

# ANNUAL REPORT

## 2017 - 2018



## Our vision

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

## Our mission

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

## Our values

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

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

**Inclusiveness** - valuing and respecting diversity without judgement

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

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

**Commitment to excellence** - ensuring high standards in all our work

## Our principles

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

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

**Being advocates** for the community

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

**Promoting freedom of choice** which reflects individual differences and preferences

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

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

Fostering **innovation and creativity** in our work

## Our communities

Every body in every family

Aboriginal and Torres Strait Islander people and communities

People from culturally and linguistically diverse backgrounds

People with disability

Young people

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# Who we are

Family Planning NSW is the leading provider of reproductive and sexual health services in NSW. We have four major inter-linked pillars:

## Integrated Health Services

We are experts in contraception, pregnancy options counselling, sexually transmissible infections (STIs), common gynaecological problems including menstrual disorders, cervical cancer screening, 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. Our focus spans prevention and early intervention to treatment services.

## Education Services

Family Planning NSW's education and training courses 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.

## The Research Centre

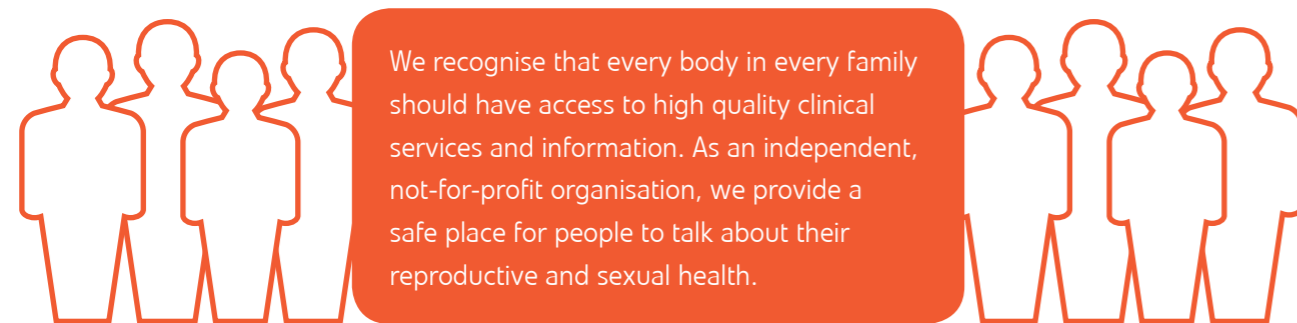
Our Research Centre leads and partners with universities and other research organisations to grow the body of knowledge about reproductive and sexual health.

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

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

## International Development

Our international development programme 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.



# Organisational structure





**Sue Carrick**  
Non-Executive  
Director - President  
MhSc, MAICD

## President's report

During 2017-18 the Family Planning NSW team, led by Adjunct Professor Ann Brassil, has once again demonstrated why it is at the forefront of reproductive and sexual health in Australia.

This year has seen the culmination of effort over the last four years implementing activities that support the achievement of outcomes that we identified in the 2014-2018 Strategic Plan.

Over the last four years, we have provided a range of reproductive and health services to 43,391 clients across 119,055 occasions of service. We have also trained 3,626 clinicians, 566 teachers, 98 youth workers, 599 disability workers and 440 community workers, and our International team has reached over 11,300 beneficiaries over the period.

We continue to ensure that our services are accessible to our priority population groups. Over the last four years 3.4% of our total clients were Aboriginal and Torres Strait Islander, 33% born overseas, 5% people with disability and 25% young people.

A fundamental tenet of Family Planning NSW is translating research into practice with 45 publications in peer-reviewed journals 2 clinical practice handbooks and two monographs. To this end, our Research Centre has continued to work with a wide range of stakeholders in high quality research, developing practical thought leadership across reproductive and sexual health topics. This year has seen the publication of an important monograph by Family Planning NSW, [Implementing the changes to the National Cervical Screening Program: A guide for clinicians](#).

Family Planning NSW was also heavily involved in advocacy work internationally. Our CEO attended the 2017 EuroNGOs Conference *Re:Frame. Promoting Sexual and Reproductive Health and Rights in a time of growing populism* in Brussels, Belgium, in September 2017. This gathering challenged thinking and stimulated debate around the rise of populism, its impact on sexual and reproductive health and rights issues and how to respond to this changing context. In December 2017 the Director International Programme attended the *Sex Og Politikk Comprehensive Sex Education Conference* in Norway exchanging ideas and discussing comprehensive sex education best practices.

Looking forwards, Family Planning NSW has now finalised development of the [2018-2022 Strategic Plan](#). The Plan has been developed in consultation with the Board, key stakeholders, clients and staff and provides our future strategic directions, goals, targets and ambitions.

During 2017-18, we farewelled a long time member of the Family Planning NSW Board with Ms Kerrie Chambers resigning. All Board members and the Executive team would like to take this opportunity to thank Kerrie for her contributions over many years. We consequently welcomed Mr Neil Jackson to the Board, joining Dr Kim Johnstone, Ms Nadine Wilmot, Mr Gary Trenaman, Ms Rosalind Winfield, Ms Caroline Miller, Ms Melissa Williams, Ms Bernadette Orr and Mr Stuart Suthern-Brunt who continue to provide strategic direction to the organisation. I thank them all for their hard work and dedication.

I would also like to acknowledge our funders and partners, in particular the NSW Ministry of Health and the Department of Foreign Affairs and Trade. Their financial and non-financial support and assistance allows us to continue to provide high quality reproductive and sexual health services to all those who seek our help.



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

## CEO report

I am pleased to present the 2017-18 Annual Report for Family Planning NSW. Our dedicated team of over 200 staff continue to focus on ensuring that we provide high quality services to our communities across NSW and throughout the Pacific.

In 2017-18, Family Planning NSW provided 30,550 clinical services to more than 15,000 clients. Demand continued to be high, with the main services to clients being contraception (40%), gynaecology (41%), STI (11%) and pregnancy and fertility related services (5%). A significant development has been the expansion of our 'Outreach Clinics', providing services to priority populations without additional fixed clinical sites. Outreach locations now include Campbelltown North, Campbelltown South, Tahmoor, Liverpool, Villawood, Chester Hill, Rockdale, Blacktown, Surry Hills and our specialist co-location at NSW Refugee Health Service, Liverpool.

An exciting development has been the implementation of a new Colposcopy Clinic in August 2017, needed due to changes in the National Cervical Screening Program resulting in more women requiring colposcopy. With referral pathways from GPs, Sexual Health Clinics and Women's Health Services, we are now operating weekly services and training additional clinicians.

There was a 45% increase in participants attending community education programs promoting family planning options and safe sex in priority populations in 2017-18. Continuing the transition from traditional print resources to more digital resources saw the Condom Credit Card (CCC) app

launched, an interactive mobile platform that helps young people locate free condoms in their area, with supporting content promoting safe sex and interactive information on condoms, contraception, STIs and testing.

Our Education Services have continued to grow. In 2017-18, there was a 17% increase in services, with training provided to 1,617 participants. There was also a 9% increase in the number of education courses provided to 107 in 2017-18. Education and training highlights included development and implementation of new courses for the New Cervical Screening Program utilising online learning, face-to-face workshops and clinical practice in a simulated or real environment. Another great achievement has been the implementation of Sexual Safety Policy Training to staff from Justice Health and Local Health Districts around the state.

Our ongoing research, increasing the body of knowledge in reproductive and sexual health, remains a high priority. This year we published nine research reports in peer-reviewed journals, two clinical practice handbooks and worked in an increasing number of research partnerships to carry out critical research activities. Some of the 2017-18 research program highlights include:

- Age differences in attitudes toward safer sex practices in heterosexual men using an Australian Internet dating service –The research findings indicated that men with a higher number of sexual partners in the last year were less likely to have an STI discussion with new partners or intend to use a condom with a new partner.
- Inclusion of intrauterine device insertion to registered nurses' scope of clinical practice - The findings indicated that nurses reported the addition of intrauterine device insertions was a positive expansion of their scope of practice, and that it would improve clients' access to this contraceptive method

- Optimising cervical cancer prevention amongst Aboriginal women in rural and remote New South Wales: A pilot study – We are working with Walgett Aboriginal Medical Service to implement a pilot study which aims to address the relatively high cervical cancer incidence and mortality amongst Aboriginal women, through utilising a combined screening approach with same-day treatment (if indicated and requested). A 'same-day' approach may benefit women who may otherwise be lost to follow up. An evaluation is being undertaken to explore the acceptability of this approach for Aboriginal and non-Aboriginal women and the relevant health workforce

Our International Development program in Pacific Island countries including Papua New Guinea and Timor Leste, has seen the development of our strengths in capacity building in the region. We are now well recognised as a key partner in training in-country partners in contraception and cervical cancer screening. A new program focusing on the rights of people with disability was a fantastic, highly rated milestone for the Pacific.

Family Planning NSW continues to ensure its services are highly relevant and acceptable to our clients and customers. An important mechanism for this is our gold standard Consumer Engagement Framework to integrate consumers' views about the mix and quality of our services and programs. Five consumer participation committees now operate across our priority groups including people with intellectual disability, from CALD backgrounds, Aboriginal and Torres Strait Islander people (men and women) and young people, providing valuable input into organisational decision making and services design.

Another recent initiative was the establishment of our Reconciliation Action Plan (RAP). In 2017-18 our RAP was approved by Reconciliation Australia. The RAP formalises our commitment to reconciliation, commits Family Planning NSW to being an inclusive employer for Aboriginal and Torres Strait Islander people and confirms that our services should meet the needs of Aboriginal and Torres Strait Islander people.

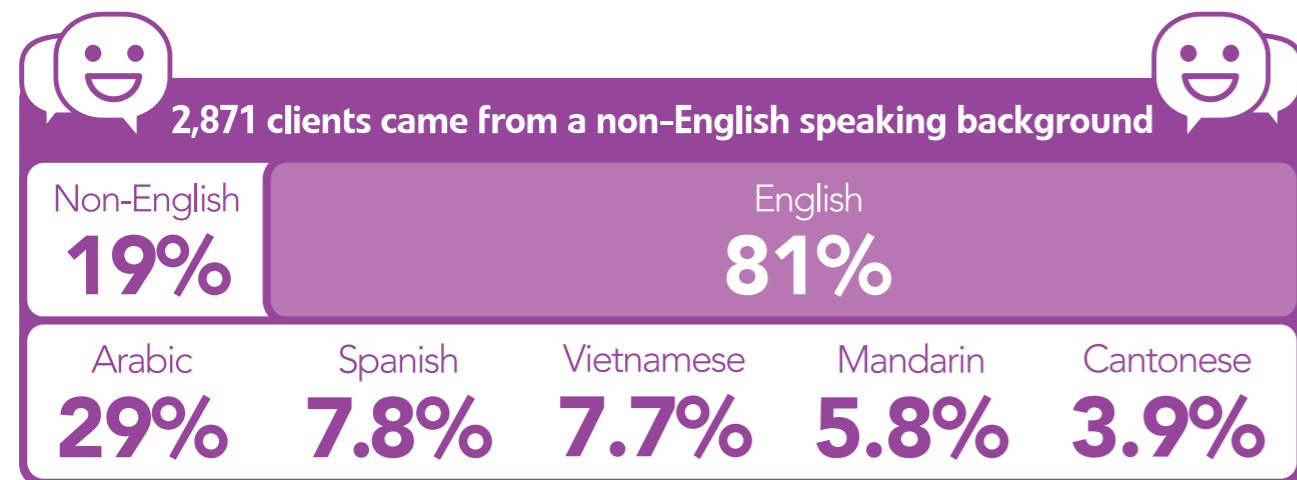
As part of a Commonwealth funded project, Trending Sexual Health, Family Planning NSW continued to work with ACON to develop content and key health messaging for two websites addressing sexually transmitted infections (STIs) and blood borne viruses (BBVs) among young people. In Real Life targets under 18 year olds while Frank has been developed for 18-30 year olds. These websites aim to reduce the stigma associated with conversations about STI/BBV and to increase condom use as part of healthy and enjoyable sex practices. Generating over four million impressions of our campaign material, on average every young person in Australia saw one of our health messages from this campaign.

As we look to the future, I am grateful that I can rely on our excellent staff across all centres to always give their all and I thank them for that. I also thank our Board for providing our organisation with such strong strategic direction and leadership.

# Integrated Health Services

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

**In 2017-18 our clinical services saw 15,024 clients for 30,550 clinic visits.**



# Clinics

## DUBBO

- 3,139 client visits by 1,527 clients
- 19% of clients from an Aboriginal or Torres Strait Islander background
- 76% of clients screened for domestic violence

## HUNTER

- 7,822 client visits by 3,513 clients
- 72% of clients screened for domestic violence
- 45% of clients are under the age of 25

## PENRITH

- 4,162 client visits by 1,896 clients
- 70% of clients screened for domestic violence

## FAIRFIELD

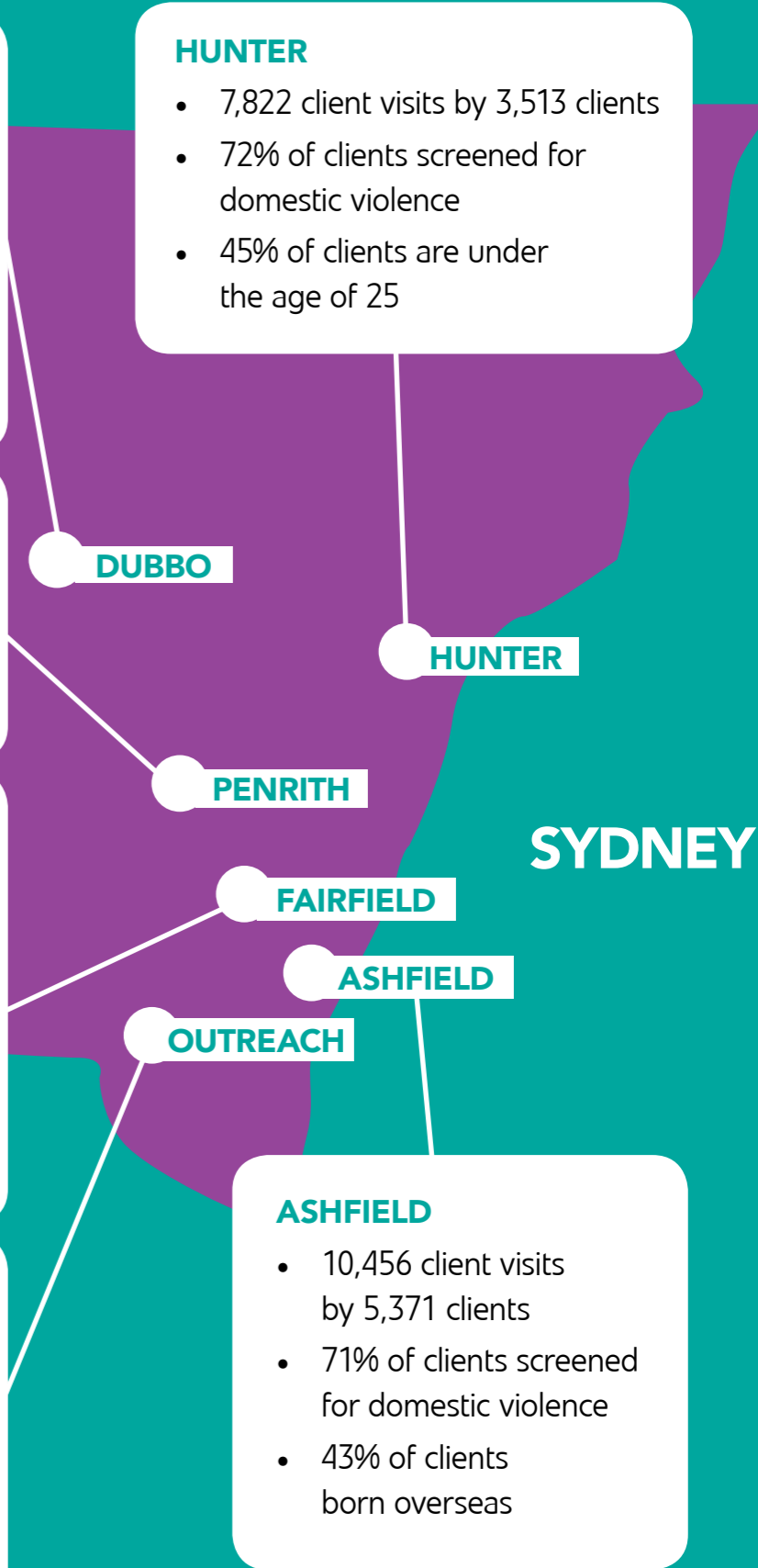
- 3,805 client visits by 1,923 clients
- 68% of clients screened for domestic violence
- 61% of clients born overseas
- 51% of clients do not speak English at home

## OUTREACH

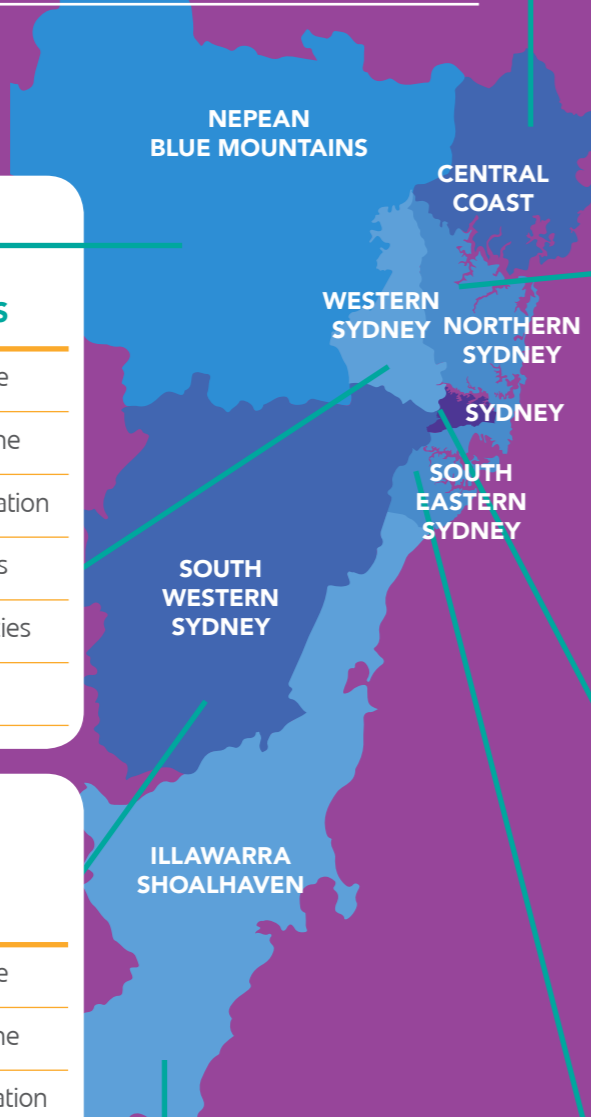
- 1,166 client visits by 794 clients
- 79% of clients screened for domestic violence
- 44% of clients born overseas

## ASHFIELD

- 10,456 client visits by 5,371 clients
- 71% of clients screened for domestic violence
- 43% of clients born overseas



## Services provided in Metropolitan Local Health Districts



### NEPEAN BLUE MOUNTAINS

3,497 occasions of clinical service  
 679 called or sent email to Talkline  
 2,572 attended community education  
 89 attended professional courses  
 108 attended professional activities  
 12,423 resources distributed

### WESTERN SYDNEY

2,058 occasions of clinical service  
 702 called or sent email to Talkline  
 1,590 attended community education  
 121 attended professional courses  
 128 attended professional activities  
 11,108 resources distributed

### SOUTH WESTERN SYDNEY

4,214 occasions of clinical service  
 818 called or sent email to Talkline  
 2,353 attended community education  
 98 attended professional courses  
 41 attended professional activities  
 13,203 resources distributed

### ILLAWARRA SHOALHAVEN

56 occasions of clinical service  
 99 called or sent email to Talkline  
 187 attended community education  
 71 attended professional courses  
 77 attended professional activities  
 3,744 resources distributed

### CENTRAL COAST

140 occasions of clinical service  
 112 called or sent email to Talkline  
 833 attended community education  
 53 attended professional courses  
 3,343 resources distributed

### NORTHERN SYDNEY

1,265 occasions of clinical service  
 524 called or sent email to Talkline  
 176 attended community education  
 60 attended professional courses  
 350 attended professional activities  
 4,730 resources distributed

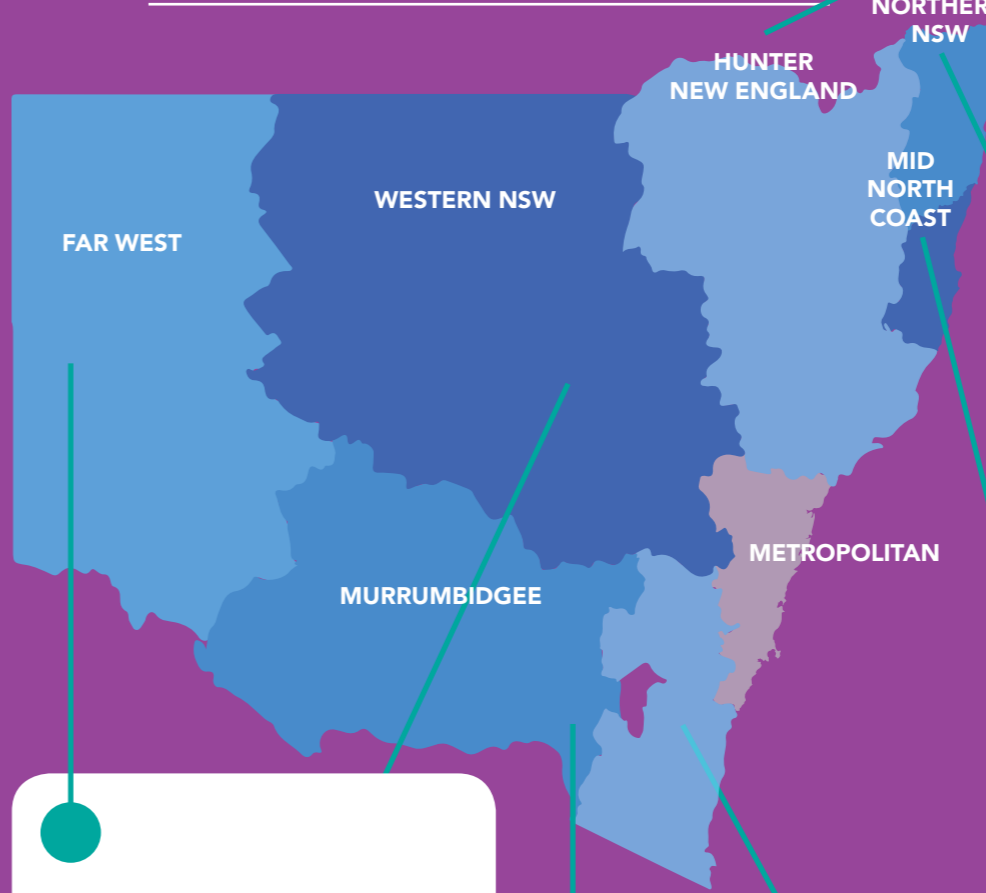
### SYDNEY

5,704 occasions of clinical service  
 1,684 called or sent email to Talkline  
 2,069 attended community education  
 126 attended professional courses  
 2,337 attended professional activities  
 29,435 resources distributed

### SOUTH EASTERN SYDNEY

2,661 occasions of clinical service  
 996 called or sent email to Talkline  
 1,067 attended community education  
 98 attended professional courses  
 1,485 attended professional activities  
 13,319 resources distributed

## Services provided in other NSW Local Health Districts



### FAR WEST

2 occasions of clinical service  
 6 called or sent email to Talkline  
 17 attended professional courses  
 309 resources distributed

### WESTERN NSW

3,146 occasions of clinical service  
 184 called or sent email to Talkline  
 798 attended community education  
 85 attended professional courses  
 7 attended professional activities  
 10,232 resources distributed

### MURRUMBIDGEE

4 occasions of clinical service  
 37 called or sent email to Talkline  
 1,142 attended community education  
 53 attended professional courses  
 12 attended professional activities  
 345 resources distributed

### HUNTER NEW ENGLAND

7,669 occasions of clinical service  
 972 called or sent email to Talkline  
 3,108 attended community education  
 383 attended professional courses  
 108 attended professional activities  
 13,207 resources distributed

### NORTHERN NSW

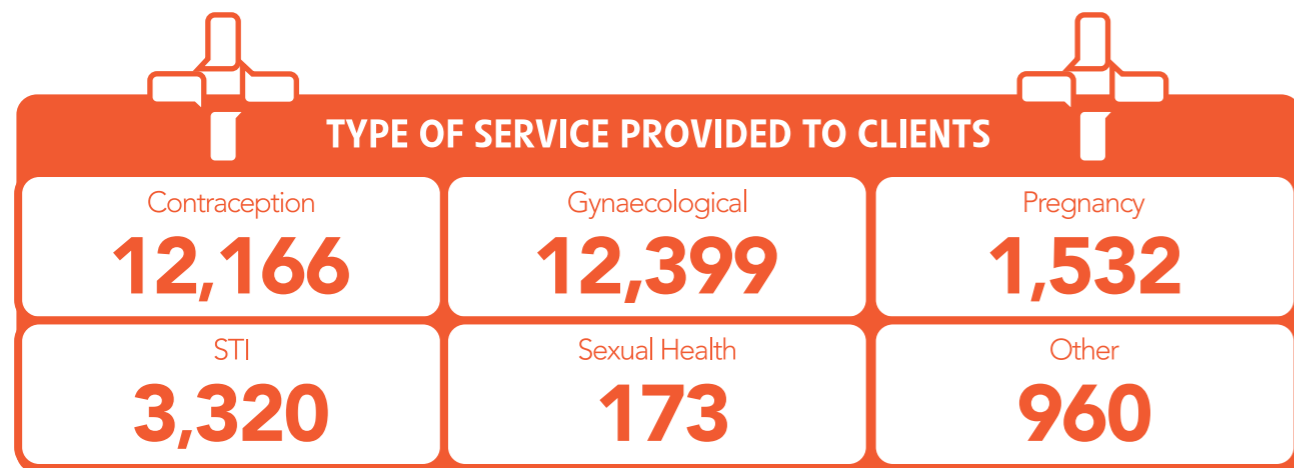
5 occasions of clinical service  
 55 called or sent email to Talkline  
 47 attended professional courses  
 147 attended professional activities  
 756 resources distributed

### MID NORTH COAST

23 occasions of clinical service  
 69 called or sent email to Talkline  
 558 attended community education  
 42 attended professional courses  
 95 attended professional activities  
 238 resources distributed

### SOUTHERN NSW

31 occasions of clinical service  
 33 called or sent email to Talkline  
 33 attended professional courses  
 1 attended professional activities  
 3 resources distributed



Clients attended appointments for a broad range of reasons. The most common reasons for appointments were contraception, gynaecological issues, pregnancy, STIs and sexual health.

We value the input of our clients and are proud to report that client satisfaction remains high. In a recent survey completed by 571 respondents, 95.7% of participants said that they were satisfied or extremely satisfied with the care they received from their health professional.

98% of clients would recommend Family Planning NSW to their friends and family.

Family Planning NSW has five fixed clinic locations in Ashfield, Dubbo, Fairfield, Newcastle and Penrith. In 2017-18 we continued to form valuable partnerships to expand outreach services, increasing the accessibility of reproductive and sexual health services in NSW. Existing partnerships with Blacktown Women and Girls Health Centre and Central and Eastern Sydney Primary Health Network continued to facilitate the provision of services in Blacktown and Rockdale.

The clinic operating in Rockdale Community Health Centre increased its services from one to two days per week to meet growing demand. Additional clinics have also opened across South Western Sydney, with a positive response from the community.



#### Nurse-led clinics in South Western Sydney

In 2017-18 our partnership with South Western Sydney Local Health District saw additional outreach clinics begin operating in Campbelltown, Liverpool, Tahmoor, Villawood, Chester Hill and Fairfield through various co-locations. The scope of services of the nurse-led outreach clinics has extended beyond just reproductive and sexual health. These clinics have been set up to increase the screening rates of women living in the area, including cervical cancer, STI, mental health, chronic disease and domestic violence screening.

#### Check OUT Clinic

An outreach clinic in Surry Hills was commenced to provide cervical screening and sexual health check-ups to people who identify as LGBTIQ, in partnership with ACON. Originally operating four hours a week, the popularity of the service saw its hours of operation double to eight hours per week. Check OUT offers a safe space with ACON's peer workers available to greet clients and make them feel comfortable, as well as provide STI information and education. Family Planning NSW leads the clinical management of the clinic, with our nurses conducting the consultations and screenings, using appropriate and preferred safe language for gender, practices and body parts.

"I just had the honour of being one of the first clients at CheckOUT - a new, FREE sexual health clinic for L,B,Q and T women, trans men and non-binary people. It's run by our community for our community, and I want to warmly recommend it to you..."

Peer support friend asked me about my pronouns, how I would like the nurse to use language to describe my body and engage with me during my cervical smear...Then I went in for the screenings. The nurse was so lovely, so attentive and so gentle. I didn't feel embarrassed or judged talking about sex and sexual partners with them, and they were clear and communicative the whole time. I felt like I could really trust them at a time I usually feel very vulnerable."

#### Domestic violence screening

Family Planning NSW first introduced routine domestic violence screening in 2012. Domestic violence is recognised as a significant public health concern and routine screening is seen as an important intervention. There are known links between domestic violence and sexual and reproductive ill health and it is important we continue to work in this area.

In 2017-18, domestic violence screening also became an important part of overall health screening for women attending our outreach clinics.

In 2017-18, 12,480 women who attended our clinics were eligible for screening. Of those eligible, 72% were screened for domestic violence. Across all sites there were 259 cases of domestic violence identified which is a 3% disclosure rate.

8,930 women were screened for domestic violence.

#### Colposcopy

In August 2017, Family Planning NSW began operating a colposcopy clinic. Colposcopy is a medical diagnostic procedure which is used to identify changes to the cells in the cervix and plays an important role in the detection and prevention of cervical cancer. In February 2018 the clinic doubled its appointment capacity to meet increased demand. Dr Lynne Wray, Senior Medical Officer was accredited in Diagnostic Colposcopy by RANZCOG C-Quip program from March 2018-March 2021. An additional Medical Officer is undergoing training to increase capacity and ensure sustainability of the clinic, with plans to continue upskilling more clinicians.

The colposcopy clinic performed over 160 colposcopies in 2017-18.



## Talkline

Family Planning NSW Talkline is a nurse-led telephone, email and web chat information service which provides confidential and evidence-based information to the community and health professionals on a wide range of reproductive and sexual health topics. Information and referrals from the service cover a range of topics including unplanned pregnancy, contraceptive options and sexually transmissible infections.

Talkline has become an integral part of how we provide state-wide clinical care and advice, particularly in regional and rural NSW. Utilising web-based technology has dramatically changed the way we communicate and access information and services, and has made Family Planning NSW more accessible to the community, enabling us to reach more people.

During 2017, the Talkline service expanded to include a “live chat” function. Additional staff members were upskilled to work in Talkline and all staff involved were trained to deliver this new chat service.

Live chat services provide an alternative method for clients to engage with Talkline nurses. The service aligns with growing consumer preferences for information which delivers personal attention, convenience and speed whilst allowing for anonymity and flexible access. Live chat also provides a more suitable option for users who may feel too embarrassed to call or who do not possess the language or skills to confidently write an email or have a phone conversation.



## Expansion of Sexuality and Disability Service

Family Planning NSW’s Newcastle based Sexuality and Disability Service continued to succeed in 2017-18. This service provides individual and group-based programs that are tailored to the sexuality support needs of people with disability and those who support them. The service provides specialist sexuality and relationship support for people with intellectual disability, autism spectrum disorder and acquired brain injury.

In October 2017 the service reached full capacity (utilising NDIS, Medicare and private funding) and the recruitment of an additional clinician to allow the service to expand was approved in December 2017.

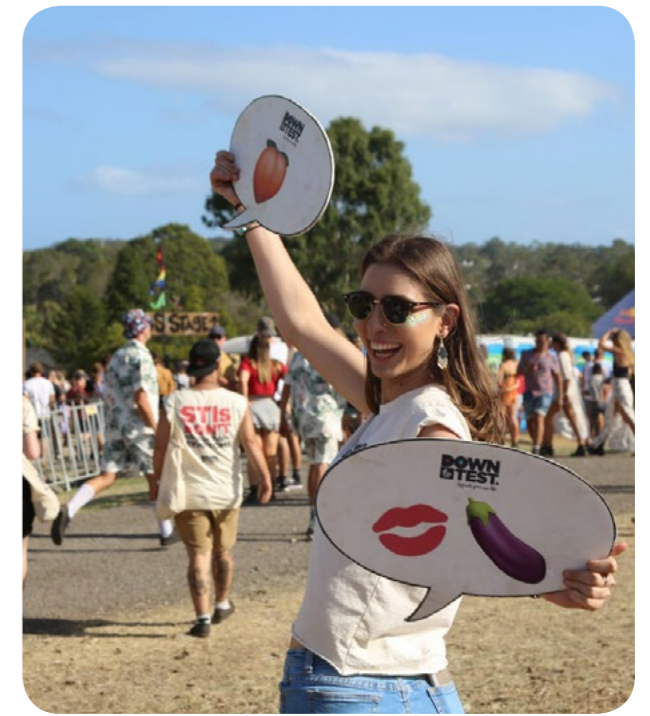
## Self-collect validation study

As part of the renewed cervical screening program which began in December 2017, some women now have the option to self-collect their sample. The self-collect pathway has been established by the National Cervical Screening Program as a crucial, additional strategy to reach unscreened women including Aboriginal women, survivors of abuse and people with disability.

In order to roll out this option, pathology laboratories needed to undertake their own validation study of their ability to accurately process these samples before they could commence this service. To ensure unscreened or under-screened women in NSW are able to access such services, Family Planning NSW supported Douglas Hanley Moir pathology (DHM) to complete a validation study where clients were invited to participate in routine screening and collect their own sample for comparison testing. The study saw a total of 224 women enrolled and DHM is now able to accept and process self-collected swabs.

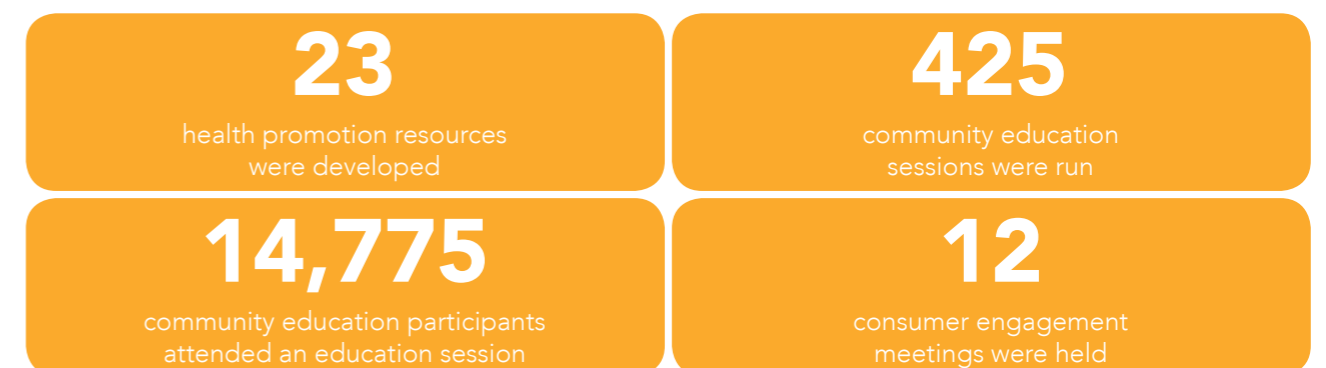
## Health Promotion

The Family Planning NSW Health Promotion team works to provide support to each of 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 the delivery of 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.



Understanding that reproductive and sexual health can sometimes be difficult to discuss, it is our priority to ensure that the community feels they can rely on our service to provide trustworthy, up-to-date and evidence-based information. Our experienced health promotion officers are skilled in delivering information about potentially sensitive topics in a way that promotes safety and comfort for the participants. Some topics that are covered in community education include:

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





## COMMUNITY EDUCATION FOR SPECIFIC PRIORITY POPULATION GROUPS



949

Aboriginal and Torres Strait Islander people

1,881

Culturally and linguistically diverse people

913

People with a disability

10,842

Young people

190

Other

Strategic partnerships with Local Health Districts, service providers, 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.

Consumer engagement provides a forum whereby consumers are able to guide, support and offer recommendations on key areas of service design, implementation and evaluation. There are five consumer groups including Aboriginal Men's Advisory Group, Aboriginal Women's Advisory Group, Youth Consumer Participation Committee, Our Voice (disability consumer group) and CALD consumer engagement group. In 2017-18, Health Promotion engaged the consumer engagement groups on numerous occasions about resources, client communications, surveys and clinic processes.



### Aboriginal and Torres Strait Islander people

Improving the reproductive and sexual health outcomes within Aboriginal and Torres Strait Islander communities is embedded within the Family Planning NSW Strategic Plan and forms a priority area within our core business. Family Planning NSW provides community education, professional development, resource development and other support to Aboriginal and Torres Strait Islander communities.

#### Yarning about Sexuality

The newly developed *Yarning about Sexuality* course aims to build the capacity of Aboriginal Health Workers to provide reproductive and sexual health information to clients and community members. The *Yarning about Sexuality* course is mapped to a nationally recognised unit of competency; students who successfully complete the course assessment obtain a nationally recognised statement of attainment.

In March 2018, The *Yarning about Sexuality* course was delivered to eight Aboriginal Health Workers at Walgett Aboriginal Medical Service as part of a cervical cancer screening research project.

"It was a well-run program. I think everyone took away some valuable information."

– course participant



### Reconciliation Action Plan

The Reconciliation Action Plan (RAP) is an initiative that formalises our ongoing commitment to reconciliation. The RAP is a strategic document that supports Family Planning NSW's business plan and includes practical actions that drive the organisation's contribution to reconciliation internally and in the communities in which we operate through strong, lasting and meaningful relationships with Aboriginal and Torres Strait Islander people, families and communities.

In 2018, Family Planning NSW's RAP document received full endorsement from Reconciliation Australia.

### Yarning about Cervical Screening Tests

*Yarning about Cervical Screening Tests* is a new resource which reflects the changes to the National Cervical Screening Program. Although these changes do not alter the testing experience for women, it is important to ensure Aboriginal and Torres Strait Islander women are fully informed about the changes and how they affect testing and treatment in the future. This resource is part of the Yarning About series designed for Aboriginal and Torres Strait Islander people.

The text has been reviewed and modified by the Aboriginal Women's Advisory Group and other major stakeholders including Aboriginal Health Workers in Walgett to ensure language used is familiar and consistent with the concept of yarning.



## 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. Family Planning NSW's CALD Health Promotion team 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.



### Digital Stories

Digital Stories is a series of eight short videos that aims to break down concerns about accessing reproductive and sexual health services in CALD communities. The videos tell the stories of real clients accessing Family Planning NSW services in English, Mandarin, Arabic and Vietnamese. They have been created to be accessible to people who have low English literacy.

The resources aim to normalise, and create positive attitudes towards, talking about and accessing reproductive and sexual health services. They address the barriers of shame and embarrassment often associated with this topic and encourage people who may not normally access these services to do so.

## Cervical Screening Renewal: Capacity building of Bilingual Community Educators

This project is being delivered by Family Planning NSW through the Cervical Screening Program grant from Cancer Institute NSW's Innovations in Cancer Control Grants Program. Family Planning NSW is the lead agency working in partnership with NSW Refugee Health Service, South Western Sydney Local Health District (SWSLHD) and Western Sydney Local Health District (WSLHD) Bilingual Community Educator programs.

The aim of this project is to increase cervical screening participation rates for women aged 25 to 74 years from refugee communities in WSLHD and SWSLHD regions, including women from Syria, Iraq, Afghanistan and Myanmar.



In 2017-18:

- Focus groups were run with community members to inform the development of a brochure and media campaign on the changes to cervical screening
- Bilingual Community Educators in Western and South Western Sydney were trained to deliver a two hour education session to women on the changes
- A manual and flip chart were developed to support Bilingual Community Educators to deliver these sessions



### Know Your Health

In 2017-18, Family Planning NSW released two new resources in the *Know Your Health* suite targeting low literacy consumers, including people from CALD backgrounds with low levels of English literacy. The resources are written in plain English and use images to make them appropriate for low literacy and CALD consumers.

*Know Your Health: Menopause* is a factsheet with information on what menopause is, when women usually experience menopause, signs and symptoms of menopause, strategies to help manage menopause symptoms and hormone replacement therapy.

*Know Your Health: Fertility* is a booklet with information on the female reproductive system, the menstrual cycle, the reproductive cycle, fertility and infertility and boosting natural fertility.

### Starting the Conversation

*Starting the Conversation* is a new course which was developed to support service providers in discussing reproductive and sexual health with CALD communities. The course aims to increase the skills and confidence of service providers by utilising practical strategies and resources to deliver reproductive and sexual health information. In 2017-18, this course was delivered in Orange, Shoalhaven and Wollongong.



## People with Disability

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

### Just Checking

Just Checking aims to increase cervical, breast and bowel cancer screening rates in people with intellectual disability and autism spectrum disorders. It targets the underlying barriers that prevent people with disability from accessing screening by building the capacity of clinicians, disability workers and other support people such as parents, carers and family members.

In collaboration with people with disability, and with support from Cancer Institute NSW, Family Planning NSW has developed a range of resources for clinicians to help them support people with intellectual disability and autism spectrum disorders to get screened.



These include:

- A training module that can be accessed through our various clinical training programs, including our face-to-face courses and our cervical screening program update webinar
- An updated supporting decision making tool that provides easy-to-use guidelines to support clients to make decisions about their reproductive and sexual health
- Easy English resources about the different screening tests that can be used with clients with low literacy

## nib Foundation Sexuality and Relationships Workshops for Parents and Carers

Family Planning NSW ran six workshops across New South Wales for parents and carers of people with intellectual disability and autism spectrum disorders. The workshops covered puberty, sexuality and relationships to help parents and carers positively support the sexuality and relationships of those they support. Sexuality education, where provided early, can help keep young people safe and set them up for future positive experiences and health, and the workshops were an important opportunity for parents and carers to upskill and increase their knowledge and confidence in this area. The workshops, held in Parramatta, Maitland, Albury, Nowra, Ballina and Coffs Harbour were supported by the nib foundation with a commitment to engaging with communities in regional NSW.

6

free workshops were run across NSW

145

parents and carers attended the workshops

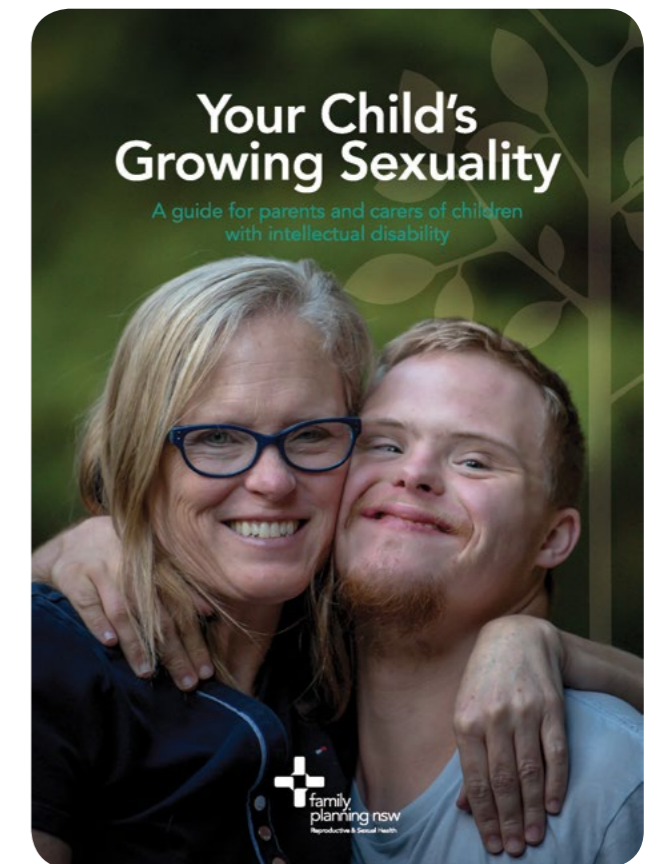
"... the workshop was excellent. Very professional, knowledgeable, unembarrassed and sex positive. I got a lot from it, and it will be very helpful as my wife and family navigate supporting and dealing with our son's growing up and becoming a grown up sexual being. To date, we had little to go on, or information about all of this.

"...It really opened my eyes, and gave me some concrete positive images of how the whole disability and sexuality thing can pan out in positive ways."

"This workshop changed our family life from that very day. Things are much easier now and our daughter is so much happier."

## Your Child's Growing Sexuality

We finalised the development of a new resource, *Your Child's Growing Sexuality: A guide for parents and carers of children with intellectual disability*. This booklet is a guide for parents and carers to support their child's sexuality education as they grow and develop. It provides information on the importance of sexuality education, when to introduce new topics, strategies for talking about and supporting a child to learn sexuality information, and frequently asked questions.



## Young people

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



### Condom Credit Card

The Condom Credit Card (CCC) is one of Family Planning NSW's largest youth targeted projects, combining education with the distribution of free condoms. Working through a partnership-based approach, the CCC is designed as an early intervention and capacity building health promotion strategy. It aims to increase the correct use of condoms, reduce the stigma associated with accessing safe sex information and decrease other barriers young people can experience when trying to access reproductive and sexual health services.

In 2017-18, the newly developed CCC app was a significant focus of promotion. The app aims to increase the access of free condoms to young people in NSW, with anecdotal evidence reporting young people embraced the use of the app in locating condom distribution points as well as using it to get more reproductive and sexual health information.



**266**

CCC app downloads from the Apple App Store

**115**

CCC app downloads from Google Play



### Trending Sexual Health

Trending Sexual Health is the umbrella project for two brands, In Real Life (targeted to 15-18 year olds) and Frank (targeted to 18-30 year olds). These brands utilise innovative content marketing strategies to deliver concise health messages with the aim of increasing health literacy and perceived risk of sexually transmissible infections and blood borne viruses, as well as improving attitudes, behaviours and social norms to increase condom use and STI testing.

This content strategy is complemented by a strategic social media advertising campaign focusing on three key themes - talking about STIs, getting tested regularly and using condoms as part of enjoyable sex - coupled with events held throughout Australia. Trending Sexual Health is a national campaign.

This project is a joint partnership between Family Planning NSW, ACON and the Centre for Social Research in Health (CSRH) at the University of New South Wales (UNSW). It is funded by the Australian Government as part of their National STI Strategy.

Trending Sexual Health social media campaigns gained more than 9 million impressions, with over 520,000 measurable engagements with young people.



### Festivals Project

The Health Promotion team attended four festivals across NSW as part of the Festivals Project, which uses the festival setting to reach young people with sexual health messages and activities. The project includes onsite chlamydia testing with festival goers having the opportunity to be tested in exchange for access to a VIP area with a glitter bar, clean toilets and phone charging stations.

Festivals Project chlamydia testing target of 2,000 was exceeded, with 2,276 samples taken.

The Festivals Project is conducted in partnership with NSW STI Programs Unit and Banjo Advertising and is scheduled to run until 2019.

**31**

peer educators were trained in delivering safe sex messages

**2,276**

chlamydia tests were conducted

**7,150**

conversations were had (estimated)

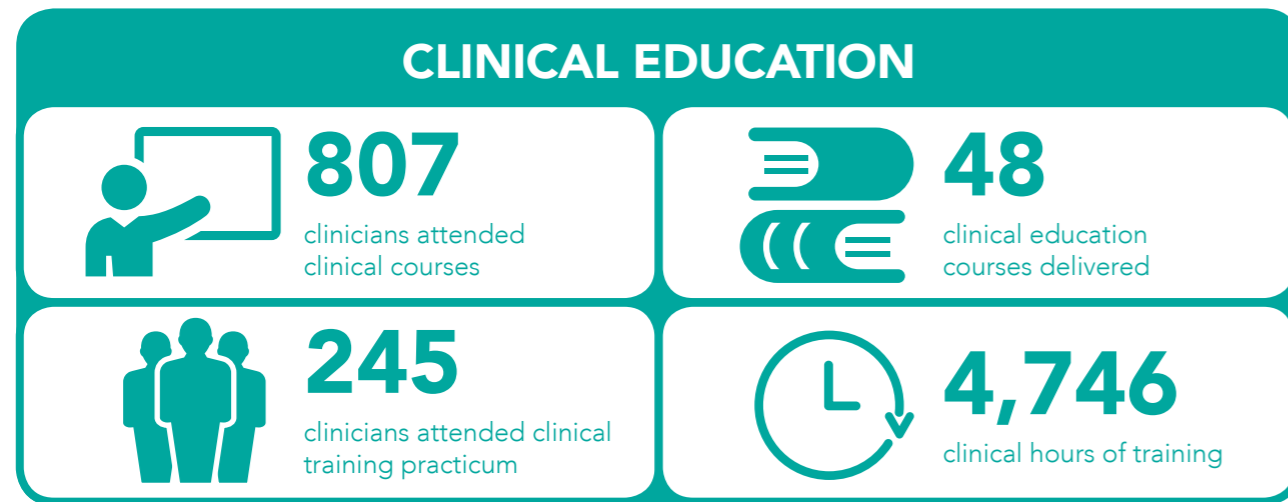
**29,600**

people were exposed to the project

**6,000**

condoms were distributed

# Education Services



## FPAA National Certificate in Reproductive and Sexual Health

The FPAA National Certificate in Reproductive and Sexual Health remains popular with GPs, registrars and medical practitioners wanting to increase their knowledge and skills in reproductive and sexual health. We have seen an increase in GP registrars opting for the blended online and face-to-face learning option.

The clinical component provides an extremely valuable learning environment for doctors to become confident in this important area of clinical practice. By providing real life clinical knowledge, backed up by an evidence-based approach, this course continues to be positively evaluated with 81-95% of participants reporting that their learning needs had been entirely met.



Dr Allison Thorn, scholarship recipient

"The quality of the teaching was fantastic, as was the approachability of the presenters. The quality of the materials provided was also excellent."

"Highly relevant and very knowledgeable speakers. Pitched at a level relevant to GPs."

– FPAA National Certificate in Reproductive and Sexual Health Scholarship recipients

## Reproductive and Sexual Health - Clinical Accreditation Program

The Reproductive and Sexual Health - Clinical Accreditation Program is a 20 week course designed to prepare nurses and midwives to function in an extended clinical role as a practitioner in the specialty of reproductive and sexual health.



The course is delivered through blended learning methods with an intensive two day face-to-face workshop followed by clinical placement, allowing students to put new knowledge into practice.

"Comprehensive, great to be able to offer informed choice."

"Excellent information relevant to our needs."



## Well Women's Screening

The Well Women's Screening course has been designed to provide nurses and midwives with the skills and knowledge needed to perform a holistic women's health screening consultation.

The course provides participants with clinical experience outside of their own work practice with hands on training and expert feedback and support from Family Planning NSW educators. This year, six courses were delivered in Ballina, Broken Hill, Wollongong, Newcastle, Penrith and Campbelltown to 88 participants, funded by the Cancer Institute NSW.

"The facilitator presented the course extremely well and I feel confident with the knowledge and tools that I gained from this course to provide professional cervical screening in my current position as practice nurse."

## Cervical Screening Upskilling

In 2017-18 Family Planning NSW developed a new Cervical Screening Upskilling blended learning module comprising online, face-to-face workshop and simulated practice components to provide flexible, hands-on learning that balances theory and practice.

The Cervical Screening module was incorporated into the Well Women's Screening Course, conducted concurrently with the Reproductive and Sexual Health in the Australian Context for International Medical Graduate Doctors and other Family Planning NSW courses, and offered as a stand-alone course. Nine courses were delivered to 135 participants, including 42 international medical graduates and 66 clinicians working in regional and remote practices, funded by the Cancer Institute NSW.

## Reproductive and Sexual Health for Midwives

Reproductive and Sexual Health for Midwives aims to increase midwives' ability to provide holistic care for women and their families during the reproductive continuum. It is a blended learning course that provides a 16 week online learning and intensive face-to-face delivery over two days. 15 midwives completed the course this year, providing them with a greater understanding of reproductive and sexual health issues.

## Case study: Reproductive and Sexual Health for Midwives Scholarship recipient

### Christine Adams

I am currently working as a midwife in the Midwifery Group Practice. This involves continuity of care within a holistic framework, across a variety of socio economic, ethnic and indigenous groups. This course has enabled me to develop my skills and understanding of sexual health relating to pregnancy and beyond. Also, it has expanded my awareness of cervical screening in the antenatal and postnatal periods. The knowledge gained will be incorporated into my clinical practice in a holistic approach partnering with women and their families. These skills will assist me in being opportunistic in providing care, for example, confidently educating and providing women with cervical screening.

This would be vital for all women, especially women in lower socio economic and indigenous groups, who may not have access to primary health care or felt safe to discuss such topics. Through education combined with continuity of care, this will help to reduce the health inequalities and empower these women in their health choices. Not only in their current pregnancy, hopefully into their parenting and their wider community. This would promote the 'Closing the Gap' policy, in which one of their targets is to improve health and mortality rates in indigenous communities.

### Reproductive and Sexual Health in the Australian Context

*Reproductive and Sexual Health in the Australian Context* continues to be a popular, highly regarded and well attended course for participants whose primary medical degrees were gained overseas.

55

international medical graduates trained

Covering many of the components offered by other intensive courses at Family Planning NSW, this course has been specially designed to be mindful of the diversity in culture, language, knowledge and skills of doctors from CALD backgrounds.

Participant feedback has been overwhelmingly positive with 94% of participants stating that their learning needs had been entirely met and a number of participants appreciating the opportunity to work with practice patients during the course.

### IUD Insertion Training

*Family Planning NSW IUD Insertion Training* is a popular course that is continually oversubscribed. It is the only course of its type offered in NSW and due to its reputation and popularity, interstate applications are also received.

In the past 12 months the online theory module has been updated and clinicians in Northern Territory and South Australia now also utilise the Family Planning NSW online course as part of the IUD training offered in those states. The course reflects every aspect of best practice in both consultation and practical skills.



Dr Lina Safro, Dr Sally Sweeney and three scholarship recipients at the Tamworth Clinical Forum

Participant feedback continues to be favourable, with 81% of participants stating that their learning needs had been entirely met. Participants appreciated the opportunity to train within the Family Planning NSW clinic environment.

44

clinicians trained in IUD insertion

Family Planning NSW continues to engage with IUD inserters, hosting IUD Case Discussion Evenings to provide a peer support network to promote best practice in IUD insertion. This year, 58 clinicians attended case discussions in Ashfield, Newcastle and Kiama.

"Online module was easy to use and a good combo of written and video presentation."

"Very engaging and knowledgeable presenter. Course interactive and easy to ask questions."

### Clinical Forum

Family Planning NSW delivered two clinical forums in 2017-18 in Wagga Wagga and Tamworth, both of which were very well received. The events covered updates on cervical screening and contraception, balanced with local priorities including refugee health in Wagga Wagga and HIV prophylaxis, management and support services in Tamworth.

"I thoroughly enjoyed the day. The best aspects were what's new in reproductive / sexual health, cervical screening update, and contraception case studies."

"Great selection of relevant topics and mix of local and visiting speakers."

## Nurse Education Day

This year's *Nurse Education Day* was held in Newcastle, providing nurses with an update on current issues in reproductive and sexual health. 68 nurses and midwives attended the update, which focussed on the new cervical screening guidelines, contraception, sexting and social media, and sexual assault.

"Always leave these updates feeling motivated and inspired."

"A very informative day with up-to-date research based evidence which will enhance my practice."

"Great day, great information, excellent presentations and speakers."

## External Training

Family Planning NSW provides training to external organisations upon request, allowing us to customise presentations to meet the needs of participants. These training sessions give clinicians updated information based on current research and practices, and a chance to upskill. The external training sessions are delivered both face-to-face and via webinars to a range of clinicians, medical students, GP registers and training academic fellows from Australia and overseas. Training has been provided to a range of organisations including University of Sydney, ACCRM, Rural NSW Doctors Network, GP Synergy and Western Primary Health Network.

## Beyond the Nuts and Bolts

The *Beyond the Nuts and Bolts* course was recently reviewed and updated to ensure the content included current reproductive and sexual health priorities and practices, alignment with the current NSW Department of Education syllabus and NSW Health strategies such as the NSW Youth Framework 2017-2024, and to ensure it was responsive to the current needs of young people.

The course has been delivered in Penrith and to support learning officers at Putland Education and Training Unit, located within the Cobham Juvenile Justice Centre. Participants affirmed that it was a valuable opportunity to develop positive strategies to manage some of the challenging conversations they are faced with in their roles.

86%

of workshop participants said their learning needs had been entirely met

## Beyond the Nuts and Bolts Webinars

This year, Family Planning NSW piloted *Beyond the Nuts and Bolts* as a webinar series to provide an opportunity for teachers from remote and rural communities, as well as metropolitan schools, to engage in professional development in an accessible format.

The series engaged teachers in discussion and interactive learning activities designed to replicate those undertaken in the face-to-face course, demonstrating how teachers can run them in classrooms with their students.

The course was a great alternative to face-to-face courses for many, and has the potential to reach and engage more teachers in reproductive and sexual health education.

100

teachers trained

## Sexual Health Education - Working it Out

*Working it Out* is a one day course for teachers to build their capacity, program lessons and confidence to answer challenging questions from students about puberty, gender and diversity, relationships and sexual health.

Engaging in hands-on activities using a variety of current resources, teachers explore strategies that focus on empowering young people to make informed decisions, reflect on their own attitudes and behaviours, and to understand the consequences and impact their choices have on their own reproductive and sexual health.

55 teachers and pre-service teachers attended the course in Liverpool, Coffs Harbour and Dubbo.

## Disability Education

114

participants across 11 disability courses

## Sexuality Matters! Part A

*Sexuality Matters! Part A* provides participants with a nationally recognised Statement of Attainment for the unit *CHCEDU003: Provide sexual and reproductive health information to clients* and is a valuable course for those in the sector who would benefit from a recognised qualification to conduct sexuality information sessions to clients.

Participants learn about topics such as societal attitudes towards sexuality and disability, human rights, sexual development across the lifespan, sexual and gender diversity, duty of care versus dignity of risk and educational strategies and resources. 14 participants attended the two-day course at Cranebrook.

"Sex positive approach. Talk of sexual rights as human rights"

## Introduction to Sexuality and Disability

*Introduction to Sexuality and Disability* was originally a stand-alone course available by external request only, but this year was reviewed to align it with the first day of *Sexuality Matters! Part A*. Topics of interest for participants are usually behavioural issues such as public nudity, masturbation and online practices around sexting, online dating and pornography. Four courses were delivered in Goonellabah, Ashfield, Cranebrook and Thurgoona to 42 participants.

## Sexual Health Education for Life: the PDHPE Curriculum

*Sexual Health Education for Life: the PDHPE Curriculum* for students with disability is often well attended and well appreciated by teachers and teacher aides. Topics include curriculum scoping and sequencing, answering challenging questions, educational strategies and how to work with families. The course has proven to be a valuable opportunity for experienced teachers to share solutions to common learning and behavioural issues with newly graduated and less experienced teachers, and to share useful apps, websites and other resources. 42 primary and secondary teachers attended courses in Penrith, Kurri Kurri, Ashfield and Greystanes.

"The answering challenging questions part was especially useful for me."

## SCHOOL AND COMMUNITY EDUCATION



220

professionals attended school and community courses



18

school and community education courses delivered



# The Research Centre

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

## Family Planning NSW Ethics Committee

The Family Planning NSW Human Research Ethics Committee is registered with the National Health and Medical Research Council (NHMRC). Every research proposal Family Planning NSW is involved in must comply with standards as outlined in the [National Statement on Ethical Conduct in Human Research \(2007\)](#).

During 2017-18, the committee convened nine times (five face-to-face and four online) and approved five new research applications and 14 study amendments.

## Our work

Profile of research and evaluation by funding source

Research and evaluation projects funded by FPNSW	9
Research partially funded by FPNSW	3
Research funded by research grants and/or other funding body	5
Partnership with universities and/or other organisations	8
<b>Total research projects</b>	<b>15</b>

Some of our research highlights included:

- Optimising cervical cancer prevention amongst Aboriginal women in rural and remote New South Wales: A pilot study:* Family Planning NSW, with Walgett Aboriginal Medical Service, is currently implementing a pilot study which aims to address the relatively high cervical cancer incidence and mortality amongst Aboriginal women, utilising a combined screening approach with same-day treatment (if indicated and requested). A 'same-day' approach may benefit women who may otherwise be lost to follow up. An evaluation is being undertaken by the University of Newcastle to explore the acceptability of this approach for Aboriginal and non-Aboriginal women and the relevant health workforce. Douglas Hanly Moir (DHM) is undertaking the analysis of cervical screening tests, and Cepheid is providing equipment and technical support for point of care testing.
- Nurse-led IUD insertion training study:* Family Planning NSW conducted a study to explore the attitudes of registered nurses (RNs) and medical officer (MO) mentors involved in IUD training for nurses, particularly regarding the addition of IUD insertions and removals to RNs scope of clinical practice in the family planning context. Most RNs viewed this as an opportunity to increase their critical thinking and procedural skills. Mentoring from MOs provided RNs with additional support to develop the required skills. MOs were supportive of RN-led IUD insertions and the expansion to their scope of practice. The published article can be found here: <https://doi.org/10.1016/j.colegn.2017.12.002>

- RSVP study:* Family Planning NSW, with the online dating service RSVP, conducted a large Australian study in 2014 of online dating older men's sexual habits and awareness of STIs. Altogether 2,339 men aged 18 years and over completed a survey; 73% over 40 years and 48% over 50 years. 72% were single at the time of the survey. Older men were more likely to talk about STIs with a new partner (61% for men over 60 compared to 44% of men 18-29), but they were also more likely to have sex without a condom than the younger men (54% compared to 31%). Men over 60 had less knowledge about chlamydia with 51% believing that chlamydia could have no symptoms (compared to 66% of men 18-29). The published article can be found here: [www.publish.csiro.au/sh/SH17074](http://www.publish.csiro.au/sh/SH17074)
- Other examples of our research studies can be found on our website: [www.fpnsw.org.au/health-professionals/research/research-studies](http://www.fpnsw.org.au/health-professionals/research/research-studies)

In addition to leading our own research and evaluation, we partner with universities and other research institutions. Some of our research partnerships in 2017-18 included:
- Investigating the microbiome: A study into the factors that are associated with pelvic inflammatory disease:* In partnership with Family Planning NSW, colleagues at University of Technology Sydney are leading a pilot study into the human and microbial 'biomarkers' for pelvic inflammatory disease (PID) which can be used to develop an accurate test for diagnosing this clinically challenging condition. We anticipate that the findings from this study will make an important contribution towards diagnosing and successfully managing PID.

- Safety, risk and wellbeing on digital dating apps:* Family Planning NSW in collaboration with the Swinburne University of Technology is involved in this Australian Research Council-funded study investigating the use of dating and hook-up apps by young people in order to better understand how organisations can better work in this space and develop appropriate interventions promoting sexual health and safety for digital dating app users.
- Multimodal Literacy in the Contemporary Workplace – Pilot Project:* Family Planning NSW and the Australian Catholic University are undertaking a pilot study to provide a systematic overview of the forms of communication regularly produced or commissioned and overseen by staff working in the health sector, technology and management consultancies and small hospitality businesses, evaluate representative samples of these forms of communication, and interview relevant staff members. Findings will contribute to the design and testing of 'apprentice genres' that aim at work-ready multimodal communication skills.
- Abortion in NSW:* Family Planning NSW is collaborating with colleagues at University of Technology Sydney and University of New South Wales Sydney to undertake research relating to the provision of and access to abortion services in NSW.

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

- Bateson D, Stewart M, Goldstone P, [Post-abortion contraception](#), O&G Magazine, 20(2), 51-53, Jun 2018
- Bateson D, Black KI. [Heavy menstrual bleeding. Treatment and referral options](#). Medicine Today; 19(5): 27-32, May 2018
- Botfield J R, Zwi A B, Rutherford A, Newman C E, [Learning about sex and relationships among migrant and refugee young people in Sydney, Australia: 'I never got the talk about the birds and the bees'](#), Sex Education, Online, <https://doi.org/10.1080/14681811.2018.1464905>, Apr 2018
- Fleming K, Cheng Y, Botfield J, Sousa M, Bateson D, [Inclusion of intrauterine device insertion to registered nurses' scope of clinical practice](#), Collegian, Online, <https://doi.org/10.1016/j.colegn.2017.12.002>, Mar 2018
- Botfield J R, Newman C E, Zwi A B, [Engaging Migrant and Refugee Young People with Sexual Health Care: Does Generation Matter More Than Culture?](#), Sex Res Soc Policy, Online, <https://doi.org/10.1007/s13178-018-0320-6>, Feb 2018

- Cheng Y, McGeechan K, Bateson D, Ritter T, Weisberg E, Stewart M, [Age differences in attitudes toward safer sex practices in heterosexual men using an Australian Internet dating service](#), Sexual Health, Online, <https://doi.org/10.1071/SH17074>, Dec 2017
- McNamee K, Bateson D, Pearson S. , [Combined oral contraceptives: The GP consultation](#), Medicine Today, 18(8), 51-56, Aug 2017
- Bateson D, Stewart M, McNamee K, [An update on combined hormonal contraceptive pills](#), Medicine Today, 18(7), 51-55, Jul 2017
- Velentzis L S, Caruana M, Simms K T, Lew J B, Shi JF, Saville M, Smith M A, Lord S J, Tan J, Bateson D, Quinn M, Canfell K , [How will transitioning from cytology to HPV testing change the balance between the benefits and harms of cervical cancer screening? Estimates of the impact on cervical cancer, treatment rates and adverse obstetric outcomes in Australia](#), Int. J. Cancer, 141(12), 2410–2422. doi:10.1002/ijc.30926y, Oct 2017

The following abstracts were successfully accepted for national and international conference presentations:

Title of presentation	Conference	Presentation type
Factors associated with the initiation of testosterone replacement therapy among men participating in the 45 and Up study	5th Annual Preventing Overdiagnosis Conference in Quebec City, Canada, August 2017	Oral presentation
Sexual health knowledge of migrant and refugee young people: relationships & sexuality education in school	Australasian Sexual Health Conference, November 2017	Oral presentation
Age differences in attitudes toward safer sex practices in heterosexual men using an Australian internet dating service	Australasian Sexual Health Conference, November 2017	Oral presentation
A cost-benefit analysis of Long Acting Reversible Contraception use in Australia	Australasian Sexual Health Conference, November 2017	Oral presentation
South West Sydney CALD community needs assessment	Australasian Sexual Health Conference, November 2017	Oral presentation
Trending Sexual Health project	Australasian Sexual Health Conference, November 2017	Poster presentation
Inclusion of intrauterine device insertion to registered nurses' scope of clinical practice	Australasian Sexual Health Conference, November 2017	Poster presentation
Migrant and refugee young people's views of sexual and reproductive healthcare provision	Australasian Sexual Health Conference, November 2017	Poster presentation
Increasing uptake of long-acting reversible contraceptives through nurse-led insertions: A cost-benefit analysis	Public Health Prevention Conference, May 2018	Oral presentation
Factors associated with the initiation of testosterone replacement therapy among men aged 45+	Public Health Prevention Conference, May 2018	Oral presentation
Urinary leakage: prevalence and associated factors among women aged 45+	Public Health Prevention Conference, May 2018	Oral presentation
Increasing uptake of long-acting reversible contraceptives through nurse-led insertions: A cost-benefit analysis	Australian Primary Health Care Nurses Association (APNA) conference, May 2018	Oral presentation
Inclusion of intrauterine device insertion to family planning nurses' scope of clinical practice	Australian Primary Health Care Nurses Association (APNA) conference, May 2018	Oral presentation

The Research Centre also published the following monographs:

**Implementing the changes to the National Cervical Screening Program: A guide for clinicians**



**Fertility in Australia 2004 - 2014**



**Accreditation and Quality Management**

Following successful reaccreditation against the National Safety and Quality Health Service Standards by the Australian Council on Healthcare Standards (ACHS) in April 2017, Family Planning NSW submitted its written progress report in April 2018. Feedback from the ACHS included:

“The report demonstrates that there is a strong focus on continuous quality improvement and safety, across all sites for the provision of consistent evidence based practices, public health education and research for the services to the community it serves.

There has been significant growth of the services and programs through the establishment of a range of strategic partnerships with local organisations. Evaluation of the programs is well documented and supported with data and clinical outcomes.

A number of key improvements are noted that support best practice and professional development of staff with the introduction of new and innovative programs. There is a governance process in place to support the strategic direction, feasibility and business modelling of services and links with quality improvement and safety.

FPNSW have demonstrated a strong focus on quality and risk management and implemented improvements in infection control through the gap analysis implemented to ensure compliance with reprocessing of reusable medical devices (AS/NZS 4187:2014) within the designated timeframes”.

Family Planning NSW has been a Registered Training Organisation since 2000. In 2015 Family Planning NSW was re-accredited by the Australian Skills Quality Authority (ASQA) which extends until 2022. This ongoing accreditation recognises the quality of our trainers and assessors, the high standards of education and training provided, and high levels of participant satisfaction.

Family Planning NSW has been recognised as an Accredited Activity Provider for the 2017–19 triennium, under the Royal Australian College of General Practitioners’ Quality Improvement and Professional Development Program. Relevant Family Planning NSW clinical education courses and workshops are also accredited by the Australian College of Rural and Remote Medicine. These endorsements enable medical practitioners attending Family Planning NSW courses and clinical placements to earn continuing professional development points.

We are fully accredited with the Department of Foreign Affairs and Trade. Family Planning NSW is a signatory to the Australian Council for International Development *Code of Conduct*.

The Family Planning NSW Ethics Committee maintains registration with the National Health and Medical Research Council (NHMRC) in accordance with the National Statement on Ethical Conduct in Human Research (2007). Registration with the NHMRC demonstrates that the Family Planning NSW Ethics Committee has appropriate procedures in place and in the words of the NHMRC “operates according to, and promotes, the highest standards of academic integrity and ethical practice in research. Adhering to the high ethical standards and practices prescribed by the National Statement is a good quality assurance measure. Registering with the NHMRC enables an organisation to monitor its performance against these standards”.

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

**The Shop**

In 2017-18, the Shop handled over:

- 36,000 safe sex packs
- 10,000 brochures
- 1,200 clinical handbooks
- 1,000 course enrolments
- 300 Z cards
- 250 kits
- 200 donations
- 70 posters

These resources went to hospitals, schools, carers, clinicians, Aboriginal Medical Services, community centres and health facilities around Australia, helping them to better meet the reproductive and sexual health needs of clients from a range of backgrounds.

The Shop can be accessed from the Family Planning NSW website or directly at <https://shop.fpnsw.org.au/>



# 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 international program is supported by the Australian government, through the Australian NGO Cooperation Program (ANCP), and private donors.



All of our international projects are closely aligned with achieving the United Nations Sustainable Development Goals, in particular goals 3, 5 and 17.



Family Planning NSW's work in international development in 2017-18 reached a total of 11,300 beneficiaries.

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



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

If you wish to lodge a complaint with our organisation, our complaints handling policy can be found on our website: [www.fpnsw.org.au](http://www.fpnsw.org.au). Formal complaints can be submitted by email at: [feedback@fpnsw.org.au](mailto: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](mailto:code@acfid.asn.au). Information about how to lodge a complaint with ACFID can be found at [www.acfid.asn.au](http://www.acfid.asn.au).

## Beneficiaries

SUMMARY	BENEFICIARIES	FEMALE	MALE	URBAN	RURAL
Cervical Cancer program	4,682	4,682	0	1,633	3,049
Gender program	2,301	1,041	1,260	0	2,301
Family Planning program	3,463	3,463	0	693	2,770
Disability program	854	409	442	698	156
<b>Total</b>	<b>11,300</b>	<b>9,595</b>	<b>1,702</b>	<b>3,024</b>	<b>8,276</b>
Percentage of total beneficiaries		85%	15%	27%	73%

## ACHIEVEMENTS

### Vanuatu

3,463 women provided with reliable contraceptives and clinical services  
8 nurses provided cervical screening to 2,371 women  
25 participants trained in disability inclusion and SRHR



### Solomon Islands

12 nurses provided cervical screening to 2,291 women  
20 participants trained in disability inclusion and SRHR



### Papua New Guinea

12 peer educators provided education to 924 community members



### Timor Leste

14 peer educators provided education to 1,351 community members



### Fiji

516 students and community members with a disability, and 252 community members (including teachers and parents) reached with SRH information and education



### Samoa

20 participants trained in disability inclusion and SRHR



### Tonga

21 participants trained in disability inclusion and SRHR



## International programs at a glance

### Family Planning Program

**Countries:** Vanuatu, Papua New Guinea

**Partners:** Vanuatu Family Health Association

**Direct beneficiaries:**

- 3,463 women provided with reliable contraceptives and clinical services
- 17 people trained to deliver community education

Vanuatu Family Health Association continues to provide reliable family planning services to the people of Vanuatu. In 2017-18, Vanuatu Family Health Association:

- Provided contraceptives to 3,463 women across several islands including Ambae, Malekula and Tanna
- Improved access to contraception by increased awareness of family planning, contraception and safe sex, including the use of condoms, among young people
- Coordinated the Reggae Faea music festival which promoted family planning to more than 4,000 people
- Trained two staff and 15 peer educators, including three people with disability, to deliver reproductive and sexual health activity-based education



*A 22 year old woman from Willack village*

"I have five children, the first one is nine years old, the second one is seven years old, the third one is four years old, the fourth one is two years old and last one is seven month. So I am glad to have family planning because it helps me and my children. Especially I can look after them enough until they grow up. Thank you very much."

We would like to acknowledge the generous donation of the Wasley family, enabling 3,463 women in Vanuatu to receive a reliable source of contraception.

### Case study: Kamion Push spreading information about family planning

"A truck holding 15 musicians, volunteers and a sound system travelled around town until they found a group of people, where they would stop and play live music to attract more people before announcing the date, location and objective of the Reggae Faea event. The Kamion Push team, made up of youth, women and people with disability accomplished visiting 14 highly populated areas."

Report from Program Officer, Vanuatu Family Health Association



### Pacific Facilitator Training in Sexual and Reproductive Health Education

In 2017-18, Family Planning NSW developed a facilitator training package to build the capacity of community workers to deliver activity-based learning to peer educators and volunteers. The package covers group facilitation skills and adult learning principles with session plans to deliver training in puberty, safe sex, contraception, STIs, gender and disability. An online learning module in STIs was also developed and trialled.

The five day program was trialled with 16 peer educators from Vanuatu Family Health Association (VFHA) including three people from the Vanuatu Society for People with Disability. Two program officers from VFHA were supported to co-facilitate the program, enabling them to continue delivering reproductive and sexual health activity-based education to peer educators which will assist in making the program sustainable.



Participants make models of the male reproductive system

### Papua New Guinea

In 2017-18, Family Planning NSW consulted with stakeholders in Papua New Guinea to review the reproductive and sexual health needs and gaps in service delivery and the focus of our project activities. In 2018-19 we will work with government and NGO partners to support increasing access to contraception and implement a cervical cancer screening and treatment pilot project to address the high cervical cancer mortality rates in the country.



Participants of peer educator training in Vanuatu act out the process of conception.

### Cervical Cancer Screening and Treatment Program

**Countries:** Vanuatu, Solomon Islands

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

#### Direct beneficiaries:

- 20 nurses and doctors providing cervical screening to 4,662 women

#### Vanuatu

- 2,371 women screened in Port Vila, Luganville, Efate and Espiritu Santo Islands
- Screening activities implemented at Vanuatu Family Health Association with nurses providing screening at five other clinical sites in Port Vila and Luganville
- Support for project nurses to monitor projects and conduct quality assurance visits to existing screening sites, and to ensure the delivery of quality clinical services
- Ongoing support and mentoring of 12 nurses and midwives from six clinic sites in Vanuatu
- Project evaluation completed



#### Solomon Islands

- 2,291 women screened in Honiara, Guadalcanal and Ysabel Province
- Three pilot sites established in Ysabel Province, with eight clinicians trained
- 20 clinicians provided with ongoing mentoring and support from the project nurse in Solomon Islands
- Consultation with Solomon Islands Nursing School and Nursing Council and Solomon Islands National University to determine where the training program should be delivered from in the long term
- Pilot project evaluation completed



A nurse giving cervical screening results to a patient in Solomon Islands

## Women's Empowerment and Gender Equality Program

**Countries:** Timor Leste, Papua New Guinea

**Partners:** Cooperativa Café Timor, Susu Mamas PNG Inc.

### Direct beneficiaries:

- 26 peer educators trained, providing education to 2,275 community members

### Timor Leste

- The Hamutuk Program in Holarua Timor Leste continued its second year working with our partners Cooperative Café Timor to train both men and women volunteers in a peer health and gender community education program. The focus on men's involvement in maternal, child and family health underlies the broader multisector approach of the Hamutuk Program to combat malnutrition.

New modules, Disability and Social Inclusion and Working Together to Improve Nutrition, were developed, piloted and translated into Tetum and were used alongside the existing eight modules in community sessions run by the 14 peer educators.



Peer education training in Timor Leste



Hamutuk Program team members enthusiastically embracing new modules as part of the Men's Health Program at Cooperative Café, Railaco, Timor Leste.

## Papua New Guinea

The Kamap Man Tru Men's Health and Gender Awareness program was evaluated in 2017. The findings and recommendations saw a redirection of the program to include women, and to integrate with Susu Mamas clinical servicing model. The program started in 2018 in Timini, Morobe Province after extensive consultations with the community.

The Susu Mamas team and the local district health team ran five, week long trainings for 12 community-selected Village Health Volunteers. The training commenced with a community workshop on Community Action and Participation with the aim to strengthen community support for the program and the volunteers.

A further four weeks were then spent training the participants in topics drawn from the National Department of Health's revised Village Health Volunteer program and the Kamap Man Tru, Men's Health and Gender Awareness Training Manual.

Nine Village Health Volunteers graduated from the program with the confidence and skills to run education sessions within their community groups using community level materials translated into Tok Pisin. A key outcome for the year was the establishment by the community of an active Community Health Committee to prioritise community health needs into the future.



A father in Morobe caring for his daughter while his wife visits the clinic for an antenatal check.



### Disability Program

**Country:** Fiji  
**Partners:** Reproductive and Family Health Association of Fiji

**Direct beneficiaries:**

- 516 students and community members with a disability, and 252 community members, teachers and parents

In 2017-18, Reproductive and Family Health Association of Fiji (RFHAF) increased its delivery of comprehensive sexuality education to students in special schools and expanded teacher training. RFHAF continued to work in partnership with Disabled Persons Organisations (DPOs) to advocate with Government for comprehensive sexuality education for all students. The DPOs trained by RFHAF are providing reproductive and sexual health information in communities in all divisions by delivering education to members of all DPOs.

The findings from a baseline survey of teachers and students were used to inform project and advocacy activities, and were presented at the Asia Pacific Conference on Reproductive and Sexual Health and Rights.

### IPPF Disability Inclusion and Reproductive and Sexual Health and Rights Training

**Country:** Samoa, Solomon Islands, Vanuatu and Tonga

**Partners:** IPPF Sub-Regional Office for the Pacific, Cook Islands Family Welfare Association, Kiribati Family Health Association, Papua New Guinea Family Health Association, Reproductive and Family Health Association of Fiji, Samoa Family Health Association, Solomon Islands Planned Parenthood Association, Tonga Family Health Association, Tuvalu Family Health Association and Vanuatu Family Health Association

**Direct beneficiaries:**

- 86 participants trained

In 2017 Family Planning NSW delivered a capacity building program on disability inclusion and sexual and reproductive health and rights in Samoa, Solomon Islands, Vanuatu and Tonga. 86 nurses, project officers, managers and volunteers working in family planning organisations, NGOs and government in Samoa, Solomon Islands, Vanuatu, Tonga, Fiji, Papua New Guinea, Kiribati, Tuvalu and Cook Islands attended the training. The four day program aimed to build the capacity of the organisations to provide more disability inclusive services.

“Personally I have learnt a lot and now my behaviour and attitudes towards my wife has changed, I now take on more roles and responsibilities from my wife.”

– Peer educator in PNG

An evaluation of the Kamap Man Tru program was conducted in 12 wards and 26 villages in Dyamos, Kabwum Districts. The evaluation shows positive impacts in the communities, particularly in the following areas:

- More men stating they wanted their wives/ partners to use a family planning method

- Increased knowledge on:
  - ways to stay healthy
  - safe pregnancy practices
  - the negative impacts of alcohol and smoking
  - contraceptive methods
  - the benefits of child spacing
  - sexually transmissible infections, including HIV
- Working with church and civic leaders to help shape change and normalise new behaviour
- Using appropriate language and including women in the program when educating men around sexual and reproductive health, so men do not assume more of a ‘power role’



*Ms Amanda Jewell, Acting Australian High Commissioner in Samoa, presents Mrs Lealaialoto Liai Iosefa-Siitia, Executive Director Samoa Family Health Association, with her certificate at the conclusion of training.*

**95-100%**  
 of participants reported that the training had increased their knowledge and skills



# Communications and advocacy

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

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

## Our advocacy work

In 2017-18, we made submissions on a broad range of issues and inquiries including:

- 62<sup>nd</sup> session of the United Nations Commission on the Status of Women
- Review of Australian Charities and Not-for-profits Commission (ACNC) legislation
- National Strategic Approach to Maternity Services
- United Nations Sustainable Development Goals Inquiry
- Queensland Law Reform Commission review of termination of pregnancy legislation
- Joint Standing Committee on Foreign Affairs, Defence and Trade - Inquiry into the strategic effectiveness and outcomes of Australia's aid program in the Indo Pacific and its role in supporting our regional interests
- Nursing and Midwifery Board - Registered Nurse and Midwives prescribing discussion paper

- Joint Standing Committee on the National Disability Insurance Scheme - Transitional arrangements for the NDIS
- Delivery of National Outcome 4 of the National Plan to Reduce Violence Against Women and Their Children (1800 RESPECT Domestic and Sexual Violence National Counselling Service)

**Family Planning NSW**  
@FamPlanningNSW

Long acting reversible contraceptives (LARCs) include the intrauterine device (IUD) and implant. They are more than 99% effective at preventing pregnancy and have proven to be safe and reliable.

Come chat to our expert if you have any questions: [fpnsw.org.au/clinics](http://fpnsw.org.au/clinics)

LARCs are more than **99% effective** at preventing pregnancy

LARCs are proven to be safe and reliable. If you have any questions, please get in touch.

9:38 AM - 11 Apr 2018

## Media and social media

Family Planning NSW continues to be a go-to source of media comment, advice and analysis from reputable outlets, such as the flagship Fairfax papers, the Guardian, the ABC, and for new media outlets such as BuzzFeed. Our clinicians were also featured on SBS language radio for the first time.

Our already strong social media presence grew significantly this year, with our Facebook, Twitter and Instagram accounts increasing their followers by 26%, 39% and 99% respectively. The introduction of a Facebook advertising strategy as part of an overall marketing plan represented a significant step into the digital space that the organisation continues to move into.

Media & news > In the media

**In the media**

19 December 2017  
Everything You Need To Know About The Contraceptives Creating Controversy In Australia At The Moment  
Gina Rushon, BuzzFeed

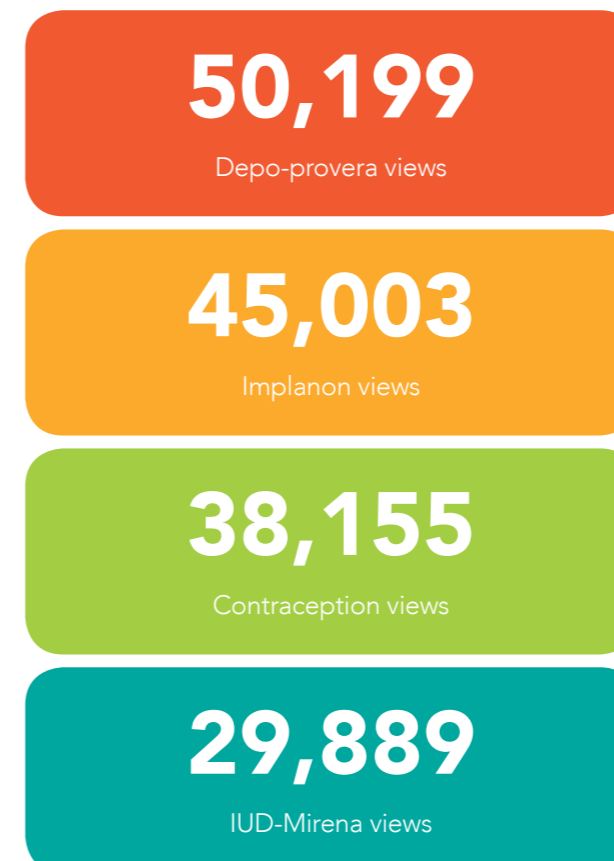
Australian gynaecologists and obstetricians have this week defended long-acting reversible contraceptives (LARCS) after some users described severe side-effects they had suffered.

17 December 2017  
Hormonal IUD horror stories spark concern about side-effects of contraceptive option  
All Moore, Daily Life

Experts say that most women find IUDs to be both safe and effective. But for the small group of women who do experience harmful side effects, it is imperative that they are believed and that their concerns are taken seriously, says Dr Deborah Bateson from Family Planning NSW.

## Website

The Family Planning NSW website remains a focal point for our quality information and education services. Our most popular web pages continue to be information on contraception, particularly long-acting reversible contraception.



The majority of website users this year were new users (84%) with most using a mobile device (60%), followed by desktop (35%) and tablet devices (5%).

In addition to the main Family Planning NSW website, the Frank, In Real Life, and Body Talk websites all aim to reach young people with relevant content on reproductive and sexual health communicated in an accessible and approachable way.

## Newsletters

Family Planning NSW produces an extensive variety of newsletters for our distinct audiences and to showcase segments of our work. The clinical audience is highly engaged with updates on reproductive and sexual health. This is also a positive opportunity to continue the professional development of previous course participants. Electronic direct mail (EDM) has also been a successful avenue for research recruitment, with the Research Centre conducting a number of studies. Using this approach, both clients and a general audience have been willing to participate.

The new Cervical Screening Test will reduce cervical cancer cases and deaths **by at least 20%**.

**More accurate.**  
Less often.

The renewed National Cervical Screening Program started 1 December 2017 and we are sure everything is going well.

Here is a [link](#) to the short form summary of the guidelines.

## Update - Self-collection in the renewed National Cervical Screening Program

Self-collection of samples should not be offered to women with the commencement of the renewed program until further notice.

Please refer to this important update from the National Cervical Screening Program [here](#).

# Financial report

For year ended 30 June 2018

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 2018.

### Directors

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

**Sue Carrick**

**Kim Johnstone**

**Nadine Wilmot**

**Gary Trenaman** (appointed 28 November 2017)

**Rosalind Winfield**

**Bernadette Or** (appointed 28 November 2017)

**Melissa Williams**

**Neil Jackson** (appointed 28 November 2017)

**Stuart Suthern-Brunt** (appointed 28 November 2017)

**Kerrie Chambers** (resigned 4 September 2017)

**Carolyn Miller** (resigned 25 July 2018)

### Objectives

The entity's short term objectives are to:

- Provide expert reproductive and sexual health services targeted to marginalised communities, through clinical care and health promotion.
- Provide best practice education, training and workforce development to service providers and our target communities.
- Increase the body of evidence for reproductive and sexual health, translating research into practice and evaluating project outcomes.

- Work to assist the poor and disadvantaged communities in the Asia Pacific region to access comprehensive reproductive and sexual health services.
- Maintain a strong and sustainable organisation with efficient core services to support our staff, partners and clients.

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 to provide the best possible outcomes with respect to reproductive and sexual health for the people of NSW and Asia Pacific region.

### Strategies for achieving the objectives:

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

### Principal activities

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

## Performance measures

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

### Key performance measures

Benchmark	2018 Actual	2018 Benchmark	2017 Actual	2017 Benchmark
Clients	30,550	28,000	30,064	28,618
Operational & Financial				

### Proportion of funding from:

Grants				
Government grants	75%	80%	76%	78%
Other grants	1%	0%	4%	4%
Self-generated income:				
Donations	0%	0%	1%	1%
Investments	2%	2%	2%	3%
Sale of property	6%	0%	0%	0%
Other	16%	18%	17%	14%

## Information on Directors



### Sue Carrick

Non-Executive Director - President  
MHS, MAICD

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

She is recognised as an authority in the arena of building visionary and effective strategic research actions plans. She has delivered a number of successful national research action and implementation strategies for several national health and research organisations.

She is the architect of Register4; a successful national online resource designed to accelerate the outcomes of research by providing more effective and cost efficient delivery of research programs.

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

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

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

### Special Responsibilities:

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



**Dr Kim Johnstone**

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

Kim is a demographer whose career has spanned the government, non-government and academic sectors, with a primary focus always being the use of evidence to inform policy. Her experience has highlighted the importance of partnership and collaboration to deliver results that effect change.

Kim is Associate Director of Astrolabe Group, a consulting company focused on creating positive impacts for people and places. With Astrolabe Group, Kim leads research projects, community engagement, strategic development and priority setting, advocacy and policy development.

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

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

Kim’s interest in family planning stems from being a demographer with a focus on how fertility change affects different populations. She is a past-President of Family Planning Welfare NT and of Sexual Health and Family Planning Australia and has represented Australia on the International Planned Parenthood Federation East, South East Asia and Oceania Regional Council. Kim is also a member of the Australian Population Association. She was elected to the Board in 2012.

**Special Responsibilities:**

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



**Nadine Wilmot**

Non-Executive Director – Vice President  
B.Sc, MBA, FIAA, GAICD

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

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

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

**Special Responsibilities:**

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



**Gary Trenaman**

(appointed 28 November 2017)  
Non-Executive Director - Treasurer  
BComm, MBA, CPA, GAICD, JP

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

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

**Special Responsibilities:**

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



**Rosalind Winfield**

Non-Executive Director - Legal Adviser  
BA LLB

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

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

**Special Responsibilities:**

- Member of the Audit & Risk Committee
- Member of the Head Office Facility Committee



**Neil Jackson**

(appointed 28 November 2017)  
Non-Executive Director  
LLB BEc LLM

Neil practises as a barrister, largely in family law and de facto relationships law. He is a member of the Conciliators and Arbitrators Association, the Australian Association of Family Lawyers and Conciliators, and the Family Law Section of the Law Council of Australia. He is also a member of the Australian Plaintiff Lawyers Association.

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

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

Neil was a board member of Family Planning NSW from 1999 to 2011 and re-elected in 2017.



**Bernadette Or**

(appointed 28 November 2017)  
Non-Executive Director  
FCPA, M.Comm, B.Ec, Grad Dip Social Impact Studies, Grad Dip Document and Knowledge Management

As a seasoned CFO, Bernadette has been involved in a variety of industries including franchising (Kentucky Fried Chicken), tourism industry (P&O Cruises), professional association (Australian Human Resources Institute), children’s charity (Starlight Children Foundation), secondary education change agent (Enterprise and Career Education Foundation), sports club (Northern Suburbs Rugby Football Club), employment services provider (CoAct), tertiary education institute (The College, Western Sydney University) and currently, alternate dispute resolution (Energy and Water Ombudsman NSW).

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

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

**Special Responsibilities:**

- Member of the Audit & Risk Committee



**Melissa Williams**

Non-Executive Director  
BBus, Grad Cert of Research

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

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

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

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

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

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

**Special Responsibilities:**

- Member Peak Consumer Participation Committee



**Stuart Suthern-Brunt**

(appointed 28 November 2017)  
Non-Executive Director  
MSc

Stuart holds over 25 years of industry experience working in the UK, Canada and Australia specialising in project and commercial management. Stuart has consulted to State and local level Government on major infrastructure procurement including property, health and schools.

He has also held executive positions within Government on Sydney Metro, Australia’s biggest public transport project and as Project Director for the Royal North Shore Hospital Redevelopment, successfully completed in 2012 on time, and on budget and stands as one of the most complex and technologically advanced healthcare facilities developed.

Stuart is a keen advocate for social justice. With his project procurement and delivery experience he provides advice to the Board and leadership team in its capital investment decision making. He was elected to the Board in 2017.

**Special Responsibilities:**

- Member of the Head Office Facility Committee



**Kerrie Chambers**

(resigned 4 September 2017)  
Non-Executive Director  
BA LL.M

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

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

Kerrie has a keen interest in pro bono work. She is the partner delegate for the HWL Ebsworth Homeless Persons Legal Project providing legal advice and support to the clients of The Station drop in centre. She is on the volunteer legal roster for Kirribilli Neighbourhood Centre and has previously provided legal assistance at the Welfare Rights Centre and Macquarie Legal Centre. She was elected to the Board in 2012.

**Special Responsibilities:**

- Former member of the Performance & Remuneration Committee



**Carolyn Miller**

(resigned 25 July 2018)  
Non-Executive Director  
BA (Comm); MBA (Exec)

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

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

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

**Special Responsibilities:**

- Former member of the Executive of the Board of Directors
- Former member of the Fundraising Committee
- Former member of the Peak Consumer Participation Committee



**Karen Gannon**

Company Secretary  
MCom, Grad Dip Applied Corporate Governance, CPA

Karen Gannon has over 20 years of experience as a company secretary. She is a member of the Governance Institute of Australia.

## Meetings of Directors

The number of meetings of the company's Board of Directors ('the Board') held during the year ended 30 June 2018 and the number of meetings attended by each director were:

Directors	Full Board	
	Attended	Held
Sue Carrick	10	10
Kim Johnstone	7	10
Nadine Wilmot	7	10
Gary Trenaman	10	10
Rosalind Winfield	10	10
Bernadette Or	7	10
Melissa Williams	6	10
Neil Jackson	5	6
Stuart Suthern-Brunt	6	6
Kerrie Chambers	0	1
Carolyn Miller	7	10

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

### Contributions on winding up

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


The total amount that members of the company are liable to contribute if the company is wound up is \$2,000 based on 40 current ordinary members.

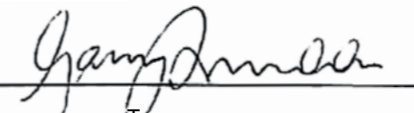
### Auditor's independence declaration

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

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

### On behalf of the directors

  
Sue Carrick – President

  
Gary Trenaman - Treasurer

Date this 25<sup>th</sup> day of September 2018





## Family Planning NSW

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

I declare that, to the best of my knowledge and belief during the year ended 30 June 2018 there have been:

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

*William Buck*

William Buck  
Chartered Accountants  
ABN 16 021 300 521

*M. Nevill*

M. Nevill  
Partner

Dated this 25 day of September, 2018

### CHARTERED ACCOUNTANTS & ADVISORS

**Sydney Office**  
Level 29, 66 Goulburn Street  
Sydney NSW 2000  
Telephone: +61 2 8263 4000

**Parramatta Office**  
Level 7, 3 Horwood Place  
Parramatta NSW 2150  
PO Box 19  
Parramatta NSW 2124  
Telephone: +61 2 8836 1500  
[williambuck.com](http://williambuck.com)

Statement of **PROFIT OR LOSS** and other comprehensive income for the year ended  
30 June 2018

	2018 \$	2017 \$
<b>Revenue</b>		
<b>Domestic revenue</b>		
<b>Grants</b>		
Government grants	11,122,456	10,618,968
Other grants	85,022	513,392
	<b>11,207,478</b>	<b>11,132,360</b>
<b>Sales revenue</b>		
Contraceptive income	106,084	107,893
Course fees	351,918	442,551
Bookshop sales	172,846	187,774
	<b>630,848</b>	<b>738,218</b>
<b>Other revenue</b>		
Medicare revenue	542,124	520,567
Private billing revenue	625,501	641,093
Investment revenue	309,065	345,932
Gain on sale of fixed assets	839,000	-
Other revenue	344,055	291,663
	<b>2,659,745</b>	<b>1,799,255</b>
<b>TOTAL DOMESTIC REVENUE</b>	<b>14,498,071</b>	<b>13,669,833</b>

	2018 \$	2017 \$
<b>International revenue</b>		
<b>Grants</b>		
Department of Foreign Affairs and Trade	359,557	306,181
Other Australian	-	-
Other overseas	56,500	-
<b>Donations and gifts</b>		
Monetary	29,961	36,934
Non-monetary	17,618	23,092
Bequests and legacies	-	-
Investment income	3,189	3,332
Commercial activities income	3,002	79,711
Other revenue	280,965	259,307
Revenue for international political or religious adherence promotion program	-	-
<b>TOTAL INTERNATIONAL REVENUE</b>	<b>750,792</b>	<b>708,557</b>
<b>TOTAL REVENUE</b>	<b>15,248,863</b>	<b>14,378,390</b>

Statement of **PROFIT OR LOSS** and other comprehensive income for the year ended 30 June 2018 (continued)

	2018 \$	2017 \$
<b>Expenses</b>		
<b>Domestic program expenses</b>		
Audit / professional services	(38,831)	(39,301)
Bad debts	(301)	(2,201)
Branding & marketing	(20,762)	(5,185)
Computer services and software	(253,623)	(298,957)
Conferences & seminars	(44,827)	(25,600)
Consultancy	(476,124)	(711,447)
Consumables / client expenses	(122,761)	(92,900)
Cost of goods sold	(115,439)	(193,854)
Depreciation and amortisation expenses	(227,845)	(249,858)
Employee benefit expense	(10,451,112)	(10,093,058)
File scanning	(5,329)	(5,809)
Insurance	(108,265)	(111,549)
Labour hire – external	(20,104)	(54,019)
Lease / rent	(97,241)	(76,989)
Materials and equipment	(32,614)	(36,811)
Medical consumables	(98,130)	(76,388)
Printing/ postage/ stationery/ advertising/ photocopying	(178,074)	(167,389)
Repairs and maintenance/ cleaning	(205,846)	(225,467)
Staff recruitment	(12,845)	(31,484)
Stock write-off	(4,514)	(6,597)
Strata levies	(62,096)	(52,687)
Teaching resources	(179,397)	(121,235)
Telephone / internet	(118,546)	(127,034)
Travel	(221,678)	(314,027)
Utilities	(94,421)	(73,176)
Website development	(51,008)	(13,584)
Other expenses	(361,792)	(351,873)
<b>TOTAL DOMESTIC PROGRAM EXPENSES</b>	<b>(13,603,525)</b>	<b>(13,558,479)</b>

	2018 \$	2017 \$
<b>International aid and development programs expenses</b>		
International programs		
Funds to international programs	(226,906)	(196,890)
Program support costs	(320,500)	(235,972)
Community education	-	-
Fundraising costs		
Public	(52)	(39,138)
Government, multilateral and private	-	-
Accountability and administration	(185,716)	(213,465)
Non-monetary expenditure	(17,618)	(23,092)
<b>Total international aid and development program expenses</b>	<b>(750,792)</b>	<b>(708,557)</b>
International political or religious adherence promotion programs expenditure	-	-
<b>Total international program expenses</b>	<b>(750,792)</b>	<b>(708,557)</b>
<b>TOTAL EXPENSES</b>	<b>(14,354,317)</b>	<b>(14,267,036)</b>

<b>Surplus before income tax expense</b>	<b>894,546</b>	<b>111,354</b>
Income tax expense	-	-
<b>SURPLUS AFTER INCOME TAX EXPENSE FOR THE YEAR ATTRIBUTABLE TO THE MEMBERS OF FAMILY PLANNING NSW</b>	<b>894,546</b>	<b>111,354</b>

**Other comprehensive income for the year, net of tax**

Net gain on investment revaluation reserve	-	126,405
<b>TOTAL COMPREHENSIVE INCOME FOR THE YEAR ATTRIBUTABLE TO THE MEMBERS OF FAMILY PLANNING NSW</b>	<b>894,546</b>	<b>237,759</b>

*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 2018

	Note	2018 \$	2017 \$
<b>Assets</b>			
<b>Current assets</b>			
Cash and cash equivalents	4	8,286,938	5,279,139
Trade and other receivables	5	623,806	266,050
Inventories on hand	6	106,155	123,243
Assets held for sale		-	-
Other financial assets		-	-
Other	7	200,022	243,277
<b>Total current assets</b>		<b>9,216,921</b>	<b>5,911,709</b>
<b>Non-current assets</b>			
Trade and other receivables		-	-
Financial assets	8	1,654,589	1,654,589
Property, plant and equipment	9	15,176,480	16,842,496
Intangibles		-	-
Other non-current assets		-	-
<b>Total non-current assets</b>		<b>16,831,069</b>	<b>18,497,085</b>
<b>TOTAL ASSETS</b>		<b>26,047,990</b>	<b>24,408,794</b>

**Liabilities**

<b>Current liabilities</b>			
Trade and other payables	10	1,198,962	1,154,250
Employee benefits	11	1,648,017	1,452,164
Grants received in advance	12	1,156,681	695,378
Current tax liabilities		186,515	111,022
Other financial liabilities		-	-
Provisions		-	-
Other		-	-
<b>Total current liabilities</b>		<b>4,190,175</b>	<b>3,412,814</b>

	Note	2018 \$	2017 \$
<b>Liabilities (continued)</b>			
<b>Non-current liabilities</b>			
Trade and other payables		-	-
Employee benefits	13	87,702	120,413
Borrowings		-	-
Other financial liabilities		-	-
Provisions		-	-
Other		-	-
<b>Total non-current liabilities</b>		<b>87,702</b>	<b>120,413</b>
<b>TOTAL LIABILITIES</b>		<b>4,277,877</b>	<b>3,533,227</b>

<b>NET ASSETS</b>		<b>21,770,113</b>	<b>20,875,567</b>
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**Equity**

Reserves	14	11,775,835	12,825,835
Retained surpluses	15	9,994,278	8,049,732
<b>TOTAL EQUITY</b>		<b>21,770,113</b>	<b>20,875,567</b>

*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 2018

	Retained Surplus \$	Asset Revaluation Reserve \$	Investment Revaluation Reserve \$	General Reserves \$	Total Equity \$
Balance at 1 July 2016	7,938,378	12,835,846	(186,416)	50,000	20,637,808
Surplus after income tax expense for the year	111,354	-	-	-	111,354
Other comprehensive income for the year, net of tax	-	-	126,405	-	126,405
<b>Total comprehensive income for the year</b>	<b>111,354</b>	<b>-</b>	<b>126,405</b>	<b>-</b>	<b>237,759</b>
Other transfers to/(from) reserves:					
General reserves	-	-	-	-	-
<b>BALANCE AT 30 JUNE 2017</b>	<b>8,049,732</b>	<b>12,835,846</b>	<b>(60,011)</b>	<b>50,000</b>	<b>20,875,567</b>
Balance at 1 July 2017	8,049,732	12,835,846	(60,011)	50,000	20,875,567
Surplus after income tax expense for the year	894,546	-	-	-	894,546
Other comprehensive income for the year, net of tax	-	-	-	-	-
<b>Total comprehensive income for the year</b>	<b>894,546</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>894,546</b>
Other transfers to/(from) reserves:					
General reserves	50,000	-	-	(50,000)	-
Asset revaluation reserve	1,000,000	(1,000,000)	-	-	-
<b>BALANCE AT 30 JUNE 2018</b>	<b>9,994,278</b>	<b>11,835,846</b>	<b>(60,011)</b>	<b>-</b>	<b>21,770,113</b>

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 2018

	Note	2018 \$	2017 \$
<b>Cash flows from operating activities</b>			
Receipts from customers (inclusive of GST)		3,992,927	2,479,102
Payments to suppliers and employees (inclusive of GST)		(15,191,625)	(13,819,082)
Grants received	3	11,669,602	11,022,165
Donations received		29,961	36,934
Interest and dividends received		246,034	221,492
<b>Net cash from/(used in) operating activities</b>		<b>746,899</b>	<b>(59,389)</b>
<b>Cash flows from investing activities</b>			
Payment for property, plant & equipment	9	(44,100)	(70,340)
Proceeds from sale of property, plant & equipment		2,305,000	1,429
Proceeds from sale of investments		-	2,500,000
<b>Net cash from investing activities</b>		<b>2,260,900</b>	<b>2,431,089</b>
<b>Cash flows from financing activities</b>			
<b>Net cash from financing activities</b>		<b>-</b>	<b>-</b>
Net increase in cash and cash equivalents		3,007,799	2,371,700
Cash and cash equivalents at the beginning of the financial year		5,279,139	2,907,439
<b>Cash and cash equivalents at the end of the financial year</b>	<b>4</b>	<b>8,286,938</b>	<b>5,279,139</b>

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

**Note 1: Significant Accounting Policies**

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

**New or amending Accounting Standards and Interpretations adopted**

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

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

**Basis of Preparation**

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

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

*Historical cost convention*

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

*Critical accounting estimates*

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

**Revenue**

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

*Sales Revenue*

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

*Donations*

Donations are recognised at the time the pledge is received.

*Grants*

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

Grants are recognised as income over the periods necessary to match them with the related costs which they are intended to compensate, on a systematic basis. They are recognised in the statement of financial position as liabilities until the conditions attached to their use are met.

*Interest*

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

*Other Revenue*

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

**Income Tax**

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

**Current and Non-Current Classification**

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

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

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

**Cash and Cash Equivalents**

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

**Trade and Other Receivables**

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

**Property, Plant and Equipment**

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

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

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

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

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

An item of property, plant and equipment is derecognised upon disposal or when there is no future economic benefit to the company. Gains and losses between the carrying amount and the disposal proceeds are taken to profit or loss. Any revaluation surplus reserve relating to the item disposed of is transferred directly to retained profits.

### Financial Assets

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

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

#### Available-for-sale Financial Assets

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

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

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

### Impairment of Financial Assets

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

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

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

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

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

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

#### Impairment of Non-Financial Assets

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

Recoverable amount is the higher of an asset's fair value less costs of disposal and value-in-use.

The value-in-use is the present value of the estimated future cash flows relating to the asset using a pre-tax discount rate specific to the asset or cash-generating unit to which the asset belongs. Assets that do not have independent cash flows are grouped together to form a cash-generating unit.

#### Trade and Other Payables

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

#### Employee Benefits

##### Short-term employee benefits

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

##### Other long-term employee benefits

The liability for annual leave and long service leave not expected to be settled within 12 months of the reporting date are measured at the present value of expected future payments to be made in respect of services provided by employees up to the reporting date using the projected unit credit method.

Consideration is given to expected future wage and salary levels, experience of employee departures and periods of service. Expected future payments are discounted using market yields at the reporting date on national government bonds with terms to maturity and currency that match, as closely as possible, the estimated future cash outflows.

##### Defined contribution superannuation expense

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

#### Fair Value Measurement

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

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

**Goods and Services Tax ('GST') and other similar taxes**

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

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

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

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

**Note 2: Critical Accounting Judgements, Estimates & Assumptions**

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

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

*Estimation of useful lives of assets*

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

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

The company assesses impairment of non-financial assets other than goodwill and other indefinite life intangible assets at each reporting date by evaluating conditions specific to the company and to the particular asset that may lead to impairment.

If an impairment trigger exists, the recoverable amount of the asset is determined. This involves fair value less costs of disposal or value-in-use calculations, which incorporate a number of key estimates and assumptions.

*Employee benefits provision*

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





## NOTES to the Financial Statements 30 June 2018

<b>Note 3: Grants received during the year</b>	<b>2018 \$</b>	<b>2017 \$</b>
<b>NSW Ministry of Health: NGO Funding</b>		
Women's Health	7,948,600	7,723,600
Fairfield – National Women's Health	590,100	464,500
AIDS, Infectious Diseases & Sexual Health	296,000	286,400
Penrith - Community Education, Women's Health & Health Transport	520,700	495,900
Penrith - HIV/AIDS	148,000	143,300
	<b>9,503,400</b>	<b>9,113,700</b>
<b>NSW Ministry of Health: AIDS/Infectious Diseases Branch</b>		
NSW Aboriginal Mentoring and Leadership Framework	-	4,270
<b>NSW Government</b>		
Sexual Safety Training	161,886	161,886
<b>Hunter New England LHD</b>		
Hunter Health Promotion	53,900	52,800
<b>Cancer Institute NSW</b>		
GP's Up-Skilling and Well Women's Screening Training for Practice Nurses	-	225,082
Cervical Screening Training	157,828	-
Disability	106,350	100,000
NSW Aboriginal Cervical Screening	63,404	31,702
NSW Capacity Building of BCE	50,000	49,604
Young Women	47,500	-
	<b>425,082</b>	<b>406,388</b>

	<b>2018 \$</b>	<b>2017 \$</b>
<b>Australian Government</b>		
Department of Health & Ageing: BBV& STI	700,000	600,000
<b>Department of Foreign Affairs &amp; Trade</b>		
ANCP	362,250	315,000
<b>Other Grants</b>		
Foundation of Young Australians	-	217,513
Research Grants	37,380	66,974
CESPHN - Rockdale Clinic	80,620	78,925
SWSLHD Women's Service	211,747	-
SWSLHD – Developing Sexual Health Resource	-	1,818
Inner West Council	6,000	-
Community Partnership Grant - Ashfield	4,315	-
Community Partnership Grant - Fairfield	28,235	-
Community Partnership Grant - Newcastle	7,751	-
Wests Ashfield Club	1,236	-
Fairfield Club	-	2,891
NIB	29,300	-
IPPF	56,500	-
	<b>463,084</b>	<b>368,121</b>
<b>TOTAL GRANTS RECEIVED</b>	<b>11,669,602</b>	<b>11,022,165</b>

## NOTES to the Financial Statements 30 June 2018

<b>Note 4: Current assets-cash and cash equivalents</b>	<b>2018 \$</b>	<b>2017 \$</b>
Cash on hand	3,810	4,560
<b>Cash at bank</b>		
Domestic programs	1,126,347	419,630
International programs	206,781	204,949
<b>Cash on deposit</b>		
Domestic programs	6,950,000	4,650,000
International programs	-	-
	<b>8,286,938</b>	<b>5,279,139</b>

### Note 5: Current assets-trade and other receivables

Other receivables	613,133	210,876
BAS receivable	5,673	55,174
	<b>623,806</b>	<b>266,050</b>

### Note 6: Current assets-inventories on hand

<b>Stock at cost</b>	<b>106,155</b>	<b>123,243</b>
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### Note 7: Current assets-other

Accrued revenue	19,319	44,923
Prepayments	180,703	198,354
	<b>200,022</b>	<b>243,277</b>

### Note 8: Non-current assets-financial assets

Available-for-sale financial assets	1,654,589	1,654,589
Available-for-sale financial assets comprise: Listed investments at fair value	<b>1,654,589</b>	<b>1,654,589</b>

<b>Note 9: Non-current assets – property, plant &amp; equipment</b>	<b>2018 \$</b>	<b>2017 \$</b>
Land and buildings - at independent valuation 2016	13,650,000	15,150,000
Less: Accumulated depreciation	(221,501)	(127,750)
	<b>13,428,499</b>	<b>15,022,250</b>
Leasehold improvements - at independent valuation 2016	1,575,000	1,575,000
Less: Accumulated amortisation	(63,000)	(31,500)
	<b>1,512,000</b>	<b>1,543,500</b>
Plant & equipment - at cost	537,251	539,864
Less: Accumulated depreciation	(432,073)	(397,510)
	<b>105,178</b>	<b>142,354</b>
Motor vehicles - at cost	102,025	102,025
Less: Accumulated depreciation	(48,346)	(33,042)
	<b>53,679</b>	<b>68,983</b>
Office equipment - at cost	206,855	179,706
Less: Accumulated depreciation	(129,731)	(114,297)
	<b>77,124</b>	<b>65,409</b>
	<b>15,176,480</b>	<b>16,842,496</b>

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

### Reconciliations

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

	Land and buildings	Leasehold improvements	Plant and equipment	Motor vehicles	Office equipment	Total
<b>Balance at 1 July 2017</b>	15,022,250	1,543,500	142,354	68,983	65,409	16,842,496
<b>Additions</b>	-	-	15,660	-	28,440	44,100
<b>Disposals</b>	(1,466,000)	-	(14,980)	-	(1,291)	(1,482,271)
<b>Depreciation</b>	(127,751)	(31,500)	(37,856)	(15,304)	(15,434)	(227,845)
<b>Balance at 30 June 2018</b>	13,428,499	1,512,000	105,178	53,679	77,124	15,176,480

## NOTES to the Financial Statements 30 June 2018

<b>Note 10: Current liabilities – trade and other payables</b>	<b>2018 \$</b>	<b>2017 \$</b>
Trade payables	181,486	168,948
Other payables	1,017,476	985,302
	<b>1,198,962</b>	<b>1,154,250</b>

### Note 11: Current liability – employee benefits

<b>Employee benefits</b>	<b>1,648,017</b>	<b>1,452,164</b>
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### Note 12: Current liability – grants received in advance

Government grants	876,920	430,731
Other grants	279,761	264,647
	<b>1,156,681</b>	<b>695,378</b>

### Note 13: Non-current liabilities – employee benefits

<b>Employee benefits</b>	<b>87,702</b>	<b>120,413</b>
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### Note 14: Equity - reserves

Fixed asset revaluation reserve	11,835,846	12,835,846
Investment revaluation reserve	(60,011)	(60,011)
General reserve	-	50,000
	<b>11,775,835</b>	<b>12,825,835</b>

### Note 15: Equity – retained surpluses

Retained surplus at the beginning of the financial year	8,049,732	7,938,378
Surplus after income tax expense for the year	894,546	111,354
Transfer from general reserve	50,000	-
Transfer from fixed asset revaluation reserve	1,000,000	-
<b>Retained surpluses at the end of the financial year</b>	<b>9,994,278</b>	<b>8,049,732</b>

### Note 16: Contingent Liabilities

The company had no contingent liabilities as at 30 June 2018 and 30 June 2017.

<b>Note 17: Commitments</b>	<b>2018 \$</b>	<b>2017 \$</b>
Non cancellable operating leases contracted for but not capitalised in the financial statements:		
<b>Payable: minimum lease payments</b>		
not later than twelve months	79,473	46,885
between twelve months and five years	37,654	13,653
greater than five years	23	24
	<b>117,150</b>	<b>60,562</b>

The lease expense during the period amounted to \$97,241 (2017: \$76,988) representing the minimum lease payments.

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

### Note 18: Key management personnel disclosures

#### Compensation

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.

<b>Total remuneration</b>	<b>1,441,178</b>	<b>1,243,364</b>
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### Note 19: Related party transactions

#### Key management personnel

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

#### Transactions with related parties

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

48	316
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#### Sydney Reproductive Health Services Limited

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

#### Receivable from and payable to related parties

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

#### Loans to/from related parties

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

**Note 20: Events after the reporting period**

Family Planning NSW has appointed an estate agent to market the Ashfield premises for sale with the intention of utilising the proceeds toward the purchase of a new Head Office facility.

No other matter or circumstance has arisen since 30 June 2018 that has significantly affected or may significantly affect the company's operations, the results of those operations, or the company's state of affairs in future financial years.

**Note 21: Economic dependence**

The company is dependent upon the ongoing receipt of 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 22: Member's guarantees**

The company 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 2018 the number of members is 40 (2017: 52).

**Note 23: Table of cash movements for designated purposes**

Designated Purpose or Appeal	Cash available at beginning of year	Cash raised during financial year	Cash disbursed during financial year	Cash available at end of financial year
ANCP	30,052	364,520	(361,828)	32,744
IPPF	-	56,500	(56,500)	-
<b>Total for other non-designated purposes</b>	174,897	12,000	(12,860)	174,037
<b>TOTAL</b>	<b>204,949</b>	<b>433,020</b>	<b>(431,188)</b>	<b>206,781</b>

**Note 24: Financial Summary**

The surplus for the year is \$894,546. The company's income and expenditure for the year ended 30 June 2018 are summarised below:

Income (\$)		Expenditure (\$)	
Government Grant	11,482,013	Staffing	10,786,091
Research Grant	78,960	Projects	2,886,509
Other Grant	162,584	Site	681,717
Self-generated Income	3,525,306		
<b>Total Income</b>	<b>15,248,863</b>	<b>Total Expenditure</b>	<b>14,354,317</b>
		<b>Surplus</b>	<b>\$894,546</b>


**DIRECTORS' DECLARATION**

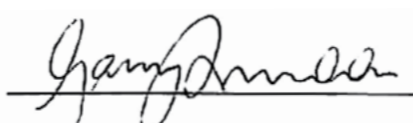
30 June 2018

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

- a) The attached financial statements and notes comply with the Australian Accounting Standards – Reduced Disclosure Requirements, the *Australian Charities and Not-for-profits Commission Act 2012* and other mandatory professional reporting requirements;
- b) The attached financial statements and notes give a true and fair view of the company's financial position as at 30 June 2018 and of its performance for the financial year ended on that date; and
- c) There are reasonable grounds to believe that the company will be able to pay its debts as and when they become due and payable.

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

  
 \_\_\_\_\_  
 Sue Carrick – President

  
 \_\_\_\_\_  
 Gary Trenaman - Treasurer

Dated this 25<sup>th</sup> day of September 2018

## Family Planning NSW

### INDEPENDENT AUDITOR'S REPORT TO THE DIRECTORS

#### Report on the Audit of the Financial Statements

##### Opinion

We have audited the financial report of Family Planning NSW ('the Company'), which comprises the statement of financial position as at 30 June 2018, the statement of profit or loss and other comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies, and the directors' declaration.

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

- giving a true and fair view of the Company's financial position as at 30 June 2018 and of its financial performance for the year then ended; and
- complying with Australian Accounting Standards – Reduced Disclosure Regime and Division 60 of the *Australian Charities and Not-for-profits Commission Regulation 2013*.

##### Basis for Opinion

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

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

##### Other Information

The directors are responsible for the other information. The other information comprises the information included in the Company's annual report for the year ended 30 June 2018, but does not include the financial report and our auditor's report thereon.

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

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

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

##### Responsibilities of the Directors for the Financial Report

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

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

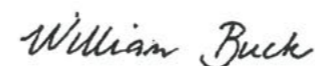
The Directors are responsible for overseeing the Company's financial reporting process.

##### Auditor's Responsibilities for the Audit of the Financial Statements

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

A further description of our responsibilities for the audit of these financial statements is located at the Auditing and Assurance Standards Board website at: [https://www.auasb.gov.au/auditors\\_files/ar4.pdf](https://www.auasb.gov.au/auditors_files/ar4.pdf).

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



William Buck  
Chartered Accountants  
ABN 16 021 300 521



M. Nevill  
Partner

Sydney, dated this 25 day of September, 2018

#### CHARTERED ACCOUNTANTS & ADVISORS

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Level 7, 3 Horwood Place  
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PO Box 19  
Parramatta NSW 2124  
Telephone: +61 2 8836 1500  
[williambuck.com](http://williambuck.com)

# Who we work with

3 Bridges Community

ACON

Agency for Clinical Innovation

Albion Park Youth Centre

Allambi Youth Service

AWOL Youth Hub - Ku-ring-Gai Council Youth Services

Armajun Aboriginal Health Service Incorporated

- Glen Innes
- Inverell
- Tenterfield

Armidale Medical Practice

Australasian Society for HIV Medicine

Australian Catholic University

Australian College of Rural and Remote Medicine

Australian Primary Health Care Nurse Association

Awabakal Aboriginal Medical Service

Bankstown Intensive English Centre

Barnardos:

- Canterbury
- Cobar
- Nyngan

Bayer Australia and New Zealand

BBV & STI Research, Intervention and Strategic Evaluation (BRISE)

Belinda Mason Photography

Benevolent Society

Beresfield Surgery

Berlin Centre of Epidemiology

Blacktown Women and Girls Health Centre

Blacktown Youth Services Association

Bligh Park Community Services Inc.

Broken Hill Child and Family Health Clinic

Broken Hill Super Clinic

Buningyong Community Centre

BUPA

Byron Youth Service

Cancer Council NSW

Cancer Institute NSW

Central and Eastern Sydney Primary Health Network

Central Coast Community Women's Health Service

Centre for International Economics

Cepheid International

Cessnock High School

Cessnock Youth Services (CYCOS)

Chatswood Youth Centre - Willoughby City Council Youth Services

Coffs Harbour Women's Health Centre

Community First Step - Fairfield

Community Junction:

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

Core Community Services-Cabramatta

Cringila Medical Centre

Dareton Primary Health Centre

Department of Family and Community Services - Nyngan

Douglas Hanly Moir

Dubbo Neighbourhood Centre

Dubbo Sexual Health

Eastlake Youth Service - Windale and Swansea sites

Edgeworth Family Practice

Evolution Youth Service (Coast Community Connections)

Fairfield High School

Fairfield Intensive English Centre (IEC)

Fairfield Liverpool Youth Health Team-Carramar

Family Medical Practice @2325

Family Planning Welfare Association of Northern Territory

Family Planning Victoria

Far West Child and Family Health Centre

First Steps Parenting Centre

Flourish Australia Young People's Program:

- Emu Heights
- Blacktown
- Penrith

Forbes Health Service

Family Planning Alliance Australia

Gandangara Health Services

Gilgandra Youth Service

Glossodia Community Centre

GP Maroubra

Green Square Health

Hawkesbury Community Outreach Services

headspace:

- Ashfield
- Campbelltown
- Castle Hill
- Coffs Harbour
- Dubbo
- Liverpool
- Mount Druitt
- Newcastle
- Parramatta
- Penrith
- Western Sydney Consortium (Uniting Care Mental Health)

Hippy Australia Dubbo

Hunter New England Local Health District

Hunter New England Local Health District Multicultural Health Unit

IDEAS Inc

Illawarra Shoalhaven Local Health District HIV/AIDS and Related Programs (HARP) Unit

Illawarra Shoalhaven Local Health District Shellharbour Adolescent Medical Health Inpatient Unit

Illawarra Women's Health Centre

Inclusion Melbourne

Inner West Council

Job Centre Australia:

- Chatswood
- Gosford
- Wyong

Junaa Buwa Centre for Wellbeing and Outreach Program, Mission Australia

Justice Health:

- Charlestown
- Gosford
- Parramatta

Kariong Youth Centre

Life Links	Prevention Early Intervention Recovery Service	Scone Youth Centre	The Glue Factory
Life Without Barriers	North Richmond Youth Project	Sexual Health Far West	The Grove Youth Outreach Service
Lifestyle Solutions, Shellharbour	Northcott Penrith	Shellharbour City Council	The Hills Youth Centre, Kariong
Macarthur Family and Youth Services	Northern NSW Local Health District HARP Unit	SHineSA	The Junction Works-Austral
Marist 180 (Daramu Program)	Northern Sydney Local Health District HARP Unit	Singleton Youth Centre	The Lillian Howell Project Inc.
Marist Youth Care – Greystanes and Kings Park	NSW Council for Intellectual Disability	Singleton Youth Venue	The Shack Youth Services
Marrickville Resource Centre	NSW Health	South East Sydney Local Health District HARP Unit	Tomaree Medical Centre
Merriwa Youth Centre	NSW Health, Mental Health Drug and Alcohol Branch	South Western Sydney Local Health District	Touching Base Inc
Mid Mountains Youth Centre	NSW Health STI Program Unit	South Western Sydney Local Health District - Drug Health	Trialfacts
Mid North Coast Local Health District HARP Unit	NSW Multicultural Health Communication Service	South Western Sydney Local Health District HARP Unit	Ungooroo GP and Health Services
Mindaribba Local Aboriginal Land Council	NSW Refugee Health Service	Southern NSW Local Health District HARP Unit	University of Melbourne
Mission Australia:	Nyngan Community Hub	Southern Youth and Family Services (CHAIN)	University of New South Wales
• Wellington	One Door Mental Health Dubbo	Southlake Youth Service	University of Newcastle
• Dubbo	One Door/Helping Hands, Nowra	St Elmo Medical Practice	University of Sydney
• Nyngan	Orana Juvenile Justice Centre	St Leonards Medical Centre	University of Sydney Rural Clinical School – Dubbo Catchment
• Claymore	Parks Community Network Inc. - Prairiewood	Streetwork	University of Technology, Sydney
Miyay Birray Youth Service	Pasifika Achievement to Higher Education (PATHE)	Swinburne University of Technology	Upper Hunter Shire Council
Moree Community Health Centre	Pathfinders Inverell – Inverell Family Youth Support Services (IFYSS) Program	Sydney Local Health District	Villawood Medical Centre
Moree Family Support Inc	Police Citizens Youth Clubs (PCYC) Shoalhaven	Synergy Youth Centre	Walgett Aboriginal Medical Service
Mountains Youth Services Team	Peppercorn Youth Services	Tahmoor Medical Centre	Watanobbi Community Centre
Murrumbidgee Local Health District HARP Unit	Phoenix Youth Support Service	Taldumande Youth Services	Waverley Community Living Program
Murrurundi Youth Centre	Planet X Youth Centre	Ted Noffs Mount Druitt	Weave Youth and Community Services
Myhealth Medical Centre Liverpool	Platform Youth Services	The Burdekin Association	Western NSW Local Health District HARP Unit
Narromine Community Skills	Port Stephens Family and Neighbourhood Services	The Children’s Hospital at Westmead	Western Sydney Local Health District
National Aboriginal Sporting Chance Academy	Putland High School - Cobham	The Corner Youth Health Service - Bankstown	Western Sydney Local Health District HARP Unit
National Disability Practitioners	Regional Youth Support Services (RYSS)	The Excel Medical Centre	Western Sydney Sexual Health Centre - University of Sydney
Neighbourhood Central	Royal Australian College of General Practitioners	The Fitz Youth Centre - Ku-ring-Gai Council Youth Services	Western Sydney University
Nepean Blue Mountains Local Health District	Royal Flying Doctors Service	The Girls Refuge	WILMA Women’s Health Centre
Nepean Community Neighbourhood Service	Royal Women’s Hospital, Melbourne		
nib foundation	Sax Institute		
North Parramatta Community Mental Health			

Western Local Health District Women's Health Services

Wyong Central Community Centre

Wyong Neighbourhood Centre

Y Foundations

Young Women's Catholic Association

Youth Health Team

Youth off The Streets Cessnock

### International partnerships

Asia Pacific Alliance for Sexual and Reproductive Health and Rights

Australian Cervical Council Foundation

Australian Council for International Development

Australian Disability and Development Consortium

Cooperativa Café Timor

Department of Foreign Affairs and Trade

International Planned Parenthood Federation

Reproductive and Family Health Association of Fiji

Solomon Islands Ministry of Health and Medical Services

Susu Mamas PNG Inc.

Vanuatu Family Health Association

## Our locations

### Family Planning NSW Ashfield

328-336 Liverpool Road  
Ashfield NSW 2131

**Tel** 02 8752 4300

**Fax** 02 8752 4392

### Family Planning NSW Penrith

13 Reserve Street  
Penrith NSW 2750

**Tel** 02 4749 0500

**Fax** 02 4731 6787

### Family Planning NSW Hunter (Newcastle)

Ground Floor  
384 Hunter Street  
Newcastle NSW 2300

**Tel** 02 4929 4485

**Fax** 02 4926 2029

### Family Planning NSW Fairfield

24 - 26 Nelson Street  
Fairfield NSW

**Tel** 02 9754 1322

**Fax** 02 9723 0922

### Family Planning NSW Dubbo

2B/155 Macquarie St  
Dubbo NSW 2830

**Tel** 02 6885 1544

**Fax** 02 6882 3666



