
ANNUAL REPORT 2018 - 2019



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

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

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

Our principles

- **Focusing on the whole person** throughout their lifespan
- Working in **collaboration and through partnerships** to strengthen our services and programs
- **Being advocates** for the community
- Developing and using **best practice and evidence-based** approaches
- Designing and delivering **optimal services to the community**
- **Promoting freedom of choice** which reflects individual differences and preferences
- Building the **capacity** of our organisation, and the skills of other professionals and the community
- Promoting **professionalism and continuous improvement** in our ways of working
- Fostering **innovation and creativity** in our work

Our communities

- Every body in every family
- Aboriginal and Torres Strait Islander 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. Our work is grouped across four interdependent pillars, underpinned by robust organisational support:

Integrated Health Services

We are experts in contraception, pregnancy options counselling, sexually transmissible infections (STIs), common gynaecological problems including menstrual disorders, cervical cancer screening, breast awareness and women's and men's sexuality and sexual function. We respect the rights of our clients to make choices about their reproductive and sexual health and we treat each and every person with respect, dignity and understanding.

Education Services

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

The Research Centre

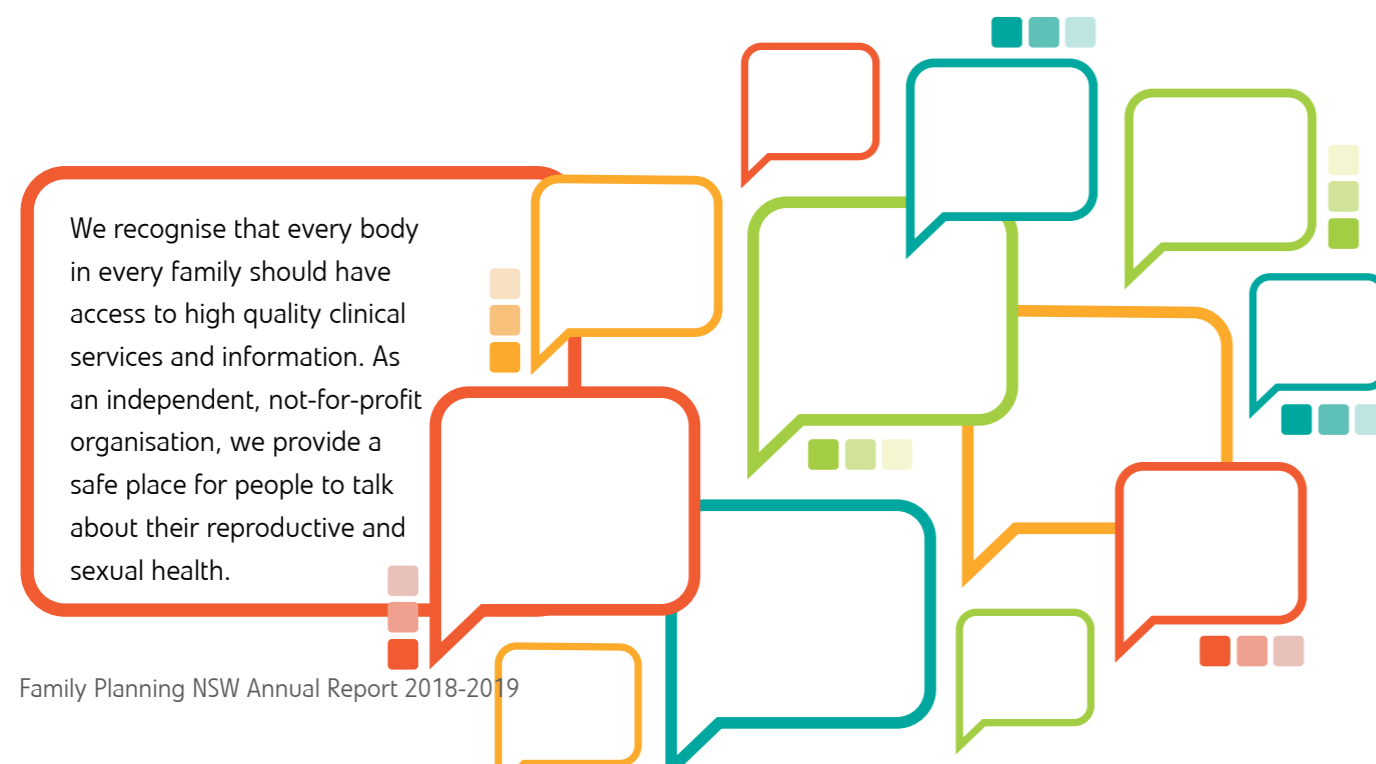
The Research Centre leads and partners with universities and other research organisations to grow the body of knowledge about reproductive and sexual health.

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

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

International Development

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



Organisational structure

BOARD OF DIRECTORS

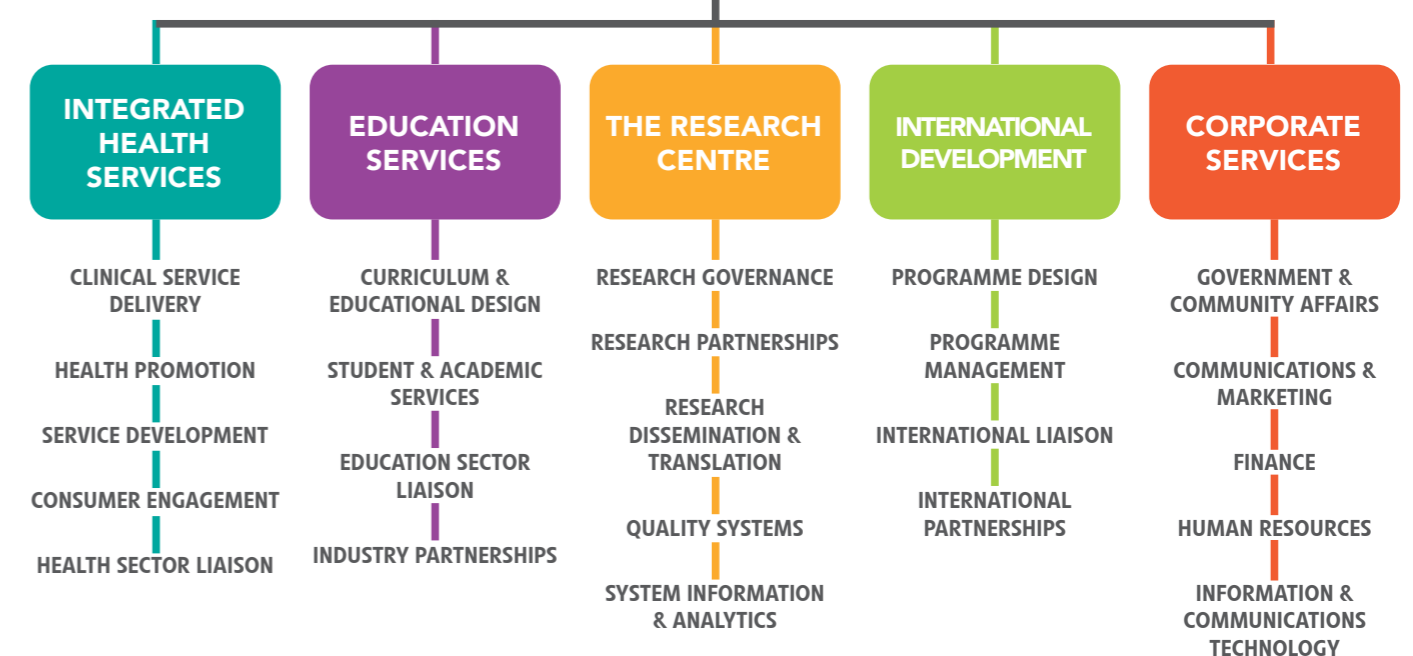
BOARD SUB-COMMITTEES



BOARD ADVISORY COMMITTEES



CHIEF EXECUTIVE OFFICER





Sue Carrick
Non-Executive
Director - President
MHSc, MAICD

President's report

2018-19 has seen the Family Planning NSW team, led by Adjunct Professor Ann Brassil; continue to provide excellent leadership in the provision of reproductive and sexual health in Australia and across the Pacific.

This year has been the first in the implementation cycle for the 2018-2022 Strategic Plan. This Plan, developed during the course of the prior year with high levels of Board engagement, provides our future strategic directions, goals, targets and ambitions.

This Strategic Plan has been developed to allow us to continue to champion the rights of all for reproductive and sexual health with a focus on priority populations, including young people, Aboriginal and Torres Strait Islander people, people with disability and people from culturally and linguistically diverse (CALD) backgrounds to ensure equal access for services for all.

Even in 2019, NSW does not have a consistent, evidence-based approach to comprehensive sexuality education; uptake of long acting reversible contraception sits far below international levels; mortality rates from cervical cancer remain unacceptably high for some women; abortion remains in the criminal code in NSW; and there is no national data collection on the incidence of contraceptive use, pregnancy intention or induced abortion in Australia. For many of these reproductive and sexual health indicators, outcomes for women in Pacific Island countries and territories are much worse.

This is why we do what we do. Our clinical services, education and training activities and Research Centre program all strive to improve the reproductive and sexual outcomes of every body in every family. In addition, we advocate for those who cannot speak for themselves by informing and working with decision makers in Government, other non-government organisations and the private sector.

As part of these efforts, Family Planning NSW has joined with the Women's Electoral Lobby, Women's Health NSW and more than 70 medical, legal and community groups to launch the NSW Pro-Choice Alliance. The Alliance advocates for the decriminalisation of abortion in NSW, and is part of our ongoing commitment to ensuring that women have access to the full suite of reproductive and sexual health services.

Internationally, we continue to strengthen our advocacy efforts. This year Family Planning NSW was represented at the IPPF Pacific Strategy workshop in Nadi and at the annual meeting of the Asia Pacific Alliance for Sexual and Reproductive Health and Rights in Bangkok, Thailand both in September 2018. We also attended the Pacific Health Research Governance Research Network Workshop conducted in Nadi, Fiji in February 2019. From 3-6 June, we attended the Women Deliver Conference in Vancouver, Canada, the world's largest conference on gender equality and the health, rights, and wellbeing of girls and women.

During 2018-19, we bid farewell to Board members Mr Stuart Suthern-Brunt and Ms Carolyn Miller and I thank them for their hard work and support during their time working with us. This year also saw Ms Sharyn Coughlan, Ms Carla Cranny and Ms Kim Field joining Mr Neil Jackson, Dr Kim Johnstone, Ms Bernadette Orr, Mr Gary Trenaman, Ms Melissa Williams, Ms Nadine Wilmot and Ms Rosalind Winfield on the Board of Family Planning NSW. I look forward to continuing to work with this exceptional team in shaping the direction of Family Planning NSW into the future. The importance of their contributions and dedication is invaluable.

I would also like to take this opportunity 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 honoured to present the 2018-19 Annual Report for Family Planning NSW. I am grateful that I continue to lead our committed team in the provision of high quality services to our communities across NSW and throughout the Pacific.

In 2018-19, we provided 31,271 clinical services across our five fixed clinics along with key outreach sites. Demand for services across all clinics has continued to be high in 2018-19. The main services provided to clients are contraception (38%), gynaecological (41%), STI (12%), and pregnancy and fertility related services (5%).

Family Planning NSW's domestic violence routine screening (DVRS) has remained a strong component of delivering holistically sound services to eligible clients. During 2018-19, 68% of eligible women were screened across all Family Planning NSW clinics. Screening for reproductive coercion was added to the FPNSW DVRS protocol in December 2018.

Our colposcopy clinic at Ashfield that commenced in 2017-18 continues to go from strength to strength. The need for the service is due to changes in the National Cervical Screening Program in December 2017 resulting in women with a positive HPV DNA test (for HPV-16 and HPV-18) requiring a colposcopy. Demand for the service is high with bookings in place four weeks in advance. We are currently investigating extending this service to other locations including Newcastle.

The vasectomy service commenced at Ashfield in October 2018. One Medical Officer has been trained with another scheduled to commence training in late 2019. Vasectomy assessment appointments

are well-booked, and an increasing number of procedures are being confirmed. Similar to the colposcopy service, consideration is being given to extending this service to other clinics.

In 2018-19 our Health Promotion activities continued to focus on community education programs promoting family planning options and safe sex culture in priority populations within NSW. The number of participants attending health promotion/ community education activities was 16,928 with 98% of participants from target priority groups reporting an increase in skills and knowledge post training.

Our health promotion resources continue to transition from traditional print-based resources to more digital resources. In Real Life, Frank, Digital Stories and Just Checking all utilise new technologies, extending the reach of community education.

Evidence-based, broad-ranging education and training activities include programs for clinicians, disability workers, teachers, parents and carers, and other health education and welfare professionals, both locally and internationally. Activities include face-to-face workshops, on-line learning and clinical placements. In 2018-19 we provided training to 1,609 participants. There was a 15% increase in the number of education courses provided, from 107 in 2017-18 to 123 in 2018-19. We have seen particularly strong demand over the last 12 months for cervical screening, Implanon and IUD training.

The Family Planning NSW Research Centre remains at the forefront of increasing the body of knowledge in relation to reproductive and sexual health. We continue to undertake exciting research and conduct evaluations of our programs and services to contribute to the development of evidence-based improvements in our work at Family Planning NSW as well as to inform policy and practice beyond our organisation. This year saw the publication of a range of articles in peer reviewed journals and presentations by our expert reproductive and sexual health researchers at various conferences in Australia and internationally.

The 2018-19 research study highlights include:

- *Training midwives in the insertion of contraceptive implants to increase uptake in the immediate postpartum period: a feasibility pilot study* – This study is being undertaken to determine whether midwives can contribute to the insertion of Implanon NXT® in the hospital setting in the immediate postpartum period
- *The female condom: How acceptable is it to Australian women?* - This interventional post-test study aims to determine the acceptability of the female condom for women in NSW.

Findings from both studies will make important contributions for both women and health professionals alike.

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.

Annually, our programmes in the Pacific reach 13,438 people. This includes projects that provide clinical training on contraception, support peer educators to share information on gender and family planning, build capacity to deliver cervical cancer screening and treatment, and enhance disability-inclusive reproductive and sexual health through training. All of our projects are built on in-country partnerships, to ensure they are sustainable and owned by the local community.

We continue to implement our Consumer Engagement Framework. The framework ensures that Family Planning NSW is committed to hearing and acting upon the views of our consumers in relation to the mix and quality of our services and programs. Five consumer participation committees are operating across our priority groups including people with intellectual disability, people from

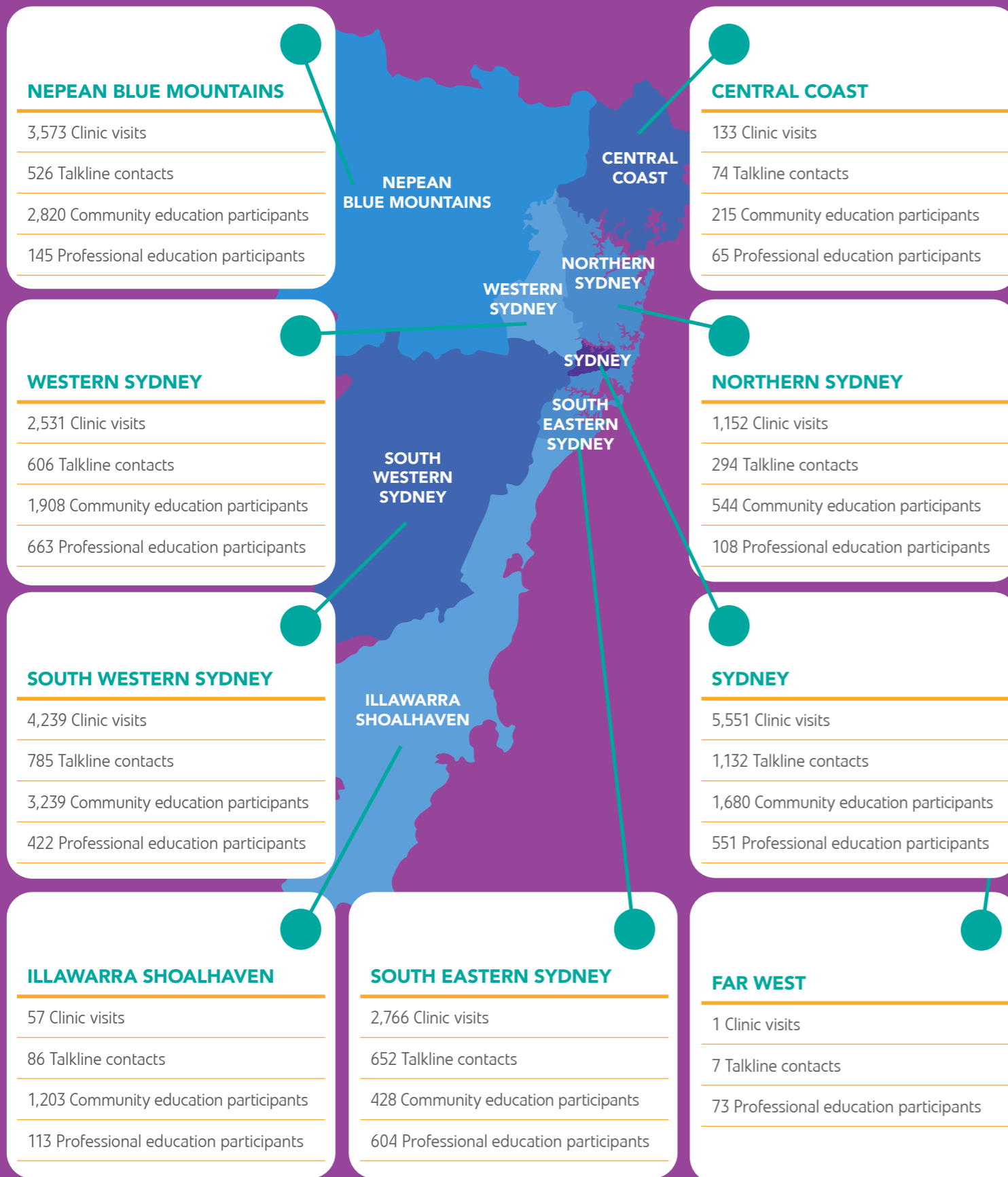
CALD backgrounds, Aboriginal and Torres Strait Islander people (men and women's groups) and young people. A thorough review of the Framework was conducted in 2018-19 through a survey with all Family Planning NSW staff involved in the implementation of the project over the past four years. Five consumer groups were also consulted for input into a new consumer engagement framework. Recommendations to improve engagement have resulted in a new consumer engagement policy aligned with new NSQHS Standards.

Advocacy around reproductive and sexual health and rights has remained a key priority of the organisation. Significantly, we have had a highly active role in the NSW Pro-Choice Alliance. Our aim is to see abortion removed from the criminal code in NSW, with women having both the right and being trusted to make their own decisions about their reproductive health.

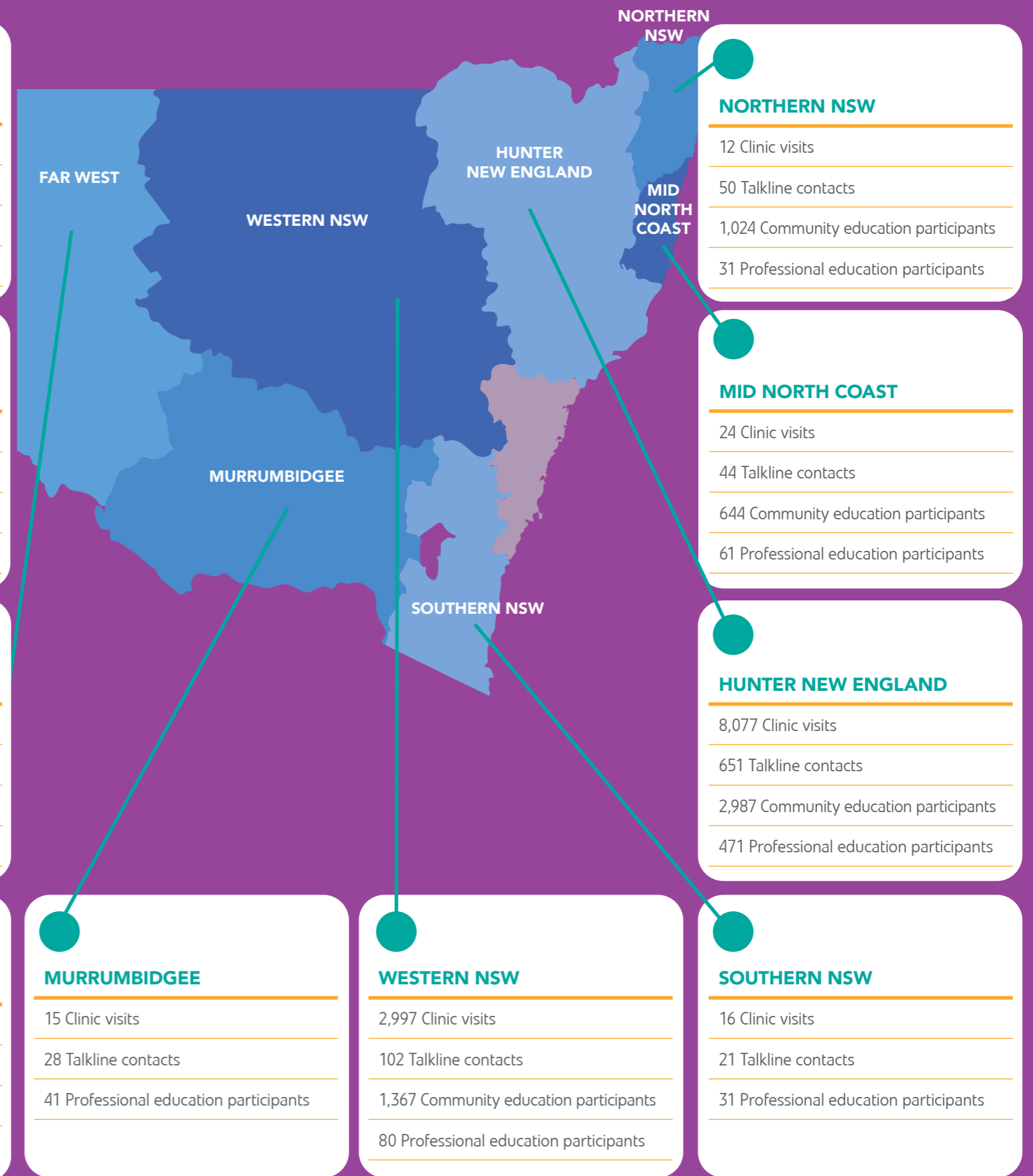
Also importantly, after two years of development and being awarded approval to advance past our first Reflect Reconciliation Action Plan (RAP) from Reconciliation Australia, we launched our Innovate RAP. The RAP was officially launched at our Dubbo centre and celebrations were held at our other four fixed sites. A cross-pillar and inter-site working group has been established to progress actions in the RAP alongside recommendations from the organisational Aboriginal cultural safety audit.

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.

Services provided in Metropolitan Local Health Districts



Services provided in other NSW Local Health Districts

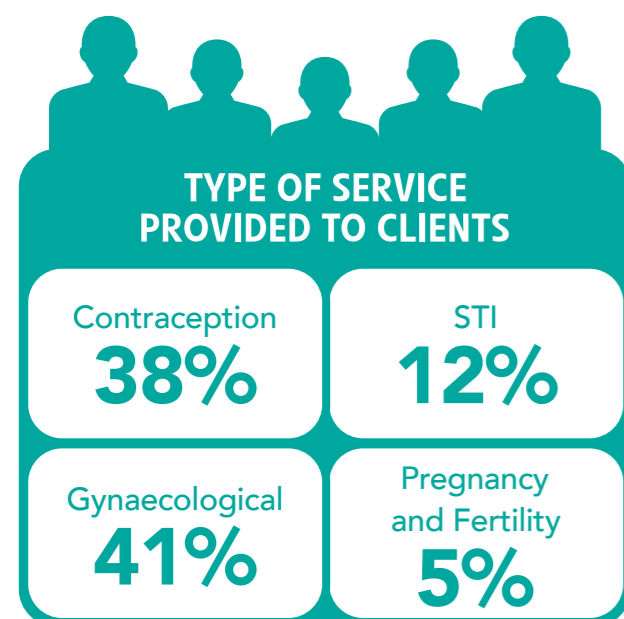


Integrated Health Services

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 focus on addressing the needs of our priority population groups which are Aboriginal and Torres Strait Islander people, culturally and linguistically diverse people, people with disability and young people.

In 2018-19, we provided 31,271 occasions of service across our Family Planning NSW fixed and outreach clinics.

Demand for services across all clinics has continued to be high in 2018-19. Clients attended appointments for a broad range of reasons.



There have been changes in the mix of services requested by clients. There have been slight (1%) increases in visits relating to STIs and gynaecology with a 2% decrease in contraception visits.

We place a high value on providing quality services and are proud to report that client satisfaction remains high. In 2018-19, 96% of clients said that they were satisfied or extremely satisfied with the care they received from their health professional.

Family Planning NSW has five fixed clinic locations in Ashfield, Dubbo, Fairfield, Newcastle and Penrith. In 2018-19 we continued to form valuable partnerships to expand outreach services, increasing the accessibility of reproductive and sexual health services in NSW. Our partnerships with Blacktown Women's & 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. The demand for our Check OUT clinic provided in partnership with ACON continues to build.

Domestic violence and reproductive coercion screening

Family Planning NSW first introduced routine domestic violence routine screening (DVRS) in 2012. DVRS is now a strong component of delivering holistic services to clients in our clinics.

There are known links between domestic violence and reproductive and sexual ill health and it is important we continue to work in this area. In December 2018, screening for reproductive coercion was added to the Family Planning NSW DVRS protocol. Additional questions were developed by our social work team to address and explore this emerging issue.

During 2018-19, 12,464 women were eligible for screening and 8,525 women were screened for domestic violence (68%), with 332 cases of domestic violence identified (4% disclosure rate). A total of 114 cases of reproductive coercion were disclosed since December 2018.

Clinic Data

	ASHFIELD *	DUBBO **	FAIRFIELD ***	HUNTER	PENRITH	OUTREACH ****	TOTAL
Clinic visits	10,310	3,020	3,875	8,188	4,360	1,518	31,271
Clients	5,325	1,518	1,958	3,610	1,904	945	15,260
Young people (under 25)	1,039	383	394	1,671	643	111	4,241
Aboriginal and Torres Strait Islander background	20	309	11	117	84	12	553
Clients born overseas	2,332	179	1,113	434	354	379	4,791
Clients who speak a language other than English at home	877	174	902	189	362	233	2,737

* including ACON

** including Walgett Aboriginal Medical Service

*** including Liverpool Refugee Health Service

**** including CES PHN Rockdale, Blacktown Women's and Girl's Health Centre, South Western Sydney Women's Health Services

Colposcopy

The Family Planning NSW colposcopy clinic at Ashfield, commenced in 2017-18, continues to go from strength to strength. 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. The need for the service is a result of the changes to the National Cervical Screening Program in December 2017 resulting in women with a positive HPV DNA test (for HPV-16 and HPV-18) requiring a colposcopy.

Demand for the service is high with bookings in place four weeks ahead. We are currently exploring the feasibility of extending this service to other clinic locations.

The colposcopy clinic performed 242 colposcopies in 2018-19.

Vasectomy

The Family Planning NSW vasectomy service commenced at our Ashfield clinic in October 2018. Family Planning NSW uses the no-scalpel technique. This technique requires two small punctures in the skin of the scrotum, and does not require stitches. The procedure takes approximately half an hour and is done under local anaesthetic. 44 vasectomies were conducted in 2018-19.

One Medical Officer has completed training, with another scheduled to commence training in late 2019. Vasectomy assessment appointments are well-booked, and an increasing number of procedures are being confirmed. Similar to the colposcopy service, consideration is being given to rolling this out to other clinics.

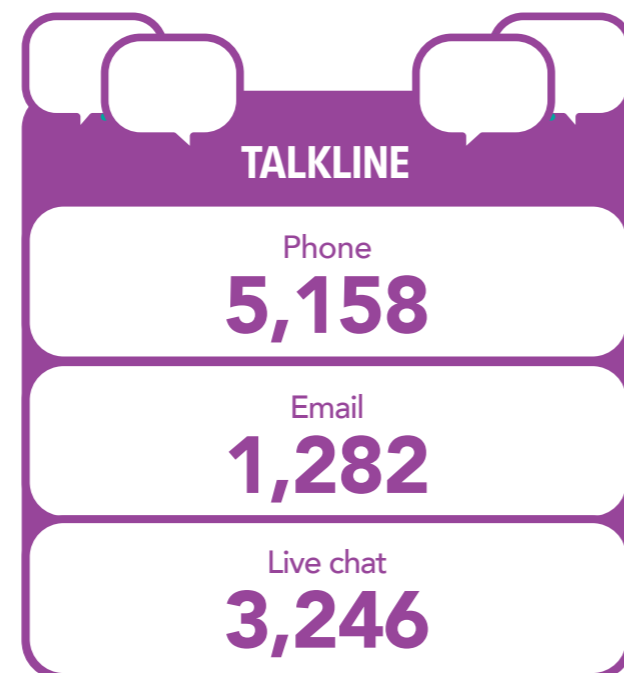
Talkline

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.

2018-19 has seen the way people interact with our Talkline service continuing to shift. Following the 2017-18 service expansion to include a "Live Chat" function, an increasing number of contacts are being received through this anonymous mechanism. Live Chat allows consumers to access the service via the Family Planning NSW website which allows instant chats and interaction with online users.

The number of Talkline contacts increased by 3% from 9,407 to 9,686 in 2018-19. Of these, 3,246 were through the 'Live Chat' service, more than one-third of all contacts. This reflects the increasing relevance of this service being provided using new technologies.



Health Promotion

The Family Planning NSW Health Promotion team supports our priority population groups including Aboriginal and Torres Strait Islander people, culturally and linguistically diverse communities, people with disability and young people. We achieve this through community education, supporting 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 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 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

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.

8

health promotion resources developed

16,928

community education participants

421

community education sessions

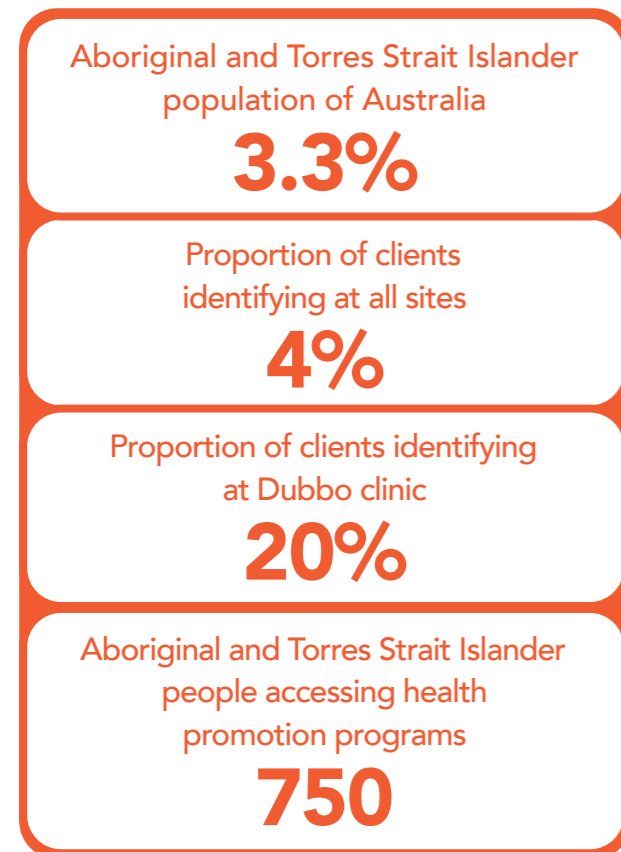
126

consumer engagement participants

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. A thorough review of the Consumer Engagement Framework was conducted in 2018-19 through a survey with all Family Planning NSW staff involved in the implementation of the project over the past four years. The five consumer groups were also consulted for input into a new consumer engagement framework. Clear recommendations were made to improve this area of work and a new consumer engagement policy has been drafted.

Our priority populations

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.

Our engagement with Aboriginal and Torres Strait Islander communities is based on cultural awareness, cultural sensitivity and cultural safety. Four percent of our clients across all clinics identify as Aboriginal or Torres Strait Islander. Our Dubbo clinic has a particular focus on this priority population group with Aboriginal and Torres Strait Islander people representing 20% of our clients at that site.

We work closely with Aboriginal Medical Services in the wider Western NSW Local Health District, ensuring clinical services, health promotion activities, and our education and training packages are responding to the needs of Aboriginal and Torres Strait Islander communities effectively.

Our Health Promotion team provides community education, professional development, resource development and other support to Aboriginal and Torres Strait Islander communities across NSW.

Walgett Aboriginal Health Worker Capacity Building

In 2017, Family Planning NSW partnered with Walgett Aboriginal Medical Service to introduce a cervical cancer screening program to address the relatively high rates of cervical cancer incidence and mortality amongst Aboriginal women. To ensure the successful implementation of the study, health promotion involvement and project planning has been a key component.

A partnership based approach and capacity building strategy was employed in establishing relationships with Aboriginal Health Workers (AHWs) as well as advancing their skillset in the delivery of reproductive and sexual health information within the community. Health promotion involvement was in two phases. Phase one involved the upskilling and capacity building of AHWs to deliver reproductive and sexual health information to individuals and communities. Phase two included the development and implementation of a supported recruitment strategy, social media strategy and the co-design of multiple project resources in consultation with AHWs to help increase awareness of the cervical screening study to women in the local community.

A total of 74 eligible women were screened as part of the project. Health promotion involvement in supporting local AHWs to promote and recruit local women to the study was vital in achieving this result. Feedback obtained from capacity building training indicated positive experiences from AHWs.

Yarning About Sexuality

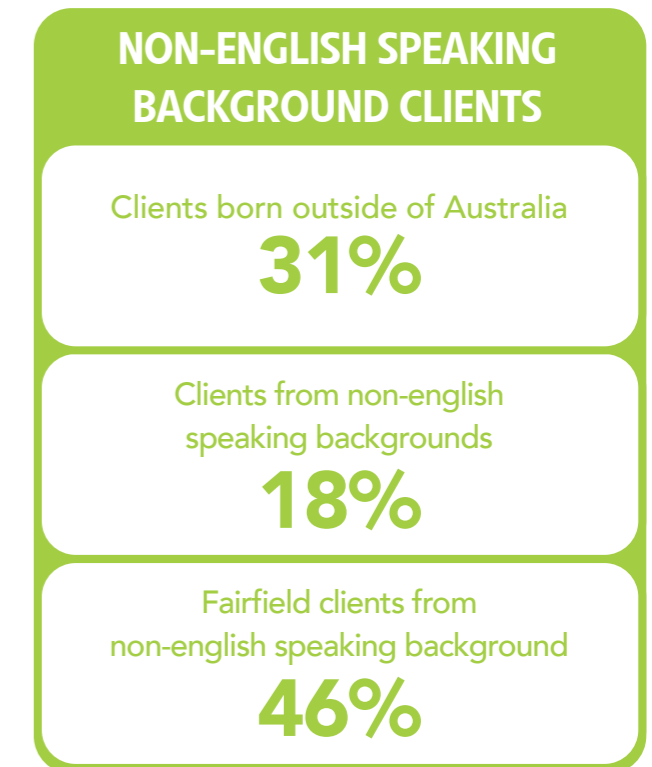
This two day course builds the capacity of Aboriginal Health Workers to provide reproductive and sexual health information to clients and community members. Topics covered include values and attitudes, reproductive and sexual health rights, men's and women's business, contraception, STIs and strategies for working with the community. 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. The Yarning About Sexuality course was completed by six Aboriginal Health Workers.

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.

After two years of development and being awarded approval to advance past our first Reflect RAP from Reconciliation Australia, we launched our second Innovate RAP. The RAP was officially launched at our Dubbo centre and celebrations were held at our other four fixed sites. A cross-pillar and inter-site working group has been established to progress actions in the RAP alongside recommendations from the organisational Aboriginal cultural safety audit.

Culturally and Linguistically Diverse (CALD) communities



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

Of our total clients in 2018-19, clients born outside Australia totalled 31% and those reporting a non-English speaking background 18%. Our Fairfield site has a particular focus on CALD populations, with 46% from a non-English speaking background and 57% born outside Australia. Our clinical presence also includes an outreach clinic at the Refugee Health Service NSW in Liverpool. This service, run by South Western Sydney Local Health District, has a particular focus on refugees and asylum seekers.

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

Digital Stories



The South Western Sydney Local Health District funded project saw the development of a suite of videos aimed at improving community awareness of Family Planning NSW services and sharing client experiences of accessing reproductive and sexual health services. The aim of the videos was to address the taboo nature of reproductive and sexual health within these communities. A launch event was held for community members and key stakeholders, with local media reporting on the relevance of the project. The videos were also disseminated using social media campaigns and other digital channels to optimise reach within the targeted community.

STI testing and contraception yielded a strong response with 19,355 people viewing the short edits of the videos. A further 1,175 people clicked on to the Family Planning NSW webpage after watching the videos. The project also led to an increase in appointments at the Family Planning NSW Fairfield clinic. There was a significant increase in clients attending specifically for a cervical screening test (Arabic speaking clients) during the in-language campaign.

Press Play on Menopause



The Press Play on Menopause videos have been incorporated in to the CALD menopause community education session plan for Dari and Arabic speaking communities. Eight menopause community education sessions have been delivered with Dari and Arabic speaking women. Results of the evaluation indicate that participants of the education sessions experienced an increase in knowledge about menopause and menopause symptom management. The results also clearly show that participants preferred receiving health education through mixed method delivery, including a combination of community education with a video embedded within the session.

Starting the Conversation

The Starting the Conversation course aims to increase the skills and confidence of service providers to discuss reproductive and sexual health with CALD community members and utilise practical strategies and resources to deliver reproductive and sexual health information. During 2018-19 Starting the Conversation was successfully delivered in Wagga Wagga. The course will continue to be delivered in regional areas which are identified as having new or emerging CALD communities.



People with Disability



Equity of access to information and services is at the heart of our work with people with disability. We recognise the need to advocate for the reproductive and sexual health and rights of people with disability.

Across our clinics in 2018-19, 5% of clients reported a disability. Our Hunter clinic, with its specialist Sexuality & Disability Service, saw 266 clients with a disability, 7% of clients in total. The Sexuality & Disability Service has seen a strong and steady increase in referrals to the service throughout 2018-19.

The excellent reputation of the service continues to spread as evidenced with many of our referrals also being from repeat disability service providers.

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

Just Checking

This Cancer Institute NSW funded project aimed to increase access to cervical, breast and bowel screening services for people with intellectual disability and autism spectrum disorders. The project involved the development of multiple 'Just Checking' resources to build the capacity of support people including: social stories (3); videos (3); support person's support tool; online learning program; microsite; and a social media campaign. Cancer screening case studies were also imbedded in existing clinical and disability support worker training both face-to-face and online. The project was guided by a reference group of people with intellectual disability throughout the entire project alongside a steering committee of key stakeholders.

A celebration event was held in November 2018 including all the consumers involved in the development of resources along with our partners and key stakeholders. Targeted social media promotion of the cervical, breast and bowel screening videos yielded a strong response with 14,780 people viewing the short edits of the videos. A further 2,555 people clicked on to the Family Planning NSW hosted Just Checking microsite.

nib Foundation Sexuality and Relationships Workshops for Parents and Carers

In 2017, Family Planning NSW received a grant from the nib Foundation Community Grants program to support the delivery of six free workshops across NSW for parents and carers of children and young people with intellectual disability. Workshops were held from May – July 2018, with 145 parents and carers in attendance across the six workshops.

Three of these were held in 2017-18 (Albury, Parramatta and Maitland) with another three held this year at Nowra, Ballina and Coffs Harbour. 2018-19 saw 57 participants at these sessions.

Results of the pre and post workshop survey showed a significant improvement in participants' knowledge and confidence level in providing sexuality support to their child/young person, with those gains retained at the three month follow up.

The majority of participants at the three month follow up also reported positive changes in attitudes regarding talking about sexual development, talking about masturbation and considering a sex positive approach in their support strategies.

FEEDBACK FROM PARTICIPANTS INCLUDES:

“When you’re diagnosed with autism for the first time and you think you’re all alone, a workshop like this helps you know that there are other people out there going through the same thing together and it’s normal”

“I felt you gave me permission to talk about these things in a way I hadn’t been able to before, sex positive and no shame or embarrassment”

“It normalised a lot of things for me, even normalising my own anxiety around sexuality education which is OK ”



Outing Disability Stage 2

Stage 2 of Outing Disability has built on the success on the original project and was jointly funded by Sydney Local Health District and an Inner West Council Stronger Communities grant. Stage 2 included the inclusion of six new participants in the exhibition as part of the Inner West Council funding. The original and new photographic portraits were reprinted with higher quality images on smaller panels suitable for future touring. A new resource ‘From Outing Disability to Inclusivity’ was also developed as a guide to disability services providers in LGBTIQ inclusion. The expanded exhibition and new resource was launched at the Chrissie Cotter Gallery in October 2018, along with a ‘meet the participants’ talk at the gallery. The exhibition ran for five days and a total of 135 people attended the exhibition and events.

Disability sector needs assessment

A review of the Family Planning NSW Love and Kisses Disability Advocacy Plan 2014-2018 identified a need for further information to better understand the current landscape of sexuality support provision within disability services in NSW. A needs assessment was therefore undertaken to examine the experiences of individual support workers in providing sexuality support to people with disability, as well as the systematic factors impacting the provision of sexuality support within disability organisations. Forty-five people completed the survey and six semi-structured interviews were also conducted. Overall, there is consensus that sexuality support is provided inconsistently between workers and services, that disability support workers are insufficiently trained to provide such support, and that better collaboration between Family Planning NSW, services, workers and people with disability is required to improve sexuality support provision. Recommendations include focusing on building awareness of our disability programs and engaging community members in conversations about sexuality for people with disability. Findings will contribute to the development and implementation of an action plan to address the unmet training needs of disability sector workers in collaboration with the Family Planning NSW Education team.

Young people

YOUNG PEOPLE

Clients under the age of 25
28%

Hunter clients under the age of 25
46%

Penrith clients under the age of 25
34%

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

Twenty-eight percent of our clients in 2018-19 were under the age of 25, with 46% of Hunter clients and 34% of Penrith clients in this age group.

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

Condom Credit Card

The Condom Credit Card (CCC) is one of Family Planning NSW's largest youth specific projects operating across all of NSW. The project combines sexual health education and information with condom dissemination for young people aged 12 – 25 years.

Designed as an early intervention and capacity building health promotion strategy, the project works through a partnership based approach where Family Planning NSW staff provide training, resources and support to all project partners. Partners then engage in conversation with young people and are able to provide condoms in a non-judgmental and educational way. The project aims to assist in increasing the correct use of condoms, reducing the stigma associated with accessing safe sex information and decreasing other barriers young people can experience when trying to access reproductive and sexual health services.



Throughout 2018-19, the project moved into a maintenance and planning phase for the next stage of project implementation. A statewide needs assessment of potential partners for prioritisation commenced focusing on geographic location as well as STI prevalence and teenage fertility rates. A process improvement was initiated focusing on ways to streamline and improve current project strategies. CCC coordinators focused on signing young people up to the program, marketing the project through word of mouth and social media posts. During 2018-19 Family Planning NSW achieved 1,385 distributions to new and existing CCC holders.



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). This Commonwealth funded national project has now finished its third year, continuing to show strong results in reaching young people aged 16-30 years with messages that improve young people's knowledge, attitudes, behaviours and social norms around condom use and STI testing.

Between July 2018 and June 2019, 195 pieces of content were developed and released. Additionally, a second three-phase campaign was disseminated over multiple digital platforms promoting talking about sexual health, regular STI testing and condom use. The content was delivered to young people over 9.4 million times (impressions), with 3,175,888 engagements, 1.7 million video views of 66% or more and more than 166,000 link clicks to the website.

By adapting our content and delivery strategy, Trending Sexual Health was able to quadruple its following on Instagram, control how content was disseminated through social media, and improve results at lower cost than previous years. In addition to the standard content, an innovative tool was

developed and piloted called a chatbot which is an automated conversation. The chatbot, an innovation which was developed with input from young people, leveraged engaging content to increase awareness and knowledge about sexual health, and address barriers related to condom use. The chat had a completion rate of approximately 40%.

TRENDING SEXUAL HEALTH

Impressions
9.4 million

Engagement
3.2 million

Video views
1.7 million

Clicks to website
166,000



Mobile STI screening at events

Family Planning NSW piloted mobile STI screening events at Western Sydney University. This was a collaboration between health promotion and clinical staff. Health promotion officers engaged young people in discussions and activities about reproductive and sexual health and encouraged them to speak to a nurse about STI screening. A total of 1,040 young people engaged with health promotion activities at the events with 75 undertaking STI screening on the day. The program will be scaled-up in 2019-20 with four events to be delivered across metropolitan and regional NSW.

Festivals Project

In partnership with the NSW STI Programs Unit and creative agency Banjo, Family Planning NSW has played a key role in the development, implementation and evaluation of the Festivals project across NSW. We led the training and supervision of over 60 peer educators at five music events across NSW resulting in over 5,000 engagements with young people and STI screening of over 2,000 young people.

Feedback from the festivals project peer educator training includes:

- “the training was very engaging and informative”
- “engaging facilitators and information”
- “it was very informative – it was great”
- “all of it was good – learned about STIs”
- “the overview of the goals of the project and support for tough situations was awesome”

Education Services

Family Planning NSW’s education and training activities are evidence-based, broad-ranging and include programs for clinicians, disability workers, teachers, youth and community workers and other health education and welfare professionals, both locally and internationally. Our activities include face to face workshops, online learning and clinical placements.

Demand for our education and training services continued to be strong with 123 courses delivered this year to 1,609 participants. Our clinical training with doctors, nurses and midwives is in high demand with 993 clinicians attending courses and workshops and 118 nurses and 109 doctors attending 3,685 hours of clinical training. We delivered courses across all NSW Local Health Districts, training 195 teachers, 114 disability workers and 199 youth workers. We also delivered Sexual Safety Policy training across 16 Local Health Districts to 1,105 mental health professionals.

To achieve these high standards of training, Family Planning NSW is registered as a National Vocational Education and Training Regulator Registered Training Organisation by the Australian Skills Quality Authority. We are endorsed by the NSW Educational Standards Authority and we continue to be recognised as an Accredited Activity Provider under the Royal Australasian College of General Practitioners’ Quality Improvement and Professional Development Program. We are also proud that some Family Planning NSW medical education courses and workshops are accredited by the Australian College of Rural and Remote Medicine.



Clinical Education



We continued to build the capacity of clinicians to deliver reproductive and sexual health services, delivering 70 courses to 993 participants.

This year 83 doctors completed the *FPAA National Certificate in Reproductive and Sexual Health* and 27 nurses and midwives completed the *Reproductive and Sexual Health - Clinical Accreditation Program* providing comprehensive theory and practical experience on a wide range of reproductive and sexual health issues including contraception, STIs, menopause, cervical cancer, sexual health and working with diverse groups including adolescents and people living with disability.

FEEDBACK FROM PARTICIPANTS:

"The lectures covered a wide range of common conditions that we experience as a GP and gave a good pathway to approach assessment and management."

"Pregnancy options - this was well covered and gave me an opportunity to discover this area which I have had no insight or have had exposure too. The simplicity, concern, sensitivity of which this subject was delivered. Beautiful insight."

"Sexuality and disability - this for me was the highlight. This session was delivered with sincerity, passion and landed beautifully in practical terms in ensuring respectful choices and communication."



The *Doctors Short Course in Reproductive and Sexual Health* has increased in popularity in recent years, providing GPs with a 2 day intensive workshop on reproductive and sexual health. This year 53 doctors participated in the course with 87% of participants said their learning needs had been entirely met.

Reproductive and Sexual Health in the Australian Context continues to be a popular and well-attended course which is highly regarded by participants whose primary medical degrees were gained overseas. This year, 72 International Medical Graduates attended the course, providing them with up to date information on reproductive and sexual health in Australia.

This course demonstrates Family Planning NSW's commitment to working with diverse communities and providing access to high quality education and healthcare to all. Participant feedback has been overwhelmingly positive with 87% of participants stating that their learning needs had been entirely met and participants appreciating the opportunity to work with practice patients during the course.

FEEDBACK FROM PARTICIPANTS:

"The passion and incredible knowledge of the instructors. It was such a positive environment of learning and knowledge sharing. This was the best most enjoyable course I've ever been to."

"The talks were absolutely fantastic - very informative (I had lots of questions in my head about various topics that were answered during this course) and engaging. I found the menopause talk in particular excellent."

"The interactive group sessions allowed us to practice what we had learned and therefore increasing our confidence in implementing learned techniques"

Clinical Forums across NSW

Family Planning NSW is committed to delivering reproductive and sexual health professional development to clinicians in regional and rural NSW. This year we delivered *Clinical Forums* to 38 clinicians in Dubbo and Port Macquarie, the *Reproductive and Sexual Health Professional Development Day* for Nurses and Midwives to 61 nurses and midwives and the *Doctors Refresher Day* to 35 clinicians. These forums provide a community of practice for participants to come and investigate contemporary issues with internal and external presenters providing up to date information which participants can then integrate into their own practice.

Cervical Cancer Screening Courses

This year we continued to provide relevant cervical cancer screening capacity building to clinicians with courses delivered across NSW including Dubbo, Broken Hill, Newcastle and Ashfield.

With funding from the Cancer Institute NSW, we delivered 12 *Cervical Screening Upskilling* courses to 138 clinicians including 59 international medical graduates and 61 general practitioners practising in regional and remote areas. At the end of each workshop, participants were individually assessed by Family Planning NSW clinical instructors and all participants were found to be competent in their practice of cervical screening test consultations.

FEEDBACK FROM PARTICIPANTS:

"Very supportive, well resourced and interactive learning environment. Great opportunities for practical experience and group discussion."

"My outdated knowledge base was remedied. Now feel more comfortable to perform appropriate screening and testing."

"I feel I can now complete women's health checks better and have answers for questions asked and more understanding."





Four *Well Women's Screening* workshops were held, with 51 nurses participating, including 25 nurses working in regional and remote areas. The feedback from this course has been very positive with all participants saying they would recommend this course to colleagues. They felt the course has given them the tools and knowledge to help them in their daily practice and would allow them to screen and educate women who previously have had very little health screening.

FEEDBACK FROM PARTICIPANTS:

"Practicing with instructors and simulated patients is the best part. They are very knowledgeable and helpful."

"Having feedback from the pretend patients was incredibly valuable."

We continued running the *Cervical Screening Webinar*, providing 35 clinicians across NSW with up to date information on the National Cervical Screening program and the new screening and management pathways. The webinars provide us with an opportunity to support clinicians in remote and rural communities in a cost effective manner.

Contraception Courses

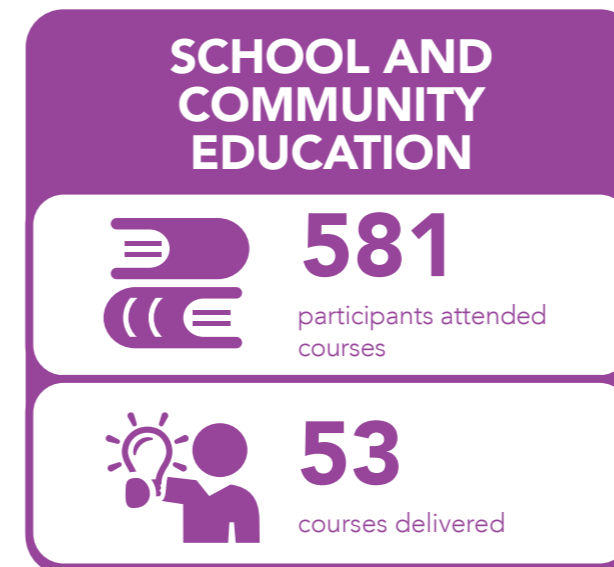
Family Planning NSW is committed to building the capacity of clinicians to provide contraceptive choices to their clients, including long acting reversible contraception. This year, 299 doctors and nurses were provided with training, gaining skills and competency in insertion of long acting reversible contraception attending either *IUD Insertion Workshop* or the *Contraceptive Implant (Implanon NXT) Insertion and Removal Training*. 33 clinicians attended our *IUD Case Study Discussion Evening* providing updates on best practice management of endometriosis and heavy menstrual bleeding and updates on the latest international research.

External Training

Family Planning NSW also provides training to external organisations upon request, customising 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 registrars and training academic fellows from Australia and overseas. Training has been provided to a range of organisations including University of Sydney, Liverpool Hospital, Westmead Hospital, Concord Clinical School and Canterbury Hospital

School and Community Education

In 2018-19, we continued to build the capacity of teachers, disability workers and youth workers knowledge and confidence regarding reproductive and sexual health topics, delivering 53 courses to 581 participants.



Youth Worker Training

In 2017 Family Planning NSW developed a new reproductive and sexual health course to build the capacity of youth workers' knowledge about contraception, STIs, understanding and negotiating consent and with a particular focus on those groups who are at risk of poor sexual health outcomes, including young people with disability,

LGBTIQ, CALD, Aboriginal and Torres Strait Islander youth. *The Nitty Gritty: Specialised Reproductive and Sexual Health Training for Youth Workers* was delivered in 16 locations across NSW to 199 participants, from metropolitan Sydney to Armidale, Ballina, Bega, Broken Hill, Dareton, Gosford, Griffith, Kiama, Nyngan, Port Macquarie and Wollongong.

FEEDBACK FROM PARTICIPANTS:

"Information was concise but set at a great pace and the presenters were knowledgeable."

"It was a great course, fun and enjoyable and relatable."

"An inclusive approach that wasn't clinically directed."

Teacher Training

Our teacher training programs support pre-service teachers and teachers of years 5 - 10 to develop their knowledge and confidence in delivering sexuality education in relationships, sexuality and sexual health using a holistic approach.

Recognising the difficulty schools were facing with accessing face to face professional development, Family Planning NSW developed *Beyond the Nuts and Bolts* four part webinar series. This year, 88 participants attended the webinar series and 27 participants attending face to face workshops.

Working it Out is a one day workshop aimed at staff who teach or are engaged with students in years 5 – 8 (stages 3 and 4). This year 31 teachers and pre-service teachers attended workshops in Queanbeyan, Broken Hill and Ballina. From student teachers to teachers with years of experience, the workshops offer opportunities to share in best practice evidence-based strategies and how to create effective learning environments that are supportive and inclusive of all students.

Disability Training

During 2018-19, 164 disability workers and teachers across NSW were supported to increase skills and confidence in proactively supporting people with disability in sexual health and relationships. Sites spanned metropolitan Sydney through to Armidale, Newcastle and Tamworth. The training assisted teachers and disability workers to become confident in capacity building people with disability in matters relating to reproductive and sexual health. We acknowledge the support of Hunter New England LHD, Inner West Council and Canterbury Bankstown City Council enabling us to provide fully funded courses to the participants.

Sexual Safety Policy Training

Following the successful development and delivery of this course through 2015-17, Family Planning NSW was engaged by the Ministry of Health in August 2018 to continue to deliver *Sexual Safety Policy Training* across NSW. From September 2018 to June 2019 we delivered 63 workshops with 1,105 mental health professionals across 16 Local Health Districts, Justice Health, St Vincent's Network and Sydney Children's Network. We also provided a train-the-trainer program for 44 "champions" who will be able to deliver the course locally in the future.



Implementation of the Student Management System

During 2018-19, Family Planning NSW implemented a new student management system to manage external course participant enrolment and reporting. Following the appropriate tender process, VETtrak was appointed as the provider and a cross-disciplinary team worked to develop custom reports and establish business rules for the use of the system.

The system is cloud based and provides a weblink from the Family Planning NSW website for course participants to register and pay for courses. It is then used by the Education Service across the student lifecycle. The student management system was launched in February 2019 with positive feedback from internal and external users.

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 Strategic Plan 2018-2022. 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.

All research that Family Planning NSW is involved in must comply with standards as outlined in the National Health and Medical Research Council (NHMRC) National Statement (2007, updated 2018). During 2018-19, the Family Planning NSW Ethics Committee convened ten times (five face-to-face and five online) and the expedited review sub-committee convened 5 times (all online). The Committee approved 11 new research studies and 22 amendments.

Research program highlights

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

This study is being undertaken to determine whether midwives can contribute to the insertion of Implanon NXT® in the hospital setting in the immediate postpartum period. It is standard practice for midwives to insert contraceptive implants in the postpartum period in other countries, however this is most commonly done by medical officers in NSW hospitals, and is not current practice by midwives.

The study is being led by Family Planning NSW, in partnership with Royal Prince Alfred Hospital and Canterbury Hospital (with the Discipline of Obstetrics, Gynaecology and Neonatology of the University of Sydney and SLHD Women and Babies-Midwifery) in Sydney, NSW. Participating midwives are provided with training regarding contraceptive counselling, Implanon NXT® insertion, and how to implement this in the postpartum setting. This is an investigator-initiated study funded by Merck Sharp & Dohme (MSD).

The female condom: How acceptable is it to Australian women?

This interventional post-test study aims to determine the acceptability of the female condom for women in NSW. Women who consent to participate are provided with three FC2 Female Condoms® to use, and are then invited to report on their views and experiences via a survey and optional phone interview. This investigator-initiated study is jointly funded by the Female Health Company and Family Planning NSW. Female condoms have been provided by GLYDE Health.

New partnerships

Partner	Name of the study
Victoria Cytology Service (VCS)	Compass trial: A randomised controlled trial of primary HPV screening
Veru Inc.	The female condom: How acceptable is it to Australian women?
Merck Sharp & Dohme (MSD)	Training midwives in the insertion of the contraceptive implant to increase uptake in the immediate postpartum period: a feasibility pilot study
Sydney Local Health District (with Canterbury Hospital and Royal Prince Alfred Hospital)	Training midwives in the insertion of the contraceptive implant to increase uptake in the immediate postpartum period: a feasibility pilot study
University of Melbourne	Implementation of an integrated model of chlamydia case management in general practice
Monash University	Treating male partners of women with bacterial vaginosis (BV) to reduce recurrence: randomised controlled trial
University of NSW	Fostering Aboriginal sexual well-being by building on strengths
	Meaningful inclusion of trans and gender diverse populations in cervical cancer screening: A pilot study
University of Sydney	Training midwives in the insertion of the contraceptive implant to increase uptake in the immediate postpartum period: a feasibility pilot study
	Student Placement Agreement

Peer reviewed publications

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

- Velentzis L S, Smith M A, Simms K T, Lew J-B, Hall M, Hughes S, Yuill S, Killen J, Keane A, Butler K, Darlington-Brown J, Hui H, Brotherton J M.L., Skinner R, Brand A, Roeske L, Heley S, Carter J, Bateson D, Frazer I, Garland S M, Guy R, Hammond I et al., Pathways to a cancer-free future: A protocol for modelled evaluations to maximize the future impact of interventions on cervical cancer in Australia, *Gynecologic Oncology*, Volume 153, Issue 3, 465-471, Apr 2019
- Deborah J Bateson, Kirsten I Black and Shailendra Sawleshwarkar, The Guttmacher-Lancet Commission on sexual and reproductive health and rights: how does Australia measure up?, *The Medical Journal of Australia*, Volume 210, Issue 6, 250-252, Apr 2019
- Velentzis L S, Smith M A, Simms K T, Lew J-B, Hall M, Hughes S, Yuill S, Killen J, Keane A, Butler K, Darlington-Brown J, Hui H, Brotherton J M.L., Skinner R, Brand A, Roeske L, Heley S, Carter J, Bateson D, Frazer I, Garland S M, Guy R, Hammond I et al., Pathways to a cancer-free future: A protocol for modelled evaluations to maximize the future impact of interventions on cervical cancer in Australia, *Gynecologic Oncology*, Volume 153, Issue 3, 465-471, Apr 2019
- Stewart M, McNamee K, Harvey C, Bateson D, An updated guide to contraception. Part 3: Permanent methods, traditional methods and emergency contraception, *Medicine Today*, 19(12), 36-45, Dec 2018
- Harvey C, McNamee K, Bateson D, Stewart M, An updated guide to contraception Part 2: Long-acting reversible methods, *Medicine Today*, 19(11), 20-33, Nov 2018
- Mooney-Somers J, Lau A, Bateson D, Richters J, Stewart M, Black K, Nothnagle M, Enhancing use of emergency contraceptive pills: A systematic review of women's attitudes, beliefs, knowledge, and experiences in Australia, *Health Care Women Int.*, Online, doi: 10.1080/07399332.2018.1526286, Nov 2018
- R South, Medical termination of pregnancy in general practice in Australia: the role of the GP, *Medicine Today*, 19 (11), 46-50, Nov 2018
- Foran T, Butcher BE, Kovacs G, Bateson D, O'Connor V, Safety of insertion of the copper IUD and LNG-IUS in nulliparous women: a systematic review, *The European Journal of Contraception & Reproductive Health Care*, Online, DOI: 10.1080/13625187.2018.1526898, Nov 2018
- McNamee K, Harvey C, Stewart M, Bateson D, An updated guide to contraception. Part 1: Short-acting methods, *Medicine Today*, 19(10), 10-24, Oct 2018
- Cheng Y, Bateson D, Concepcion K, Stewart M, Lowy M, Sweeney S, Estoesta J, McGeechan K, Factors associated with the initiation of testosterone replacement therapy in men from the 45 and Up Study, *Australian Journal of General Practice*, Online, <https://doi.org/AJGP-02-18-4480>, Oct 2018
- Botfield J R, Newman C E, Kang M, Zwi A B, Talking to migrant and refugee young people about sexual health in general practice, *Australian Journal of General Practice*, 47(8), 564-569, Aug 2018
- Concepcion K, Cheng Y, McGeechan K, Robertson S, Stewart M, Bateson D, Estoesta J, Chiarelli P, Prevalence and associated factors of urinary leakage among women participating in the 45 and Up Study, *Neurourology and Urodynamics*, Online, <https://doi.org/10.1002/nau.23770>, Jul 2018

Conference and seminar presentations

Oral and poster presentations were given by Research Centre staff at a number of events:

Presentation Name	Name of conference / location
A pilot study to identify microbial and immune biomarkers for improved diagnosis of pelvic inflammatory disease	The Australian Society for Psychosocial Obstetrics and Gynaecology (ASPOG), Sydney
The acceptability of the menstrual cup by Australian women	
Talking to migrant and refugee young people about sexual health in general practice	The International Union Against Sexually Transmitted Infections (IUSTI), New Zealand
Disentangling the Social and Legal Barriers to Abortion Access Among Young Women of Culturally Diverse Backgrounds in New South Wales	
A pilot study to identify microbial and immune biomarkers for improved diagnosis of pelvic inflammatory disease	
Achieving the meaningful inclusion of trans and gender diverse populations in cervical cancer screening	
Teachers need updated teaching methods and resources for sexual health education: Findings from the Sexual Health in Schools Project	
Disability inclusion and sexual and reproductive health and rights in the Pacific	
Fostering the sexual well-being of Aboriginal young people by building on social, cultural and personal strengths and resources	
Medical termination of pregnancy in general practice in Australia	
Engaging migrant/refugee young people in SRH care	The Kirby Institute, Sydney The Refugee Health Service, Sydney

Accreditation and quality management

	Family Planning NSW has been accredited against the National Safety and Quality Health Service (NSQHS) Standards since 2014. In 2017 we were successfully re-accredited which extends until July 2020. The eight NSQHS Standards provide a nationally consistent statement about the level of care consumers can expect from health services.
	Family Planning NSW has been registered under the National Disability Insurance Scheme (NDIS) since 2015. In 2019 Family Planning NSW registration was renewed by the NDIS Quality and Safeguards Commission which extends until 2022.
	Family Planning NSW has been a Registered Training Organisation (RTO) since 2000. In 2015 Family Planning NSW was re-accredited by the Australian Skills Quality Authority (ASQA) which extends until 2022
	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. Accreditation was achieved in 2016 and extends until 2021.
	Family Planning NSW is a signatory to the Australian Council for International Development (ACFID) Code of Conduct, which is a voluntary, self-regulatory sector code for good practice. As a signatory, we are committed, and fully adhere, to the ACFID Code of Conduct, undertaking and evaluating our work annually with transparency, accountability and integrity.
	Relevant Family Planning NSW courses for teachers are accredited by the NSW Education Standards Authority against the Australian Professional Standards for Teachers which are required towards maintain proficient teacher accreditation in NSW.
	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.

  	<p>Family Planning NSW has been recognised as an Accredited Activity Provider (AAP) for the 2017–19 triennium, under the Royal Australian College of General Practitioners’ (RACGP) Quality Improvement and Professional Development Program.</p> <p>Relevant Family Planning NSW clinical education courses and workshops are also accredited by the Australian College of Rural and Remote Medicine (ACRRM).</p> <p>These endorsements enable medical practitioners attending Family Planning NSW courses and clinical placements to earn continuing professional development points.</p> <p>Registered nurses, enrolled nurses and midwives are provided certification with equivalent hours to meet the Nursing and Midwifery Board of Australia (NMBA) requirements for CPD.</p>
	<p>Family Planning NSW is registered with the Australian Charities and Not-for-profits Commission (ACNC)</p>
 <p>BUILDING A HEALTHY AUSTRALIA</p>	<p>The Family Planning NSW Human Research Ethics Committee is registered with the NHMRC, in accordance with the National Statement on Ethical Conduct in Human Research (2007, updated 2018). 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”.</p>

International

Family Planning NSW’s international development programme (trading overseas as Family Planning Australia) works to enhance the reproductive and sexual health and rights of Pacific Island communities by:

- increasing access to contraception
- working to eliminate cervical cancer
- investing in comprehensive sexuality education
- promoting gender equality and ending violence against women
- ensuring equal access for people living with a disability
- improving reproductive and sexual health data
- advocating for reproductive and sexual health outcomes

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



Universal access to reproductive and sexual health and rights (RSHR), including family planning services, is critical if we are to achieve the Sustainable Development Goals (SDG).

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

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



If you wish to lodge a complaint with our organisation, our complaints handling policy can be found on our website: www.fpnsw.org.au. Formal complaints can be submitted by email at: feedback@fpnsw.org.au. If you are not satisfied with our response to your complaint and believe our organisation has breached the ACFID Code of Conduct, you can lodge a complaint with the ACFID Code of Conduct Committee at code@acfid.asn.au. Information about how to lodge a complaint with ACFID can be found at www.acfid.asn.au.

The Sustainable Development Goals (SDG)



**IN 2018-19,
OUR WORK REACHED
13,438 PEOPLE
ACROSS 10 COUNTRIES**



Beneficiaries

PROJECT	BENEFICIARIES	FEMALE	MALE
Solomon Islands Cervical Cancer	2,020	2,020	
Vanuatu Cervical Cancer	1,165	1,165	
Vanuatu Contraception	4,142	4,142	
Timor Leste Contraception	2,305	2,305	
Timor Leste Gender	1,151	547	604
Papua New Guinea Gender	1,777	817	960
Fiji Disability	820	445	375
Samoa Capacity Building	46	33	13
Regional Contraception Training	12	12	
TOTAL	13,438	11,486	1,952



Papua New Guinea

1,777 community members and peer educators received information on RSHR



Solomon Islands

2,020 women screened for cervical cancer



Samoa

46 peer educators trained on RSHR



Timor Leste

1,117 community members received information on RSHR, 2,305 women provided with contraception



Fiji

820 school teachers and students with a disability received information on RSHR



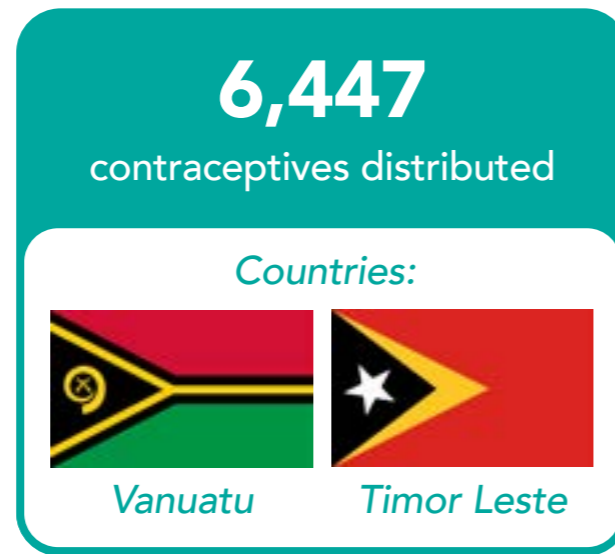
Vanuatu

1,165 women screened for cervical cancer, 4,142 women provided with contraception

International Programmes at a Glance

Contraception Choices

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



Case study: Vanuatu

This project increased access to contraception information and commodities for adolescent youth. In 2018-19 in partnership with the Vanuatu Family Health Association, the project:

- provided contraceptives to 4,142 women
- reached over 2,000 young people through the annual Reggae Faea festival
- conducted peer education to communities in Tanna, Santo and Efate

“I am the boss of my body and life.
Thank you for coming to rescue young girls like me.”

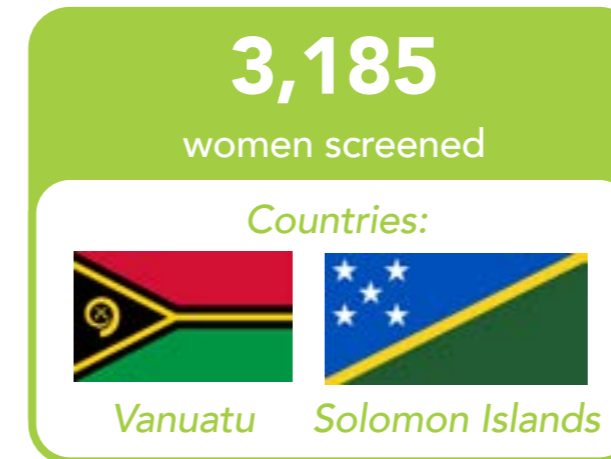
Impact Story: A Welcome Donation

With a generous donation from the Wasley family in 2018-19, we provided contraceptives to remote communities in Timor Leste. 2,305 women were provided contraceptives that ensure they can choose the timing and spacing of children. The funding arrived at a time when the Ministry of Health (MOH) was experiencing a stock out of commodities.

The donation has therefore been able to support women across all the 13 Municipalities in Timor Leste to fill a critical gap in the shortfall in contraceptive needs.

Stop Cervical Cancer

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



“This project has increased the awareness of the women about cervical cancer and how they can treat pre-cancerous lesions and save their lives before it becomes cancer”

The Loss of a Friend

It was with great shock and sadness that we learned about the sudden passing of our long time Solomon Islands’ project nurse, Verlyn Gagahe.

Based in the Solomon Islands at the Ministry of Health and Medical Services, Verlyn was the country’s lead nurse for the cervical cancer screening and treatment project. She was a champion for women’s health and pioneered cervical screening in the Solomon Islands.

Case study: Solomon Islands

This project built the capacity of Solomon Islands Ministry of Health and Medical Services to increase cervical cancer screening using a low resource and sustainable method. In 2018-19:

- 2,020 women were screened across 9 sites
- a stakeholder meeting was held and a consensus statement agreed that outlined the key steps for scale up across Solomon Islands
- Solomon Island University agreed to incorporate cervical screening into their curriculum for nurses and midwives

She loved sharing her knowledge and was a wonderful educator.

She spoke passionately to women and their families about the importance of screening and encouraged men to support the women in their lives to be screened. She will be dearly missed but always remembered for her dedication and commitment to the cervical screening program.



Gender Equality and Women's Empowerment

In many countries in the Pacific women and girls have low social status and men are the primary decision makers. Our work promotes the rights of women and girls to make informed decisions and have control over their reproductive and sexual health. Since 2010, we have trained over 357 peer educators who have supported 35,103 women and men in the Pacific on issues such as consent, gender-based violence, and joint decision making.

Case Study: Papua New Guinea

In partnership with in-country NGO Susu Mamas, the Kamap Man Tru project works at a community level to raise awareness and support positive change on gender equality, reproductive and sexual health and related behaviours. In 2018-19:

- reproductive and sexual health information was distributed to 1,777 community members
- an article published in the Pacific Journal on Reproductive Health based on an evaluation of the project in 2018

2,928
community members provided
information on RSHR

Countries:




Papua New Guinea Timor Leste

Impact Story: The Community of Tarabo

The Papua New Guinea community of Tarabo in the Eastern Highlands Province completed the Family Planning NSW *Kamap Man Tru* course in 2018-19. During a meeting with the community, they spoke highly of their experience of the training. Empowered with information, the community has built toilets and sanitation facilities, and now refers women to the health clinic to access contraceptives, antenatal and child health care. The Tarabo community has a long history of belief in sorcery resulting in accusations and revenge killing. Based on interviews with the participants, an unexpected and significant impact was a change in the belief that sorcery was responsible for issues relating to reproductive and sexual health.

Disability Inclusive Health and Rights

People living with a disability have the same reproductive and sexual health needs but face barriers accessing services and receiving appropriate information and education. Since 2015, we have trained over 1,000 teachers, volunteers, health workers and school children in disability rights and access.

755
people with a disability
received comprehensive
sexuality education

Countries:



Fiji

Case study: Fiji

In partnership with the Reproductive and Family Health Association of Fiji, the project trained teachers to provide comprehensive sexuality education in schools for people living with a disability. In 2018-19:

- 65 teachers were trained to provide comprehensive sexuality education lessons for students with disability
- 755 young people with disability received comprehensive sexuality education across seven schools

“...the impact of this project and the session was an eye opener. Especially for us Fijians living in villages, we should know these things. I have been sharing the information I heard that day with my other family members”



Pacific Regional Reproductive and Sexual Health and Rights

We strengthen Pacific Island health systems by building the capacity of non-government organisations and government services and providing customised capacity building to nurses, doctors and community workers to enable them to address local areas of reproductive and sexual health need.

58

nurses and peer educators trained on reproductive and sexual health and rights

Countries:



Cook Islands, Kiribati, Samoa, Fiji, Solomon Islands, Tuvalu, Tonga, Papua New Guinea and Vanuatu

Case study: Nurse LARC Training

In partnership with the International Planned Parenthood Federation and the Vanuatu Family Health Association, we trained 12 nurses from 10 Pacific Island countries to insert the implant Implanon and Intra-Uterine Devices. At the end of the training, the participants noted that their knowledge and skills had improved and they felt confident to provide these forms of contraception.

“Thanks for sharing the vast knowledge, experience and professionalism in long acting reversible contraceptives...The training was fruitful and rewarding”



Impact Story: Reproductive and Sexual Health Toolkit

In 2019, we trained 46 peer educators using our Reproductive and Sexual Health Toolkit in Samoa. Our in-country partner, the Samoa Family Health Association (SFHA), reported a significant change in their approach to their outreach activities from this training, noting that now they receive feedback and use participatory methods to engage participants. As well as changing their delivery technique, the in-country partner has changed how and who they deliver to. They have divided the Toolkit into packages to suit their target audience, including school children, adolescents or adults and they are now delivering information on additional topics, including disability. Having run 15 sessions in the community and 8 in schools since February using the Toolkit, SFHA feel that the program is something they own.

Communications and Advocacy

At Family Planning NSW we advocate for reproductive and sexual health and rights for everybody in every family, with a particular focus on:

- promoting gender equality and ending violence against women
- investing in comprehensive sexuality education
- increasing access to long acting reversible contraceptives
- improving access to abortion care
- eliminating cervical cancer
- improving reproductive and sexual health data

Our advocacy is underpinned by evidence from research and a strong commitment to human rights. We use a range of strategies to achieve our goals, including traditional and social media as well as policy processes such as submission writing, working with other non-government organisations, and engaging in formal government processes at the state, national and international levels.

One example of our advocacy and communications work is our leadership role in the campaign to decriminalise abortion in NSW. We are working closely with the Women’s Electoral Lobby and Women’s Health NSW as part of the NSW Pro Choice Alliance (which has more than 70 members) to achieve this goal.



Policy submissions

During 2018-19, Family Planning NSW made submissions and responses to 17 reviews and enquiries that reflected our commitment to reproductive and sexual health and rights for all. Our submissions and responses included:

Sex Discrimination Amendment (Removing Discrimination Against Students) Bill 2018	Senate Legal and Constitutional Affairs Committee
Feedback to Australian Council for International Development Budget Submission	Commonwealth Treasury
Feedback re implementation of the: <ul style="list-style-type: none"> Fourth National Sexually Transmissible Infections Strategy Fifth National Aboriginal and Torres Strait Islander BBV and STI Strategy 	Commonwealth Department of Health
Developing principles to address the detrimental impact on health, equality and human rights of criminalisation with a focus on select conduct in the areas of sexuality, reproduction, drug use and HIV	International Commission of Jurists
DFAT Preventing Sexual Abuse, Exploitation and Harassment (PSEAH) Policy	Commonwealth Department of Foreign Affairs and Trade
Changes to the EML listing for mifepristone – misoprostol (medical abortion)	Expert Committee on the Selection and Use of Essential Medicines Innovation, Access and Use; World Health Organization
General issues around the implementation and performance of the NDIS	Joint Standing Committee on the NDIS
Disrupting Terrorism Financing	Commonwealth Department of Foreign Affairs and Trade
Reform of SA abortion laws (survey response)	South Australian Law Reform Institute
Safe Access Zones Reform Proposal (survey response)	Government of Western Australia, Department of Health
Shaping the future of disability policy for 2020 and beyond (survey response)	Australian Government, Department of Social Services
LGBTI inclusive census	Prime Minister; Minister for Health; Minister responsible for the census
Medicare Benefits Schedule review	Gynaecology clinical committee
Men's health strategy	Commonwealth Department of Health, via Andrology Australia
Women's health strategy	Commonwealth Department of Health, via Jean Hailes
Pregnancy care guidelines review	Review of the Pregnancy Care Guidelines Expert Working Group Secretariat, Commonwealth Department of Health
Zoe's Law	Members of NSW Parliament

Media and social media

Family Planning NSW appeared in 165 media and news articles this year, reflecting the community's trust and our expert role in the field of reproductive and sexual health and rights.

Talking to young migrant and refugee patients about sexual health

Sex can be a difficult topic to broach, especially with young migrant or refugee people who may feel uncomfortable in the first place. How can GPs make it easier for these patients?

Sex can be a difficult topic to broach, especially with young migrant or refugee people who may feel uncomfortable in the first place. How can GPs make it easier for these patients?



Our media strategy enabled us to influence conversations around key health policy issues, including Zoe's Law and decriminalisation of abortion in NSW.

Our social media channels promote our education and clinical services, and have seen significant growth this year, including increases in followers across Facebook, Twitter and Instagram of 13.9%, 20.6% and 56.2% respectively. This growth reflects the relevance of our content to a wide range of consumers as well as the broader community.



SOCIAL MEDIA CHANNEL GROWTH



Our website

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

The incorporation of Google search advertising and social media strategies to promote the Family Planning NSW website resulted in an increase of 10.6% in website traffic and an 85.5% new user rate in 2018-19.

Financial report

For year ended 30 June 2019

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 2019.

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
Rosalind Winfield
Bernadette Or
Carla Cranny (appointed 27 November 2018)
Kim Field (appointed 27 November 2018)
Melissa Williams
Neil Jackson
Sharyn Coughlan (appointed 27 November 2018)
Carolyn Miller (resigned 25 July 2018)
Stuart Southern-Brunt (resigned 5 February 2019)

Objectives

The company's short term objectives are to:

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

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

The company's long term objectives are to:

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

Strategies for Achieving the Objectives

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

Principal Activities

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

Performance Measures

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

Key Performance Measures

Benchmark	2019 Actual	2019 Benchmark	2018 Actual	2018 Benchmark
Client Visits	31,271	28,000	30,550	28,000
Operational and Financial				

Proportion of funding from:

Grants				
Government grants	80%	80%	75%	80%
Other grants	1%	0%	1%	0%
Self-generated income:				
Donations	0%	0%	0%	0%
Investments	2%	1%	2%	2%
Sale of property	0%	0%	6%	0%
Other	17%	19%	16%	18%

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 area 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 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 an 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 of 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

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



Bernadette Or

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

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

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

Until 2014, Bernadette was the Chair of the Crohns
and Colitis Australia Board. 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



Carla Cranny

Non-Executive Director
BA, University of Sydney

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

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

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

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

Carla has worked with national and state governments, clinician groups, consumers and not for profit organisations on major policy and service reforms in primary health care, mental health, organ and tissue donation, cancer care and hospital governance and funding and with Local Health Districts and communities on service planning.

She has facilitated over 150 stakeholder consultations and policy roundtables for the Department of Health and Ageing, the National Health and Hospital Reform Commission, the National Maternity Review, Cancer Australia, the NH&MRC, the National Lead Clinicians Group, Australian Medical Local Alliance and state agencies including Ageing and Disability.

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

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

Carla was elected to the Board in 2018.



Kim Field

(appointed 27 Nov 2018)
Non-Executive Director
Master of Social Work

Kim has worked in health for over 40 years and has a Master of

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

Kim worked briefly as a social work student unit instructor in Child and Family Health Services at Merrylands Community Health Centre where she became the manager for 5 years. During that time her speciality was working with women who had been or were being abused. She became a domestic violence trainer of staff on the impact of domestic violence on women.

This again was a controversial program when it was rolled out as many still saw domestic violence as a personal issue between partners.

Since 1995 Kim has been the Director of Primary & Community Health, firstly in Western Sydney and then in Northern Sydney Central Coast and now at Northern Sydney Local Health District.

During this time she managed BreastScreen services, Menopause Clinics, Sexual Health Services, Sexual Assault Services and Women's Health Services, gaining a very good knowledge and understanding of the issues that may arise in family planning services. She was elected to the Board in 2018.



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 November 2014.

Special Responsibilities:

- Member Peak Consumer Participation Committee



Neil Jackson

Non-Executive Director
LLB BEc LLM

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

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

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

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

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



Sharyn Coughlan

(appointed 27 Nov 2018)
Non-Executive Director
Grad Dip Social Ecology (WSU), M. Public Policy (Syd), ACC (ICF), MAHRI, MAES.

Sharyn has more than 30 years' experience as a public sector manager in the NSW State and Local Government sectors, driving strategy, managing change and delivering results. This includes extensive experience in business development, service management and evaluation, policy development, risk management and strategic planning. She has a strong reputation for developing and evaluating innovation and performance.

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

Sharyn's research with Notre Dame University (Levett, Coughlan, et al 2017) was published in the Journal of Management and Organisation, Cambridge Press; providing evidence of significant improvements in workers' sick leave and changes to stress and satisfaction scores in a large, Sydney based, NGO.

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



Stuart Suthern-Brunt

(resigned 5 Feb 2019)
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:

- Former member of the Head Office Facility 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

Company Secretary

Karen Gannon (MCom, Grad Dip Applied Corporate Governance, CPA) has over 20 years of experience as a company secretary. She is a member of the Governance Institute of Australia. Ms Gannon resigned as Company Secretary on 1 August 2019 and Mr Gary Trenaman was appointed as Company Secretary on 1 August 2019.

Meetings of Directors

The number of meetings of the company's Board of Directors ('the Board') held during the year ended 30 June 2019 and the number of meetings attended by each director was:

Directors	Full Board	
	Attended	Held
Sue Carrick	9	10
Kim Johnstone	9	10
Nadine Wilmot	8	10
Gary Trenaman	10	10
Rosalind Winfield	10	10
Bernadette Or	9	10
Carla Cranny	7	7
Kim Field	7	7
Melissa Williams	4	10
Neil Jackson	8	10
Sharyn Coughlan	5	7
Carolyn Miller	1	1
Stuart Suthern-Brunt	3	4

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 \$2,150 based on 43 current ordinary members.

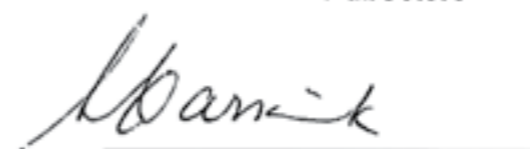
Auditor's independence declaration

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.

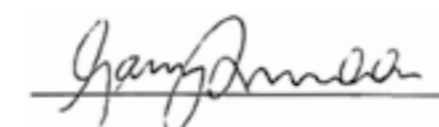
This report is made in accordance with a resolution of directors.

On behalf of the directors

On behalf of the directors



Sue Carrick – President



Gary Trenaman - Treasurer

Date this 16th day of September 2019



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

I declare that, to the best of my knowledge and belief during the year ended 30 June 2019 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
Accountants & Advisors
ABN 16 021 300 521

M. Nevill

M. Nevill
Director

Dated this 16th day of September 2019

ACCOUNTANTS & ADVISORS

Sydney Office
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Sydney NSW 2000

Parramatta Office
Level 7, 3 Horwood Place
Parramatta NSW 2150

Telephone: +61 2 8263 4000
williambuck.com

Statement of **PROFIT OR LOSS** and other comprehensive income for the year ended
30 June 2019

	2019 \$	2018 \$
Revenue		
Domestic revenue		
Grants		
Government grants	11,418,321	11,122,456
Other grants	124,929	85,022
	11,543,250	11,207,478
Sales revenue		
Contraceptive income	84,661	106,084
Course fees	425,778	351,918
Bookshop sales	125,375	172,846
	635,814	630,848
Other revenue		
Medicare revenue	558,125	542,124
Private billing revenue	664,993	625,501
Investment revenue	291,672	309,065
Gain on sale of fixed assets	-	839,000
Other revenue	297,359	344,055
	1,812,149	2,659,745
TOTAL DOMESTIC REVENUE	13,991,213	14,498,071

	2019 \$	2018 \$
International revenue		
Grants		
Department of Foreign Affairs and Trade	387,020	359,557
Other Australian	-	-
Other overseas	30,875	56,500
Donations and gifts		
Monetary	53,057	29,961
Non-monetary	-	17,618
Bequests and Legacies	-	-
Investment income	3,067	3,189
Fundraising	-	3,002
Other revenue	364,325	280,965
Revenue for international political or religious adherence promotion program	-	-
TOTAL INTERNATIONAL REVENUE	838,344	750,792
TOTAL REVENUE	14,829,557	15,248,863

Statement of **PROFIT OR LOSS** and other comprehensive income for the year ended 30 June 2019 (continued)

	2019 \$	2018 \$
Expenses		
Domestic program expenses		
Audit / professional services	(38,271)	(38,831)
Bad debts	-	(301)
Branding & marketing	(66,801)	(20,762)
Computer services and software	(225,066)	(253,623)
Conferences & seminars	(78,184)	(44,827)
Consultancy	(255,411)	(476,124)
Consumables / client expenses	(102,767)	(122,761)
Cost of goods sold	(72,068)	(115,439)
Depreciation and amortisation expenses	(213,613)	(227,845)
Employee benefit expense	(10,845,938)	(10,451,112)
File scanning	(8,485)	(5,329)
Insurance	(126,069)	(108,265)
Labour hire – external	(37,717)	(20,104)
Lease / rent	(125,902)	(97,241)
Materials and equipment	(67,530)	(32,614)
Medical consumables	(109,790)	(98,130)
Printing / postage / stationery / advertising/ photocopying	(292,445)	(178,074)
Repairs and maintenance / cleaning	(213,818)	(205,846)
Staff recruitment	(21,070)	(12,845)
Stock write-off	(4,297)	(4,514)
Strata levies	(75,517)	(62,096)
Teaching resources	(162,473)	(179,397)
Telephone / internet	(124,134)	(118,546)
Travel	(206,266)	(221,678)
Utilities	(93,735)	(94,421)
Website development	(25,351)	(51,008)
Other expenses	(410,669)	(361,792)
TOTAL DOMESTIC PROGRAM EXPENSES	(14,003,387)	(13,603,525)

	2019 \$	2018 \$
International aid and development programs expenses		
International programs		
Funds to international programs	(206,604)	(226,906)
Program support costs	(300,316)	(320,500)
Community education	-	-
Fundraising costs		
Public	(454)	(52)
Government, multilateral and private	-	-
Accountability and administration	(330,970)	(185,716)
Non-monetary expenditure	-	(17,618)
Total international aid and development program expenses	(838,344)	(750,792)
International political or religious adherence promotion programs expenditure	-	-
Total international program expenses	(838,344)	(750,792)
TOTAL EXPENSES	(14,841,731)	(14,354,317)

Surplus before income tax expense	(12,174)	894,546
Income tax expense		
(DEFICIT) / SURPLUS AFTER INCOME TAX EXPENSE FOR THE YEAR ATTRIBUTABLE TO THE MEMBERS OF FAMILY PLANNING NSW	(12,174)	894,546

Other comprehensive income for the year, net of tax		
Net gain on asset revaluation reserve	901,752	-
Net gain on investment revaluation reserve	72,871	-
TOTAL COMPREHENSIVE INCOME / (LOSS) FOR THE YEAR ATTRIBUTABLE TO THE MEMBERS OF FAMILY PLANNING NSW	962,449	894,546

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 2019

	Note	2019 \$	2018 \$
Assets			
Current assets			
Cash and cash equivalents	4	8,148,912	8,286,938
Trade and other receivables	5	2,488,935	623,806
Inventories on hand	6	82,045	106,155
Assets held for sale		-	-
Other financial assets		-	-
Other	7	198,789	200,022
Total current assets		10,918,681	9,216,921
Non-current assets			
Trade and other receivables		-	-
Financial assets	8	1,727,460	1,654,589
Property, plant and equipment	9	15,934,944	15,176,480
Intangibles		-	-
Other non-current assets		-	-
Total non-current assets		17,662,404	16,831,069
TOTAL ASSETS		28,581,085	26,047,990

Liabilities

Current Liabilities			
Trade and other payables	10	884,930	1,198,962
Employee benefits	11	1,595,010	1,648,017
Grants received in advance	12	3,207,713	1,156,681
Current tax liabilities		59,911	186,515
Other financial liabilities		-	-
Provisions		-	-
Other		-	-
Total current liabilities		5,747,564	4,190,175

	Note	2019 \$	2018 \$
Liabilities (continued)			
Non-current liabilities			
Trade and other payables		-	-
Employee benefits	13	100,960	87,702
Borrowings		-	-
Other financial liabilities		-	-
Provisions		-	-
Other		-	-
Total non-current liabilities		100,960	87,702
TOTAL LIABILITIES		5,848,524	4,277,877

NET ASSETS		22,732,561	21,770,113
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Equity

Reserves	14	12,750,457	11,775,835
Retained surpluses	15	9,982,104	9,994,278
TOTAL EQUITY		22,732,561	21,770,113

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 2019

	Retained Surplus	Asset Revaluation Reserve	Investment Revaluation Reserve	General Reserves	Total Equity
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	-	-	-	-	-
Total comprehensive income for the year	894,546	-	-	-	894,546
Other transfers (to) from reserves:					
General reserves	50,000	-	-	(50,000)	-
Asset revaluation reserve	1,000,000	(1,000,000)	-	-	-
BALANCE AT 30 JUNE 2018	9,994,278	11,835,846	(60,011)	-	21,770,113
Balance at 1 July 2018	9,994,278	11,835,846	(60,011)	-	21,770,113
Deficit after income tax expense for the year	(12,174)	-	-	-	(12,174)
Other comprehensive income for the year, net of tax	-	901,751	72,871	-	974,622
Total comprehensive income for the year	(12,174)	901,751	72,871	-	962,448
BALANCE AT 30 JUNE 2019	9,982,104	12,737,597	12,860	-	22,732,561

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 2019

	Note	2019 \$	2018 \$
Cash flows from operating activities			
Receipts from customers (inclusive of GST)		2,766,493	2,825,967
Payments to suppliers and employees (inclusive of GST)		(16,176,223)	(15,191,625)
Grants received		13,003,928	11,669,602
Donations received		53,057	29,961
Interest and dividends received		285,272	246,034
Net cash from operating activities		(67,473)	746,899
Cash flows from investing activities			
Payment for property, plant & equipment	9	(76,945)	(44,100)
Loss/proceeds from sale of property, plant & equipment		6,392	2,305,000
Proceeds from sale of investments		-	-
Net cash used in investing activities		(70,553)	2,260,900
Cash flows from financing activities			
Net cash from financing activities		(138,026)	3,007,799
Net increase in cash and cash equivalents		8,286,938	5,279,139
Cash and cash equivalents at the beginning of the financial year			
Cash and cash equivalents at the end of the financial year	4	8,148,912	8,286,938

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

Note 1: Significant Accounting Policies

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

New or amending Accounting Standards and Interpretations adopted

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

Any new or amended Accounting Standards or Interpretations that are not yet mandatory have not been early adopted. The adoption of these Accounting Standards and Interpretations did not have any significant impact on the financial performance or position of the company.

AASB 9 Financial Instruments (applicable from 1 July 2018)

FPNSW has adopted AASB 9 from 1 July 2018. The standard introduced new classification and measurement models for financial assets. A financial asset shall be measured at amortised cost if it is held within a business model whose objective is to hold assets in order to collect contractual cash flows which arise on specified dates and that are solely principal and interest. A debt investment shall be measured at fair value through other comprehensive income if it is held within a business model whose objective is to both hold assets in order to collect contractual cash flows which arise on specified dates that are solely principal and interest as well as selling the asset on the basis of its fair value.

All other financial assets are classified and measured at fair value through profit or loss unless the entity makes an irrevocable election on initial recognition to present gains and losses on equity instruments (that are not held-for-trading or contingent consideration recognised in a business combination)

in other comprehensive income ('OCI'). Despite these requirements, a financial asset may be irrevocably designated as measured at fair value through profit or loss to reduce the effect of, or eliminate, an accounting mismatch.

For financial liabilities designated at fair value through profit or loss, the standard requires the portion of the change in fair value that relates to the entity's own credit risk to be presented in OCI (unless it would create an accounting mismatch). New simpler hedge accounting requirements are intended to more closely align the accounting treatment with the risk management activities of the entity. New impairment requirements use an 'expected credit loss' ('ECL') model to recognise an allowance. Impairment is measured using a 12-month ECL method unless the credit risk on a financial instrument has increased significantly since initial recognition in which case the lifetime ECL method is adopted.

For receivables, a simplified approach to measuring expected credit losses using a lifetime expected loss allowance is available.

New Accounting Standards and Interpretations not yet mandatory or early adopted

Australian Accounting Standards and Interpretations that have recently been issued or amended but are not yet mandatory, have not been early adopted by FPNSW for the annual reporting period ended 30 June 2019. FPNSW assessment of the impact of these new or amended Accounting Standards and Interpretations, most relevant to FPNSW, are set out below.

AASB 16 Leases (applicable for annual reporting periods commencing on or after 1 January 2019)

AASB 16 introduces a single lessee accounting model that requires all leases to be accounted for on balance sheet. A lessee will be required to recognise an asset representing the right to use the underlying asset during the lease term (i.e. right-of-use asset) and a liability to make lease payments

(i.e. lease liability). Two exemptions are available for leases with a term less than 12 months or if the underlying asset is of low value.

The lessor accounting requirements are substantially the same as in AASB 117. Lessors will therefore continue to classify leases as either operating or finance leases. AASB 16 will replace AASB 117 Leases, Interpretation 4 Determining Whether an Arrangement contains a Lease, Interpretation 115 Operating Leases – Incentives and Interpretation 127 Evaluating the substance of Transactions Involving the Legal Form of a Lease.

AASB 16 is effective for annual reporting period commencing on or after 1 January 2019, and therefore the mandatory adoption date of the consolidated entity is 1 July 2019. It is expected that FPNSW will apply this standard using the modified retrospective method, with financial year-ended 30 June 2020 being its full year of adoption. FPNSW preliminary assessment indicates that the adoption of AASB 16 would not have material impact on the financial performance and financial position of FPNSW however it is impracticable at this stage to provide a reasonable estimate as to the potential impact.

AASB 15 Revenue from Contracts with Customers and AASB 1058 Income for Not-for-Profit Entities (applicable for annual reporting periods commencing on or after 1 January 2019)

AASB 15 and AASB 1058 establishes a single, comprehensive framework for revenue recognition, and replaces the previous revenue Standards AASB 118 Revenue and AASB 111 Construction Contracts, and the related Interpretations on revenue recognition Interpretation 13 Customer Loyalty Programmes, Interpretation 15 Agreements for the Construction of Real Estate, Interpretation 18 Transfers of Assets from Customers and Interpretation 131 Revenue—Barter Transactions Involving Advertising Services.

AASB 15 and AASB 1058 introduces a five step process for revenue recognition with the core principle of the new Standard being for entities to recognise revenue to depict the transfer of goods

or services to customers in amounts that reflect the consideration (that is, payment) to which the entity expects to be entitled in exchange for those goods or services. AASB 15 and AASB 1058 will also result in enhanced disclosures about revenue, provide guidance for transactions that were not previously addressed comprehensively (for example, service revenue and contract modifications) and improve guidance for multiple-element arrangements.

AASB 15 and AASB 1058 is effective for annual reporting periods commencing on or after 1 January 2019, and therefore the mandatory adoption date for the consolidated entity is 1 July 2019. It is expected that FPNSW will apply this standard using the modified retrospective method, with financial year-ended 30 June 2020 being its first full year of adoption.

The Company has not yet assessed the impact adopting AASB 15 and AASB 1058.

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 positions 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.

Current and Non-Current Classification

Assets and liabilities are presented in the statement

of financial position based on current and non-current classification.

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

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

Cash and Cash Equivalents

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

Trade and Other Receivables

Other receivables are recognised at amortised cost, less any 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.

Investments and other financial assets

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

Financial assets are derecognised when the rights to receive cash flows have expired or have been transferred and the consolidated entity has

transferred substantially all the risks and rewards of ownership. When there is no reasonable expectation of recovering part or all of a financial asset, its carrying value is written off.

Financial assets at fair value through profit or loss

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

Financial assets at fair value through other comprehensive income

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

Impairment of financial assets

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

Where there has not been a significant increase in exposure to credit risk since initial recognition, a 12-month expected credit loss allowance is estimated. This represents a portion of the asset's lifetime expected credit losses that is attributable to a default event that is possible within the next 12 months. Where a financial asset has become credit

impaired or where it is determined that credit risk has increased significantly, the loss allowance is based on the asset's lifetime expected credit losses. The amount of expected credit loss recognised is measured on the basis of the probability weighted present value of anticipated cash shortfalls over the life of the instrument discounted at the original effective interest rate.

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

Impairment of Non-Financial Assets

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

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

Trade and Other Payables

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

Employee Benefits

Short-term employee benefits

Liabilities for wages and salaries, including non-monetary benefits, annual leave and long service

leave expected to be settled wholly within 12 months of the reporting date are measured at the amounts expected to be paid when the liabilities are settled.

Other long-term employee benefits

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

Consideration is given to 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 2019

Note 3: Grants received during the year (Exclusive of GST)	2019 \$	2018 \$
NSW Ministry of Health: NGO Funding		
Women's Health	8,180,200	7,948,600
Fairfield – National Women's Health	607,500	590,100
HIV/AIDS	306,100	296,000
Penrith - Community Education, Women's Health & Health Transport	535,900	520,700
Penrith – HIV/AIDS	152,900	148,000
	9,782,600	9,503,400

NSW Government:		
Sexual Safety Training	-	161,886

Hunter New England LHD:		
Hunter Health Promotion	54,700	53,900

Cancer Institute NSW:		
Cervical Screening Training	318,252	157,828
Disability	-	106,350
NSW Aboriginal Cervical Screening	31,702	63,404
NSW Capacity Building of BCE	50,000	50,000
Young Women	95,000	47,500
	494,954	425,082

Australian Government:		
Department of Health & Ageing: BBV& STI	400,000	700,000

	2019 \$	2018 \$
Department of Foreign Affairs & Trade:		
ANCP	389,814	362,250
Other Grants:		
Research Grants	188,306	37,380
CESPHN - Rockdale Clinic	35,000	80,620
SWSLHD Women's Service	368,750	211,747
SWSLHD – Developing Sexual Health Resource	-	-
Inner West Council	3,828	6,000
Community Partnership Grant - Ashfield	-	4,315
Community Partnership Grant - Fairfield	(5,386)	28,235
Community Partnership Grant - Newcastle	-	7,751
West Ashfield Club	-	1,236
Canterbury Bankstown Council	2,000	-
Bankstown District Sports Club	3,500	-
Newcastle Permanent NPCF Grant	45,455	-
NIB	-	29,300
IPPF	30,875	56,500
	672,328	463,084

TOTAL GRANTS RECEIVED	11,794,396	11,669,602
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NOTES to the Financial Statements 30 June 2019

Note 4: Current assets-cash and cash equivalents	2019 \$	2018 \$
Cash on hand	3,810	3,810
Cash at bank		
Domestic programs	1,929,903	1,126,347
International programs	215,199	206,781
Cash on deposit		
Domestic programs	6,000,000	6,950,000
International programs	-	-
	8,148,912	8,286,938

Note 5: Current assets-trade and other receivables

Receivables from Health Administration	2,475,000	-
Other receivables	217,896	618,133
BAS (payable)/ receivable	(203,961)	5,673
	2,488,935	623,806

Note 6: Current assets-inventories on hand

Stock at cost	82,045	106,155
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Note 7: Current assets-other

Accrued revenue	28,786	19,319
Prepayments	170,003	180,703
	198,789	200,022

Note 8: Non-current assets-financial assets

Financial Assets at Fair Value through other comprehensive income (Listed investment at fair value)	1,727,460	1,654,589
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Note 9: Non-current assets – property, plant & equipment	2019 \$	2018 \$
Land and buildings: at independent valuation 2019	14,100,000	13,650,000
Less: Accumulated depreciation	-	(221,501)
	14,100,000	13,428,499
Leasehold improvements - at independent valuation 2019	1,600,000	1,575,000
Less: Accumulated amortisation	-	(63,000)
	1,600,000	1,512,000
Plant & equipment - at cost	596,582	537,251
Less: Accumulated depreciation	(470,294)	(432,073)
	126,288	105,178
Motor vehicles - at cost	102,025	102,025
Less: Accumulated depreciation	(63,650)	(48,346)
	38,375	53,679
Office equipment - at cost	218,077	206,855
Less: Accumulated depreciation	(147,796)	(129,731)
	70,281	77,124
	15,934,944	15,176,480

The entity's land and buildings were re-valued at 30 June 2019 by an independent valuer. Valuations were made on the basis of open market value. The revaluation increase was credited to the asset revaluation reserve in equity.

Reconciliations

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

	Land and buildings	Leasehold improvements	Plant and equipment	Motor vehicles	Office equipment	Total
Balance at 1 July 2018	13,428,499	1,512,000	105,178	53,679	77,124	15,176,480
Revaluation Increment	782,251	119,500	-	-	-	901,751
Additions	-	-	65,723	-	11,222	76,945
Disposals	-	-	(6,392)	-	-	(6,392)
Depreciation	(110,750)	(31,500)	(38,221)	(15,304)	(18,065)	(213,840)
Balance at 30 June 2019	14,100,000	1,600,000	126,288	38,375	70,281	15,934,944

NOTES to the Financial Statements 30 June 2019

Note 10: Current liabilities – trade and other payables	2019	2018
	\$	\$
Trade payables	186,825	181,486
Other payables	412,234	607,186
Income received in advance	285,871	410,290
	884,930	1,198,962

Note 11: Current liability – employee benefits

Employee benefits	1,595,010	1,648,017
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Note 12: Current liability – grants received in advance

Government grants	2,847,840	876,920
Other grants	359,873	279,761
	3,207,713	1,156,681

Note 13: Non-current liabilities – employee benefits

Employee benefits	100,960	87,702
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Note 14: Equity - reserves

Fixed asset revaluation reserve	12,737,597	11,835,846
Investment revaluation reserve	12,860	(60,011)
	12,750,457	11,775,835

Note 15: Equity – retained surpluses

Retained surplus at the beginning of the financial year	9,994,278	8,049,732
Deficit / surplus after income tax expense for the year	(12,174)	894,546
Transfer from general reserve	-	50,000
Transfer from fixed asset revaluation reserve	-	1,000,000
Retained surpluses at the end of the financial year	9,982,104	9,994,278

Note 16: Contingent Liabilities

The company had no contingent liabilities as at 30 June 2019 and 30 June 2018.

Note 17: Commitments

	2019	2018
	\$	\$
Non-cancellable operating leases contracted for but not capitalised in the financial statements:		
Payable: minimum lease payments		
not later than twelve months	107,424	79,473
between twelve months and five years	127,522	37,654
greater than five years	22	23
	234,968	117,150

The lease expense during the period amounted to \$125,900 (2018: \$97,241) representing the minimum lease payments.

The property lease commitments are non-cancellable operating leases with lease terms of between one (1) and twenty two (22) years, which are used for clinical/consultations activities. 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:

Total remuneration	1,335,160	1,441,178
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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:

49 48

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 entered into contracts in August 2019 to sell Ashfield premises and purchase new premises as future Head Office facility.

No other matter or circumstance has arisen since 30 June 2019 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

FPNSW 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

Family Planning NSW is incorporated under the *Australian Charities and Not-for-profits Commission Act 2012* and is a company limited by guarantee. If the company is wound up, the ordinary members are required to contribute a maximum of \$50 each. As at 30 June 2019 the number of members of the company is 43 (2018: 40).

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	32,744	392,881	(390,087)	35,538
IPPF	-	30,875	(30,875)	-
Total for other non-designated purposes	174,037	58,681	(53,057)	179,661
TOTAL	206,781	482,437	(474,019)	215,199

Note 24: Financial Summary

The deficit of the company for the current year is \$12,174. The company's income and expenditure for the year ended 30 June 2019 is summarised below:

Income (\$)		Expenditure (\$)	
Government Grant	11,805,341	Staffing	11,299,271
Research Grant	96,954	Projects	2,819,913
Other Grant	58,850	Site	722,547
Self-generated Income	2,868,412		
Total Income	14,829,557	Total Expenditure	14,841,731
		Deficit	(\$12,174)

Note 25: Assets Held for Sale

In August 2019, FPNSW entered into agreements to sell Ashfield premises and buying agreement to acquire alternative premises as head office facility. Upon the sale of Ashfield premises, loss of \$300,000 is recognised which was reflected in the statement of profit or loss and other comprehensive income.

Note 26: Going Concern

FPNSW have incurred a deficit of \$12,174 for the year ended 30 June 2019 and has an accumulated surplus as of that date \$22,732,561. The ability of FPNSW to remain as a going concern continues to be dependent on the ongoing support of the government and private grants, and self-generated income. However, the Directors are confident that FPNSW has the ability to realise its assets and extinguish its liabilities as and when they become due and payable and at the amounts stated in the current financial report.

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


DIRECTORS' DECLARATION

30 June 2019

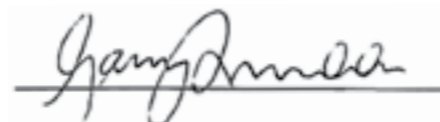
The directors of Family Planning NSW declare that in the directors' opinion:

- 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 2019 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 16th day of September 2019

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 Organisation**), which comprises the statement of financial position as at 30 June 2019, 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 Organisation has been prepared in accordance with Division 60 of the *Australian Charities and Not-for-profits Commission Act 2012*, including:

- a) Giving a true and fair view of the Organisation's financial position as at 30 June 2019 and of its financial performance for the year then ended; and
- b) Complying with Australian Accounting Standards – Reduced Disclosure Regime and Division 60 of the *Australian Charities and Not-for-profits Commission Regulation 2013*.

Basis for Opinion

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

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

Other Information

The directors are responsible for the other information. The other information comprises the information included in the Organisation's annual report for the year ended 30 June 2019, but does not include the financial report and our auditor's report thereon.

ACCOUNTANTS & ADVISORS

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Sydney NSW 2000

Parramatta Office
Level 7, 3 Horwood Place
Parramatta NSW 2150

Telephone: +61 2 8263 4000
williambuck.com

Our opinion on the financial report does not cover the other information and accordingly we do not express any form of assurance conclusion thereon. In connection with our audit of the financial report, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial report or our knowledge obtained in the audit or otherwise appears to be materially misstated.

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

Responsibilities of the Directors for the Financial Report

The directors of the Organisation are responsible for the preparation 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 Organisation'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 Organisation or to cease operations, or has no realistic alternative but to do so.

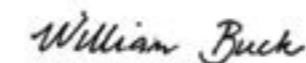
The Directors are responsible for overseeing the Organisation's financial reporting process.

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.

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



William Buck
Chartered Accountants
ABN 16 021 300 521



M A Nevill
Partner

Sydney, dated this 16th day of September, 2019

Partnerships 2018-2019

3 Bridges Community

ACON

A Place to Go (Cranebrook Community Health Centre)

Albion Park Youth Centre

Allambi Care

Allambi Youth Service

Armajun Aboriginal Health Service Inc:

- Glen Innes
- Inverell
- Tenterfield

Armidale Medical Practice

Auburn Youth Centre

Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine

Australian Catholic University

Australian College of Rural and Remote Medicine

Australian NGO Cooperation Program Monitoring, Evaluation and Learning Reference Group

Australian Primary Health Care Nurses Association

AWOL Youth Hub - Ku-ring Gai Council Youth Services

Bankstown Intensive English Centre

Bankstown Sports Club

Barnardos:

- Canterbury
- Cranebrook
- Cobar
- Marrickville
- Nyngan

Bayer Australia Limited

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

Belinda Mason Photography

Benevolent Society

Beresfield Surgery

Berlin Centre of Epidemiology

Blacktown Area Community Centre (BACC)

Blacktown Women and Girls Health Centre

Blacktown Youth Services Association

Bligh Park Community Services Inc.

Boronia Multicultural Services

Broken Hill Child and Family Health Clinic

Broken Hill Super Clinic

BUPA

Byron Youth Service

Cancer Council NSW

Cancer Institute NSW

Central and Eastern Sydney Primary Health Network

Central Coast Community Women's Health Service

Central Coast Pride

Cepheid International

Cessnock High School

Cessnock Youth Services (CYCOS)

Chatswood Youth Centre - Willoughby City Council Youth Services

Child & Adolescent Mental Health Services

Prevention, Early Intervention and Recovery Service - Parramatta

Choices Reproductive and Sexual Health Service, Lismore

Coffs Harbour Women's Health Centre

Community First Step - Fairfield

Community Junction:

- St Clair
- Colyton
- Erskine Park
- North St Marys
- Werrington (formerly Werrington Youth Service)

Coomealla Aboriginal Corporation

Core Community Services:

- Cabramatta
- Campbelltown
- Liverpool

Core Youth Services:

- Fairfield
- Liverpool

Cringila Medical Centre

Dareton Primary Health Centre

Deakin University

Douglas Hanly Moir

Dubbo Neighbourhood Centre

Dubbo Sexual Health

Dundas Area Neighbourhood Centre

Eastlake Youth Service:

- Windale
- Swansea

Edgeworth Family Practice

Evolution Youth Service (Coast Community Connections)

Family and Community Services Nyngan, NSW

Family Planning Alliance Australia

Fairfield City Council

Fairfield High School

Fairfield Intensive English Course (IEC)

Fairfield Liverpool Youth Team (FLYT)

Fairfield Youth and Community Centre

Family Medical Practice @2325

Family Planning Welfare Association Northern Territory

Far West Child and Family Health Centre

First Steps Parenting Centre

Flinders University

Flourish Australia Young People's Program, Emu Heights

Flourish Blacktown: Women's and Girls Program

Flourish Penrith

Forbes Health Service

Gandangara Health Services

Gilgandra Youth Service

Glossodia Community Centre

Glyde Health

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

Holsworthy High School

Hunter New England Local Health District

Information on Disability, Education and Awareness Services (IDEAS) Inc

Illawarra Shoalhaven Local Health District:

- HIV/AIDS and Related Programs Unit (HARP) Unit
- Shellharbour Adolescent Medical Health Inpatient Unit

Illawarra Women's Health Centre

Jesuit Refugee Service Australia

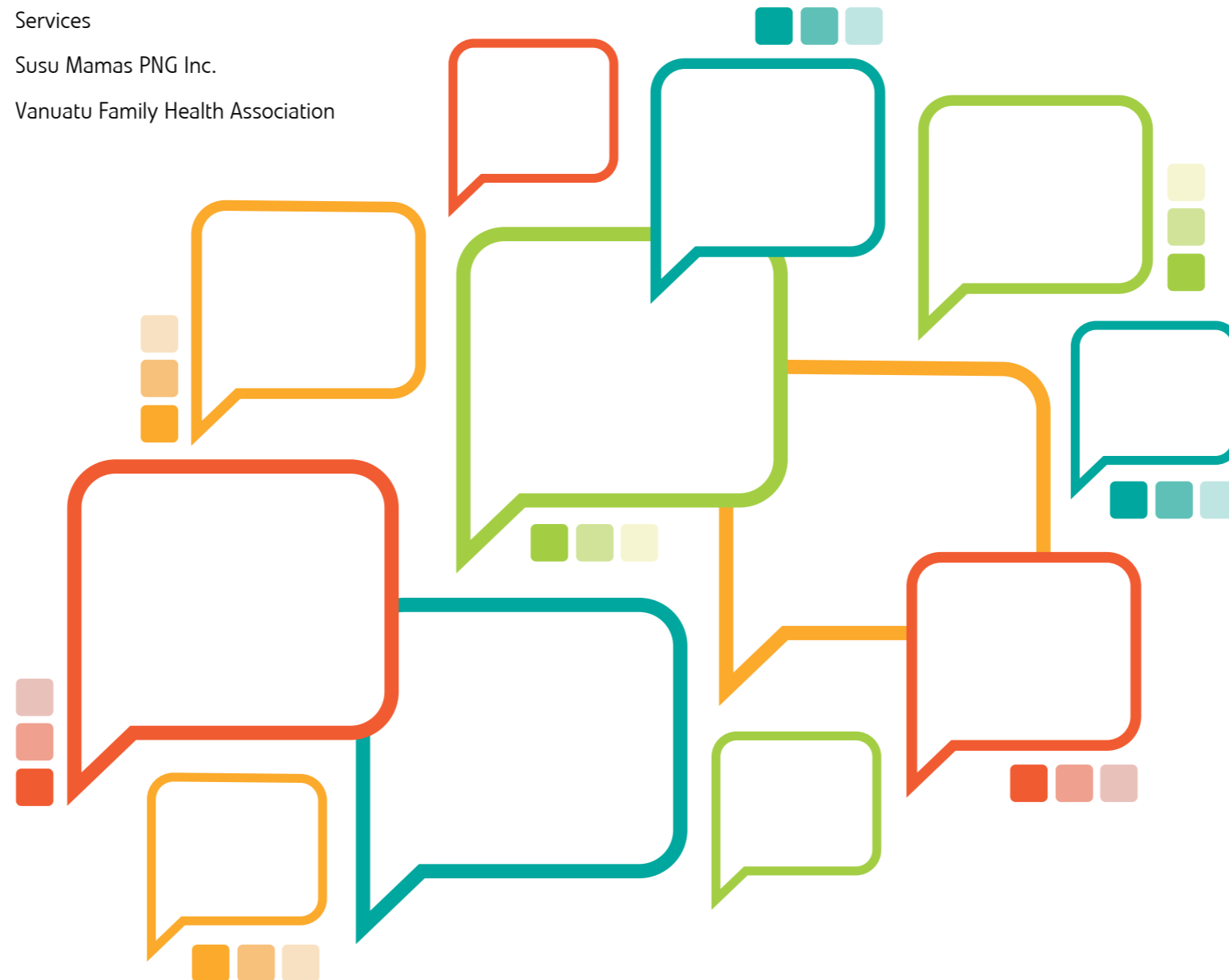
Job Centre Australia:	Moree Community Health Centre	Orana Juvenile Justice Centre	Southlake Youth Service
<ul style="list-style-type: none"> • Chatswood • Gosford • Wyong 	Moree Family Support Inc	Parks Community Network Inc-Prairiewood	Southlands Medical Clinic
John Hunter Hospital	Mountains Youth Services Team:	Pasifika Achievement To Higher Education (PATHE)	St Elmo Medical Practice
Junaa Buwa Centre for Wellbeing and Outreach Program, Mission Australia	<ul style="list-style-type: none"> • Katoomba • Lithgow • Springwood • Springwood Youth Centre • Upper Mountains 	Pathfinders Inverell - IFYSS Program	St Leonards Medical Centre
Justice Health:	Multicultural Disability Advocacy Association	PCYC Shoalhaven	Street Work
<ul style="list-style-type: none"> • Charlestown • Gosford • Parramatta 	Multicultural Health Unit	Peppercorn Youth Services	South Western Sydney Local Health District
Kariong Youth Centre	Murrumbidgee Local Health District HARP Unit	Phoenix Youth Support Service	Swinburne University of Technology
Karrikin Youth Mental Health	Murrurundi Youth Centre	Planet X Youth Centre	Sydney Local Health District
Lebanese Muslim Association	MyHealth Liverpool Medical Centre	Platform Youth Services:	Sydney Local Health District Women's Health
Leichhardt Women's Community Health Centre	Narromine Community Hub	<ul style="list-style-type: none"> • Penrith House • Penrith Centre 	Synergy Youth Centre
Life Links	Narromine Community Skills	Port Stephens Family and Neighbourhood Services	Tahmoor Medical Centre
Life Without Barriers Norwest	National Aboriginal Sporting Chance Academy	Prevention, Early Intervention and Recovery Service	Taldumande Youth Services
Lifestyle Solutions, Shellharbour	National Disability Practitioners	Putland Education and Training Unit – Cobham Juvenile Justice Centre	Ted Noffs Mount Druitt
Macarthur Diversity Services	Navitas:	Regional Youth Support Services (RYSS)	The Boulevard Family Practice
Macarthur Family and Youth Services	<ul style="list-style-type: none"> • Bankstown • Fairfield 	Research Development Impact (RDI) Network	The Burdekin Association
Madorra	Neighbourhood Central	Royal Australian College of General Practitioners	The Centre for International Economics
Marist 180 (Daramu Program)	Nepean Blue Mountains Local Health District	Royal Flying Doctors Service	The Childrens Hospital at Westmead
Marist Youth Care	Nepean Community Neighbourhood Service:	Royal Women's Hospital, Melbourne	The Corner Youth Health Service
<ul style="list-style-type: none"> • Greystanes • Kings Park 	<ul style="list-style-type: none"> • South Penrith • Glenmore Park • Koolyangara Aboriginal Child and Family Centre • Werrington 	School Industry Partnership:	The Excel Medical Centre
Marrickville Youth Resource Centre	North Richmond Youth Project	<ul style="list-style-type: none"> • Penrith • Springwood 	The Fitz Youth Centre - Ku-ring Gai Council Youth Services
Merck Sharp & Dohme	Northcott Penrith	Scone Youth Centre	The Girls Refuge/ Detour House
Merriwa Youth Centre	Northern NSW Local Health District HARP Unit	Sexual Health Far West	The Glue Factory
Mid North Coast Local Health District HARP Unit	Northern Sydney Local Health District HARP Unit	Shellharbour City Council	The Grove Youth Outreach service
Mindaribba Local Aboriginal Land Council	NSW Health	SHineSA	The Hills Youth Centre, Kariong
Ministry of Health, Mental Health Branch	NSW Health STI Program Unit	Singleton Youth Centre	The Hub at Miller
Mission Australia:	NSW Multicultural Health Communication Service	Singleton Youth Venue	The Junction Works
<ul style="list-style-type: none"> • Wellington • Dubbo • Nyngan • Campbelltown 	NSW Refugee Health Service	South East Sydney Local Health District HARP Unit	The Lillian Howell Project Inc.
Miyay Birray Youth Service	Nyngan Community Hub	South Western Sydney Local Health District	The Shack Youth Services
Monash University	One Door/Helping Hands, Nowra	South Western Sydney Local Health District HARP Unit	Tocal College
		Southern Cross University Campus, Coffs Harbour	Tomaree Medical Centre
		Southern NSW Local Health District HARP Unit	Touching Base Inc
		Southern Youth and Family Services (CHAIN)	Trialfacts
			Ungooroo GP and Health Services
			University of Melbourne

University of New South Wales
 University of Newcastle
 University of Sydney
 University of Technology, Sydney
 Upper Hunter Shire Council
 Victorian Cytology Service Pathology
 Veru
 Victorian Cytology Service
 Villawood Medical Centre
 Walgett Aboriginal Medical Service
 Warakirri College
 Warilla Neighbourhood Centre
 Watanobbi Community Centre
 Waverley Community Living Program
 Weave Youth and Community Services
 Wellington Information and Neighbourhood Service
 Wellington High School
 Wellington Aboriginal Health Service
 Wesley Family Centre
 Western NSW Local Health District
 Western Sydney Local Health District
 Western Sydney Sexual Health Centre - University of Sydney
 Western Sydney University
 Westmead Sexual Assault Service (Grevillea Cottage)
 WILMA Women's Health Centre
 Wyong Central Community Centre
 Wyong Neighbourhood Centre
 yFoundations
 Young People's Refuge
 Youth Drug and Alcohol Clinical Services
 Youth Health Team
 Youth Off The Streets:

- Campbelltown
- Canley Vale
- Cessnock

International programme partners

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 Consortium for Sexual and Reproductive Health and Rights
 International Planned Parenthood Federation
 Reproductive and Family Health Association of Fiji
 Samoa Family Health Association
 Solomon Islands Ministry of Health and Medical Services
 Susu Mamas PNG Inc.
 Vanuatu Family Health Association



Our locations

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 Ashfield NSW 2131

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Fax 02 8752 4392

Family Planning NSW Penrith

13 Reserve Street
 Penrith NSW 2750

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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

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Fax 02 6882 3666

