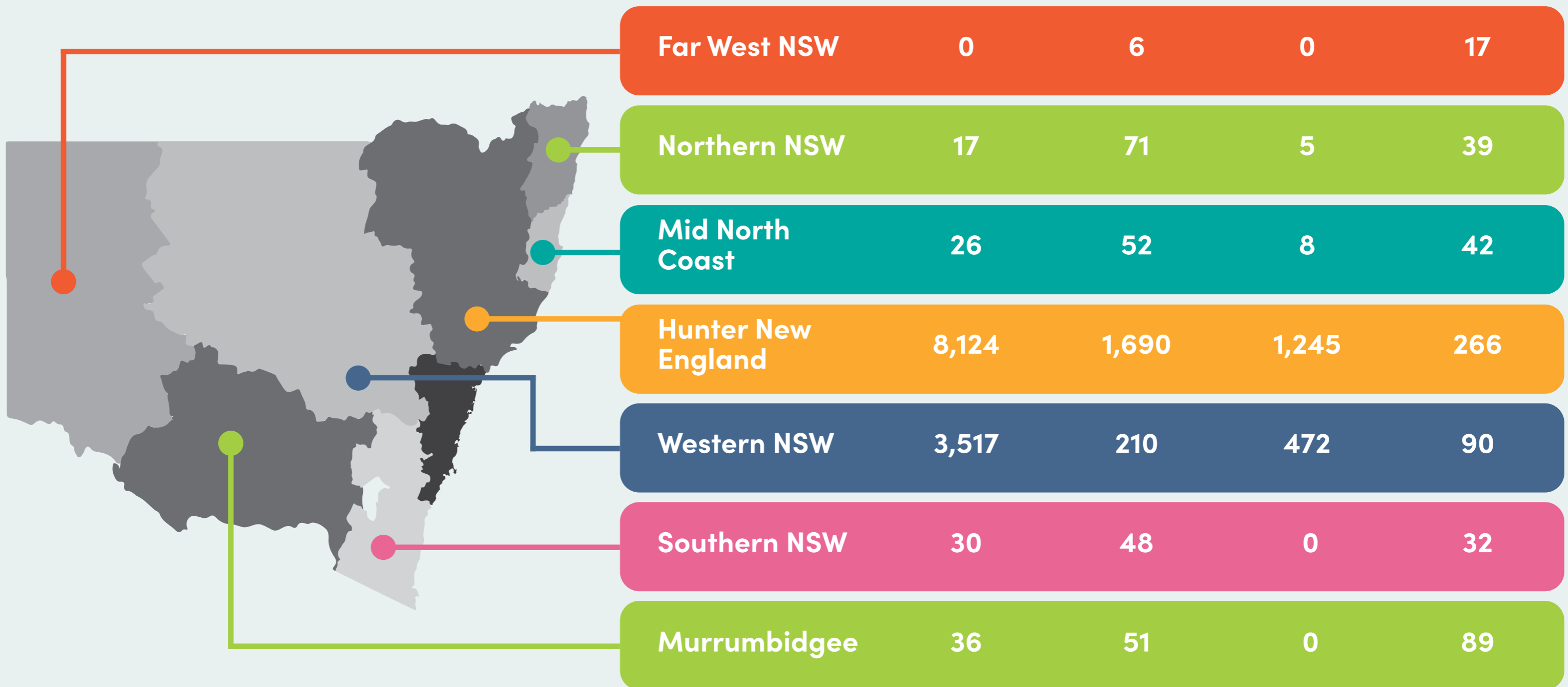
TALKLINE
CALLERS AND
E-MAILS



COMMUNITY
EDUCATION
PARTICIPANTS



PROFESSIONAL
EDUCATION
PARTICIPANTS



Integrated Health Services

Family Planning Australia 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 Dubbo, Fairfield, Newcastle, Newington and Penrith. In 2022-23, 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 2022-23 included:

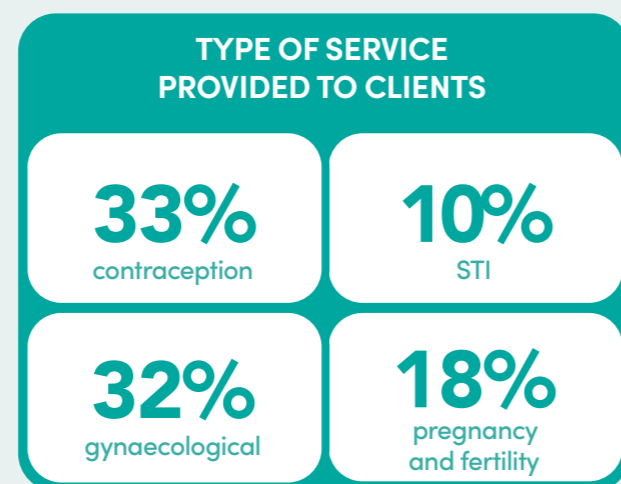
- Blacktown (Blacktown Women’s and Girls’ Health Centre)
- Brewarrina (Brewarrina Aboriginal Medical Service)
- Campbelltown (WILMA Women’s Health Centre)
- Cobar (Cobar Primary and Community Health Centre)
- Liverpool (NSW Refugee Health Services)
- Maitland (Awabakal Ltd Medical Service)
- Nyngan (Bogan Shire Medical Centre)

- Raymond Terrace (Awabakal Ltd Medical Service)
- Walgett (Walgett Aboriginal Medical Service)

Clinic Services

In 2022-23, we provided 28,332 occasions of service across our fixed and outreach clinics.

The main services provided to clients were contraception (33%), gynaecological (32%), pregnancy and fertility related services, including abortion, (18%) and STIs (10%). 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 2022-23, 95% of clients said that they were satisfied or very satisfied with the care they received from Family Planning Australia



Clinical services

	NEWINGTON	DUBBO *	FAIRFIELD **	NEWCASTLE ***	PENRITH ****	TOTAL
Clinical occasions of service	8,497	3,377	4,246	7,769	4,443	28,332
Clients	4,728	1,962	2,915	4,190	2,857	16,652
Young people (under 30)	3,654	1,553	1,656	4,817	2,132	13,812
Aboriginal and Torres Strait Islander background	340	743	170	544	178	1,975
Clients who speak other than English at home	765	68	679	233	178	1,923
Clients born overseas	2,124	203	1,104	699	400	4,530
Clients with disability	340	135	170	544	311	1,500

* includes Cobar, Nyngan, Walgett and Brewarrina outreach

** includes Liverpool and Campbelltown outreach

*** includes Raymond Terrace and Maitland outreach

**** includes Blacktown outreach

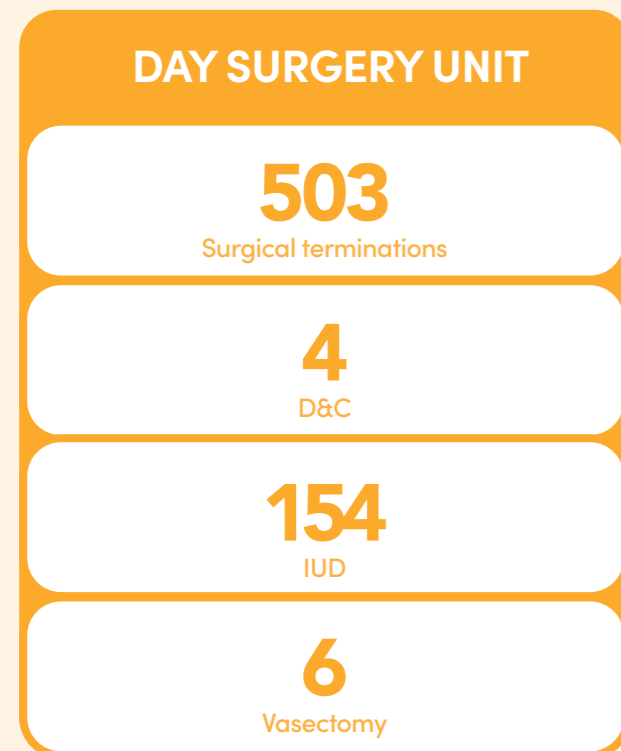
Access improvements

Family Planning Australia thanks the NSW Government - Community Building Partnership program for supporting us to install automatic doors at our Newcastle and Fairfield clinics. This greatly improves accessibility for people with a disability as well as parents and carers with prams.

Day Surgery Unit

2022-23 has seen the first full year of operation of the [Newington Day Surgery Unit \(DSU\)](#). Demand for procedures has grown significantly over the course of this year. Establishment of the DSU allows the provision of surgical abortions to clients, along with other procedures under sedation including D&Cs, IUD insertion and vasectomies.

These procedures are in addition to the vasectomies and IUD procedures undertaken within our fixed clinics under local anaesthetic.



Talkline

Family Planning Australia [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 including unplanned pregnancy, contraceptive options and sexually transmissible infections.

There were 12,386 Talkline calls, live chat conversations and emails during 2022-23.

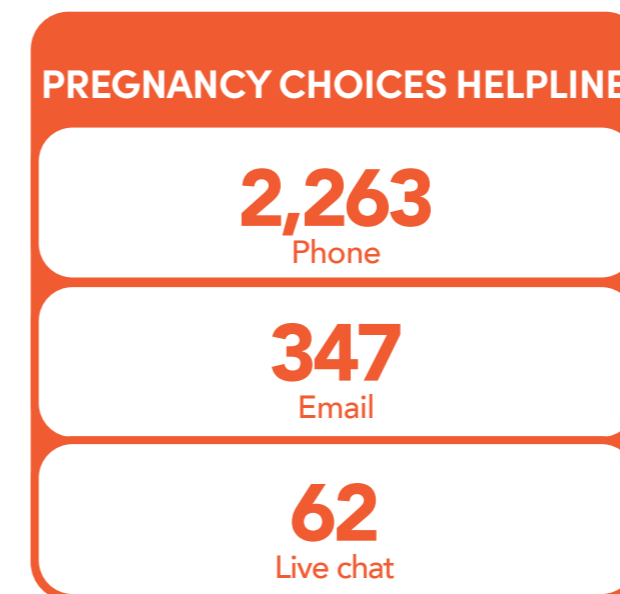


Pregnancy Choices Helpline

During 2022-23, Family Planning Australia continued delivery of the [Pregnancy Choices Helpline](#), a NSW Health funded free, unbiased and confidential helpline that provides community members with information on their pregnancy options, including referrals to abortion service providers across NSW. NSW health professionals can also contact the helpline to support their clients to access abortion services. The helpline can be contacted via phone on 1800 008 463 from 8am to 8pm Monday to Friday, or through a live chat function on the website for information during these hours.

This year, two additional service enhancements were launched with the aim of improving service provision to clients. Firstly, a chatbot, an online program designed to simulate conversation, was integrated into live chat functionality on the website. The chatbot directs clients to relevant resources on the website and then connects clients to a helpline nurse or a secure offline messaging system if more information is needed. Secondly, a new internal web-based, referral database was developed to improve the quality and accuracy of NSW service referrals to clients. The new database allows helpline nurses to search by location, service type and other relevant details. During development, a comprehensive review of current services was undertaken to ensure the most up-to-date information is available.

In 2022-23, the Pregnancy Choices Helpline has engaged with 2,669 enquiries (2,263 phone calls, 59 live chat conversations and 347 emails). This is more than twice the number of engagements experienced in 2021-22 (1,113 in total - 1,004 phone calls, 30 live chat conversations and 79 emails).



Client feedback

Family Planning Australia is always patient-centred, always women-focussed. Staff are always low-key, always listen and take the time required

The nurse I saw today was fantastic; she was informative, caring and gentle - made the visit a pleasure

Everyone was very nice, and the Dr who saw me was so professional as and so so great! She listened to me and my worries and she helped me get over some of my fears

The staff who performed the procedure were kind, considerate and caring. They put my comfort and needs first, while ensuring I understood my procedure

Health Promotion

The Family Planning Australia [Health Promotion](#) team supports our priority population groups including Aboriginal and Torres Strait Islander people, 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

39

Health promotion resources developed

1,360,210

Health promotion resources distributed/accessed (including digital content)

103,481

Community education participants (including online participants)

5,564

Community education sessions

623

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 Australia 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.

7% 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 22% 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 Australia 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 NSW (%) (ABS 2021)

7%

Proportion of clients identifying at all sites

22%

Proportion of clients identifying at Dubbo clinic and outreach clinics

577

Aboriginal and Torres Strait Islander people accessing health promotion programs

Yarning about Contraception

The [Yarning about Contraception](#) resource has been re-developed for Aboriginal people, Aboriginal Health Workers, parents and other clinical, educational and welfare professionals. The resource provides concise, clear and up-to-date information on contraceptive options including effectiveness, benefits and downsides.

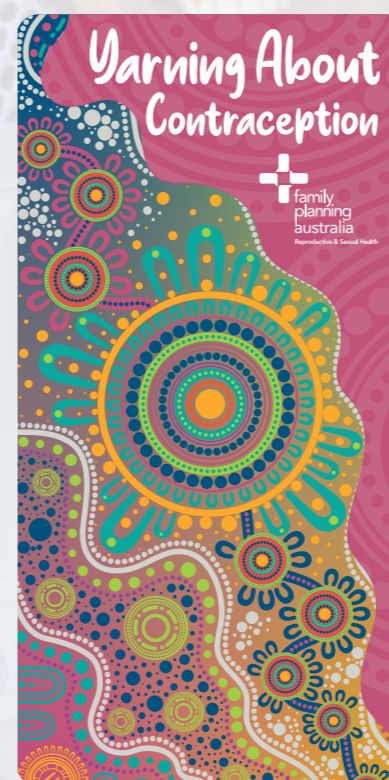
Developed with funding from the Aboriginal Benefits Foundation (ABF), and supported by funding from Sydney Local Health District, the resource aims to guide the reader on contraceptive types including barrier, hormonal and other forms of contraception. Real images of contraceptives being held by Indigenous people have been used to provide readers with a point of reference for size and

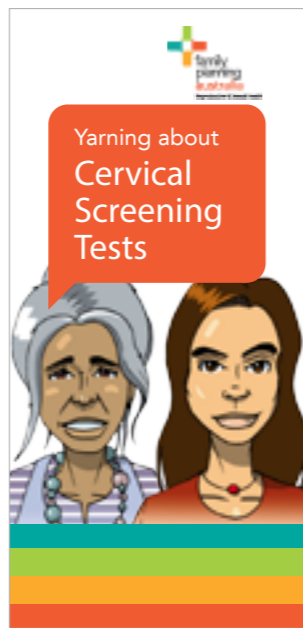
includes callout boxes with interesting facts placed throughout the resource in plain English. The resource format was developed to ensure information is consistently laid out and easy to interpret.

The Yarning about Contraception resource was developed following consultation with Aboriginal women in Dubbo and informed by a literature review. Consultations identified a need for an to date culturally appropriate guide on contraceptive methods.

The resource has been designed using Indigenous artwork, developed by Indigenous artist Lani Balzan, a Wiradjuri woman from Mudgee, NSW. The artwork, titled 'Gathering of knowledge' depicts a gathering symbol that serves to represent a space for connection and education.

The resource is available for free download and printed versions can be requested through the Family Planning Australia website.





Choice and Control

The [Choice and Control](#): Yarning About Cervical Screening Tests project, delivered from July 2022 to June 2023, aimed to increase cervical screening test (CST) education and participation rates amongst Aboriginal women aged 25–74 in key areas of Western NSW Local Health District (WNSWLHD).

Primarily funded by the Cancer Institute NSW (CINSW), with staffing supported by Sydney Local Health District funds, the project was informed by community consultations and was focused within WNSWLHD, an area with a high proportion of Aboriginal women with low screening rates. The project successfully delivered two webinars for Aboriginal Health Workers (AHWs) on the importance of cervical screening including the introduction of self-collection, and the facilitation of 12 community education sessions with 89 women in Dubbo, Nyngan, Cobar, Brewarrina, Walgett and Greater Walgett Shire.

Evaluation data indicates that all webinar attendees had an increase in knowledge of CSTs, and confidence in discussing

cervical screening with Aboriginal women post session. Additionally, 100% of community education participants reported greater knowledge about cervical screening after the session, and 94% reported feeling more comfortable having a CST after the session. Of the 89 participants, 11 were due for a CST and all were supported to access cervical screening appointments by Family Planning Australia outreach clinicians. Throughout the project, 23 services in WNSWLHD were engaged to support delivery and 1,270 Yarning About Cervical Screening Test resources were distributed to Aboriginal women in the area.

Overall, the project was successfully implemented, meeting all short-term outcomes including increasing knowledge of cervical screening amongst Aboriginal women. This project provides a structure to sustainably offer ongoing cervical screening community education to Aboriginal women across other areas of NSW as well as building the capacity of AHWs in supporting women in their cervical screening journey.

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 2022–23, 17% were born outside Australia and 7% reported a non-English speaking background. Our Fairfield site has a particular focus on CALD populations, with 16% from a non-English speaking background and 26% 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 Australia’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.

CULTURALLY AND LINGUISTICALLY DIVERSE COMMUNITIES

29.3%

NSW population born outside of Australia (ABS 2021)

17%

Clients born outside of Australia

25%

Newington clients born outside Australia

26%

Fairfield clients born outside Australia

27,152

CALD people accessing health promotion programs and activities



Cultural responsiveness audit

In 2023, the Family Planning Australia Health Promotion team conducted an internal cultural responsiveness audit across all five fixed centres. Jointly funded by Sydney Local Health District and South West Sydney Local Health District, the audit aimed to assess the organisation’s strengths and identify areas for improvement in delivering culturally appropriate services to CALD clients. This audit built on a previous cultural responsiveness audit conducted in 2018 and the implementation of its recommendations.

The 2023 audit involved representatives from all five Family Planning Australia centres across the various client-facing areas of the organisation and Executive staff. Participants answered questions related to six key focus areas:

1. Creating a welcoming environment
2. Engagement with CALD clients
3. Communication and relationships

4. Developing cultural responsiveness
5. Workforce effectiveness
6. Collaboration and partnerships with CALD organisations

Overall, the audit revealed that Family Planning Australia has made progress in providing culturally responsive services. However, further opportunities exist to continue to strengthen the organisation’s cultural responsiveness. Specific areas for improvement varied among the centres and areas, each having unique strengths and challenges in implementing cultural responsiveness. Notably, Family Planning Australia excelled in engaging with CALD clients and communities as well as implementing trauma-informed care approaches. Nevertheless, the audit highlighted staff desire for ongoing training and development, additional procedures related to cultural responsiveness, and increased collaboration with CALD organisations.

Shared Decision Making Resource

Shared decision-making (SDM) allows both the client and clinician to contribute to the treatment decision making process, promoting informed decision-making around treatment options. Funded by South Western Sydney LHD, a postcard-style resource (ASK) was developed in 2020 for clients with low English literacy to guide SDM processes. In 2022, Family Planning Australia completed an evaluation to gather information on the uptake, ease of use and perceived effectiveness of the ASK resource. Recommendations were made to update the resource to make it more relevant and appealing to consumers.

In 2023, we focused on redeveloping this resource based on the feedback received from consumers. Three primary consultations were completed with 107 consumers across different ages and from different cultural and linguistic backgrounds to gain detailed feedback on the ASK resource. The resource was redesigned based on this initial feedback, with the design being reviewed by a further 20 consumers before finalisation.

The resource has been printed and distributed across all Family Planning Australia clinics.

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 2022-23, 5% of clients reported a disability. Family Planning Australia 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

21,387
People with disability (including their parents and carers) reached with health promotion activities

1,134
Planet Puberty podcast downloads

282,000
Planet Puberty website views



Planet Puberty

[Planet Puberty](#) is a digital resource suite created by Family Planning Australia with funding from the Australian Government Department of Social Services (DSS). The resource aims to build the capacity of parents and carers to better support their children with intellectual disability (ID) and/or autism spectrum disorders (ASD) in the transition through puberty to young adulthood. The project was co-designed with adults with ID and/or ASD and in consultation with parents and carers of young people with ID and/or ASD.

In 2022-23, Planet Puberty successfully presented at six disability expos in Adelaide, Sydney, Brisbane, and Melbourne. The expos significantly increased community engagement and reach with 3,131 people engaged at events and 220 sign-ups to the Planet Puberty mailing list with interest in future webinars. This financial year also saw many parent/carer sessions held upon request from schools and community organisations, focusing on strategies for parents to aid puberty and sexual health education for their children.

Feedback from parents, carers and professionals continues to be overwhelmingly positive. Analytics are positive and sustained throughout 2022-23, with nearly 282,000 views of the website, nearly 1,134 podcast downloads and over 8,800 views on YouTube.

In August 2022, the project also won a Mumbrella Award for Best Use of User Experience <https://mumbrella.com.au/mumbrellaawards#shortlist>

Client feedback

Planet Puberty was very helpful and I will use your website and your visuals and games with my son.

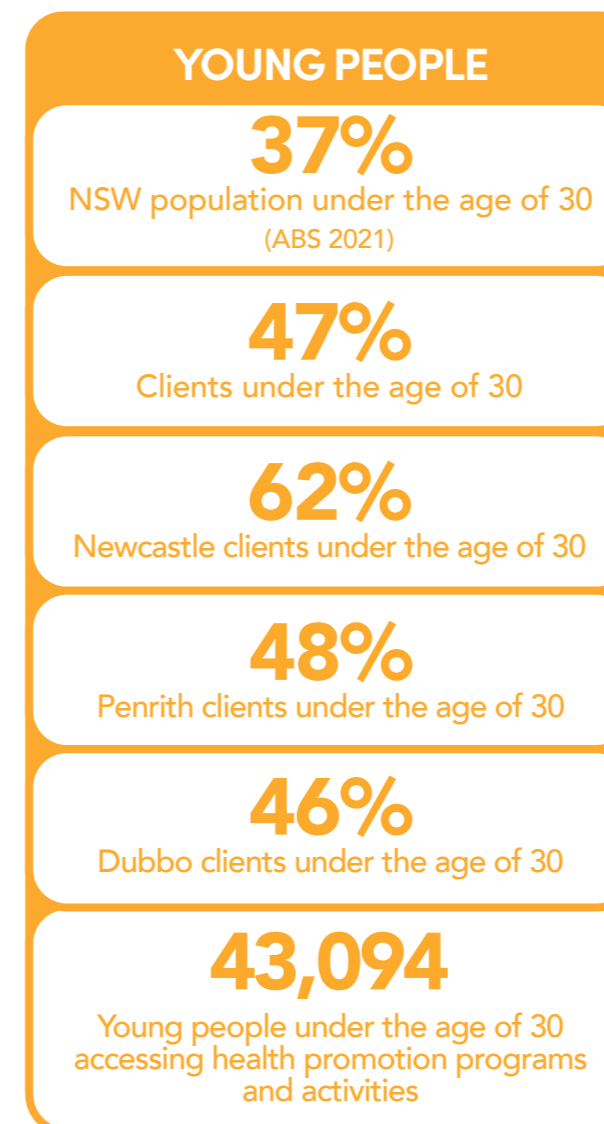


Young people

Family Planning Australia provides a nonjudgmental, confidential, safe space for [young people](#) to find all the reproductive and sexual health information and services they need without feeling uncomfortable.

47% of our clients in 2022-23 were under the age of 30, with 62% of Newcastle clients, 46% of Dubbo clients and 48% of Penrith clients in this age group.

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



Freedom Condom

[Freedom Condom](#) is Family Planning Australia's longstanding free condom distribution project. Operating throughout NSW, the project implements a capacity building health promotion framework through partnerships whereby Family Planning Australia staff train and support workers across youth, mental health, and disability services, as well as universities and GPs. Designed as an early intervention strategy, project partners engage in conversations with young people under 30 years on consent, how to use a condom correctly, STI testing and how to access emergency contraception, all in a safe and non-judgemental environment to facilitate discussion on safer sex.

During 2022-23, the Freedom Condom project achieved several goals, most notably an increase in new engagement among young people across the state compared to the year before. Additionally, 26 new partnerships were formed, existing partnerships were maintained, and the opportunity to evaluate these collaborations was developed. Results of the partnership evaluation revealed overwhelmingly positive support for the project and provided valuable feedback for its improvement.

In addition, the project exceeded targets set for the online direct-to-consumer sign-ups. Results of the direct-to-consumer condom ordering evaluation demonstrates that the project remains a valuable strategy in Family Planning Australia's efforts to enhance the reproductive and sexual health of young people in NSW.

To highlight the positive impact of the newly developed website, Freedom Condom was nominated for the prestigious Mumbrella media and marketing awards in the "best user experience" category. The nomination serves as a testament to its user-friendly features and visually appealing design.

Talking Frank

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

As an extension of our 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.

The podcast launched on 12 September 2022 with two episodes released weekly for 10 weeks. As of 30 June 2023, the podcast has had 10,059 downloads and the social

media campaign on Facebook and Instagram has reached 1,753,372 people. The campaign has driven significant traffic to the website, with 58,000 views since the podcast launched and half (28,959) landing directly on the podcast page. The most popular episodes have been Masturbation and Sex Toys, Consent and Men's Sexual Health. Our largest group of podcast viewers has been males aged 18-34 years old. In addition, a paid Spotify campaign ran from 12 September to 10 November 2022 and reached 243,081 people with 1,036,755 impressions and generated 2,818 click throughs to the Talking Frank Podcast.

The Talking Frank podcast is being evaluated by an online survey that was advertised on Facebook and Instagram to young people aged 18-29 years old from 24 April to 30 June 2023. The survey had 302 respondents with data analysis still pending. Preliminary data indicates approximately 28% of all respondents recognise the Talking Frank campaign, 89% of campaign engagers believe the podcast is relevant to others their age, and 69% report positive intentions to engage in safer sexual practices.



talking frank

A podcast covering every nook & cranny of Australia's sex life.



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 Australia led mobile screening activations.

The Mobile STI screening team successfully delivered four events in 2022-23. A total of 105 people registered as clients and tested for chlamydia and gonorrhoea through urine samples. The health promotion team engaged with 748 people at the events and received positive feedback from university and community partners about the broader impact the project has had on increasing at-risk populations seeking further support.

In 2022-23, Mobile STI screening events were conducted at:

- Macquarie University Semester 2 O Week (July 2022)
- Macquarie University Sextember Event (September 2022)
- University of Sydney Pop-up (March 2023)
- University of Newcastle Student Wellbeing event (March 2023)

Investigation of how the Mobile STI screening project can provide better access to STI testing for international students at university events is ongoing with health promotion and clinical staff communicating the current fee payment arrangement prior to any testing.

Smaller pop-up events warrant further exploration particularly in accessing at-risk young people with low reproductive and sexual health literacy and to promote local Family Planning Australia clinical services for these young people.

Youth Friendliness Audit

In 2016, Family Planning Australia conducted a Youth Friendliness Audit that identified key areas for improvement in delivering youth-friendly services. As a result, the Youth Friendliness Audit Implementation Plan 2017-18 was developed, and implemented. In 2023, the youth-friendliness audit was repeated at all five Family Planning Australia centres.

The 2022-23 audit reviewed the impact and effectiveness of the previous audit and examined the organisation's current ability to deliver youth-friendly services. Interviews were held with representatives from all Family Planning Australia centres across youth-focused areas of the organisation. A youth survey was conducted at Newcastle and Penrith drop-in clinics via Survey Monkey to gain user feedback on their perception of Family Planning Australia's service delivery to young people.

The audit found that overall, Family Planning Australia has improved service provision to young people and provides appropriate access to reproductive and sexual health information for young people. We have implemented several successful youth health initiatives over the past 5 years and continue to collaborate with external agencies who have expertise in providing youth-friendly services. Key opportunities identified for further improvement included the need to collect more regular feedback from young people about our services and disseminate these results to staff, and to further increase the involvement of young consumers in service planning and review.

Community education feedback

We need to know this stuff, we are not taught this where we are from. We are very thankful you came today, can you come back? (woman at a women's health community education session)

The website is an awesome way to teach people how to have safe sex (respondent on Freedom Condom website survey)

It's so educational and has made me a safer person (respondent on Freedom Condom website survey)

A very valuable workshop! I felt comfortable to ask questions (participant at Planet Puberty workshop)

This session was excellent; we need to have this every year for all the parents when their kids reach this stage (parent at Planet Puberty workshop)

Just want to say a big thank you for yesterday – I remember purchasing Secret Boys and Girls Business before iPads were a thing and so glad to have your spectacular resource and you having shared it so well yesterday! (Stakeholder following presentation about Planet Puberty)



Planet Puberty

Education Services

Family Planning Australia'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 2022-23, Family Planning Australia provided training to 1,784 participants.

This year has seen the continuation of courses being delivered in a blended format with several clinical workshops now being delivered as face-to-face training. We have been able to expand the provision of face-to-face courses as COVID-19 restrictions have eased and the demand for places in these courses are increasing. We continue to deliver webinar and online training, as this allows us to increase our geographic reach and provides opportunities for us to target individuals who may have difficulty in accessing face-to-face courses.

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 2023-2025 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 2022-23, we have progressed enhancements to our clinical education program.

The clinical education team created pre-clinical skills workshops for participants of the Reproductive and Sexual Health course 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 Australia clinics. We ran two instances of the workshops in 2022-23 with 23 doctors attending.

Implanon face-to-face training has returned with steady enrolments after the COVID-19 pandemic with 281 clinicians trained. We have been able to continue delivering the popular online version to keep this accessible to 115 clinicians in rural and remote areas.

2022-23 has seen the launch of the Cervical Screening Training for Midwives program funded by Cancer Institute NSW to train 200 midwives across NSW. The program includes an online learning component, then online webinar roleplay as a prerequisite before attending the face-to-face practical skills workshop. We have completed nineteen workshops across fifteen locations over the state so far, this has seen 103 midwives complete their training. Training has been delivered in Orange, Kempsey, Coffs Harbour, Yas, Queanbeyan, Gosford, Batemans Bay and Shellharbour. We aim to have trained 200 midwives by December 2023.

Feedback from course participants

CST for Midwives

Really enjoyed and highly recommend to early midwives...graduates

The kind, non-judgmental instructors, informative, direct.

Good course, well organised. Love the new centre and building, comfortable

It was well paced & easy to understand... I think this course should be available for all nurses working in GP clinics.

Was fantastic online learning and the doctor was so knowledgeable and easy to approach with questions.

Excellent training. Demonstration was very helpful and easy to follow. Would recommend.

Family Planning training is always well laid out and practical. No nonsense, evidence based.

Very organised, efficient, class size not too large so easy to ask questions and get good oversight and feedback from the educators.

1,784

Participants attending courses

20,408

Theory hours of training

1,635

Practical hours of training



Schools and community sector education

Family Planning Australia 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 (NESA) against the Australian Professional Standards for Teachers which are required to towards maintaining proficient teacher accreditation in NSW.

Family Planning Australia continues to work to improve the existing portfolio of courses as well as building new learning opportunities, with highlights in 2022-23 including:

The Sexualised Behaviours of Concern and Intellectual Disability course continues to attract significant interest for professionals working with people with intellectual disability and autism, with 57 people participating in 4 webinars during 2022-23.

Throughout 2022-23 Family Planning Australia supported the development of a 'Best Practice Statement' and three 'Guidance Documents' for school leaders, school wellbeing staff and schools working with parents, carers and families. Documents are supported by a newly developed 'Directory' of teacher training resources on sexuality and sexual health education. These publications were supported by the launch of a new workshop to explain these documents and provide guidance around their use.

This year, Family Planning Australia completed The Game: Consent, Sex and Relationships. The development of this new resource to assist with comprehensive

sexuality education for young people was partially funded through the Perpetual Impact Philanthropy grant program. The classroom discussion game resource consists of three sets of cards on topics:

- Consent
- Sexual decision making
- Relationships

Feedback has been excellent and includes:

This (classroom discussion game) is all my students want to do at the moment; they love it (teacher, Korowal School)

You should be very proud of this resource (experienced classroom educator)

The Game was launched at the Australian Council for Health, Physical Education and Recreation Sydney 2022 Conference and the Regional Child, Youth and Families Conference 2023. It is designed for use in secondary school classrooms to support appropriate and purposeful discussion of consent, healthy relationships, and sexual health. It is available in the Family Planning Australia online shop.



Beyond the Nuts & Bolts webinar series

Fabulous host and resources to help me prepare my PDHPE program 2023

The entire series has motivated me to put this valuable learning into place. The language, evidence based and real life scenarios critically important to me as an educator in my trauma based practice. I feel that I have renewed confidence to put these skills into practice in my own workspace

Nitty Gritty: Specialised Reproduction and Sexual Health Training for Youth Workers (face-to-face)

The facilitator/s had very good knowledge of subject content. Sharing experiences and approaches to different situations in dealing/working with young people and their needs.

The presenter was one of the most engaging facilitators I've had in training. He was passionate and funny but very knowledgeable and made the session feel safe, warm and welcoming.

The way the facilitators presented the information and made it engaging, it did not feel like information overload and just naming off definitions of things. The information provided was practical, but it was also a reflective space.



Best Practice and Guidance document for school wellbeing, staff and schools working with parents, carers and families.

Clinical education



Cervical Screening Training

Aims to enhance knowledge, technique, and confidence in cervical screening, with a strong focus on recent updates to self-collection. This blended learning course comprises both online learning and comprehensive skills practise led by Family Planning Australia clinicians.



LARCs

Supports clinicians to develop the confidence and competence to safely insert and remove contraceptive implants and IUDs.



Certificate in Reproductive and Sexual Health for Doctors

Supporting doctors to upskill in reproductive and sexual health. Topics include contraceptive options, STIs, cervical screening, pregnancy options, men's health, and menopause.



Reproductive and Sexual Health - Clinical Accreditation Program (RSH-CAP)

Supporting nurses and midwives to prepare and extend clinical role as a practitioner in the specialty of reproductive and sexual health. Topics include history taking, contraceptive options, cervical screening, breast health, STIs, pregnancy options and men's health.



Medical Abortion Online

Supporting clinicians to update their knowledge about the provision of medical abortion in Australia, with a focus on NSW.



Clinical Placement – for doctors, nurses, and midwives

Provides participants with supervised clinical placements to develop competency and confidence in delivering comprehensive reproductive and sexual health consultations.



Pregnancy Choices

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 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.

CLINICAL EDUCATION



816

Clinicians attended courses



68

Clinicians attended clinical training practicum



81

Clinical education training courses delivered



1,638

Hours of clinical training

Schools and Community Courses



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

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



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 workers to support people with intellectual disability in sexuality and relationships.



Starting the Conversation

Enables community workers to increase their knowledge and confidence to talk to people from CALD communities about reproductive and sexual health.



Sexualised Behaviours of Concern and Intellectual Disability

Explores sexualised behaviours of concern in people with intellectual disability. It aims to identify the difference between healthy and unhealthy sexual behaviours, the common reasons for why these behaviours occur and strategies that workers can use to respond to and de-escalate behaviours.



Supporting Decision Making In Sexuality For People With Intellectual Disability

Supports disability workers to understand NSW laws and misunderstanding for people with intellectual disability to make their own decisions about sex.



Education Essentials

Aims to support workers to design, deliver, and evaluate education programs and develop foundational education knowledge and skills.



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.



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 sexuality and relationships.



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

Supports disability workers to plan and develop sexuality education programs for a specific audience.

SCHOOL AND COMMUNITY EDUCATION



39

Courses delivered



492

Participants attended courses

The Research Centre

The [Research Centre](#) at Family Planning Australia has an important role in identifying research priorities related to reproductive and sexual health, conducting quality research and translating this research to impact at the health service level. We also facilitate the monitoring and evaluation of all of Family Planning Australia's programs and services in Australia and the Pacific Region, leading to improvements and innovations in the way Family Planning Australia works. The Research Centre regularly collaborates with universities, national and international research institutions on clinical and population health research. In all our research, monitoring and evaluation work we aim to improve reproductive and sexual health outcomes for people in Australia and the Pacific.

The Family Planning Australia [Ethics Committee](#) ensures that all our research is in compliance with the National Health and Research Council (NHMRC) standards as outlined in the NHMRC National Statement on Ethical Conduct in Human Research (2007, updated 2018). During 2022-23, the Family Planning Australia Ethics Committee convened eight times. The expedited review subcommittee convened six times, with 1 additional out of session review conducted by the Chair. In addition, the Ethics Committee reviewed and approved 25 amendments.

Research partnerships

Treating male partners of women with bacterial vaginosis to reduce recurrence: a randomised controlled trial

In partnership with Monash University, Kirby Institute and others across Victoria and NSW, Family Planning Australia contributes to the Step-Up study which is open-label, multicentre, parallel group randomised controlled trial for women diagnosed with bacterial vaginosis and their male partners. Bacterial vaginosis is very common among women and can contribute to pre-term delivery, spontaneous abortion and increased likelihood of STI or HIV acquisition. This study aims to identify whether treating male partners can contribute to reduced bacterial vaginosis re-infection among women.

Overcoming inequity: increasing cervical screening participation for people with intellectual disability

There are barriers to participating in the National Cervical Cancer Screening Programme, including those experienced by people with intellectual disabilities. In collaboration with the Daffodil Centre, University of Sydney, University of Western Sydney, UNSW, The Kirby Institute and the Cancer Institute NSW, Family Planning Australia will participate in this study, ScreenEQUAL, which 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 interventions to improve access and uptake.

Identifying primary care opportunities to enhance HPV vaccination and cervical screening for priority population groups

The INCLUDE study, led by UNSW with partnership from Family Planning Australia, will fast-track the elimination of cervical cancer in Australia by identifying and addressing persistent barriers to access to proven cervical cancer prevention services in primary health care. This will be achieved by creating a digital navigation tool to share data about cervical cancer among groups with high rates of cervical cancer - people with a disability, Aboriginal and Torres Strait Islander peoples, people with socioeconomic disadvantage, people from culturally and linguistically diverse backgrounds, and people living in remote areas.

Improving cervical cancer screening for women in Australia

The Compass trial is a large scale randomised controlled trial which Family Planning Australia is proud to be a part of. Compass compares 2.5-yearly cytology-based cervical screening with 5-yearly primary HPV screening in Australian women aged 25-69. Screening for those types of HPV which cause cervical cancer has been shown in other countries to be a better screening test for cervical cancer than Pap smears and Compass aims to test this in an Australian context. Compass is being carried out by the Australian Centre for the Prevention of Cervical Cancer in collaboration with The Daffodil Centre.

Testing the efficacy of very early medical abortion

Highly sensitive pregnancy tests help women to know if they are pregnant earlier than they used to. For women who wish to end their pregnancy, this means that abortions can be performed very early as well - Very Early Medical Abortion (VEMA). The trial aims to increase access to VEMA by ascertaining whether VEMA is as effective as abortions performed later. Family Planning Australia partnered with the Karolinska Institute in Sweden by recruiting women to participate in this important trial.

A pilot study to identify microbial and immune biomarkers for improved diagnosis of pelvic inflammatory disease

Unless treated early, pelvic inflammatory disease can lead to infertility and long-term pelvic pain. Family Planning Australia is a chief investigator on this NHMRC Ideas Grant which will result in a new test for Pelvic Inflammatory Disease. Currently pelvic inflammatory disease is diagnosed using an invasive test. A new test should be less invasive and more accurate which will ensure better treatment and outcomes.

Research highlights

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

Family Planning Australia has completed a 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 with funding from Women's Plan Foundation. The project aimed to increase knowledge and confidence of pharmacists in Fiji to improve the availability and accessibility of emergency contraception in Fiji. An online survey of pharmacists was completed in July 2023 which showed that pharmacists felt confident in dispensing and discussing emergency contraception and most demonstrated accurate knowledge regarding emergency contraception mechanism of action.

While 86% of pharmacists felt that everyone should be able to access emergency contraception, almost half could also identify situations where they might be uncomfortable providing it. One in five pharmacists believed that only married women should be able to purchase emergency contraception and one in three pharmacists thought that a woman should have permission from her husband to buy emergency contraception. The identification of areas where misconceptions exist, as well as pharmacists' desire for more information about emergency contraception, suggests value in further targeted education for pharmacists.

Clinician views and experiences with reproductive coercion screening in a family planning service

Reproductive coercion refers to behaviour that interferes with a person's reproductive autonomy, such as contraceptive sabotage, pregnancy coercion, controlling a pregnancy outcome or forced sterilisation. Family Planning Australia implemented routine screening for reproductive coercion at its clinics in 2018 and conducted a study to explore the views and experiences of clinicians in undertaking reproductive coercion screening at this service. Clinicians were invited to participate in surveys and interviews.

Findings showed that clinicians deemed reproductive coercion screening to be relevant and important in family planning services. However, clinicians also described barriers to reproductive coercion screening and responding to disclosures such as time constraints and limited appropriate referral pathways. Ongoing education and training with resources such as a decision-support tool on reproductive coercion screening and management, as well as effective multi-disciplinary collaboration are needed to improve the screening program. Therefore, Family Planning Australia recommends ongoing reproductive coercion education, training and support would ensure the competency and confidence of clinicians undertaking screening to identify appropriate referral pathways with multi-disciplinary collaboration (involving clinicians, social workers, support workers and psychologists).

Clinician's voices regarding reproductive coercion screening:

Once reproductive coercion has been identified, (external) counsellors are often busy, Phone lines often don't answer, social services are overloaded and are under resourced (Clinician G)

Often there are time constraints that will see me not offer the screening. Not ideal, but sometimes that happens. It's just another thing that we have to do in the consultation. It's another competing demand as a clinician and so that is my biggest challenge. (Clinician D)

It's not always clear whether the interpreters are interpreting exactly what I'm saying. And, again, it's difficult for them, interpreting through another language to the client too... (Clinician C)

I think it would be good to have a bit of a case-based practical approach about, all right these are the scenarios you might encounter in clinic. These are the interventions you may be able to offer. If this happens these are some approaches you could take. Making it a bit more practical, I think, might improve our confidence as clinicians. (Clinician D)

I always take the position that the person is the expert in their own lives and they're only going to elicit as much information as they feel safe or are willing to share. (Clinician A)

Associated publication

- Cheng Y, Rogers C, Boerma C, Botfield J, Estoesta J (2023) Clinician views and experiences with reproductive coercion screening in a family planning service. *Sexual Health* 20(1) 71-79. <https://doi.org/10.1071/SH22143>

Translation

Family Planning Australia 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 2022-23, a total of 6,368 women were screened for reproductive coercion, with 54 clinic clients disclosing experiencing reproductive coercion.

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 Australia 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.



Midwife perspectives on postpartum contraception

“I feel like it is something doable, that women should be offered (contraception information). It is part of our role that we should finish it properly”

“And I also think, antenatally is the best time because you are not sleep deprived and trying to care for a newborn baby and transition to motherhood. I mean, how do you make decisions when all that’s happening?”

“Well, most women are really interested in hearing about their choices and their options, and mostly want to do their own research before making a decision”

Associated publication

- Botfield, J., Tulloch, M., Contziu, H., Bateson, D., Phipps, H., Wright, S.M., McGeechan, K., Black, K., Who is responsible for postpartum contraception advice and provision? The perspective of hospital-based maternity clinicians in New South Wales, Australia, Australian and New Zealand Journal of Obstetrics and Gynaecologists, online, <https://doi.org/10.1111/ajo.13627>, Nov 2022

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. This 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 Australia Research Centre disseminates research findings in a number of ways, including through [peer reviewed publications](#):

- Graham, S., Martin, K., Gardner, K., Beadman, M., Doyle, M., Bolt, R., Murphy, D., Newman, C.E., Bell, S., Treloar, C., Browne, A.J., Aggleton, P., Beetson, K., Brooks, M., Botfield, J.R., Davis, B., Wilms, J., Leece, B., Stanbury, L., Bryant, J., Aboriginal young people’s perspectives and experiences of accessing sexual health services and sex education in Australia: A qualitative study, *Global Public Health*, <https://doi.org/10.1080/17441692.2023.2196561>, 18:1, Apr 2023
- Donnelly, E., Chang, E.L., Cheng, Y., Botfield, J.R., Evaluation of Comprehensive Sexuality Education and Support Workshops for Parents and Carers of Children and Young People with Intellectual Disability and/or Autism Spectrum Disorders, *Sexuality and Disability*, <https://doi.org/10.1007/s11195-023-09786-y>, Online, Apr 2023
- Brandell, K., Reynolds-Wright, J.J., Boerma, C., Gibson, G., Hognert, H., Tuladhar, H., Heikinheimo, O., Cameron, S., Gemzell-Danielsson, K., Medical Abortion before Confirmed Intrauterine Pregnancy: A Systematic Review, *Seminars Reproductive Medicine*, ISSN 1526-8004, online, Jan 2023
- Bittleston, H., Hocking, J.S., Goller, J.L., Coombe, J., Bateson, D., Sweeney, S., et al., Is there a place for a molecular diagnostic test for pelvic inflammatory disease in primary care? An exploratory qualitative study, *PLoS One*, 17(9), available online, Sep 2022
- Power, R., Ussher, J.M., Hawkey, A., Missiakos, O., Perz, J., Ogunsiyi, O., Zonjic, N., Kwok, C., McBride, K., Monteiro, M., Co-designed, culturally tailored cervical screening education with migrant and refugee women in Australia: a feasibility study, *BMC Women’s Health* 22, 353, <https://doi.org/10.1186/s12905-022-01936-2>, Aug 2022
- Sweeney, S., Bateson, D., Fleming, K., Huston, W., Factors associated with pelvic inflammatory disease: A case series analysis of family planning clinic data, *Women’s Health*, 18, 1-6, Jul 2022

Conference presentations

[Oral and poster presentations](#) were given by both Research Centre and other Family Planning Australia staff at a number of conferences in 2022-23:

Title	Conference
Systematic Review of Cervical Screening Participation and access barriers for people with intellectual disability	35th International Papillomavirus Conference 2023
“Do you want another baby after this?": How midwives discuss contraception with pregnant and postpartum women	International Federation of Abortion and Contraception Professionals (FIAPAC) 2022 Health Services Research Conference (HSR) 2022 Australian College of Midwives (ACM) 2022
Who is responsible for postpartum contraception advice and provision? The perspective of hospital-based maternity clinicians in NSW, Australia	FIAPAC 2022; HSR 2022; ACM 2022
Sustaining access to diagnostic colposcopy during the pandemic: colposcopy quality-assurance in a non-hospital setting	Australasian Sexual and Reproductive Health Conference, ASHM 2022
Presumptive Treatment of Chlamydia contacts: an audit of treatment of Chlamydia contacts at Family Planning NSW Clinics	Australasian Sexual and Reproductive Health Conference, ASHM 2022
Continuous quality improvement strategies for medical terminations: A Family Planning NSW audit	Conference of the Royal Australian College of General Practitioners (GP22) 2022
Ensuring access to medical abortion during COVID-19 pandemic: findings from a newly implemented Family Planning NSW flexible face to face and telehealth medical abortion service	Reproductive Rights and Abortion Conference 2022
Reproductive Rights and Abortion 2022 Conference	The 12th Health Services Research Conference 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 Australia 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 Australia has been registered under the National Disability Insurance Scheme (NDIS) since 2015. In 2019 Family Planning Australia was verified by the NDIS Quality and Safeguards Commission which extends until May 2025.

Registered Training Organisation (RTO)

Family Planning Australia has been a Registered Training Organisation (RTO) since 2000. In 2022 Family Planning Australia was re-accredited by the Australian Skills Quality Authority (ASQA) which extends until September 2029.

Royal Australian College of General Practitioners (RACGP)

Family Planning Australia has been recognised as an Accredited Activity Provider (AAP) for the 2023-25 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 Australia 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 Australia is accredited as a NESA Endorsed Provider of registered professional development to teachers in NSW until October 2024. Family Planning Australia gained interim accreditation for the course Sexual Health Education for Life: the PDHPE Curriculum for Students with Disability - Webinar Series and is currently in the process of applying for accreditation for our existing professional development courses for teachers.

National Health and Medical Research Council (NHMRC)

The Family Planning Australia 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). In addition, Family Planning Australia was confirmed as an Administering Institution in May 2023.

HealthDirect

Family Planning Australia 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 Australia as a valued Information Partner and seeks to ensure that links are maintained to the many resources published on the Family Planning Australia website.

Australian Aid

Family Planning Australia'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 Australia 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.

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

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



International Development

Family Planning Australia works with partners in the Pacific to improve reproductive and sexual health outcomes. Our [international work](#) focuses on supporting the capacity of local partners to deliver services and education to clinicians, communities, teachers, government officials and young people. We work across three program streams:

The image shows three distinct icons representing program streams. The first is 'CONTRACEPTIVE CHOICES' in a red box with a pill bottle and pills. The second is 'CERVICAL SCREENING' in an orange box with a uterus icon. The third is 'COMPREHENSIVE SEXUALITY EDUCATION' in a green box with a person and a checklist icon.

Our projects support women, girls, and people with disability 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.



In 2022-23 we were proud to collaborate with partners across 10 countries to reach over 33,880 people. Innovative digital comprehensive sexuality education work in Fiji and Vanuatu as well as the return of cervical screening in the Solomon Islands post-pandemic contributed significantly to beneficiary reach. Other projects provided clinical training on and supplies of contraception; supported countries to develop youth-friendly health service guidelines; reviewed school curricula hand in hand with Ministries of Education; and provided comprehensive sexuality education training for community members.

This year, we were lucky to recommence travel allowing in person collaboration and training with partners. As part of our work under the UNFPA Transformative Agenda, we were excited to complete our first trips to the Federated States of Micronesia and Republic of the Marshall Islands which we will partner with more closely with in coming years. We also grew our activity in Papua New Guinea (PNG), namely supporting national in and out of school comprehensive sexuality education curricula development and training. Work completed under the collaborative Eliminating Cervical Cancer in the Western Pacific initiative further connected us with PNG partners, as well as with those in Vanuatu.

Our International Programme is supported by the Australian government, through the Australian NGO Cooperation Program and the UNFPA Transformative Agenda. In 2022-23 we also completed a project funded by the Team Up program.

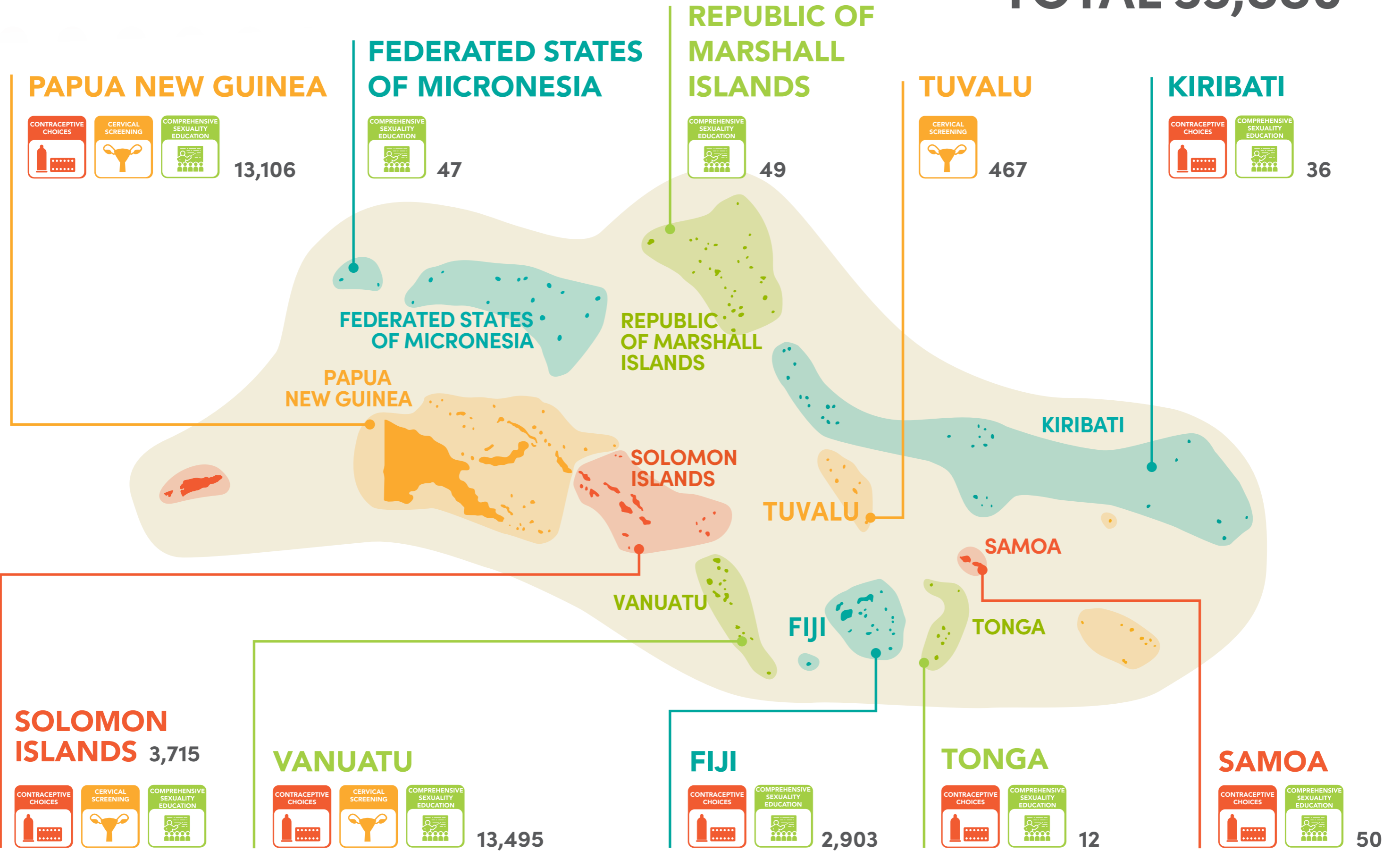
Other projects are funded by UNFPA PNG, the Minderoo Foundation, Women's Plan Foundation and private donors.

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

Family Planning Australia 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.



*Figures shown indicate total number of beneficiaries for each region.



International projects at a glance

Contraceptive Choices Program



Family Planning Australia supports increasing access to safe, effective and affordable methods of [contraception](#) in the Pacific. The Pacific has some of the lowest contraceptive prevalence rates globally, and a high need for family planning. We work with local partners to build the capacity of health systems to provide information and services so all people can actively plan their families.

Case study 1: Supporting clinicians to provide LARC in Kiribati

In Kiribati, 17% of women aged 15–49 years report an unmet need for family planning and young women aged 15–19 fertility rate was 50 births per 10,000. To address these high rates, in recent years Family Planning Australia, UNFPA and the Kiribati Ministry of Health and Medical Services developed a national Family Planning training program. Completed under the UNFPA Transformative Agenda, the program was customised for five other countries, with a focus in 2022–23 on refinement and quality assurance of local roll-out training.

The training includes modules aimed at improving the clinical competencies of clinicians on the insertion and


removal of long-acting reversible contraception (LARC). To determine the content of the training package, in Kiribati Family Planning Australia conducted a training needs analysis seeking to identify the level of expertise and experience of the learners. Participants' backgrounds ranged from registered nurses to Obstetricians and Gynaecologists. All participants completed the training in Tarawa (August 2022) on consultation, insertion and removal, contraindications and management of adverse effects of LARC. Post training surveys conducted reported participants found the practical instruction and "hands-on approach" to facilitating was beneficial. The survey also identified the need for refresher training and training targeted to interns and registrars. Family Planning Australia provided post-training support with online mentoring, debriefing of local master trainers and follow-up meetings.


Throughout the duration, the project experienced significant challenges including unreliable internet access. Family Planning Australia and partners adapted quickly and utilised platforms such as WhatsApp to progress the project. In coming years, Family Planning Australia will continue to update training and support local delivery of the training program in Kiribati and across the Pacific.

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 Australia 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. In 2022–23 partners in the Solomon Islands and Tuvalu successfully screened 3,873 women. We also completed training in PNG and Vanuatu as part of the Eliminating Cervical Cancer in the Western Pacific initiative funded by the Australian based Minderoo Foundation.

 **4,067**
WOMEN SCREENED
IN SOLOMON ISLANDS
AND TUVALU

 **12,822**
CONTRACEPTIVES
DISTRIBUTED IN
VANUATU & PNG

*With thanks to the ongoing support of the **Wasley family and friends***



Impact story: Mentoring master trainers to eliminate cervical cancer in the Western Pacific

“I’m so proud that I had been selected to attend this special training in order to gain more knowledge and save lives and prevent cervical cancer in my country PNG.” – Training participant

The Eliminating Cervical Cancer in the Western Pacific (ECCWP) is an initiative funded by the Australian based Minderoo Foundation. It is implemented through a collaboration between Family Planning Australia, the Kirby Institute UNSW Sydney, the Daffodil Centre, and the Australian Centre for Cervical Cancer Prevention. ECCWP aims to meet the World Health Organisation’s target of ending cervical cancer in the Western Pacific by 2030.

Family Planning Australia is building the capacity of local partners through training and mentoring health workers to provide leadership in HPV DNA screening and treatment. In consultation with Vanuatu and PNG stakeholders in 2022-23 we customised a cervical screening and treatment training program to fit local context and needs.

In February 2023 the team travelled to Mt Hagen in the Western Highlands Province

of PNG to deliver this training program. Prior, we delivered a Train the Trainer course to accredit local master trainers. Master trainers were then supported to facilitate and further customise the training program to align with local procedures. The training equipped participants with up-to-date knowledge and skills in best practice cervical screening and treatment methods. Master facilitators are using the knowledge and skills gained from the training to roll out the cervical screening and treatment training program moving forward. This fosters local leadership and ensures sustainability of the course in country.

Participants who attended ECCWP training in PNG are now well prepared to provide effective, quality, and empowering cervical screening and treatment services to the women of Western Highlands Province:

“This training is very informative in line with my current care of practice. Am very much confident now to provide this service of care to my mothers in the highlands and gradually to other mothers in PNG” – Training participant.

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. In many countries in the Pacific, women and girls have a low social status and people with disability are often not provided the same rights as others. We aim to build the capacity of health and education systems as well as communities to provide evidence-based, inclusive CSE. Considered a lifelong process, CSE extends beyond the school curriculum and should be accessible to all individuals regardless of age and their engagement with the education system.



17,076

**BENEFICERIES RECEIVED
COMPREHENSIVE
SEXUALITY EDUCATION**

Case study 2: Digital CSE campaigns in Vanuatu and Fiji

In the Pacific as in Australia, young people use digital and social media to access information about sexual and reproductive health. It is important they have access to accurate, reliable and relevant information from sources they trust.

In 2022-23 we continued with the Reproductive and Family Health Association of Fiji (RFHAF) and Vanuatu Family Health Association (VFHA) to expand face-to-face CSE outreach to digital platforms. With support of the Australian NGO Cooperation Program, we are and technical assistance to support our partners to develop social media CSE campaigns. In Fiji, RFHAF reached an impressive 15,795 people via their social media campaigns on healthy relationships, contraception and STIs.

In Vanuatu, VFHA was supported to adapt a domestic animation called “What is consent?” for young people. We worked with VFHA to customise a script covering the definition of consent, how to ask for and give consent, and the circumstances in which consent cannot be given. The look and feel of the video were also adapted to reflect Ni-Vanuatu characters and settings. The video voiceover was recorded by Ni-Vanuatu peer educators in Bislama, Vanuatu’s primary language, increasing its local relevance and accessibility. Family Planning Australia is also working with RFHAF to develop a similar video.

The consent video, another video on contraception, as well as further social media content in development, will be used in future digital media campaigns. These campaigns will give young people increased access to locally relevant, accurate SRHR information through digital platforms.

Communications and Advocacy

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

Our [advocacy](#) is underpinned by evidence from research and a strong commitment to human rights. We have a particular focus on improving reproductive and sexual health outcomes for people from culturally and linguistically diverse backgrounds, Aboriginal and Torres Strait Islander people, people with disability and young people.

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

International advocacy

During 2022-23, Family Planning Australia increased its activity and engagement on reproductive and sexual health and rights internationally in discussions with the United Nations and its agencies, regional forums and meetings with key policy makers. Our advocacy focused on supporting universal access to sexual and reproductive health services and comprehensive sexuality education, and supporting strategies which work towards achievement of the Sustainable Development Goals.

Family Planning Australia continued its membership of regional organisations, including the Asia Pacific Alliance for Sexual and Reproductive Health and Rights. We are also active members of the International Sexual and Reproductive Health Consortium, a group of non-government organisations in Australia focussed on international development who work together to provide strategic guidance and direction on reproductive and sexual health and rights.

With our United Nations ECOSOC Consultative Status, we attended the United Nations' 56th Commission on Population and Development in April 2023. In the lead-up and during the Commission we strengthened our engagement with the Department of Foreign Affairs and Trade around Australian positions on key issues. In line with the Commission's theme of Population, education and sustainable development, our participation involved



delivering a workshop on Comprehensive Sexuality Education (CSE) advances and lessons from the Asia Pacific region, in collaboration with the Asia Pacific Alliance for Sexual and Reproductive Health and Rights. We also delivered a statement to the delegates on behalf of International Women's Development Agency and Plan International Australia, with the support of the Australasian Society of HIV, Viral Hepatitis and Sexual Health Medicine. In this statement we:

- emphasised the critical role of education in supporting positive sexual and reproductive health and respect for the rights of every person in every community, including CSE in schools and community settings, and professional learning programs to ensure a skilled workforce can provide accessible and inclusive education and health services.
- urged Member States to invest in and implement evidence based programs which support universal access to sexual and reproductive

healthcare and education, using a rights based framework.

With funding from the United Nations Population Fund (UNFPA), Family Planning Australia took on the role of secretariat of the Australian Parliamentary Group on Population and Development (APGPD) at the start of 2022. The APGPD is a cross-party group of parliamentarians committed to advocating for sexual and reproductive health, the rights of women, and sustainable development in Australia and the region. It was formed in 1995 as an outcome of the landmark 1994 International Conference on Population and Development (ICPD), which recognised that gender equality, the empowerment of women and reproductive health and rights are global priorities that are integral to supporting development and eradicating poverty.

The current co-chairs of the APGPD are Lisa Chesters MP, Senator Mehreen Faruqi and Dr Monique Ryan MP. Over the past year the co-chairs have hosted several events bringing together parliamentarians interested in engaging on these issues. These events have been held online and at Parliament House with guest presenters from a range of organisations including UNFPA, the International Planned Parenthood Federation, MSI Reproductive Choices and Family Planning Australia.



L-R: Allegra Spender MP, Zali Steggall MP, Lisa Chesters MP, Dr Michelle Ananda-Rajah MP, Dr Monique Ryan MP, Senator Mehreen Faruqi, Ms Megan Elliott (MSI Reproductive Choices), Senator Larissa Waters, Merewyn Foran (MSI Asia Pacific), Kelly Durrant (MSI Asia Pacific).

Policy submissions

During 2022-23, Family Planning Australia made or contributed to 57 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, using evidence from research conducted by Family Planning Australia to demonstrate need, particularly in rural and regional areas
- enhancing access to long-acting reversible contraceptives
- engaging with government and health sector stakeholders to build capacity for provision of abortion services in NSW
- promotion of health literacy and access to comprehensive sexuality education,

particularly for young people and other priority population groups

- developing the capacity of Pacific countries to provide reproductive and sexual health and education services
- engagement with United Nations Commission on Population and Development
- reducing reproductive coercion and violence against women and girls
- addressing climate change and implications for reproductive and sexual health and rights
- ensuring inclusive, equitable, accessible and high quality reproductive and sexual health services and education for all people

Our [submissions](#) and responses included:

Focus area/issue	Recipient
National Statement on Ethical Conduct in Human Research	National Health and Medical Research Council
Independent Evaluation of the Australian NGO Cooperation Program	Australian Department of Foreign Affairs and Trade
Review of the Heavy Menstrual Bleeding Clinical Care Standard	Australian Commission on Safety and Quality in Health Care
National Health Literacy Strategy Framework	Australian Government, Department of Health and Aged Care
National Principles to Address Coercive Control	Australian Government, Attorney-General's Department
New International Development Policy	Australian Department of Foreign Affairs and Trade
Multi-disciplinary team-based primary health care	Australian Government
Universal access to reproductive healthcare	Australian Government, Senate Community Affairs References Committee
End gendered violence	NSW Government
Australian Cancer Plan	Cancer Australia
Draft National Strategy for the Elimination of Cervical Cancer in Australia	The Australian Centre for the Prevention of Cervical Cancer
Draft Action Agenda on Universal Health Coverage	World Health Organisation - UHC2030
Medicare reforms: Provision of long-acting reversible contraceptives by appropriately trained Registered Nurses to enhance access across New South Wales	NSW Premier and Health Minister
Medicare reforms: Provision of long-acting reversible contraceptives by appropriately trained Registered Nurses to enhance access across Australia	Australian Government – Minister and Assistant Minister for Health and Aged Care
Rights of Women and Children	Joint Standing Committee on Foreign Affairs, Defence and Trade - Human Rights Subcommittee
A New Act to Replace the Disability Services Act 1986	Australian Government, Department of Social Services

Focus area/issue	Recipient
Commission on Population and Development (CPD56): Input into the resolution on the theme	International Coalition on Sexual and Reproductive Rights (ISRRC) and delegations at the United Nations Commission on Population and Development
CPD56 Oral Statement on the theme: Population, education and sustainable development	United Nations Commission on Population and Development
Extension of Medicare-funded telehealth services for sexual and reproductive health services and non-directive pregnancy support counselling	Australian Government – Minister for Health and Aged Care
NSW contraception data for Global Contraception Atlas	Women Deliver; Global Parliamentary Alliance

Communications and marketing

The past year has seen an increase in marketing and communications activity as we completely emerge from the constraints of COVID-19 and business returns to normal.

Family Planning Australia continues to implement marketing and communications strategies to promote reproductive and sexual health services and information throughout NSW, Australia and the Pacific. A dedicated in-house graphic design team supports these initiatives, producing a vast array of digital and hard-copy assets.

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 Australia 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 are active across Facebook, Instagram, LinkedIn and X, with a combined following of over 11 000 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 Australia's work.

Targeted advertising on social media continues to be an effective tool in the acquisition of clients, education participants and to promote Family Planning Australia's research projects and international programs.



Website

The Family Planning Australia [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.

Linking between our social media accounts and the Family Planning Australia website helps to reinforce our online presence, and contributes to our reputation as a leader within reproductive and sexual health services.

Strong website visitation and usage figures for the 2022-23 year are encouraging as we continue to implement and further develop our digital marketing strategy throughout 2023 and beyond.

Family Planning Australia continues to focus on driving users to www.fpnsw.org.au to support clinical appointments, education course enrolments, general information seekers, medical professionals and recruitment.

SOCIAL MEDIA FOLLOWERS

11,000+



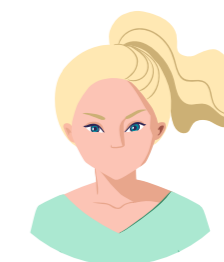
FACEBOOK
6,546
FOLLOWERS

LINKEDIN
2,424
FOLLOWERS

INSTAGRAM
1,811
FOLLOWERS

X/TWITTER
1,561
FOLLOWERS

FACEBOOK AUDIENCE



81%
FEMALE

19%
MALE



WEBSITE USAGE



601,614
SESSIONS

435,806
USERS



SEARCH project branding and communications

As part of the SEARCH project, Family Planning Australia 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 Australia 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.

Signage updates

A major project for the Communications team during 2022-23 was developing new business identification signage across Dubbo, Fairfield, Newcastle and Penrith sites following the change to the use of Family Planning Australia as our public brand.

Media relations

Family Planning Australia works proactively with the media on a range of stories each year to continue the organisation's important work as a leader in reproductive and sexual health. Our media work highlights important access and equity issues as well as myth busting common misconceptions around issues related to reproductive and sexual health.

In 2022-23, Family Planning Australia coordinated media interviews and projects that promoted our clinical services, education courses, research initiatives, advocacy and work in the Pacific region, as well as media activations that addressed issues relating to inequality to reproductive and sexual health and rights around the globe.

Family Planning Australia spokespeople featured in 91 positive media articles relating to our work in reproductive and sexual health. We continue to focus on working with a diverse cross-section of the media and developing the skills and experience of our spokespeople who work with the media for us.

Financial report

For year ended 30 June 2023
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 2023.

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

Melissa Williams

Neil Jackson

Stephanie Cross

Samantha Campbell (appointed November 2022)

Suzanne Stanton (appointed November 2022)

Kim Johnstone (resigned November 2022)

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, teachers and community workers.
- 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 clinicians, teachers, and community workers, 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 and other funders 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	2023 Actual	2023 Benchmark	2022 Actual	2022 Benchmark
Client visits	28,316	28,000	28,194	28,000

Operational and Financial

Proportion of funding from:

Grants				
Government grants	76%	72%	79%	81%
Other grants	8%	6%	5%	8%
Self-generated income:				
Donations	0%	0%	1%	0%
Investments	2%	1%	0%	1%
Other	14%	21%	15%	10%

Review of operations

The surplus for the company after providing for income tax amounted to \$91,005 (30 June 2022: \$3,391,245).

Significant changes in the state of affairs

There were no significant changes in the state of affairs of the company during the financial year.

COVID-19 response and impacts

Family Planning NSW continues to manage the ongoing operational impact of COVID-19 in our commitment to providing essential reproductive and sexual health services to the community throughout this pandemic.

We have followed NSW Health COVID-19 guidelines to ensure the wellbeing of staff, clients and education and community education participants and adapt approaches to service delivery and staff management as required. Our clinics have remained open, and professional education and community education have resumed face to face sessions throughout the year, providing essential reproductive and sexual health services to the community.

Information on directors



Bernadette Or

Qualifications

- GAICD, FCPA, M.Comm, B.A. Economics and Accounting
- Grad Dip Social Impact
- Grad Dip Document and Knowledge Management Studies

Experience

- Non-executive director Family Planning NSW since November 2017
- CFO across various industries
- Board member Streetwise Communication
- Former Chair Crohns and Colitis Australia Board

Special Responsibilities

- President
- Chair Performance and Remuneration Committee
- Chair Board Executive Committee



Carla Cranny

Qualifications

- BA, University of Sydney

Experience

- Non-executive director Family Planning NSW since November 2018
- Director Carla Cranny & Associates
- Twelve years in senior Executive roles in NSW Health and Western Sydney LHD
- Former CEO Family Planning Victoria
- Extensive advocacy and leadership roles in NSW Health leading statewide reforms and strategic and service planning

Special Responsibilities

- Vice President
- Chair Planning and Development Committee
- Member Board Executive Committee
- Member Governance Committee
- Member Audit and Risk Committee



Stephanie Cross

Qualifications

- B SocSc (Applied), MBA, GAICD

Experience

- Non-executive director Family Planning NSW since November 2019
- Extensive senior experience in the NSW Public Sector including former Deputy Director General and former Executive Director in various departments and agencies

Special Responsibilities

- Chair Governance Committee
- Member Audit and Risk Committee
- Member Performance and Remuneration Committee



Samantha Campbell

Qualifications

- B.A. Gender Studies
- Post-Graduate Certificate in Social Health and Counselling
- Diploma in Community Sector Management

Experience

- Non-executive director Family Planning NSW since November 2022.
- Specialist in domestic and family violence sector Women's rights activist
- Manager of community-based Specialist Homelessness Sector

Special Responsibilities

- Member Planning and Development Committee



Melissa Williams

Qualifications

- B.Business
- Grad Cert of Research

Experience

- Non-executive director Family Planning NSW since November 2020
- Chief Executive Officer at Gandangara Local Aboriginal Land Council
- Former Director Western Sydney University
- Author

Special Responsibilities

- Member Planning and Development Committee



Neil Jackson

Qualifications

- LL.B, B.Ec, LL.M

Experience

- Non-executive director Family Planning NSW 1999-2011; re-elected November 2017
- Barrister
- Member of the Conciliators and Arbitrators Association, the Australian Association of Family Lawyers and Conciliators, the Family Law Section of the Law Council of Australia, Australian Plaintiff Lawyers Association
- Member of the Family Law Committee and the Alternative Dispute Resolution Committee of the New South Wales Bar Council. Former board member of 3 Bridges

Special Responsibilities

- Vice President
- Member Executive Committee
- Member Audit and Risk Committee
- Member Governance Committee



Kim Field

Qualifications

- Master Social Work

Experience

- Non-executive director Family Planning NSW since November 2018
- More than 40 years in health services including over 20 years as Director of Primary and Community Health in Western Sydney, Northern Sydney Central Coast and Northern Sydney

Special Responsibilities

- Member Planning and Development Committee
- Member Performance and Remuneration Committee



Gary Trenaman

Qualifications

- BComm, MBA, GradDip Applied Corporate Governance, CPA, GAICD, FGIA, JP

Experience

- Non-executive director Family Planning NSW since November 2017
- CEO Running for Premature Babies
- Former Company Secretary
- Focused career in not for profits in CEO and CFO roles

Special Responsibilities

- Treasurer
- Chair Audit and Risk Committee
- Member Board Executive Committee
- Member Governance Committee



Paul Hopkins

Qualifications

- GB.Sc., M.Sc., Grad Dip. Corporate Governance, FGIA, JP (NSW)

Experience

- Company Secretary Family Planning NSW resigned December 2022



Suzanne Stanton

Qualifications

- LL.B, B.A.

Experience

- Non-executive director Family Planning NSW since November 2022
- Director and Corporate Counsel Mawland Group
- Director at Sala bai School Cambodia
- Previous Partner Gadens Lawyers
- Previous NFP directorships

Special Responsibilities

- Member Performance and Remuneration Committee



Dr Kim Johnstone

Qualifications

- M.S.Sc (Hons), PhD, MBA

Experience

- Non-executive director Family Planning NSW since November 2012
- Resigned 28 November 2022
- Experienced demographer informing policy in government, non-government and academia

Special Responsibilities

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



Charmaine Belfanti

Qualifications

- GAICD, MBA (Executive), Grad. Certificate in Governance Practice, FGIA

Experience

- Company Secretary Family Planning NSW since June 2023
- Company Secretary for charities and companies limited by guarantee
- Facilitator, Governance Institute Australia (GIA)

Matters subsequent to the end of the financial year

No matter or circumstance has arisen since 30 June 2023 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.

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 2023, and the number of meetings attended by each Director were:

Board Meetings

Directors	Attended	Held
Bernadette Or (Chair)	7	7
Carla Cranny	7	7
Kim Field	7	7
Gary Trenaman	5	7
Melissa Williams	5	7
Neil Jackson	6	7
Stephanie Cross	7	7
Samantha Campbell	4	4
Suzanne Stanton	3	4
Kim Johnstone	3	3

Audit and Risk Committee

Directors	Attended	Held
Gary Trenaman (Chair)	5	5
Stephanie Cross	5	5
Neil Jackson	3	5
Carla Cranny	1	5

Planning and Development Committee

Directors	Attended	Held
Carla Cranny (Chair)	3	3
Kim Johnstone	0.5	1
Kim Field	2	3
Melissa Williams	0	3
Samantha Campbell	2	2

Day Surgery - Medical Advisory Committee

Directors	Attended	Held
Antoinette Walsh	4	4
Bronte Simpson	3	4
Clare Boerma	4	4
Derek Rosen	2	4
Joanne Ludlow	2	4
Jodie Duggan	4	4
Kevin Pedemont	3	4
Nic Comninos	3	4
Selvan Pather	0	4

Clinical Advisory Committee

Directors	Attended	Held
Antoinette Walsh	2	2
Clare Boerma	2	2
Donna Tilley	1	2
Jodie Duggan	1	2
Kirsten Black	2	2
Lesley Cotterell	1	2
Majella Hill	2	2
Melissa Kang	1	2
Rebecca Davis	2	2
Selvan Pather	0	2
Sue Jacobs	1	2

Governance Committee

Directors	Attended	Held
Stephanie Cross (Chair)	2	2
Kim Johnstone	1	1
Gary Trenaman	2	2
Neil Jackson	2	2
Carla Cranny	0	2

Performance and Remuneration Committee

Members did not convene throughout the 2022-23 financial year

Board Executive Committee

Members did not convene throughout the 2022-23 financial year

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

Indemnity and insurance of auditor

The company has not, during or since the end of the financial year, indemnified or agreed to indemnify the auditor of the company or any related entity against a liability incurred by the auditor.

During the financial year, the company has not paid a premium in respect of a contract to insure the auditor of the company or any related entity.

Proceedings on behalf of the company

No person has applied to the Court under section 237 of the Corporations Act 2001 for leave to bring proceedings on behalf of the company, or to intervene in any proceedings to which the company is a party for the purpose of taking responsibility on behalf of the company for all or part of those proceedings.

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 \$1,800 based on 36 current ordinary members.

Auditor's independence declaration

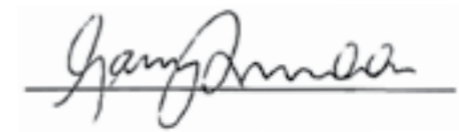
A copy of the auditor's independence declaration as required under section 307C of the Corporations Act 2001 is set out immediately after this directors' report.

This report is made in accordance with a resolution of directors, pursuant to section 298(2)(a) of the Corporations Act 2001.

On behalf of the directors



Bernadette Or – President



Gary Trenaman – Treasurer

31 October 2023

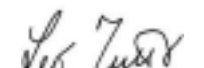
AUDITOR'S INDEPENDENCE DECLARATION UNDER SECTION 307C OF THE CORPORATIONS ACT 2001 TO THE DIRECTORS OF FAMILY PLANNING NSW

I declare that, to the best of my knowledge and belief, during the year ended 30 June 2023 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.

Yours faithfully


William Buck
Accountants & Advisors
ABN 16 021 300 521


L. E. Tutt
Partner
Sydney, 31 October 2023

Family Planning NSW – Contents – 30 June 2023

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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 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 31 October 2023. 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 2023

	2023 \$	2022 \$
Revenue		
Domestic revenue		
Grants		
Government grants	12,201,816	15,143,078
Other grants	273,049	200,354
	12,474,865	15,343,432
Sales revenue		
Contraceptive income	44,030	50,910
Course fees	202,950	126,960
Bookshop sales	53,040	47,529
	300,020	225,399
Other revenue		
Medicare revenue	690,554	587,038
Private billing revenue	860,081	756,126
Investment revenue	85,217	82,470
Government grant – COVID -19 Stimulus	-	656,191
Donations and gifts		
Monetary	-	-
Non-monetary	-	-
Other revenue	159,904	321,285
	1,795,756	2,403,110
Total domestic revenue	14,570,641	17,971,941

	2023 \$	2022 \$
International revenue		
Grants		
Department of Foreign Affairs and Trade	602,139	389,662
Other Australian	179,904	85,050
Other overseas	1,115,745	803,462
Donations and gifts		
Monetary	63,509	74,490
Non-monetary	28,206	49,137
Investment income	225,012	2,059
Other revenue	234,593	284,467
Total international revenue	2,449,108	1,688,327
Total revenue	17,019,749	19,660,268

Statement of **PROFIT OR LOSS** and other comprehensive income for the year ended 30 June 2023 (continued)

	2023 \$	2022 \$
Expenses		
Domestic program expenses		
Audit/professional services	(43,500)	(41,434)
Bad debts	(83)	-
Branding & marketing	(42,255)	(21,610)
Computer services and software	(496,362)	(577,738)
Conferences & seminars	(72,387)	(44,273)
Consultancy	(811,364)	(673,940)
Consumables/client expenses	(107,296)	(44,616)
Cost of goods sold	(69,054)	(50,855)
Depreciation and amortisation expenses	(438,991)	(799,822)
Employee benefit expense	(10,041,452)	(10,417,835)
File scanning	(8,778)	(9,922)
Insurance	(221,455)	(179,398)
Labour hire – external	-	(92,023)
Lease /rent	(10,527)	(10,892)
Materials and equipment	(133,453)	(90,822)
Medical consumables	(179,432)	(239,315)
Printing/postage/stationery/advertising/ photocopying	(193,778)	(133,885)
Repairs and maintenance/cleaning	(734,553)	(276,280)
Staff recruitment	(35,210)	(30,455)
Stock write-off	2,194	(4,341)
Strata levies	(61,290)	(39,779)
Teaching resources	(11,166)	(72,549)
Telephone/internet	(195,368)	(101,229)
Travel	(190,750)	(89,471)
Utilities	(120,426)	(111,886)
Website development	(22,338)	(29,495)
Other expenses	(240,562)	(396,831)
Total domestic program expenses	(14,479,636)	(14,580,696)

	2023 \$	2022 \$
International aid and development programs expenses		
International programs		
Funds to international programs	(1,549,697)	(1,014,748)
Program support costs	(588,622)	(481,311)
Community education	-	-
Fundraising costs		
Public	(220)	(178)
Government, multilateral and private	-	-
Accountability and administration	(282,363)	(142,953)
Non-monetary expenditure	(28,206)	(49,137)
Total international aid and development programs expenses	(2,449,108)	(1,688,327)
International political or religious adherence promotion programs expenditure	-	-
Total international aid and development program expenses	(2,449,108)	(1,688,327)
Total Expenses	(16,928,744)	(16,269,023)
Surplus before income tax (expense)	91,005	3,391,245
Income tax (expense)		
Surplus/ (Deficit) after income tax (expense) for the year attributable to the members of Family Planning NSW	91,005	3,391,245
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	9,088	(23,833)
Other comprehensive income for the year, net of tax	9,088	378,385
Total comprehensive income for the year attributable to the members of Family Planning NSW	100,093	3,769,630

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 2023

	Note	2023 \$	2022 \$
Assets			
Current assets			
Cash and cash equivalents	4	6,952,524	7,237,017
Trade and other receivables	5	233,624	249,344
Inventories on hand	6	51,715	40,669
Other financial assets		-	-
Other	7	209,737	173,879
Total current assets		7,447,600	7,700,909
Non-current assets			
Trade and other receivables		-	-
Financial assets at fair value through other comprehensive income	8	1,723,002	1,713,914
Property, plant and equipment	9	24,076,384	24,286,729
Right-of-use assets	10	91,936	156,593
Intangibles	11	8,778	14,338
Work in progress		-	-
Other non-current assets		-	-
Total non-current assets		25,900,100	26,171,574
Total assets		33,347,700	33,872,483

Liabilities

Current Liabilities

Trade and other payables	12	1,546,808	1,347,494
Lease liabilities	13	63,328	61,077
Employee benefits	14	1,474,192	1,333,919
PAYG withholding tax		93,907	68,413
Grants received in advance	15	1,644,087	2,561,079
Provisions		-	-
Other		-	-
Total current liabilities		4,822,322	5,371,982

	Note	2023 \$	2022 \$
Liabilities (continued)			
Non-current liabilities			
Trade and other payables		-	-
Lease liabilities	16	32,971	97,322
Employee benefits	17	78,621	89,486
Borrowings		-	-
Provisions		-	-
Other		-	-
Total non-current liabilities		111,592	186,808
Total liabilities		4,933,914	5,558,790

Net assets	28,413,786	28,313,693
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Equity

Reserves		3,448,218	3,439,130
Retained surplus	18	24,965,568	24,874,563
Total equity		28,413,786	28,313,693

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 2023

	Asset Revaluation Reserve	Investment Revaluation Reserve	Retained Surplus	Total Equity
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
Balance at 1 July 2022	3,439,815	(685)	24,874,563	28,313,693
Surplus after income tax (expense) for the year	-	-	91,005	91,005
Other comprehensive income for the year, net of tax	-	9,088	-	9,088
Total comprehensive income for the year	-	9,088	91,005	100,093
Balance at 30 June 2023	3,439,815	8,403	24,965,568	28,413,786

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

Statement of **CASH FLOWS** for the year ended 30 June 2023

	Note	2023 \$	2022 \$
Cash flows from operating activities			
Receipts from customers (inclusive of GST)		2,834,707	2,120,308
Payments to suppliers and employees (inclusive of GST)		(17,843,297)	(17,139,007)
Grants received		14,832,458	15,295,798
Government Grant – COVID-19 stimulus		-	656,191
Donations received		63,509	74,416
Interest and dividends received		68,958	83,729
Net cash from operating activities		(43,665)	1,091,435
Cash flows from investing activities			
Payment for property, plant & equipment	9	(176,754)	(5,763,162)
Net cash used in investing activities		(176,754)	(5,763,162)
Cash flows from financing activities			
Repayment of lease liability		(64,074)	(331,478)
Net cash from financing activities		(64,074)	(331,478)
Net decrease in cash and cash equivalents		(284,493)	(5,003,205)
Cash and cash equivalents at the beginning of the financial year		7,237,017	12,240,222
Cash and cash equivalents at the end of the financial year	4	6,952,524	7,237,017

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 amended 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.

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 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.

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 2023

Note 3: Grants received during the year (Exclusive of GST)	2023 \$	2022 \$
NSW Ministry of Health: NGO Funding		
Statewide grant – Child, Youth and Family	9,251,100	8,852,700
South Western Sydney LHD	687,700	658,100
FPNSW Population Health/Sexual Health	349,800	334,800
Sexual and Reproductive Health Clinical Services and Health Promotion – Penrith Clinic	461,250	582,925
Penrith– Reproductive and Sexual Health Training & Education	-	1,000
	10,749,850	10,429,525

NSW Government		
NSW Health – SEARCH	400,000	800,000
NSW Health – Pregnancy Choices Hotline	66,504	41,415
NSW Department of Customer Service	-	180,000
NSW Health – Walgatt AMS	175,066	-
	641,570	1,021,415

Hunter New England LHD		
Hunter Health Promotion	60,200	59,500

Cancer Institute NSW		
Cervical Screening Training	215,000	57,500
	215,000	57,500

	2023 \$	2022 \$
Commonwealth Government Grants		
Department of Health and Ageing: Know Your Health	-	39,000
Department of Health: Trending Sexual Health	439,923	499,012
Department of Foreign Affairs and Trade: ANCP	514,550	371,645
	954,473	909,657

Other Grants		
Research Grant	18,718	321,461
University of NSW: ECCWP	71,167	101,106
UNFPA	681,559	830,938
International Planned Parenthood Federation	9,313	13,531
Oceania Hockey	17,105	88,690
Women's Plan Foundation	30,000	30,000
ABF Foundation	-	5,000
	827,862	1,390,726
Total grants received	13,448,955	13,868,323

NOTES to the Financial Statements 30 June 2023

Note 4: Current assets-cash and cash equivalents	2023 \$	2022 \$
Cash on hand	1,110	1,410
Cash at bank		
- Domestic programs	6,481,205	6,373,669
- International programs	470,209	861,938
	6,952,524	7,237,017

Note 5: Current assets-trade and other receivables

Trade receivables – other	233,624	249,344
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Note 6: Current assets-inventories

Stock at cost	51,715	40,669
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Note 7: Current assets-other

Accrued revenue	33,780	17,521
Prepayments	175,957	156,358
	209,737	173,879

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)	1,723,002	1,713,914
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Note 9. Non-current assets – property, plant and equipment	2023 \$	2022 \$
Land and buildings: at independent valuation 2022	22,200,000	22,200,000
Less: Accumulated depreciation	(253,889)	(19,530)
	21,946,111	22,180,470

Leasehold improvements – at independent valuation 2022	1,600,000	1,600,000
Less: Accumulated depreciation	(34,667)	(2,667)
	1,565,333	1,597,333

Plant & equipment – at cost	1,357,432	1,190,447
Less: Accumulated depreciation	(861,028)	(762,581)
	496,404	427,866

Motor vehicles – at cost	98,048	98,048
Less: Accumulated depreciation	(60,286)	(47,550)
	37,762	50,498

Office equipment – at cost	232,357	222,588
Less: Accumulated depreciation	(201,583)	(192,026)
	30,774	30,562

24,076,384 **24,286,729**

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 2023

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

2023
\$

2022
\$

Reconciliations

Reconciliations of the written down values 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 2022	22,180,470	1,597,333	427,866	50,498	30,562	24,286,729
Additions*	-	-	166,985	-	9,769	176,754
Depreciation expense**	(234,359)	(32,000)	(98,447)	(12,736)	(9,557)	(387,099)
Balance at 30 June 2023	21,946,111	1,565,333	496,404	37,762	30,774	24,076,384

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

Land and buildings – right-of-use	183,880	187,913
Less: Accumulated depreciation	(91,944)	(31,320)
	91,936	156,593

Note 11. Non-current assets – intangibles

Website – at cost	27,800	27,800
Less: Accumulated amortisation	(19,022)	(13,462)
	8,778	14,338

Note 12. Current liabilities – trade and other payables

2023
\$

2022
\$

Trade payables	160,342	200,854
Income received in advance	264,011	235,619
BAS payable	127,682	190,598
Other payables	994,773	720,423
	1,546,808	1,347,494

Note 13. Current liabilities – lease liabilities

Lease liability – premises	63,328	61,077
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Future lease payments

Future lease payments are due as follows:

Within one year	65,675	64,073
One to five years	33,243	98,918
	98,918	162,991

Note 14: Current liability – employee benefits

Employee benefits	1,474,192	1,333,919
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Note 15: Current liability – grants received in advance

Other grants	372,892	822,074
Government grant	1,271,195	1,739,005
	1,644,087	2,561,079

Note 16. Non-current liabilities – lease liabilities

Lease liability – premise	32,971	97,322
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Refer to Note 13 for maturity profile of future lease payments.

NOTES to the Financial Statements 30 June 2023

Note 17. Non-current liability – employee benefits	2023 \$	2022 \$
Employee benefits	78,621	89,486

Note 18. Equity – retained surplus

Retained surplus at the beginning of the financial year	24,874,563	21,483,318
Surplus after income tax (expense) for the year	91,005	3,391,245
Retained surpluses at the end of the financial year	24,965,568	24,874,563

Note 19. Equity – dividends

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

Note 20: 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	1,257,734	1,463,351
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Note 21. 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	55,000	48,500
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Note 22. Contingent liabilities

The company had no contingent liabilities as at 30 June 2023 (2022: Nil).

Note 23: Related party transactions

Key management personnel

Disclosures relating to key management personnel are set out in note 20.

2023 \$	2022 \$
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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

Sydney Reproductive Health Services Limited	698	250
Family Planning Australia Limited	663	-

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 24. Economic dependency

Family Planning NSW is dependent upon the ongoing receipt of Federal and State Government grants to ensure the continuance of its programs. At the date of this report, management has no reason to believe that this financial support will not continue.

Note 25. 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 2023 the number of members of the company is 36 (2022: 37).

Note 26. Events after the reporting period

No matter or circumstance has arisen since 30 June 2023 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 27. Financial Summary

The surplus of the company for the current year is \$91,005. The company's income and expenditure for the year ended 30 June 2023 is summarised below.

Family Planning NSW have once again demonstrated resilience in the face of ongoing challenges posed by COVID-19 and maintained a robust financial position in financial year 2022-23.

Our total revenue for the year 2022-23 was \$17.02m, representing a \$2.64m decrease from the year 2021-22. This reduction is attributed to a one-off fit-out grant of \$3.75m received from the Ministry of Health in the previous financial year. In 2022-23, our self-generated income continued to grow. During the year, we provided 28,332 occasions of clinical services across NSW and continued to build the number of procedures that are undertaken in both the Newington Day Surgery Unit and across other clinics. 81,355 people participated in community education/health promotion activities and 1,784 participants attended education courses across face-to-face and online learning activities. Furthermore, over 33,880 people in the Pacific directly benefited from our international program.

In 2021-22, Family Planning NSW reported a significant operating surplus of \$3.4m, primarily due to the recognition of a grant provided by Ministry of Health to support the fit-out of the new head office at Newington. In 2022-23, Family Planning NSW reported a surplus of \$90,801, which reflects a sound financial performance.

Family Planning NSW's net assets as of 30 June 2023 stood at \$28m, maintaining the same level as the previous year. This consistent figure underscores a healthy and sustainable balance sheet and financial position.

International Programme

Family Planning NSW works with partners in the Pacific to improve reproductive and sexual health outcomes. Our international work focuses on supporting the capacity of local partners to deliver services and education to clinicians, communities, teachers, government officials and young people. We work across three program streams:

- contraception choices
- cervical screening and treatment
- comprehensive sexuality education

Revenue from international development was \$2.4m in 2022-23, which is an increase of \$0.7m from 2021-22.

In 2022-23 we were proud to collaborate with partners across 10 countries to reach 33,880 people. Innovative digital comprehensive sexuality education work in Fiji and Vanuatu as well as the return of cervical screening in the Solomon Islands post-pandemic contributed significantly to beneficiary reach. In 2022-23, travel was also recommenced, allowing in person collaboration and training with partners. As part of our work under the UNFPA Transformative Agenda, we were excited to complete our first trips to the Federated States of Micronesia and Republic of the Marshall Islands which we will partner with more closely with in coming years. We also grew our activity in Papua New Guinea (PNG), namely supporting national in and out of school comprehensive sexuality education curricula development and training. Work completed under the collaborative Eliminating Cervical Cancer in the Western Pacific initiative further connected us with PNG partners, as well as with those in Vanuatu.

Our International Programme is supported by the Australian government, through the Australian NGO Cooperation Program and the UNFPA Transformative Agenda. In 2022-23 we also completed a project funded by the Team Up program. Other projects are funded by UNFPA PNG, the Minderoo Foundation through the University of NSW, Women's Plan Foundation and private donors.

Note 27. Financial Summary (continued)

Income	
NSW ministerially approved grants	10,955,100
Other periodic government grants	2,028,759
Research grants	93,145
Other grants	1,295,649
Self-generated income	2,647,096
	17,019,749
Expenditure	
Staffing	(12,857,345)
Projects	(2,693,918)
Site	(1,377,481)
	(16,928,744)
	91,005

Directors' declaration 30 June 2023

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 2023 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 31st day of October, 2023

Family Planning NSW

Independent auditor's report to the members

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 2023, 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 material accounting policy information, and the directors' declaration.

In our opinion, the accompanying 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 Organisations financial position as at 30 June 2023 and of its financial performance for the year then ended; and
- b. complying with Australian Accounting Standards – Simplified Disclosure Requirements and Division 60 of the *Australian Charities and Not-for-profits Commission Regulations 2022*.

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 Group 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 (including Independence Standards)* (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 Organisations Annual Report for the year ended 30 June 2023, 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 Organisation for the financial report

The directors of the Organisation are responsible for the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards – Simplified Disclosure Requirements and the *Australian Charities and Not-for-profits Commission Act 2012*. The Organisations responsibility also includes such internal control as the Organisation determine is necessary to enable the preparation of the financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.

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

The directors are responsible for overseeing the Organisations financial reporting process.

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 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 the financial report is located at the Auditing and Assurance Standards Board website at:

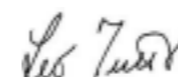
https://www.auasb.gov.au/auditors_responsibilities/ar4.pdf

This description forms part of our auditor's report.

Yours faithfully

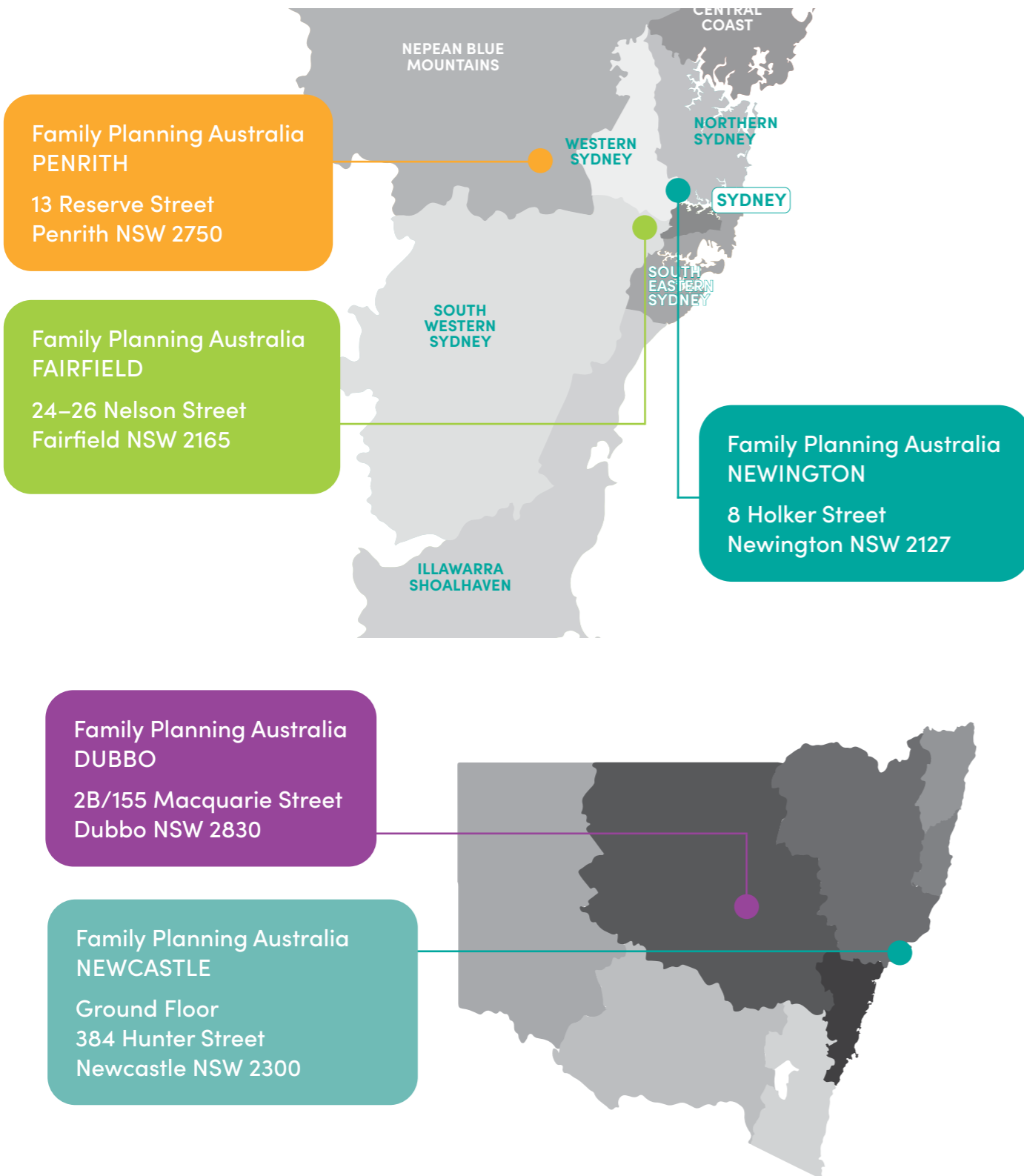


William Buck
Accountants & Advisors
ABN 16 021 300 521

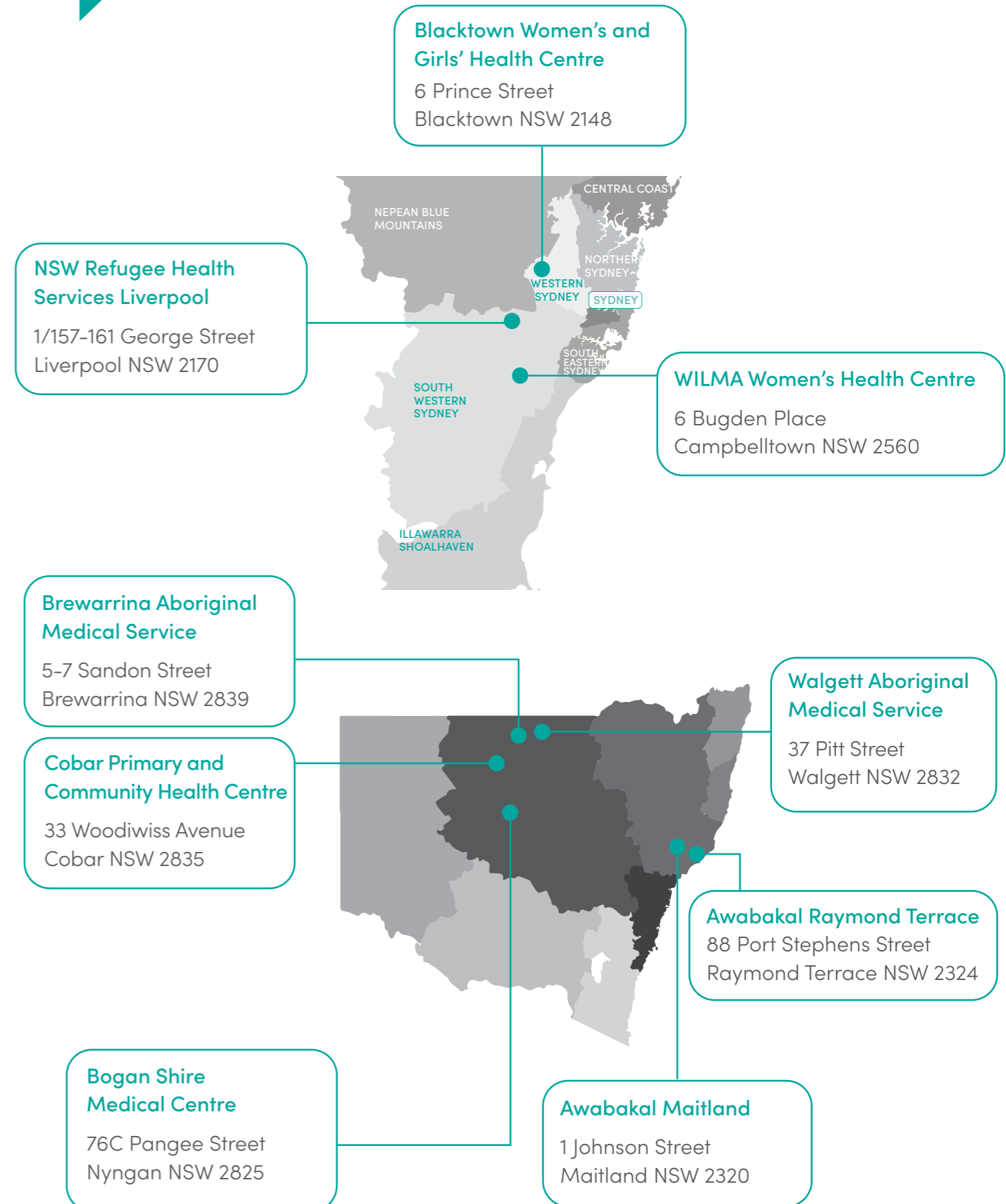


L. E. Tutt
Partner
Sydney, 31 October 2023

Our clinic locations



Our outreach locations





www.fpnsw.org.au | talkline 1300 658 886 | bookshop

clinical services & information | education & training | research | international development

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