



ANNUAL REPORT

2019 - 2020

Our vision

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

Our mission

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

Our values

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

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

Inclusiveness - valuing and respecting diversity without judgement

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

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

Commitment to excellence - ensuring high standards in all our work

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

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

Our principles

Focusing on the whole person throughout their lifespan

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

Being advocates for the community

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

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

Promoting freedom of choice which reflects individual differences and preferences

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

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

Fostering **innovation and creativity** in our work

Our communities

Every body in every family

Aboriginal and Torres Strait Islander 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 and abortion, 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, carers, health education and welfare professionals. 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 guiding governments on best practice reproductive and sexual health. We conduct rigorous evaluations of all our work to continuously improve the quality of all our services and to ensure we are achieving optimal results.

International Development

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

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

Organisational structure

BOARD OF DIRECTORS

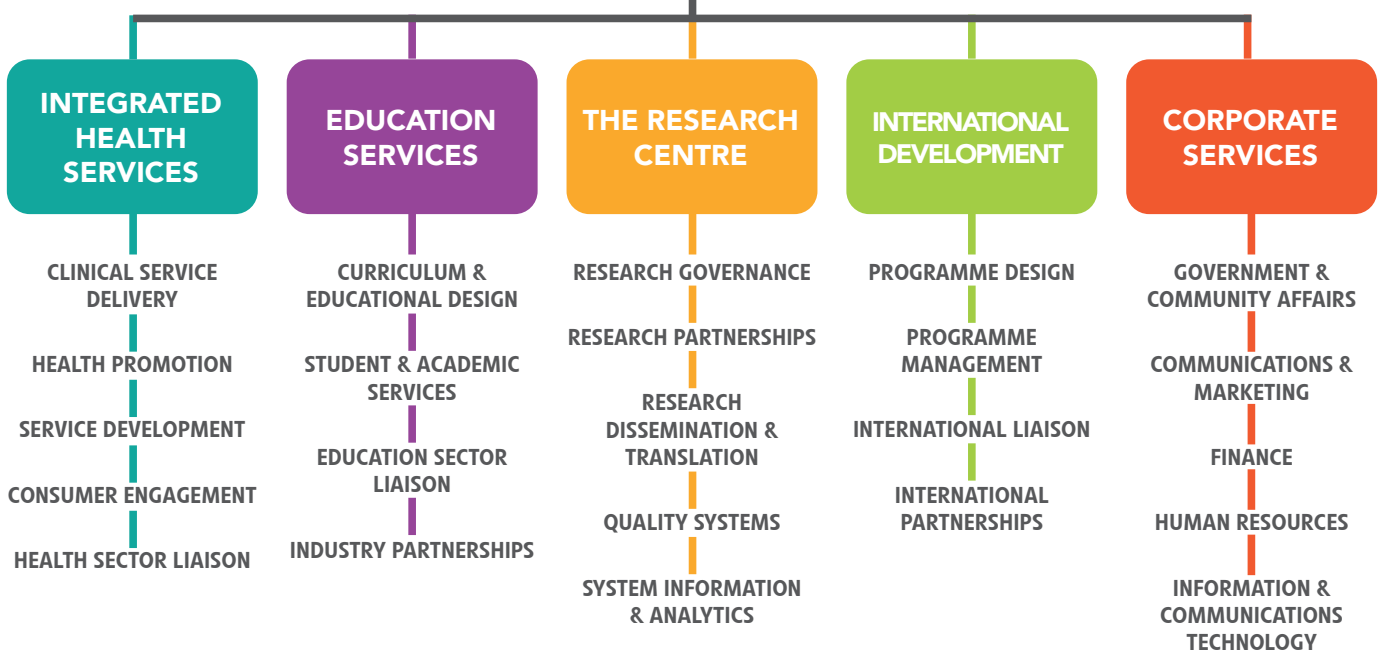
BOARD SUB-COMMITTEES



BOARD ADVISORY COMMITTEES



CHIEF EXECUTIVE OFFICER



President and CEO's report



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

President's report

In spite of all the COVID-19 challenges in recent months the organisation has continued to operate and provide quality reproductive and sexual health services in NSW and across the Pacific. Our strength as an agile and professional leader in this space has been tested repeatedly when the pandemic hit in the third quarter of this year.

As an essential health service, there is a constant need to maintain wellbeing and safety of our people whilst serving our clients. To do this effectively, we need strength. This demonstrated strength is a result of the commitment, dedication and talents of our staff and my colleagues on the Board and I am lucky to have experienced such great attributes first hand as the President of Family Planning NSW and Chair of the Board.

Whilst managing business as usual during the current pandemic, Family Planning NSW has not lost sight of its ambitious goals, which are outlined in our Strategic Plan (2018-2022) and financial year 2019-20 marks the end of the second year of its implementation. The focus of our Strategic Plan is about service expansion, increasing access and broadening our reach, both domestically and internationally.

Services like ours are essential. This has been particularly evident during the COVID-19 pandemic. Even during these uncertain times, we continue to focus our time, resources and energy on providing

the highest quality reproductive and sexual health services to our community, because it is our stubborn belief that every body in every family deserves the highest attainable standard of health. This voice of ours is now even stronger than ever. We advocate for those who cannot speak for themselves by providing insight and working collaboratively with decision makers in government, other non-government organisations and the private sector.

As a sector, we still see significant barriers to reproductive and sexual health service access, resulting in poor health outcomes. In Australia, the uptake of long acting reversible contraception sits far below international levels. STI rates are rising and there is no national data collection on the incidence of contraceptive use, pregnancy intention or induced abortion in Australia. Our priority population groups continue to disproportionately experience reproductive and sexual ill-health at a higher rate. Importantly, NSW, Australia and the Pacific region still do not have a consistent, evidence-based approach to comprehensive sexuality education.

This is why we do what we do. I am proud to say that Family Planning NSW has recently launched its cross-pillar, organisation-wide comprehensive sexuality education project that aims to address the lack of consistent access and by doing so, assert ourselves as sector leaders.

Our health services are rounded up by our effective, well run programs of education and training, health promotion and research which are aimed at building the capacity of health professionals and educators to improve reproductive and sexual health outcomes for our communities through best practice approaches.

As a leading organisation of the NSW Pro-Choice Alliance, Family Planning NSW's commitment to decriminalisation of abortion resulted in historic success. The organisation had a pivotal role in the decriminalisation campaign, guiding the media

strategy and providing operational support and health spokespeople for comment. We also provided vital healthcare expertise to support the work of the Alliance and further strengthened the reputation of Family Planning NSW as a voice of authority on reproductive and sexual health and rights matters.

During 2019-20, Family Planning NSW was successful in securing a new home for the Head Office with the purchase of a property at Newington. In spite of the interruptions brought by the pandemic the planning and design of necessary renovation works of the existing building is well underway. The new facility will future-proof Family Planning NSW, providing additional clinical and educational capacity and enhanced facilities for staff, clients and education participants. Importantly, this new site will have a fully functioning day procedure suite, enabling the provision of surgical abortions in a fully licenced facility.

We work with a diverse range of funders and business partners whom we are ever grateful for their support and continued trust in Family Planning NSW. I would like to take this opportunity to acknowledge all 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 our community and all those who seek our help.

Family Planning NSW cannot operate as a leader in this space without a committed, passionate, diverse workforce of over 200 people, with many on the frontline servicing clients during the pandemic. The Board is grateful for our staff's contribution to make the continuation of excellent service possible, especially under challenging circumstances.

Strong leadership is a critical success factor for surviving and thriving in a crisis.

On behalf of the Board of Directors, I would like to thank Adjunct Professor Ann Brassil for a year of exceptional leadership during such a challenging time.

I would also like to thank my colleagues on the Board, who have demonstrated their commitment to Family Planning NSW with their generosity of time, expertise and insight. The collective determination to focus on the organisation's corporate governance and effective support for Ann's team has often generated energetic and enthusiastic discussions at Board meetings. As the President of the organisation and the Chair of the Board I cannot be more honoured to work with my fellow Directors.

In last November, we bid farewell to two Directors - Sue Carrick and Nadine Wilmot. As the President from 2014-2019, Sue brought stability, professionalism and collegiality to the Board, thus fortifying the foundation on which the current Board can now build upon. In addition to being a Director of the Board, Nadine was also a member of the Audit and Risk Committee and contributed to the strengthening of risk management in the organisation.

At the same time last year, we also welcomed Stephanie Cross, Dr Elizabeth Jacka and Violet Roumeliotis to the Board, joining Carla Cranny, Kim Field, Gary Trenaman, Rosalind Winfield, Dr Kim Johnstone, Melissa Williams, Neil Jackson and Sharyn Coughlan as new Directors in November 2019.

The pandemic has made optimism quite a rare feeling for humanity. However, I remain ever optimistic that in spite of the operational challenges that the pandemic has thrown at Family Planning NSW the organisation, with its staff and Board, will not lose sight of its bigger strategic goal of continuous improvement of reproductive and sexual health of all people in NSW, Australia and the Pacific.



Adj Prof. Ann Brassil

Chief Executive Officer
BSc (Psych) Hons,
MA (Hons) Clin Psych, MBA, MAICD

CEO's report

I am honoured to present the 2019-20 Annual Report for Family Planning NSW and share our key achievements during what has proven to be a challenging year with respect to the COVID-19 pandemic. I would firstly like to thank our committed team for their continued provision of high quality reproductive and sexual health services to our community across NSW, Australia and the Pacific. Without the support and dedication of our highly-skilled staff, our services would not be able to operate.

The current COVID-19 pandemic had significant implications for us; however, in some respects implementation of COVID-19 mitigation strategies strengthened our organisation in ways we did not expect. Family Planning NSW launched our Telehealth service which is now firmly embedded in Integrated Health Services as a key service delivery mechanism. This has improved access to reproductive and sexual health services for people who cannot physically attend a clinic. Our Education and Health Promotion courses, forums and workshops have been converted to online delivery modes, which, in some cases improved demand for the courses across the State. We have also seamlessly adapted to use of digital meeting platforms, where the use of Zoom has allowed us to connect with colleagues and our partners across the State face-to-face and in a cost-effective manner.

In 2019-20, we provided 31,307 occasions of clinical service across our five fixed clinics along with key outreach sites. Demand for services across all clinics has continued to be high in 2019-20, despite the challenge of continuing service delivery during COVID-19. As always, we were committed to providing

essential reproductive and sexual health services to the community throughout this pandemic.

Family Planning NSW has been preparing for the implementation of [abortion services](#) over many years. Supporting a woman's right to make decisions regarding all pregnancy options is a core value for our organisation and we contend that access to these services is a fundamental right for all women. Following on from the decriminalisation of abortion in late 2019, medical abortion became available at Ashfield on 14 January 2020, with a staged rollout of this service across all fixed sites.

In April, with the introduction of telehealth services as a result of COVID-19, tele-abortion services commenced statewide. Uptake of medical abortion by telehealth has been high, and has meant that Family Planning NSW is able to provide services to clients who aren't able to access these services locally, expanding the geographic reach of our service provision.

The implementation of medical abortion services was followed by the introduction of surgical abortion on 15 April 2020. We partnered with Clinic 66 at Chatswood in this process as our current facilities do not have the required infrastructure for this day surgery service. This is a significant achievement for the organisation, with all areas of Family Planning NSW supporting the successful implementation.

The Family Planning NSW [colposcopy](#) clinic at Ashfield that commenced in 2017-18 continued to build momentum over the past year. 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 remains high with bookings in place up to six weeks ahead.

[Vasectomy](#) assessment and procedural appointments continue to be well-booked in the Ashfield clinic with bookings up to five weeks in advance. We expanded vasectomy service provision to our Hunter clinic in February 2020, with throughput for the service steadily increasing.

In 2019-20, our Health Promotion team continued to deliver exceptional reproductive and sexual health projects that meet the needs of our community. Their community education programs that focus on promoting the reproductive and sexual health and rights of all people and creating safe sex culture within priority populations successfully transitioned to online delivery to manage the constraints placed upon us by the COVID-19 pandemic, and to also meet growing demand.

The Health Promotion team embraced the onset of COVID-19 as an opportunity to explore online delivery modes for a variety of projects, servicing different communities and priority populations. The team has successfully run community education sessions through Zoom on a variety of reproductive and sexual health topics. The number of participants attending health promotion/ community education activities was 16,816 with over 99% of participants from target priority groups reporting an increase in skills and knowledge post training.

Special recognition must also go to our disability Health Promotion team who were awarded a significant Information, Linkages and Capacity Building (ILC) grant from the National Disability Insurance Agency. A two-year project is now underway to design new digital products and activities to build the capacity of parents and carers to better support their children with intellectual disability and/or autism in the transition through puberty to young adulthood.

Family Planning NSW are experts in the provision of evidence-based [education and training](#) activities, including the provision of comprehensive sexuality education. Our Education team deliver programs to clinicians, disability workers, teachers and other health education and welfare professionals, both locally and internationally. In 2019-20, 1,596 participants attended our training courses, either online, or face-to-face. This is a remarkable achievement given the constraints placed upon the Education team by COVID-19 travel restrictions and social distancing requirements, driving us to divert resources to work rapidly to redesign many courses for online delivery. The use of mechanisms including webinars and Zoom

has allowed us to expand our reach to participants who may have had difficulties in accessing our courses previously due to distance or time constraints.

Once again, the Family Planning NSW [Research Centre](#) remains at the forefront of increasing the body of evidence and best practice in relation to reproductive and sexual health.

We continue to undertake exciting research and conduct robust 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 we published [12 research reports](#) in peer-review journals, worked on an increasing number of research partnerships to advance reproductive and sexual health research activities and presented at numerous conferences in Australia and internationally.

In 2019-20 the Reproductive and Sexual Health Handbook (edition 3, published in 2016) underwent an extensive review and update to reflect the latest evidence regarding common reproductive and sexual health presentations in primary care. The [updated Handbook](#) was released in June 2020 via a subscription-based website and will improve reproductive and sexual health practice amongst clinicians.

Research study highlights include:

- [Nurse-led implant insertions: Implications for clinical practice in Australia](#) – This study aims to explore the effectiveness of contraceptive implant training on nurse-led insertions and removals, as well as its possible impact on clinical service delivery.

- [Cost-benefit analysis of long-acting reversible contraception \(LARC\) uptake in Australia](#) – This study aims to assess the impact of increasing the uptake of long acting reversible contraceptives (contraceptive implants and intrauterine devices) in Australia

Our [International Programme](#) works to build the capacity of government and civil society communities in countries in the Pacific region to increase access to comprehensive reproductive and sexual health services. Our work is supported by the Australian government, through the Australian NGO Cooperation Program, the United Nations Population Fund and private donors.

While COVID-19 international travel restrictions have been especially challenging for the International Programme, this has also presented an opportunity to move the delivery of some training online. The need for remote training and monitoring of projects has demonstrated the strength of our in-country partnerships, who have with our support maintained their clinical operations and, in some cases, expanded to new clients.

In 2019-20, we are proud to have supported our in-country partners to reach 23,426 people across six countries. This includes projects that provided clinical training on contraception, built capacity to deliver cervical cancer screening and treatment, and worked with community peer educators to provide comprehensive sexuality education.

We continue to work collaboratively with our communities and strive to ensure our services are highly relevant and acceptable to all clients. Our recently updated Consumer Engagement Framework allows us to integrate clients' views about the delivery of our services. Our approach to consumer engagement is communicated to consumers through our plain English '[Have Your Say](#)' brochure available in clinic waiting rooms, at events and on the Family Planning NSW website. Our five consumer participation committees continue to operate across our priority groups, providing valuable input into organisational decision making and services design. Importantly, our consumer engagement policy aligns with National Safety and Quality Health Service (NSQHS) Standards.

Our [advocacy](#) around reproductive and sexual health and rights has remained strong over the last 12 months with [19 submissions](#) made to various reviews and inquiries. Advocacy is engrained as a key priority of the organisation. A major achievement for women and our organisation was the decriminalisation of abortion in NSW. Family Planning NSW played a critical role in this important legal and social change as part of the Steering Committee for the campaign that aimed to have abortion removed from the NSW Crimes Act and regulated like any other healthcare procedure.

The ultimate success of the advocacy and campaign activity occurred on 2 October 2019 with the royal assent of the Abortion Law Reform Act 2019, passed a week earlier by both houses of the New South Wales Parliament. The legislation took abortion out of the NSW criminal code, where it had been for 119 years, and regulated it as a medical procedure. Decriminalisation of abortion is a historic achievement and one that I am honoured to have led the organisation through.

Family Planning NSW's [Reconciliation Action Plan](#), launched in September 2018, solidifies our commitment to reconciliation, and sets clear actions to ensure the work we do is respectful, safe and inclusive of Aboriginal and Torres Strait Islander individuals and communities. During 2019-20 the organisation has implemented a cultural protocol policy, solidified partnerships with Aboriginal owned businesses, and developed new resources for Aboriginal and Torres Strait Islander communities. We look forward to building on our strengths and implementing organisation wide cultural competency training and planning for our next Reconciliation Action Plan beyond 2020.

I thank our excellent staff for holding steadfast and delivering exceptional services over the past year, particularly through the challenging COVID-19 period. I am grateful that I can rely on our staff across all centres to always give their all and serve our community. I also thank our Board for providing such strong leadership and strategic direction for the organisation, especially as we look to expand our services and relocate our head office to Newington.



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2019-20 at a glance

Our response to the COVID-19 pandemic

The COVID-19 pandemic had a significant impact on Family Planning NSW.

Family Planning NSW developed a detailed COVID-19 business response and continuity plan to maximise our ongoing viability as we adapted our services in line with all NSW Health policy directives. As always, we were committed to providing essential reproductive and sexual health services to the community throughout this pandemic.

This has been a difficult time for the organisation, not only in optimising clinical services for our clients, but managing the impact of the cancellation of all face-to-face education and health promotion activities from mid-March in line with social distancing restrictions. We have continually implemented changes in how we work based on guidelines provided by NSW Health and the Commonwealth, ensuring a safe environment for all staff and clients. The short, medium and longer term uncertainty in relation to COVID-19 has had a significant and direct impact on management of resources.

As an essential service, Family Planning NSW's clinical services remained open for face-to-face consultations from the start of COVID-19. We closely monitored demand and activity throughout, and implemented targeted marketing strategies to ensure the community was aware that we were operating and appointments were available. Immediately upon its provision being extended by the Commonwealth, telehealth consultations were introduced by end of March 2020, with access to contraception, sexual health information, pregnancy options counselling, gynaecological consultations and medical abortion over the phone.

Our biggest challenge, apart from ensuring staff safety and workforce stability, related to the face-to-face education services we were mandated to cancel and the impact of this on our contractual and budget performance. We quickly adapted our education and community education programs to online delivery wherever possible.

While COVID-19 has challenged the organisation, in some respects it allowed us to adapt and further enhance our service delivery methods:

- telehealth is firmly embedded within our clinical delivery, improving access for people who cannot physically attend our clinics
- education courses, parent disability forums and community education, have been re-designed to suit online delivery, in some instances improving demand and access to courses
- online and virtual meetings are now part of our regular communication modes, with the use of Zoom allowing us to connect with each other and statewide partners seamlessly and cost-effectively.



Decriminalisation of abortion advocacy

Up until October 2019, abortion was listed under the NSW criminal code. As an essential healthcare service and medical procedure, access to abortion services form a core component of women's reproductive rights. As an organisation, Family Planning NSW played a critical role in the decriminalisation of abortion campaign in NSW and was a key member of the wider campaign Steering Committee. The campaign was supported by the NSW Pro-Choice Alliance which consisted of 72 peak organisations from legal, health and community organisations. Together, these organisations united to have abortion removed from the NSW Crimes Act and regulated like any other healthcare procedure.

Family Planning NSW had a pivotal role in guiding the campaign's media strategy, providing medical guidance, operational support and health spokespeople for comment throughout the NSW Pro-Choice Alliance campaign. We also provided important healthcare expertise to the work of the Alliance and further strengthened the reputation of Family Planning NSW as a voice of authority on all reproductive and sexual health and rights matters.

Extensive advocacy work and campaigning resulted in the ultimate success that saw abortion removed from the NSW criminal code, where it had been for 119 years.

On 2 October 2019, royal assent of the Abortion Law Reform Act 2019 took place after the legislation had been passed by both houses of the New South Wales Parliament the week prior.

Introduction of medical and surgical abortion services



A core value for Family Planning NSW is *supporting a woman's right to make decisions regarding all pregnancy options*. We believe that access to these services is a fundamental right for all women.

Family Planning NSW has been preparing for the implementation of abortion service in our clinics over several years.

Following the decriminalisation of abortion in late 2019, we began the process of implementing of abortion services at our clinics. We took a measured approach, staging the implementation in order to ensure success at each stage. Following the rollout of a detailed training program to staff in 2019, medical abortion became available at Ashfield on 14 January 2020, progressively implementing this service across all fixed sites through to Dubbo on 2 March 2020.

Implementation of surgical abortion services in partnership with Clinic 66 began on 15 April 2020 offering our clients greater choice and flexibility for their abortion care. This is a significant achievement for the organisation, with all areas of Family Planning NSW supporting the successful implementation.



Relocation of Family Planning NSW head office

During 2019-20, Family Planning NSW was successful in securing new premises for our Head Office through the purchase of a facility at Newington. Planning for the design and renovation works of the existing building on site at Newington is well underway. The new facility will future-proof Family Planning NSW, providing additional clinical and educational capacity and enhanced facilities for both staff, clients and education participants.

Importantly, this new site will have a fully functioning day procedure suite, allowing the provision of surgical abortions, in a fully licenced facility. The relocation is currently planned for 2022.

Consumer engagement

In 2019, Family Planning NSW evaluated the implementation of our [Consumer Engagement Framework: 2014-2018](#). Five consumer groups were consulted for input into a new framework, with recommendations to improve this area of work and a new consumer engagement policy drafted aligning with the National Safety and Quality Health Service Standards. The revised Consumer Engagement Policy 2019-2023 was implemented in July 2019.

Consumer engagement at Family Planning NSW is a responsive and continuous process of ensuring consumer input is imbedded into the business-as-usual processes within the Integrated Health Services team, Executive and Board. A wide variety of opportunities are made available to allow consumers to provide input into the governance, planning, design, implementation and evaluation of services and programs at Family Planning NSW in ways that suit the consumer's needs.

Our approach to consumer engagement is communicated to consumers through our plain English 'Have Your Say' brochure available in clinic "waiting rooms, at events and on the Family Planning NSW [website](#).

Sustainable Development Goals

The Sustainable Development Goals are the global 'blueprint' to achieve a better and more sustainable future for all. In 2015, United Nations member states agreed to the 2030 Agenda for Sustainable Development, which included 17 Sustainable Development Goals (SDGs). The Goals and their targets address the global challenges we face, including those related to poverty, inequality, climate change, education, health and wellbeing, peace and justice. The 17 Goals are all interconnected across the three pillars of sustainable development – economic, environmental and social – with an aim to leave no one behind.

Reproductive and sexual health and rights are interwoven throughout the SDGs, although there are specific targets within Goals 3 and 5. As an organisation, we work to highlight the centrality of reproductive and sexual health and rights within the SDGs through our national and international work. We acknowledge that the achievement of the SDGs can only become a reality with strong support for gender equality, universal health care, education and access to reproductive and sexual health services.

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



In 2020, Family Planning NSW identified seven reproductive and sexual health and rights priorities to guide implementation of the SDGs in Australia, and Australia's work in the Pacific.



PROMOTE GENDER EQUALITY AND END VIOLENCE AGAINST WOMEN

1

Family Planning NSW provides gender-sensitive services, with specific [clinics](#) tailored to women, and outreach activities providing gender specific information and education. We work to end violence against women by routinely screening for domestic violence at our clinics and have screened 7,564 women over the past 12 months. Internationally, our [gender project](#) in Timor Leste and Papua New Guinea supports



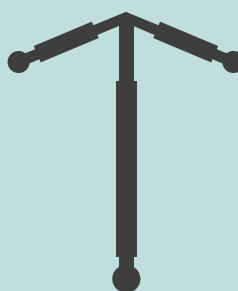
positive change in communities to improve gender equality, reproductive and sexual health and to challenge the accepted norms of gender violence.

This priority promotes all SDGs

INCREASE ACCESS TO LONG-ACTING REVERSIBLE CONTRACEPTIVES (LARCs)

2

Despite the evidence as to their effectiveness, use of LARCs in Australia and the Pacific remains low. Increasing LARC uptake supports women and girls to decide whether or when to have children, and enable them to engage in work and education by reducing the number of unintended pregnancies. The Family Planning NSW Research Centre conducted a [cost-benefit analysis of long-acting reversible contraception \(LARC\) uptake in Australia](#) that aimed to assess the impact of increasing the uptake of LARCs in Australia. Results showed that an increase in



LARC use would result in a net gain in economic benefits and reduced costs associated with unintended pregnancies.

This priority promotes SDGs 1, 3, 5, 8, 10, 13, 16

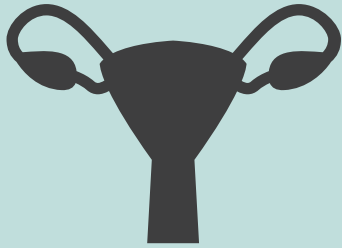
ELIMINATE CERVICAL CANCER

3

While we are on track to eradicate cervical cancer in Australia, this form of cancer remains a leading cause of death for women in many countries in the Pacific, preventing many women from living long and healthy lives. We have provided 4,755 Cervical Screening Tests to women and people with a cervix over the past year, developed a new cervical screening project for young women in

South West Sydney: [Test Out West](#), and trained 22 clinicians who screened 2,637 women in the [Pacific](#).

This priority promotes SDGs 1, 3, 5, 10



INVEST IN COMPREHENSIVE SEXUALITY EDUCATION

4

There remains no consistent approach to comprehensive sexuality education (CSE) in Australia, and an alarming lack of CSE in the Pacific. As an organisation, Family Planning NSW invests in CSE through education, clinical service delivery, health promotion, research and advocacy. Over the past year, we have delivered teacher training on topical issues including sexting, pornography and respectful relationships, introduced a disability-inclusive [CSE curriculum in Fiji](#) and contributed to an Asia Pacific research report on CSE.

This priority promotes SDGs 1, 3, 4, 5, 10, 16



ACCESS TO REPRODUCTIVE AND SEXUAL HEALTH SERVICES FOR VULNERABLE GROUPS

5

Access to reproductive and sexual health services is essential for all community members to achieve optimal health outcomes. Achieving health equity requires ensuring universal healthcare access for all people, including those most disadvantaged. We [advocate](#) for equitable access to health services in NSW, Australia and the Pacific and provide free

and low-cost essential health care to marginalised and vulnerable communities.

This priority promotes SDGs 1, 3, 4, 5, 10, 11



IMPROVE ACCESS TO ABORTION CARE

6

Across the world, many women face significant challenges accessing abortion care. Improving access to abortion care will improve health outcomes, support women and girls to decide whether or when to have children, and enable them to engage in work and education.

Over the past year, Family Planning NSW played a critical role in [the decriminalisation of abortion in NSW](#), and implemented abortion services, both major achievements for women and the organisation.

This priority promotes SDGs 3, 5, 8, 10



IMPROVE REPRODUCTIVE AND SEXUAL HEALTH DATA

7

We continue to advocate for improved data collection as there remain significant gaps in reliable data on key indicators that would improve governments' ability to identify areas of health need and to assess the effectiveness of existing strategies and policies.

This priority promotes SDGs 3, 16, 17



Reconciliation Action Plan

The [Reconciliation Action Plan](#) (RAP) is an initiative that formalises our ongoing commitment to reconciliation. Sitting alongside the organisation's business plan, the RAP provides strategic direction that drives our contribution to reconciliation internally and in the communities in which we operate through the development of strong, lasting and meaningful relationships with Aboriginal and Torres Strait Islander people, families and communities.

Formally endorsed by Reconciliation Australia, our RAP sits at an 'Innovate' level and has been a catalyst for increasing organisational commitment to advancing Aboriginal and Torres Strait Islander reproductive and sexual health outcomes. It has also strengthened existing organisational structures which foster and promote Aboriginal employment opportunities as well as increasing the cultural awareness and competency of all staff.

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

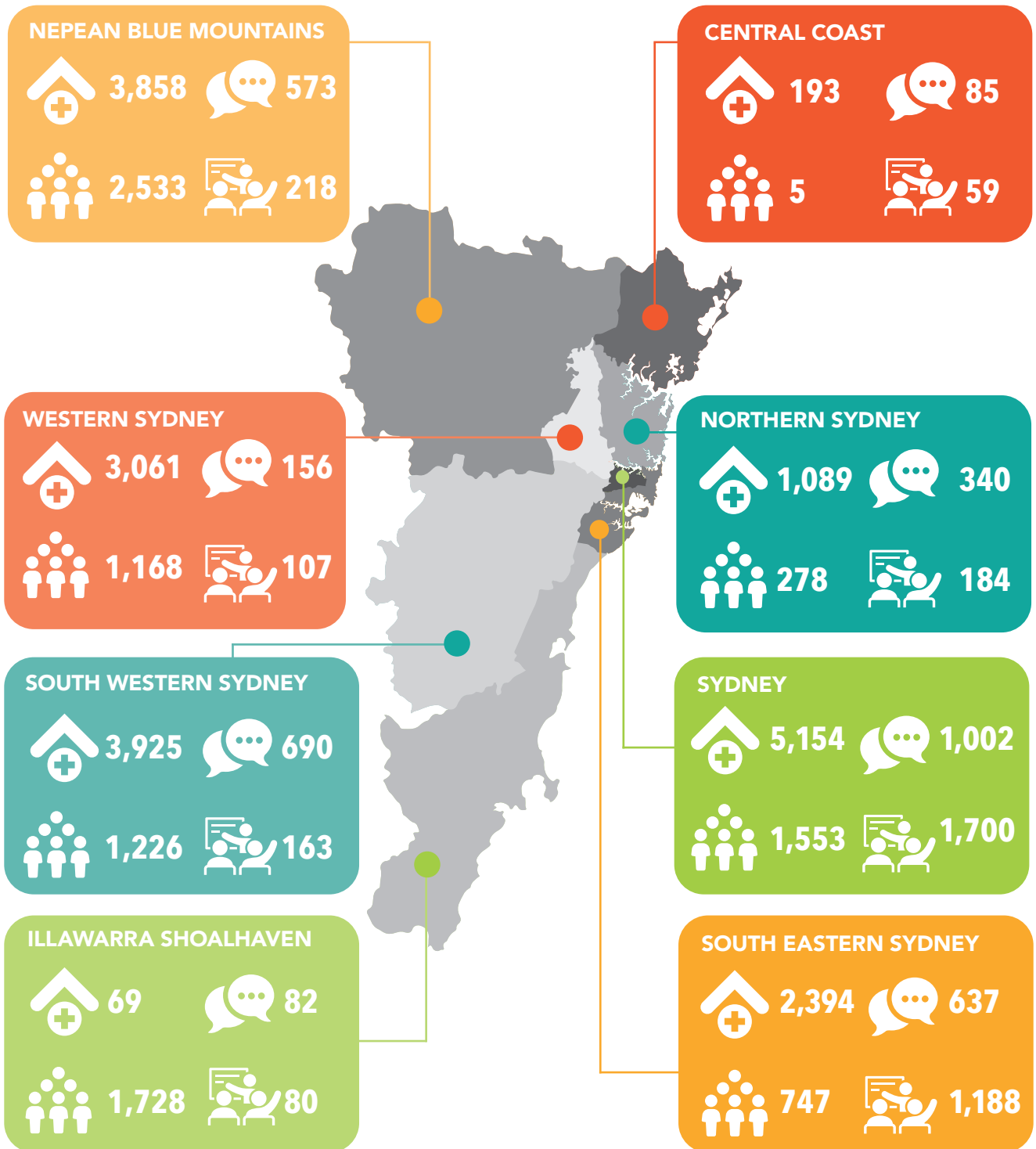
The implementation of the RAP is led by a cross-pillar working group which ensures the progression of actions in the RAP. Over the last two years, a considerable number of RAP deliverables have been implemented across the organisation including policy, strategy and resource development, with a large focus on building the cultural competency of Family Planning NSW staff.

Key actions completed include:

- dissemination of online Aboriginal Cultural Awareness Training to all Family Planning NSW staff
- development and implementation of the Aboriginal Cultural Protocol Policy and Aboriginal Employment and Retention Strategy
- establishment of the Joint Aboriginal women's and men's Consumer Advisory Group
- implementation of the Aboriginal Health Impact Statement into project management processes
- development of the Aboriginal partnership and stakeholder database
- outreach STI screening conducted at the Aboriginal Waratah Rugby League Knockout event in Dubbo
- establishment of outreach clinics in Cobar and Coonabarabran
- new commercial partnership established with an Aboriginal owned business
- addition of Supplier Diversity into the existing Family Planning NSW Purchasing Procedure to encourage the procurement of Aboriginal and Torres Strait Islander goods and services.

With our current RAP coming to an end in September 2020, the organisation is currently developing a new Innovate RAP to be implemented over the next two years. Our second Innovate RAP will focus on building on the organisation's recently implemented actions and strategies and solidifying our ongoing commitment to reconciliation through the provision of culturally appropriate programs and services to both staff and the broader Aboriginal and Torres Strait Islander community of NSW.

Services provided in Metropolitan LHDs



KEY



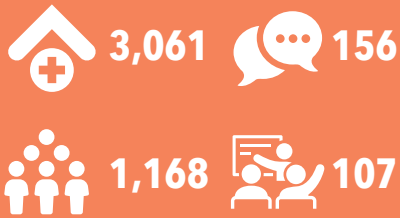
CLINIC
OCCASIONS
OF SERVICE



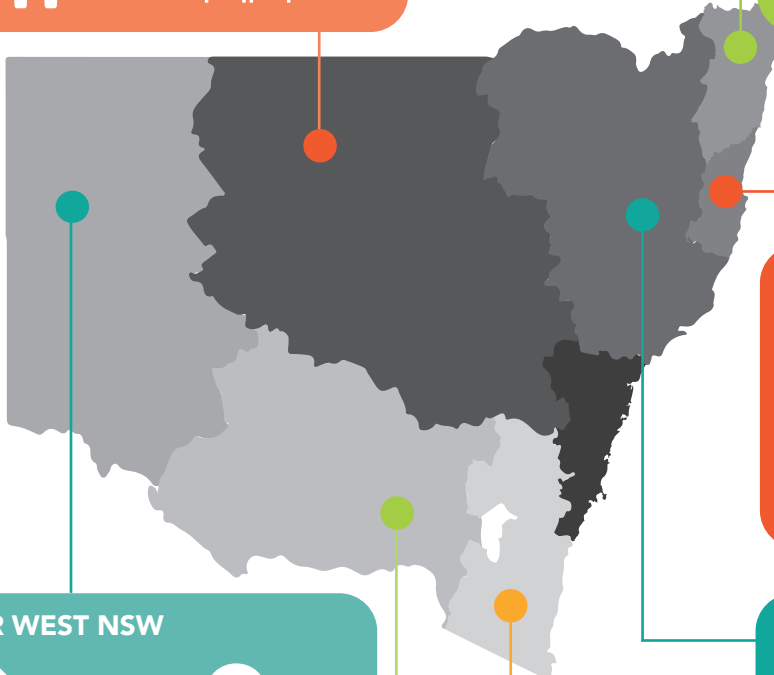
TALKLINE
OCCASIONS
OF SERVICE

Services provided in Regional LHDs

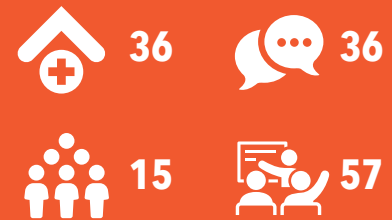
WESTERN NSW



NORTHERN NSW



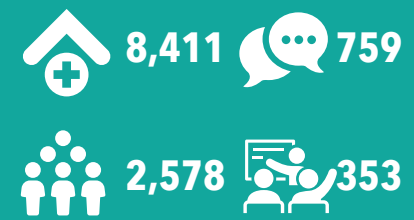
MID NORTH COAST



FAR WEST NSW



HUNTER NEW ENGLAND



MURRUMBIDGEE



SOUTHERN NSW



 COMMUNITY EDUCATION PARTICIPANTS

 PROFESSIONAL EDUCATION PARTICIPANTS

Integrated Health Services

Clinical services

Family Planning NSW provides accredited reproductive and sexual health services to a wide range of people across NSW, including clinical services, health promotion programs, community education and Talkline information and referral service. We 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.

Family Planning NSW has five fixed clinic locations in Ashfield, Dubbo, Fairfield, Hunter and Penrith. In 2019-20 we continued to form valuable partnerships to expand outreach services, increasing the accessibility of reproductive and sexual health services in NSW. Our outreach locations included the Cobar Primary and Community Health Centre, Coonabarabran Primary and Community Health Centre, WILMA Women's Health Centre, Tahmoor Medical Centre, The Hub Miller, Benevolent Society Campbelltown, Blacktown Women's & Girls' Health Centre, Rockdale Community Health Centre, Check OUT: clinic Surry Hills, and NSW Refugee Health Services Liverpool.

In 2019-20, we provided 31,307 occasions of service across our Family Planning NSW fixed and outreach clinics. Family Planning NSW was able to maintain clinical services to the community throughout the COVID-19 period, providing 0.1% more occasions of service than in 2018-19. Although this is only a slight increase, it demonstrates that we were able to provide continuity of care to our clients during these unprecedented and disruptive times.

Demand for services across all clinics has been maintained through 2019-20. The main services provided to clients are contraception (39%), gynaecological (37%), STI (11%) and pregnancy and fertility related services (9%).

Changes in the mix of services requested by clients have been generally small. There has been a 1% increase in occasions of service relating to contraception and a 3% increase in pregnancy/fertility services. We have also seen decreases in gynaecological and STI services of 4% and 1% respectively. These indicators are difficult to control as they reflect the presenting health issue of the client.

We place a high value on providing quality services and are proud to report that client satisfaction remains high. In 2019-20, 94% of clients said that they were satisfied or extremely satisfied with the care they received from Family Planning NSW.

TYPE OF SERVICE PROVIDED TO CLIENTS

39%
Contraception

11%
STI

37%
Gynaecological

9%
Pregnancy and fertility

Clinical services

	ASHFIELD *	DUBBO **	FAIRFIELD ***	HUNTER	PENRITH	OUTREACH ****	TOTAL
Clinic occasions of service	9,463	3,063	4,088	8,642	4,908	1,143	31,307
Clients	4,819	1,458	2,011	3,621	2,140	675	14,727
Young people (under 30)	1,765	668	738	2,391	1,126	257	6,945
Aboriginal and Torres Strait Islander background	25	279	14	156	66	8	582
Clients born overseas	2,026	103	1,127	389	375	194	4,216
Clients who speak other than English at home	794	109	846	168	360	147	2,425

* including ACON

** including Cobar and Coonabarabran

*** including Liverpool Refugee Health Service

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

Domestic violence and reproductive coercion screening

Family Planning NSW first introduced domestic violence routine screening (DVRS) in 2012 and added routine screening for reproductive coercion in 2018. DVRS is now a strong component of delivering holistic services to clients. There are known links between domestic violence and reproductive and sexual ill health. During 2019-20, 7,564 women were screened for domestic violence, with 260 cases of domestic violence identified (3.4% disclosure rate) and 172 cases of reproductive coercion disclosed (2.3% disclosure rate).

DVRS rates have been impacted by COVID-19. In accordance with the NSW Health Guidelines, DVRS is only conducted during face-to-face consultations. The transition to telehealth consultations during COVID-19 consequently impacted performance against this indicator with the screening rate decreasing from 71% in March 2020 to 67% in June 2020.

Abortion services

Following the implementation of abortion services in January 2020, there has been high demand for the service across the state, with Family Planning NSW providing over 235 medical abortions from January to June 2020 across all fixed sites. In April, with the introduction of telehealth services as a result of COVID-19, tele-abortion services commenced state-wide. Uptake of medical abortion by telehealth has been high, and has meant that we have been able to provide services to clients who aren't able to access these services locally, expanding the geographic reach of our service provision.

The implementation of medical abortion services was followed by the introduction of surgical abortion on 15 April 2020. We have partnered with Clinic 66, an accredited day surgery service, in this process as our current facilities do not have the required infrastructure for this day surgery service. The implementation has been extremely successful with 40 surgical abortions performed from April to June 2020.

Colposcopy

The Family Planning NSW [colposcopy](#) clinic at Ashfield, which commenced in 2017-18, continues to grow 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 remains high with bookings in place up to six weeks ahead. A total of 318 colposcopies and 83 cervical biopsies were undertaken in 2019-20.

Vasectomy

The Family Planning NSW [vasectomy](#) service commenced at our Ashfield clinic in October 2018. Family Planning NSW uses the no-scalpel vasectomy 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.

Vasectomy assessment and procedural appointments continue to be well-booked in the Ashfield clinic with bookings up to 5 weeks in advance. An additional Medical Officer has been trained, with another scheduled to commence training in 2021. We have expanded vasectomy services to our Hunter clinic in February 2020, with throughput for the service steadily increasing. 132 vasectomy procedures were completed in 2019-20.

Talkline

Family Planning NSW [Talkline](#) is a nurse-led telephone, email and live chat information and referral service which provides confidential and evidence-based information to the community and health professionals on a wide range of reproductive and sexual health topics. Information and referrals from the service cover a range of topics including unplanned pregnancy, contraceptive options and STIs.

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

The number of Talkline calls, emails and live chats increased by over 5% from 9,686 in 2018-19 to 10,208 in 2019-20. This is, in part, due to the continued use of the live chat instant messaging function.

TALKLINE

5,358
Phone

1,187
Email

3,663
Live chat



Client feedback

"Was welcomed in at the front door. Staff was very friendly and helpful. The RN nurse who did my procedure was utterly amazing. Made me feel comfortable and calmed my nerves by talking to me. She gets a 10/10 could not of gone better. Overall I will happily recommend family planning to anybody."

"Everyone was friendly and the information was informative, when I was confused and asked for more info the nurse was very helpful and patient and didn't rush me out."

"I was so so scared and stressed because I'm young and had never been there before and I didn't want my mum to find out, but the receptionist and the nurse could tell I was stressed so they were really nice which made me feel so much more calm. The nurse answered all my questions really well and made me feel safe and comfortable. The video in the waiting room was really helpful to calm me down and prepare me for my appointment. I won't be scared for my next appointment because I had a really good experience."

"Been going there (Fairfield) for over 25 years, nurses are friendly, make you feel comfortable and helpful."

"Very friendly, informative, made me feel comfortable and made the appointment very easy."

Health promotion

The Family Planning NSW Health Promotion team supports our priority population groups to achieve optimal reproductive and sexual health. We achieve this through delivery of community education, the development of resources, and a range of evidence-based projects which focus on the different reproductive and sexual health needs of our priority population groups.

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

It is our priority to ensure that the community can rely on us to provide trustworthy, up-to-date and evidence-based information. Our experienced Health Promotion Officers are highly skilled in delivering information about sensitive topics in a way that promotes safety and comfort for participants. Some of the topics that are covered in community education sessions include:

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

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

HEALTH PROMOTION

85

Health promotion resources developed

404,731

Health promotion resources distributed/
accessed including digital content

16,816

Community education participants

332

Community education sessions

286

Consumer engagement participants



Our priority populations

Aboriginal and Torres Strait Islander people

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

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

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

Our Dubbo clinic has a particular focus on this priority population group with Aboriginal and Torres Strait Islander people representing 19% of our clients at this site.

We work closely with Aboriginal Medical Services across Local Health Districts, 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, organisations and professionals across NSW.

ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLE

2.9%

Aboriginal and Torres Strait Islander population of Australia

4%

Proportion of clients identifying at all sites

19%

Proportion of clients identifying at Dubbo clinic

1,675

Aboriginal and Torres Strait Islander people accessing health promotion programs

Yarning about Girl's Business

In late 2019, work began on developing a culturally appropriate, youth friendly resource on periods and menstruation. The resource aligns with the current 'Yarning About' series and is titled '[Yarning about Girls Business](#)'. The main focus of the resource is on menstruation. Secondary topics include information on puberty more generally, including hygiene, and the inclusion of common cultural myths associated with the topic area. Links to additional resources are also included.

The resource was developed after thorough community consultation in the form of focus groups in both Dubbo and metropolitan Sydney. An Aboriginal graphic designer was commissioned to complete the resource design.

The process undertaken in developing this resource is a strong example of listening to the needs of the community and involving them in the co-design of the resource to ensure the content, look and feel is most appropriate for Aboriginal and Torres Strait Islander communities.



Aboriginal Health Worker needs assessment

Family Planning NSW conducted a needs assessment to investigate learning needs of Aboriginal Health Workers in NSW to support their provision of reproductive and sexual health information to individuals and communities. The needs assessment was conducted via an online questionnaire with Aboriginal Health Workers and semi-structured interviews with representatives from Aboriginal Controlled Community Health Services, Aboriginal Medical Services and Local Health District HIV and Related Programs units. Recommendations from the needs assessment will guide the work of Family Planning NSW over the coming years in the provision of reproductive and sexual health training to Aboriginal Health Workers.



Strong Family Project

In 2017, Family Planning NSW partnered with University of New South Wales as part of a broader research project titled 'What We Do Well' which explores the positive actions Aboriginal young people take to reduce their sexual risk and build sexual wellbeing. Consisting of two main components, the research project will apply a 'strengths-based' framework to evaluate two existing sexual health promotion programs targeting Aboriginal young people. The project is ongoing.

The first component involves interviews with 50 Aboriginal young people aged 16-24 years and 20 parents/elders. This component comprises an innovative peer-led interview method. The second component involves an interpretive evaluation of two 'strengths-based' sexual health programs. Two existing Family Planning NSW programs, the Strong Family Program and Yarning About Sexuality, will form part of this evaluation. The Strong Family Program will be delivered in Lithgow, with Lithgow High and Portland Central Schools. Yarning About Sexuality will be delivered to Marist180 Daramu Aboriginal Youth Service in Mount Druitt.

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

Due to the COVID-19 pandemic, the face-to-face delivery of both of these programs has been put on hold, to recommence once social distancing restrictions have been eased under the advice of NSW Health. In-depth community consultation has been conducted in the Lithgow area as part of the Strong Family Program, and a recent update of the facilitator's manual completed.

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 concerns.

Of our total clients in 2019-20, clients born outside Australia totalled 29% and those reporting a non-English speaking background 16%. Our Fairfield site has a particular focus on CALD populations, with 42% from a non-English speaking background and 56% 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.





**CULTURALLY AND LINGUISTICALLY
DIVERSE COMMUNITIES**

42%

NSW population born outside of Australia

29%

Clients born outside of Australia

42%

Ashfield clients born outside Australia

56%

Fairfield clients born outside Australia

1,373

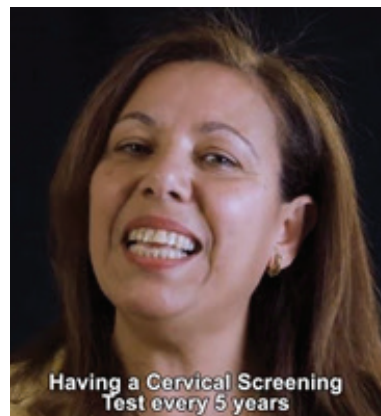
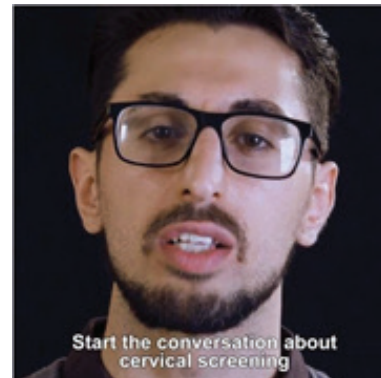
CALD people accessing health promotion
programs and activities



CALD cervical screening social media campaign

This is a digital campaign jointly funded by Cancer Institute NSW and Family Planning NSW that is designed to increase cervical screening participation rates in women from Syria, Iraq, Afghanistan and Myanmar living in western and south western Sydney. Initially a two-year funded project which exceeded all deliverables, a further six-month extension was granted by Cancer Institute NSW to deliver a social media campaign. The social media campaign included the development of a short video series (20 videos) in English and in Arabic. There was a total of 20,587 completed video viewings on Facebook and 21,864 unique link clicks to the landing pages. Examples of these videos include:

- [What is something you do for the special women in your life?](#)
- [Cervical Screening Test detects HPV - for women](#)
- [Cervical Screening Test detects HPV - for men](#)
- [What is something you forget to do?](#)
- [Start the conversation](#)



African-Australian Women's Health Education Program

The African-Australian Women's Health Education program aimed to improve cervical screening participation rates in women from the African sub-continent. The project is a collaboration between Western Sydney University, Family Planning NSW and the Community Migrant Resource Centre.

Family Planning NSW has trained community workers to deliver information on cervical screening to women from their communities. Our staff collaborated with workers to develop education sessions based on consultations and workers' own knowledge of their community. This approach ensures the information delivered to communities is based on their individual needs. Also, it encourages capacity building in community workers in terms of knowledge on cervical screening and skill development in education session development and delivery.

Two education sessions have been delivered to women by community workers with the support from Family Planning NSW staff. Due to COVID-19 restrictions, further community education sessions were postponed. In the new financial year, the delivery and evaluation of sessions and project outcomes will resume.

Religious Leaders Project

The aim of the religious leaders' project was to increase knowledge of reproductive and sexual health topics and awareness of Family Planning NSW services among people attending targeted religious congregations. The CALD Health Promotion team prioritised working with faith-based organisations with the aim to tailor community education packages to their communities.

The project has been conducted as planned. Relationships have been established with the Jesuit Refugee Service Australia, Lebanese Muslim Association and the Muslim Women's Welfare of Australia. The team delivered education sessions on healthy relationships, consent, sexual health checks, puberty, menstruation and contraception. Additional contact has been made with other religious organisations to arrange community education sessions in the new financial year.

We will continue to foster these relationships with the aim of continuing to work with faith-based organisations in the future.

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 all people including those with disability.

Across our clinics in 2019-20, 5% of clients reported a disability. Our Hunter clinic, with its specialist Sexuality and Disability Service, saw 605 clients with a disability, 7% of Hunter clients in total. Our Sexuality and Disability Service has seen a strong and steady increase in referrals to the service throughout 2019-20. The excellent reputation of the service continues to spread as evidenced with many of our referrals coming from disability service providers that have previously referred clients.

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

PEOPLE WITH DISABILITY

5%

Clients at all clinics identified as having a disability

954

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

National Disability Insurance Agency Parent and Carer Project

A two-year co-design project has been funded by the National Disability Insurance Agency to design a digital resource to build the capacity of parents and carers across Australia to better support their children with intellectual disability and/or autism spectrum disorder in the transition through puberty to young adulthood. The project is currently focusing on engaging with adults with intellectual disability and/or autism spectrum disorder and their parents and carers to understand their needs and experiences. Ten adults with intellectual disability and/or autism spectrum disorder and ten parents and carers from four states across Australia have participated in one on one interviews, with a further 100 parents completing an online survey about their learning and resource preferences. The next phase of this project will focus on co-designing the project website and webinars with people with disability, to be launched in early 2021.

Outing Disability

[Outing Disability](#) takes community members on a reflective journey into the lives of lesbian, gay, bisexual, transgender, intersex and queer people with disability. In 2019-20, Family Planning NSW successfully held two Outing Disability exhibitions.



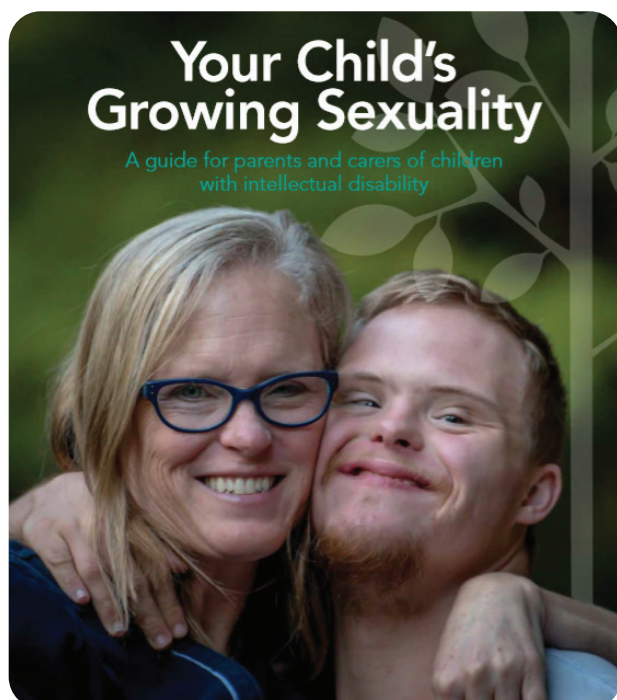
The first 2019-20 Outing Disability exhibition was held in partnership with the Sydney Social Work Community and Western Sydney University as part of their 'Disability and Sexuality' professional development night. Three Outing Disability participants were invited to be part of a panel discussion about how social workers can better support the sexuality of people with disability.

120 students, professionals and academics attended the exhibition at the conference and a firm relationship with the university was established.

The second exhibition was held in partnership with Central Coast Pride at the inaugural Coastal Twist Festival. The exhibition was displayed at the Waterline Art Gallery in Ettalong Beach from 3 October – 15 October 2019. 35 people attended the opening night, with a further 100 people viewing the exhibition over the subsequent two weeks.

Reproductive and sexual health digital resources for people with intellectual disability

A review of the current literature around reproductive and sexual health apps and e-learning websites for people with intellectual disability and/or autism spectrum disorder and their support people was conducted by the Health Promotion team. Findings showed limited availability of online materials, including apps, to support people with disability around reproductive and sexual health issues. Following this, the team created a database collating existing apps and e-learning websites to facilitate better access for people with intellectual disability and/or autism spectrum disorder and their support people.



Young people

Family Planning NSW provides non-judgmental, confidential safe spaces for young people to access evidence-based, age appropriate reproductive and sexual health information and services.

47% of our clients in 2019-20 were under the age of 30, with 66% of Hunter clients and 53% of Penrith clients in this age group.

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

YOUNG PEOPLE

38%

NSW population under the age of 30

47%

Clients under the age of 30

66%

Hunter clients under the age of 30

53%

Penrith clients under the age of 30

12,154

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

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 reproductive and 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 operates through a partnership based approach where Family Planning NSW staff provide training, resources and support to project partners. Partners then engage in conversations with young people and are able to provide information and sexual health material, including condoms, in a non-judgmental and educational way. The project aims to increase the correct use of condoms among young people, reduce the stigma associated with accessing safe sex information and decrease other barriers young people experience when accessing reproductive and sexual health services.

Despite challenges posed by the COVID-19 pandemic, the CCC project continued to function across the state. Successfully, the project team were still able to engage with 1,101 young people across the financial year and maintained over 150 active partnerships with service providers in NSW.

Illustrative of the positive feedback that the program generates, a YouTuber by the name of 'pnuks' gave a positive review of the project. The review can be found [here](#).



Festivals Project

The NSW Festivals project, known as Down to Test, aims to improve STI screening rates, condom usage and normalise testing among young people in NSW. Supported by a social marketing strategy, the project is led by NSW STI Programs Unit, in partnership with Banjo Advertising Agency, Family Planning NSW, Local Health Districts, and the Sexual Health Infoline. Through the support of trained peer educators, the project provides opportunistic STI screening to young people attending NSW based music festivals as well as sexual health information and resources, working to normalise STI screening within the target age group. Family Planning NSW has played a significant role in the development, implementation and evaluation of the festivals project across NSW.

This year, Family Planning NSW led the training, evaluation and supervision of over 35 peer educators, who were critical to the project's success, at five music festivals across NSW. Overall, this resulted in over 8,300 engagements with young people and STI screening of over 3,400 young people. Two festivals which were planned did not go ahead due to cancellation by the organisers as a result of COVID-19.



Mobile STI Screening Project

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

The roll out of the Mobile STI Screening project has been very successful this year. A total of 54 people registered as clients and tested for chlamydia and gonorrhoea through urine sample. The Health Promotion team had meaningful engagement with 1,168 people at the events, and over 1,360 reproductive and sexual health related resources were distributed. In 2019-20, activities were conducted at:

- Western Sydney University Western Fair (August 2019 and March 2020) - Campbelltown and Parramatta South campuses
- Dubbo Waratahs Rugby League Knockout (September 2019) – Dubbo
- Taylors College (October 2019) – Waterloo

Unfortunately, due to COVID-19 restrictions, planned events for SEXPO 2020 and the Hunter Sun Street Youth Festival in Newcastle were cancelled.



Test Out West

The digital health promotion campaign, [Test Out West](#), was developed and co-designed with young women in western and south western Sydney. The campaign, funded by Cancer Institute NSW,

aimed to increase cervical screening rates among young women in western and south western Sydney. During 2019-20, over 50 pieces of digital content were produced including videos, social tiles, factsheets and a microsite.



Additional physical content (brochures, A3 posters, bus side advertisements) were also developed and distributed to support the digital campaign. Over the next six months the project team will expand the campaign across Nepean Blue Mountains LHD incorporating learnings to date as well as exploring opportunities to sustain the project into the future.

The digital campaign content received 8,342,093 impressions with a total reach of 412,927. The advertisements received 88,464 engagements (reactions, shares, comments, saves, clicks, video views).

Feedback from participants:

"As someone who had cervical cancer and needed to have an extreme hysterectomy to be cancer free I can't say how important this issue is and I wish I had the smarts to be screened earlier, this cancer can be caused by the most common sexually transmitted disease out there, HPV."

"I wish they had these ads two years ago [it] would have maybe saved me getting a hysterectomy".

"I'm glad this [the campaign] is out I never knew of the vaccination I got the cancer and now I can't have any more kids. I'm one of the lucky ones who actually found it in time."

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](#). This year we have expanded our reach with our suite of educational activities including masterclasses, face to face workshops, simulated clinical practice, virtual classes, webinars, webcasts, online learning and clinical placements.

Clinical education

The end of 2019 saw the close of the triennium for accreditation with the Royal College of General Practitioners (RACGP) and Australian College of Rural and Remote Medicine (ACRRM). Our application to remain as an accredited provider for the 2020-2022 triennium was successful. This involved the submission of extensive documentation regarding the framework for the educational content and assessment processes. All courses for doctors have now been accredited and work will continue throughout the triennium as new courses are developed.

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



In addition to the regular calendar of courses, this year the following courses were updated, developed and delivered:

Masterclasses

This new suite of face to face seminars and interactive webinars commenced in November 2019 and has become increasingly popular. Each Masterclass provides a deep focus on a single topic of clinical interest with presentations, challenging case studies and Q&A by experts selected for their specialist knowledge of each subject area. Webcasts are then made available after the live event.

Contraceptive Implant (Implanon NXT) Insertion and Removal Training

This course was updated to meet the new training objectives for insertion and removal of Implanon NXT and the recommendations for Implanon NXT Trainers. The revised blended learning course has 2 pathways, either entirely online with an interactive supervised assessment with a Family Planning NSW facilitator via Zoom or a face to face workshop. Merck Sharp & Dohme has provided the distance practice kits including model arms and smartphone stands.

Medical abortion

This new online course was piloted in late 2019 by Family Planning NSW clinicians. 63 staff completed the online course followed by an implementation workshop prior to abortion services being offered in our clinics in early 2020. The course was then updated to incorporate the new legislation (Abortion Law Reform Act 2019) and will be available commercially in late 2020.

Schools and community sector

Family Planning NSW is a Registered Training Organisation (RTO) authorised by the Australian Skills Quality Authority (ASQA) to provide nationally accredited courses under the Australian Qualifications Framework and is applicable for the PDHPE teachers' courses.

All our [courses](#) for school teachers contribute to the relevant NESA Registered PD standard descriptors from the Australian Professional Standards for Teachers which are required to maintain proficient teacher accreditation in NSW.

In addition to the calendar of regular courses, this year we developed and delivered The Nitty Gritty: Specialised Reproductive and Sexual Health Training for Youth Workers. Ten workshops were scheduled across regional and metropolitan NSW, and despite fire and floods the first two courses were delivered in February 2020 in Bathurst and Batemans Bay. The remaining 8 courses were postponed due to COVID-19 restrictions and we look forward to delivering these in 2021.

The online version of this course is currently in development, it comprises a core module, and 4 shorter modules focusing specifically on each of the following priority populations: LGBTIQ+, young people with disability, CALD and Aboriginal & Torres Strait Islander young people. This will be released in late 2020.

Newcastle Permanent Charitable Foundation

With grant funding from the Newcastle Permanent Charitable Foundation, from October 2019 to March 2020 we delivered three face to face courses for disability sector workers, courses for teachers and parent workshops in Ballina, Dubbo and Port Macquarie. From March 2019, the disability courses were converted to webinars due to COVID-19. These have been very successful and have made training so much easier and accessible for regional participants. The online workshops for parents and carers of people with disability have also been very popular.

Sexual Safety Policy training

This year we completed our contract with the Mental Health Branch, NSW Ministry of Health to deliver mandatory Sexual Safety Policy training workshops to 479 mental health professionals in July and August 2019. In total across the whole contract we have delivered 290 workshops to 4,639 mental health professional since October 2015.

Partnerships

For five years Family Planning NSW has enjoyed partnerships with the University of Sydney and with the University of Technology to develop and offer the following subjects in their Master Degree programs in Reproductive and Sexual Health and Population Health respectively.

- UTS - Reproductive and Sexual Health: A Population Health Approach.
- USYD – Contraception and Pre-conception Care.

Customised training

In addition to the Family Planning NSW ongoing education calendar, our expert clinicians and Schools and Community Sector presenters have provided [customised training](#) including short seminars, full and half day workshops and webinars for:

- Concord Medical School
- GP Synergy
- NSW Rural Doctors Network
- The Royal Australian and New Zealand College of Obstetricians and Gynaecologists
- Cabramatta High School
- Mercy Connect
- Uniting
- The University of Sydney
- Greystanes High School



Clinical education

*CERVICAL SCREENING

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



*REPRODUCTIVE AND SEXUAL HEALTH UPDATES



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

*LARCs

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



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

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

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



CLINICAL E



EDUCATION

1,051

inicians attended clinical courses

170

inicians attended clinical training practicum

30

clinical education courses delivered

2,707

clinical hours of training



***REPRODUCTIVE AND SEXUAL HEALTH IN THE AUSTRALIAN CONTEXT FOR DOCTORS**

Designed specifically for International Medical Graduates (IMGs) with limited experience in reproductive and sexual health to prepare them for practice within the Australian setting.

***FPAA NATIONAL CERTIFICATE IN REPRODUCTIVE & SEXUAL HEALTH FOR DOCTORS**

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



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

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

School and community courses



*BEYOND THE NUTS AND BOLTS

Offered face-to-face or by a series of webinars, this course is designed for secondary school teachers to develop their knowledge and confidence in delivering education about relationships, sexuality and sexual health using a holistic approach



*INTRODUCTION TO SEXUALITY AND DISABILITY

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

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

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



*SEXUAL HEALTH EDUCATION: WORKING IT OUT

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

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

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

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

SCHOOL COMMUNITY EDUCATION



5
Par
co



3
Co



OL AND UNITY ATION

545

Participants attended
courses

35

Courses delivered

SEXUALITY AND DISABILITY: WORKPLACE POLICY MADE EASY

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



*SEXUALITY MATTERS! PART A PROVIDE RIGHTS-BASED SEXUALITY SUPPORT

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



STARTING THE CONVERSATION

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



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

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



The Research Centre

Family Planning NSW has a strong history of achievement in reproductive and sexual health research and research translation. All research undertaken by Family Planning NSW is guided by the Family Planning NSW Strategic Plan 2018-2022. Our Research Centre collaborates with universities and other research institutions on clinical and population health research and has extensive experience in 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 2019-20, the Family Planning NSW Ethics Committee convened eight times: four face-to-face and four online. The expedited review subcommittee convened five times (all online). The Ethics Committee considered eight new research studies (seven approved, one under review) and 20 amendments (all approved). The Family Planning NSW [Ethics Committee Terms of Reference \(ToR\) and Standard Operating Procedures \(SOPs\)](#) were also reviewed and updated to incorporate recent changes to the NHMRC National Statement (2007, updated 2018), Human Research Ethics Committee (HREC) reporting requirements, the Human Research Ethics Application Form (HREA), and NSW Health policies.

Research study highlights

Nurse-led implant insertions: Implications for clinical practice in Australia

Nurse-led contraceptive implant procedures are an accepted practice internationally, however, this is not common practice in Australia. Family Planning NSW conducted a study to explore the effectiveness of contraceptive implant training on nurse-led insertions and removals, as well as its possible impact on clinical service delivery. Registered Nurses, who participated in the Contraceptive Implant (Implanon NXT®) Insertion and Removal Training Course, as well as their supervising clinicians, took part in the study.

After training, all nurses were deemed competent in implant insertions and removals, and nurses felt positively about their increased scope of practice and ability to offer this procedure to patients.

Supervising clinicians similarly felt that nurses could play a greater role in the provision of contraceptive implant procedures in Australia, although funding constraints were raised as a current limitation.

Botfield, J. R., Wright, S. M., Fenwick, S. E., & Cheng, Y. (In Press). [Training nurses in contraceptive implant procedures: Implications for practice in Australia](#). Collegian.

'Task sharing' contraceptive implant insertions and removals with nurses: a training evaluation

Botfield JR¹, Wright SM¹, Cheng Y¹
Family Planning NSW

Background

- The contraceptive implant is a long-acting, effective method of contraception
- Uptake is relatively low in Australia, with just 5% of women using this method¹
- Low uptake may be partially due to lack of access to clinicians trained in implant procedures.
- Nurse-led insertion is accepted practice in many countries, however it is relatively new in Australia.

Methods

- Five nurses who enrolled in the training participated in the evaluation.
- Completed a pre- and post-training survey relating to knowledge, confidence and expectations.
- Approximately six months after achieving competency, participated in an interview to discuss experiences, challenges and enablers in practice
- File audit undertaken to review all insertions/removals post-competency



Cost-benefit analysis of long-acting reversible contraception (LARC) uptake in Australia

A cost-benefit analysis was undertaken to assess the impact of increasing the uptake of long acting reversible contraceptives (LARCs; i.e., contraceptive implants and intrauterine devices) in Australia.

The analysis focused on three scenarios:

Scenario 1: Switching from an oral contraceptive pill (OCP) to a LARC

Scenario 2: Initiating the use of a LARC for women not currently using any form of contraception

Scenario 3: Impact of nurse-led LARC insertions

Findings showed that an increase in LARC use would result in a net gain in economic benefits to Australia, due to reduced costs for women switching from an OCP to LARC, as well as a reduction in costs associated with unintended pregnancies for women not using contraception but wishing to avoid pregnancy. Enabling nurse-led LARC insertions would also facilitate access to LARC methods, and is a cost-effective way of increasing uptake. The creation of Medicare Benefits Schedule item numbers for RNs appropriately trained in LARC insertion would have benefits for both women and the Australian government.

The Centre for International Economics was commissioned by Family Planning NSW to conduct the economic modelling and analysis.

Concepcion, K. Lacey, S. McGeechan, K. Estoesta, J. Bateson, D. Botfield, J. R. (2019). [Cost-benefit analysis of enhancing the uptake of long-acting reversible contraception in Australia](#). Australian Health Review.

Botfield, J. R., Lacey, S., Fleming, K., McGeechan, K., & Bateson, D. (2020) [Increasing the accessibility of long-acting reversible contraceptives through nurse-led insertions: A cost-benefit analysis](#). Collegian.

Clinical trials

The Family Planning NSW Research Centre is involved in a number of clinical trials, including:

Clinical outcomes and safety of a non-hormonal medical device (Madorra) versus a sham device on the treatment of vaginal dryness in post-menopausal women, including breast cancer survivors: a pilot study

The Madorra study aims to evaluate the safety and performance of a non-hormonal medical device (Madorra Therapy System, which uses low-intensity ultrasound) versus a sham device on the treatment of vaginal dryness in post-menopausal women, including breast cancer survivors. Vaginal dryness is a huge quality of life concern for women and specifically breast cancer survivors who are affected. Women suffering from this condition experience daily discomfort, increased rates of urinary tract and yeast infections, and pain with sexual intercourse. Family Planning NSW is a recruiting partner in this national study led by Madorra.

Compass trial

Compass is the first large scale clinical trial internationally to assess primary HPV DNA testing and Liquid Based Cytology screening tests in a population that is highly vaccinated against HPV. A total of 76,000 women consented into the trial, making it the largest randomised controlled trial in Australia. Family Planning NSW is a recruiting partner in this trial being conducted by VCS Foundation and Cancer Council NSW.

New partnerships

Partner	Study title
Madorra Pty Ltd	Clinical outcomes and safety of a non-hormonal medical device (Madorra) versus a sham device on the treatment of vaginal dryness in post-menopausal women, including breast cancer survivors: a pilot study
Macfarlane Burnet Institute for Medical Research and Public Health Ltd	Enhancing the Vaginal Environment and Microbiome (EVE-M) initiative – Phase 1
Merck Sharp & Dohme	Views and experiences of young migrant refugee women regarding the contraceptive implant
International Planned Parenthood Federation	Comprehensive Sexuality Education in the Asia-Pacific Region: A regional review

Key publications

Reproductive and Sexual Health Handbook

Family Planning NSW has published reproductive and sexual health clinical guidelines since the early 1990s, as a resource for clinicians and staff, education course attendees, and others working in primary care. In 2019-20 the Reproductive & Sexual Health Handbook (edition 3, published in 2016) underwent an extensive review and update to reflect the latest evidence regarding common reproductive and sexual health presentations in primary care. The updated Handbook was released in June 2020 via a subscription-based [website](#).

Contraception in Australia: 2005-2018

The '[Contraception in Australia](#)' statistical report was finalised and published on the Family Planning NSW website in 2020. It provides a comprehensive overview of data available on contraception uptake in Australia.

Peer reviewed publications

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

- Botfield, J.R., Wright, S., Fenwick, S., & Cheng, Y. (in press). [Training nurses in contraceptive implant procedures: Implications for practice in Australia](#). Collegian.
- Nicholas, L., Newman, C.E., Botfield, J.R., Terry, G., Bateson, D. and Aggleton, P. (2020). [Men and Masculinities in Qualitative Research on Vasectomy: Perpetuation or Progress](#). Health Sociology Review.

- Botfield, J. R., Newman, C. E., Bateson, D., Haire, B., Estoesta, J., Forster, C., & Schulz Moore, J. (2020). [Young migrant and refugee people's views on unintended pregnancy and abortion in Sydney](#). Health Sociology Review.
- Yuill, S., Egger, S., Smith, M., Velentzis, L., Wrede, D. C., Bateson, D., & Canfell, K. (2020). [Has Human Papillomavirus \(HPV\) Vaccination Prevented Adverse Pregnancy Outcomes? Population-Level Analysis After 8 Years of a National HPV Vaccination Program in Australia](#). The Journal of Infectious Diseases.
- Smith, H., Botfield, J. R., Soares, M., Cheng, Y., & McGeechan, K. (2020) [Effectiveness of a peer education gender and health project for men in Timor-Leste](#). Health Promotion Journal of Australia.
- Dorney, E., Botfield, JR., Robertson, S., McGeechan, K., & Bateson, D. (2020). [Acceptability of the copper intrauterine device as a form of emergency contraception in New South Wales, Australia](#). The European Journal of Contraception and Reproductive Health Care, 25(2), 114-119.
- Botfield, J. R., Lacey, S., Fleming, K., McGeechan, K., & Bateson, D. (2020). [Increasing the accessibility of long-acting reversible contraceptives through nurse-led insertions: A cost-benefit analysis](#). Collegian, 27(1), 109-114.
- Lovell, R., Botfield, JR., Cheng, W., Tilley, D., Fazio, A., & Estoesta, J. (2020). [Promoting cervical screening among women experiencing homelessness and socioeconomic disadvantage in Sydney](#). Health Promotion Journal of Australia.
- McNamee, K., Bateson, D., & Murdoch, J. (2020). [Contraception in women aged 50 years and over](#). Medicine Today, 21(1), 49-52.
- Concepcion K, Lacey S, McGeechan K, Estoesta J, Bateson D, Botfield J R (2019). [Cost-benefit analysis of enhancing the uptake of long-acting reversible contraception in Australia](#). Australian Health Review.
- Smith, H., Botfield, J. R., Soares, M., Hagoma, R., Cheng, Y., & McGeechan, K. (2019). [Working towards gender equality in rural Timor-Leste and Papua New Guinea: Community health survey findings](#). Pacific Journal of Reproductive Health, 1(9), 506-512.
- Ouyang, M., Peng, K., Botfield, J. R., & McGeechan, K. (2019). [Intrauterine contraceptive device training and outcomes for healthcare providers in developed countries: A systematic review](#). PLoS ONE, 14(7).



Conference presentations

Oral and poster presentations were given by both Research Centre and other Family Planning NSW staff at a number of conferences in 2019-20.

Title and authors	Conference
<p>The acceptability of the female condom for Australian women</p> <p><i>Authors: Botfield JR, Fenwick S, Bateson D, Kidman P</i></p>	<p>Australasian Sexual Health Conference 2019 (poster presentation)</p>
<p>Contraception provision in the postpartum period: knowledge, views and experiences of midwives</p> <p><i>Authors: Botfield JR, Phipps H, Tulloch M, Contziu H, Wright SM, Black K, Bateson D, McGeechan K</i></p>	<p>Australasian Sexual Health Conference 2019 (poster presentation)</p>
<p>Acceptability of the copper intrauterine device as a form of emergency contraception in Australia</p> <p><i>Authors: Robertson S, Dorney E, Botfield JR, Estoesta J, Bateson D, McGeechan K</i></p>	<p>Australasian Sexual Health Conference 2019 (oral presentation)</p>
<p>‘Task sharing’ contraceptive implant insertions and removals with nurses: a training evaluation</p> <p><i>Authors: Botfield JR, Wright SM, Cheng, Y</i></p>	<p>Australasian Sexual Health Conference 2019 (poster presentation)</p>
<p>Cervical Screening Renewal – Knowledge and Practices following Implementation in NSW</p> <p><i>Authors: Sweeney S, Cheng Y, Botfield JR, Bateson D</i></p>	<p>Australasian Sexual Health Conference 2019 (poster presentation)</p>
<p>Factors associated with the utilisation of abortion services: A survey among family planning NSW Talkline callers seeking information on unintended pregnancy and abortion</p> <p><i>Authors: Pike B, Cheng Y, Armstrong T, Robertson S, Estoesta J</i></p>	<p>Australasian Sexual Health Conference 2019 (poster presentation)</p>
<p>Factors associated with the utilisation of abortion services: A survey among Family Planning NSW Talkline callers</p> <p><i>Authors: Pike B, Cheng Y, Armstrong T, Robertson S, Estoesta J</i></p>	<p>Australian Association of Social Workers conference 2019 (oral presentation)</p>
<p>Disentangling the social, clinical and legal barriers to abortion access for young women from migrant and refugee backgrounds in NSW</p> <p><i>Authors: Botfield JR, Newman CE, Bateson D, Haire B, Estoesta J, Forster C, Schulz Moore J</i></p>	<p>Children by Choice conference 2019 (oral presentation)</p>

Title and authors	Conference
<p>What women want (when accessing an abortion): the results of a consumer engagement survey</p> <p><i>Authors: Pike B, Cheng Y, Armstrong T, Robertson S, Estoesta J</i></p>	<p>Children by Choice conference 2019 (oral presentation)</p>
<p>Reproductive coercion screening and the implications for service provision/ assisting women with unplanned pregnancies</p> <p><i>Authors: Pike B, Cheng Y, Estoesta J, Shutler M</i></p>	<p>Children by Choice conference 2019 (oral presentation)</p>
<p>Embracing the future: Engaging parents and carers in improving puberty, sexuality and relationships support for children and young people with intellectual disability and autism spectrum disorders</p> <p><i>Authors: Donnelly E, Chang EL, Cheng Y, Botfield JR</i></p>	<p>Youth Health Conference 2019 (oral presentation)</p>
<p>The acceptability of the female condom for women in Australia</p> <p><i>Authors: Botfield JR, Fenwick S, Bateson D, Kidman P, Boerma C</i></p>	<p>Australian Society for Psychosocial Obstetrics and Gynaecology Conference 2019 (oral presentation)</p>
<p>Contraception provision in the postpartum period: knowledge, views and experiences of midwives</p> <p><i>Authors: Botfield JR, Phipps H, Tulloch M, Contziu H, Wright SM, Black KI, Bateson D, McGeechan K</i></p>	<p>Royal Australian and New Zealand College of Obstetricians and Gynaecologists conference 2019 (e-poster presentation)</p>
<p>Embracing the future: an evaluation of puberty, sexuality and relationships workshops for supporting children and young people with intellectual disability and autism spectrum disorders</p> <p><i>Authors: Donnelly E, Chang EL, Cheng Y, Botfield JR</i></p>	<p>Australasian Society for Intellectual Disability Conference 2019 (oral presentation)</p>
<p>The acceptability of the female condom for young women in Australia</p> <p><i>Authors: Fenwick SE, Botfield JR, Bateson D, Kidman P, Estoesta J</i></p>	<p>Youth Health Conference 2019 (poster presentation)</p>
<p>Acceptability of the Copper Intrauterine Device as a form of Emergency Contraception for young people in Australia</p> <p><i>Authors: Botfield JR, Dorney E, Robertson S, Bateson D, McGeechan K</i></p>	<p>Youth Health Conference 2019 (poster presentation)</p>
<p>The effectiveness of a digital campaign to promote safe sexual practices among Australian young people</p> <p><i>Authors: Fenwick SE, Montoya T, Baldwin M, Hardy R</i></p>	<p>eHealth@Sydney 2020 (e-poster presentation)</p>
<p>Opportunities for strengthening sexual health education in schools: Findings from a student needs assessment in NSW</p> <p><i>Authors: Roth C, Cheng Y, Conception K, Botfield JR, Stuart A, Estoesta J</i></p>	<p>Asia Pacific Conference on Reproductive and Sexual Health and Rights 10 2020 (virtual presentation)</p>

Accreditation and quality management

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

National Safety and Quality Health Service (NSQHS) Standards:

Family Planning NSW has been accredited against the NSQHS Standards since 2014. In 2017 we were successfully re-accredited by the Australian Council on Healthcare Standards (ACHS) which extends until July 2020.

Family Planning NSW onsite assessment was put on hold due to the COVID-19 pandemic. The Australian Commission on Safety and Quality in Health Care has indicated that the accreditation status of health service organisations will be maintained during the response phase of the COVID-19 pandemic. These arrangements are monitored with changes anticipated in the recovery phase of the pandemic.

National Disability Insurance Scheme (NDIS) provider:

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

Registered Training Organisation (RTO):

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

Australian Aid:

Family Planning NSW is accredited by the Australian Department of Foreign Affairs and Trade (DFAT), responsible for managing Australia's aid program. To maintain accreditation, Family Planning NSW systems, policies and processes are rigorously reviewed by the Australian Government. Family Planning NSW receives support through the Australian NGO Cooperation Program (ANCP).

Australian Council for International Development (ACFID):

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

Royal Australian College of General Practitioners (RACGP):

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

Australian College of Rural & Remote Medicine (ACRRM):

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

NSW Education Standards Authority (NESA):

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

National Health and Medical Research Council (NHMRC):

The Family Planning NSW Ethics Committee maintains registration with the National Health and Medical Research Council (NHMRC) in accordance with the National Statement on Ethical Conduct in Human Research (2018).

HealthDirect:

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

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

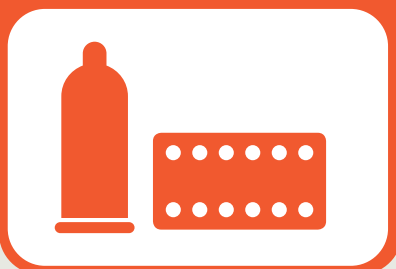
Family Planning NSW is registered with the Australian Charities and Not-for-profits Commission (ACNC).



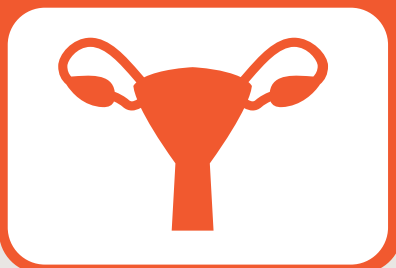
International Development

Family Planning NSW (operating internationally as Family Planning Australia) works to improve reproductive and sexual health outcomes in the Pacific and build the capacity of local partners to deliver services, education and information to clinicians, communities, educators, government officials and young people across three program streams:

CONTRACEPTION CHOICES



CERVICAL CANCER SCREENING



COMPREHENSIVE SEXUALITY EDUCATION



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

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



Universal access to reproductive and sexual health and rights are critical if we are to achieve the SDGs. All our projects have direct links with SDGs including:



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

In 2019-20, Family Planning NSW has focused on ensuring that our safeguarding measures, including child protection, sexual exploitation, abuse and harassment, terrorism financing, fraud and environmental have been highlighted throughout our projects and we have set up a schedule of policy reviews and training for all staff and partners.

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.



ACFID
MEMBER

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

Beneficiaries

PAPUA NEW GUINEA
4,985



SOLOMON ISLANDS
2,659



PAPUA NEW GUINEA

TIMOR-LESTE

TIMOR-LESTE
5,814



SOLOMON ISLANDS

VANUATU

VANUATU
3,640



TOTAL-23,426



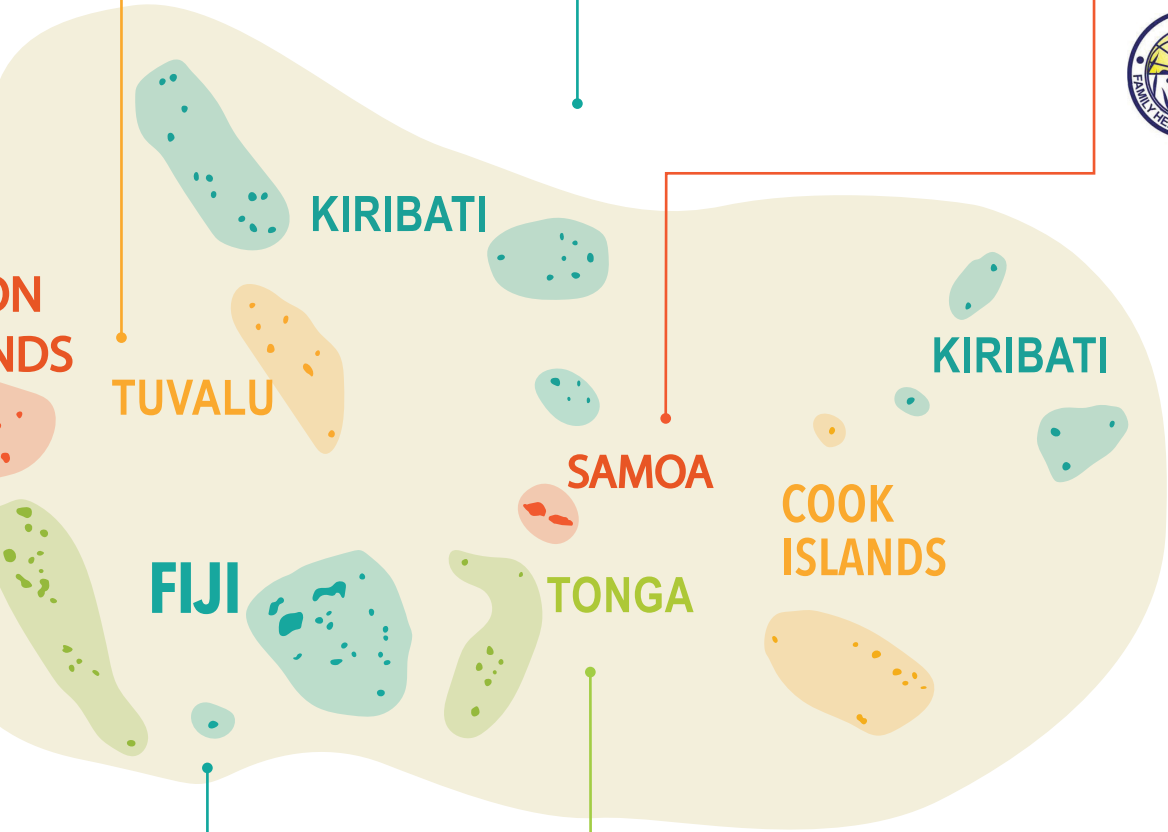
TUVALU



KIRIBATI



SAMOA



FIJI 6,328



TONGA



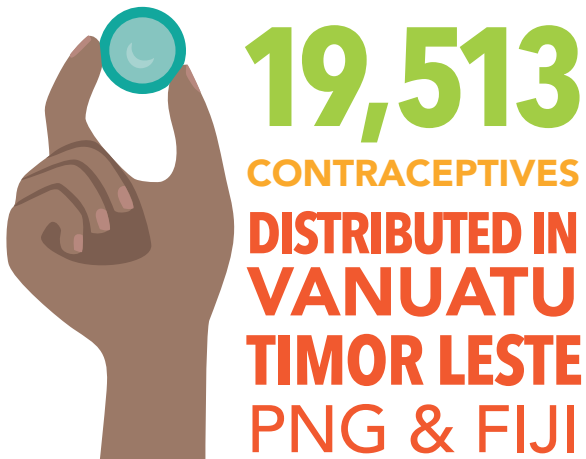
International projects at a glance

Contraception Choices Program



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

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



Case study: Provision of contraceptives

Thanks to the generous support of the Wasley family, we have been able to provide contraceptives through our partners in Papua New Guinea, Vanuatu and Timor-Leste. This support has been ongoing for a number of years and ensures women in these countries have access to contraceptives, in particular long acting reversible contraceptives. In the context of COVID-19 and Cyclone Harold which destroyed part of Vanuatu, the supply of contraceptives has been particularly critical.



It was touching to see a grandmother bringing in her 15-year-old granddaughter to have a Jadelle (contraceptive implant) inserted after seeing an advertisement on Facebook. RFHAF staff member

COVID-19 response

When COVID-19 struck Fiji, our partner, the Reproductive and Family Health Association of Fiji (RFHAF), requested support to increase essential contraceptive services. Through technical assistance and pivoting funds, we were able to support RFHAF who saw a significant increase in their client numbers including new clients such as adolescent girls that had never before received contraception. This was achieved through a social media campaign on TikTok that targeted adolescent girls, in addition to increasing family planning outreach services.



Thermal ablation


Our project in Solomon Islands took an innovative approach to cervical cancer treatment this year, thanks to the generous support of the John James Foundation. Thermal ablation is a process of using heat to remove pre-cancerous lesions. The machine has the advantage of being battery operated, and can be done immediately following screening. This was the first time this technology was used in the Pacific, and following the trial in the province of Malaita, it is expected that this will become the main treatment method of pre-cancerous lesions for the country.

Cervical Cancer Screening Program



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.

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


2,637
**WOMEN SCREENED
IN SOLOMON ISLANDS**

Case study: Solomon Islands

Working with the Solomon Islands Ministry of Health and Medical Services, this project aims to increase cervical cancer screening and treatment using innovative technologies that are suitable in the local context. In 2019-20, the project moved from pilot to scale up phase with nurses in the province of Malaita trained to provide services. This was also the first year in a new partnership with Australian NGO SurfAid, who are experts at community engagement. This partnership has been an incredible success, and SurfAid will continue to support all future training activities.




“We have always wanted to have a screening program for women in the country especially since a lot of our women don't really know much about cervical cancer and they do not present until they have issues” Cervical cancer screening nurse

Comprehensive Sexuality Education Program



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

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




1,235
COMMUNITY MEMBERS PROVIDED
INFORMATION ON SRHR IN PAPUA NEW GUINEA AND TIMOR LESTE

Case study: Timor-Leste

For the past 10 years, we have been working with Cooperativa Café Timor, a coffee cooperative who reach half the population of Timor-Leste, to implement a men and boys awareness program. The program uses a peer education model to disseminate health information to men’s groups at a remote village level on issues such as contraception, respectful relationships, consent, and gender roles. This was the final year of implementation of this project, and it is incredible to realise that since 2012, this program has reached 21,000 people, and had two articles published in peer reviewed journals.





Because of this program, the men in the community now understand how to use contraception to prevent pregnancy. They are able to name a number of contraceptive devices and felt that this knowledge had improved sexual relation.

Cooperativa Cafe Timor Trainer

Comprehensive sexuality education

Family Planning NSW is working with UNFPA Pacific to support six countries to update their comprehensive sexuality education curriculum (known in the Pacific as family life education or FLE). This is school based education on puberty, contraception, consent, gender-based violence, the rights of people with a disability, and healthy relationships. Most countries in the Pacific have curriculums that are either inadequate or do not currently exist. This project has the potential to change an entire generation, who are the ultimate beneficiaries from this curriculum update.



Communications and Advocacy

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

We believe that all people should:

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

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

As an organisation, we work to drive change by:

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

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

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

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

Decriminalisation of abortion advocacy

Family Planning NSW championed the decriminalisation of abortion in NSW as part of the Steering Committee for the campaign. This historic achievement was supported by the NSW Pro-Choice Alliance which consisted of 72 peak organisations from legal, health and community organisations united to have abortion removed from the NSW Crimes Act and regulated like any other healthcare procedure.

As a leading reproductive and sexual health organisation, Family Planning NSW had a vital role in guiding the media strategy and providing operational support and health spokespeople for comment throughout the NSW Pro-Choice Alliance campaign. As an organisation, we brought healthcare expertise to the work of the Alliance and asserted ourselves as sector leaders on reproductive and sexual health and rights matters.

Significant coverage was achieved across major newspapers, online sites, news radio and social media. Media monitoring data shows the campaign launch attracted a total reach of more than 57.6 million equating to an advertising value of \$27.4 million in traditional media advertising and 3,844 media clips.

The ultimate success of the advocacy and campaign activity occurred on 2 October 2019 with the royal assent of the Abortion Law Reform Act 2019, passed a week earlier by both houses of the New South Wales Parliament. The legislation took abortion out of the NSW criminal code, where it had been for 119 years, and regulated it as a medical procedure.



International advocacy

During 2019-20, Family Planning NSW increased its activity and engagement on reproductive and sexual health and rights international advocacy including in United Nations discussions, regional forums, and meetings with key policy makers such as Natalia Kanem (Global Executive Director of the United Nations Population Fund) and Julie-Ann Guivarra (Australia's Ambassador for Gender Equality).

In 2019-20, Family Planning NSW continued its membership of regional organisations such as the Asia Pacific Alliance for Sexual and Reproductive Health and the Pacific Society for Reproductive Health. Family Planning NSW continued to actively engage with the Australian Department of Foreign Affairs and Trade to influence Australian positions at the United Nations Commission on Population and Development and the World Health Assembly.

Family Planning NSW continues to be a member of the International Sexual and Reproductive Health Consortium, a group of Australian non-government organisations that provide a voice on reproductive and sexual health and rights to government, including letters to the Minister for Foreign Affairs and the Minister for International Development and the Pacific as well as submissions to Parliamentary inquiries.



Policy submissions

During 2019-20, Family Planning NSW made [submissions](#) and responses to a wide range of reviews and inquiries that reflect our commitment to reproductive and sexual health and rights for all.

Our policy submissions focused on seven priority areas:

1. promoting gender equality and ending violence against women
2. investing in comprehensive sexuality education
3. increasing access to long acting reversible contraceptives
4. improving access to abortion care
5. eliminating cervical cancer
6. improving access to reproductive and sexual health services
7. improving reproductive and sexual health data.

Our submissions and responses included:

Submission	Audience
Budgetary pressures on NGO partners with the Australian Government	Australian Government, Ministers
International Development policy review	Commonwealth Department of Foreign Affairs and Trade
Performance and implementation of the NDIS	Joint Standing Committee on the NDIS
Global Green and Healthy Hospitals	Global Green and Healthy Hospitals
Guidelines for the prophylactic use of Rh D immunoglobulin	National Blood Authority Australia
Commitments to the International Conference on Population and Development 25 year review	Nairobi Summit
Inquiry into the current and future provision of health care services in the South West Sydney growth region	Parliament of NSW
Inquiry into the human rights of women and girls in the Pacific	Joint Standing Committee on Foreign Affairs, Defence and Trade
NDIS workforce	Joint Standing Committee on the NDIS
Review of the NSW school curriculum	NSW Department of Education and Training
Religious Discrimination Bill 2019	Commonwealth Government
Religious Discrimination Bill 2019 – Second Exposure Draft	Commonwealth Government
Reproductive Health Care Bill	Parliament of NSW
Royal Commission Into Violence, Abuse, Neglect And Exploitation of People with Disability	Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability
Royal Commission Into Violence, Abuse, Neglect and Exploitation of People with Disability: Issues Paper Healthcare	Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability
Senate inquiry into autism	Select Committee on Autism
Sexual and Reproductive Health and Rights and the SDGs: Priorities for Australia and the Pacific 2020	Australian Government
Sydney Metro West	Department of Planning, Industry and Environment

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

Submission	Lead organisation or initiating organisation	Audience
2019 Global Sustainable Development Report	Asia Pacific Alliance	International decision makers
A call for strong and inclusive civil society engagement at UN virtual meetings	Women's Major Group	United Nations High Level Political Forum
Call for LGBTI Census inclusion	LGBTI Health Alliance	Australian Government
Call for LGBTI Census inclusion	LGBTI Health Alliance	Michael Sukkar, MP
International Development policy review	International Sexual and Reproductive Health and Rights Consortium	Department of Foreign Affairs and Trade
FARE: Stopping harm caused by alcohol	FARE	Australian and New Zealand Food Forum Ministers
HRC42 Joint civil society statement on abortion rights	Sexual Rights Initiative	UN General Council
Inquiry into the implications of the COVID-19 pandemic for Australia's foreign affairs, defence and trade	International Sexual and Reproductive Health and Rights Consortium	Joint Standing Committee on Foreign Affairs, Defence and Trade
Statement on COVID-19	International Sexual and Reproductive Health and Rights Consortium	General advocacy
Letter and statement on COVID-19	International Sexual and Reproductive Health and Rights Consortium	Australian Foreign Ministers and Ambassador for Gender Equality
Joint Position Statement calling for rights-based framework for sexuality in the NDIS	People with Disability Australia	Australian State and Territory Disability Ministers

Submission	Lead organisation or initiating organisation	Audience
Maintaining cervical cancer, sexual and reproductive health services during the COVID-19 crisis	Together For Health	Global Ministries of Health
Open letter response to USAID regarding the retention of sexual and reproductive health in The Global Humanitarian Response Plan	International Women's Health Coalition	UN Secretary-General
Shadow report to the Australian Government's report on the Convention on the Rights of Persons with Disabilities	CRPD Civil Society Shadow Report	Women with Disabilities Australian and Australian Government
Women Deliver, Deliver for Good: Open letter calling on governments to apply a gender lens to COVID-19 preparedness, response and recovery	Deliver For Good	Deliver For Good Campaign and International Governments
Request for support and meeting	International Sexual and Reproductive Health and Rights Consortium	Minister for Foreign Affairs, Minister for International Development and the Pacific

Media

Family Planning NSW prioritised increasing media relations activity in 2019-20 as a way to position the organisation and our spokespeople as industry leaders in reproductive and sexual health matters.

Along with the primary focus of supporting the NSW Pro-Choice Alliance campaign, the Communications and Marketing team implemented its media relations strategy and calendar to support the pillars of Family Planning NSW and their business goals.

Communications and Marketing implemented 18 separate media activations throughout 2019-20. Media activations ranged from a cost-benefit analysis of enhancing the uptake of long-acting reversible contraception to promotion of the copper intrauterine device as a form of emergency contraception in NSW. These activations focused on supporting Family Planning NSW's business goals and resulted in 102 media articles for Family Planning NSW.

Additionally, Family Planning NSW continued to cultivate a range of media contacts relevant to business areas, building on our reputation as industry leaders and experts, and a voice of authority on reproductive and sexual health and rights matters.

Social media

The Family Planning NSW social media channels continue to act as a front of information on the latest reproductive and sexual health services, research and education.

To support the growth of Family Planning NSW's social media channels, the Communication and Marketing team focused on the development of the social media strategy and social media content calendar. These efforts have resulted in Family Planning NSW seeing significant growth on all social media channels. Additionally, the continuation of the social media calendar has supported a balance of content that represents the true breadth of Family Planning NSW services.

Social media advertising has continued to play a vital role in the acquisition of clients, education participants and to promote Family Planning NSW's research projects and international programs. Family Planning NSW social media advertising reached 419,210 individuals throughout 2019-20, resulting in 1,512,191 impressions.

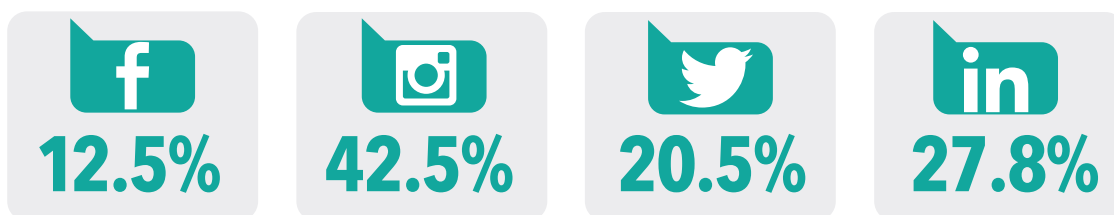
Our website

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.

Family Planning NSW has placed a key focus on driving users to fnsw.org.au to support clinical appointments and education course enrolments. The key method for increasing website traffic has been the implementation of Google Search Ads campaigns, utilising key word search terms to serve users ads on Family Planning NSW services. This method has supported an increase in page views by 10.6% year on year and an increase in unique page views by 9.4%.

	2018-19	2019-20	Change
Page Views	1,057,915	1,265,430	+ 19.6%
Sessions	502,903	638,357	+ 26.9%
Users	369,411	476,340	+ 29%
New users	369,474	473,096	+ 28.1%

INCREASE IN FOLLOWERS





The Family Planning NSW social media channels continue to act as a font of information on the latest reproductive and sexual health service, research and education available



Financial report

For year ended 30 June 2020
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 2020.

Directors

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

Bernadette Or

Carla Cranny

Kim Field

Rosalind Winfield

Gary Trenaman

Sharyn Coughlan

Stephanie Cross (appointed November 2019)

Elizabeth Jacka (appointed November 2019)

Neil Jackson

Kim Johnstone

Melissa Williams

Violet Roumeliotis (appointed November 2019)

Sue Carrick (resigned November 2019)

Nadine Wilmot (resigned November 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	2020 Actual	2020 Benchmark	2019 Actual	2019 Benchmark
Client Visits	31,307	28,000	31,271	28,000
Operational and Financial				

Proportion of funding from:

Grants				
Government grants	72%	79%	80%	80%
Other grants	3%	1%	1%	0%
Self-generated income:				
Donations	0%	1%	0%	0%
Investments	2%	2%	2%	1%
Sale of property	0%	0%	0%	0%
Other	23%	17%	17%	19%

Information on directors



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

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

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

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

Special responsibilities:

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



Kim Field
Non-Executive Director –
Vice President
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.

Special responsibilities:

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



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

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

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

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

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

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

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

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

Carla was elected to the Board in 2018.

Special responsibilities:

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



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

Special responsibilities:

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



Gary Trenaman

**Non-Executive Director
- Treasurer
BComm, MBA, CPA,
GAICD, FGIA, JP**

Gary is an accountant with a specialisation in not-for-profit

organisations. His approach is to seek insights from data that can lead to organisational competitive advantage. He has a preference for forward looking reporting and educated predictions to complement traditional historical accounting.

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

Special responsibilities:

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



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

Sharyn has more than 30 years' experience as

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

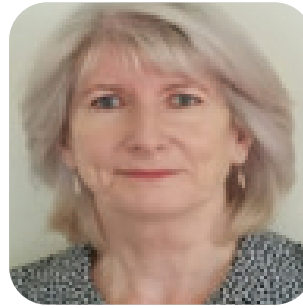
Her qualifications are complemented by studies in Corporate Wellness, Consulting & Coaching Psychology, and Government Investigations. She holds nationally recognised qualifications in Training & Assessment, and Corporate & Workplace Coaching. Sharyn is accredited (ACC) with the International Coach Federation,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

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

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

Special responsibilities:

- Member of the Performance and Remuneration Committee



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

Stephanie's 35 year career has spanned

across the private and public sectors, most recently involving 16 years at a Senior Executive and Board level in the NSW public sector. Over more than three decades, Stephanie has held the positions of Deputy Director General in the Department of Juvenile Justice and the Department of Sport and Recreation, and Executive Director in the Department of Environment Climate Change and Water (subsequently the Office of Environment and Heritage), the NSW Office of Communities and the NSW Office of Sport.

Stephanie's expertise is in the area of corporate and strategic services and she has been responsible for the following functions and activities across a number of agencies:

- human resources
- financial management and accounting
- audit, governance and risk
- stakeholder engagement and management
- information and communications technology, including knowledge management
- capital works, asset and facilities management and procurement
- corporate strategic planning and program evaluation
- major industry and business specific research, business modelling, and change management
- legal services

As an executive, Stephanie has delivered major organisational change initiatives and reform programs. She has experience working and managing state wide educational programs and research initiatives, has partnered with organisations to improve service delivery outcomes and has deep experience across financial management, capital works and facilities management.

Stephanie was elected to the Board in 2019.

Special responsibilities:

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



Dr Elizabeth Jacka
(appointed November 2019)
BSC., B.A., PhD

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

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

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

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

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

Special responsibilities:

- Member of the Governance Committee



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.

Special responsibilities:

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



Dr Kim Johnstone
Non-Executive Director
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 Board Executive Committee
- Chair of the International Programme Advisory Committee
- Member of the Planning and Development Committee



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

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

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

Melissa was previously a Director at Western Sydney University. For this work, her Office was a 2009 Finalist for the Pru Goward award for Diversity Management, awarded by the Australian Human Resources Institute, 2010 Finalist for the Ministers Award for Outstanding EEO initiative for the Advancement of Women, and won the Australian Human Resources Institute (AHRI) Fons Trompenaars Award for best people management initiatives and strategies in the management of a diverse or multicultural workplace.

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

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

She believes that the best way to predict the future is to invent it. Melissa's ambition is to create a methodology which can engage, recognise and value the unique history, place and contributions of first peoples as a core part of Australia's nation-making in the 21st century.

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

Special responsibilities:

- Member Peak Consumer Participation Committee



Violet Roumeliotis AM
(appointed November 2019)
Non-Executive Director BA,
MMgt, GAICD

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

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

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

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

Violet sits on the board of the Australian Council of Social Service, Family Planning NSW and the NSW Domestic and Family Violence, and Sexual Assault Council. Her other appointments include the SBS Community Advisory Committee, the Leadership Council on Cultural Diversity, the UTS Business MBA Advisory Group, the Council on Economic Participation for Refugees, the International Metropolis Steering Committee, the Australian Defence Force's Chiefs of Service Committee's diversity and inclusion panel, and the NSW government's joint partnership working group overseeing refugee resettlement. She was elected to the Board in 2019.

Special responsibilities:

- Member of the Performance and Remuneration Committee



Sue Carrick
(resigned 26
November 2019)
Non-Executive Director
– President
MHSc, 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 and Remuneration Committee
- Chair of the Head Office Facility Committee
- Chair of the Research Committee



Nadine Wilmot

(resigned 26 November 2019)

**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

Company Secretary

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

Meetings of Directors

The number of meetings of the company's Board of Directors ('the Board') held during the year ended 30 June 2020 and the number of meetings attended by each director were:

Directors	Full board	
	Attended	Held
Bernadette Or	10	10
Carla Cranny	10	10
Kim Field	10	10
Rosalind Winfield	9	10
Gary Trenaman	10	10
Kim Johnstone	9	10
Melissa Williams	7	10
Neil Jackson	9	10
Sharyn Coughlan	9	10
Stephanie Cross	6	6
Elizabeth Jacka	5	6
Violet Roumeliotis	6	6
Sue Carrick	4	4
Nadine Wilmot	2	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 \$2,600 based on 52 current ordinary members.

Auditor's independence declaration

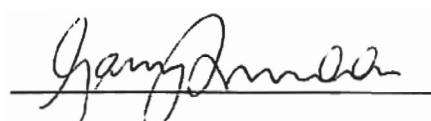
A copy of the Auditor's Independence Declaration as required under s.60-40 of the Australian Charities and Not-for-profits Commission Act 2012 is set out immediately after this director's report and forms part of the Director's report.

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

On behalf of the directors



Bernadette Or – President



Gary Trenaman - Treasurer

Date this 29th day of September 2020



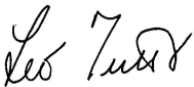
AUDITOR'S INDEPENDENCE DECLARATION UNDER SECTION 60-40 OF THE AUSTRALIAN CHARITIES AND NOT FOR PROFITS COMMISSION ACT 2012 TO THE DIRECTORS OF FAMILY PLANNING NSW

I declare that, to the best of my knowledge and belief during the year ended 30 June 2020 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.

A handwritten signature in black ink that reads 'William Buck'.

William Buck
Accountants & Advisors
ABN 16 021 300 521

A handwritten signature in black ink that reads 'L. E. Tutt'.

L. E. Tutt
Partner

Sydney, 29 October 2020

ACCOUNTANTS & ADVISORS

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Statement of **PROFIT OR LOSS** and other comprehensive income for the year ended 30 June 2020

	2020 \$	2019 \$
Revenue		
Domestic revenue		
Grants		
Government grants	11,015,001	11,418,321
Other grants	133,282	124,929
	11,148,283	11,543,250
Sales revenue		
Contraceptive income	66,858	84,661
Course fees	205,735	425,778
Bookshop sales	78,847	125,375
	351,440	635,814
Other revenue		
Medicare revenue	558,706	558,125
Private billing revenue	700,678	664,993
Investment revenue	376,223	291,672
Government grant - Jobkeeper	1,338,580	-
Gain on sale of fixed assets	45,112	-
Donations and gifts		
Monetary	21,615	-
Non-monetary	-	-
Other revenue	138,177	297,359
	3,179,091	1,812,149
TOTAL DOMESTIC REVENUE	14,678,814	13,991,213

	2020 \$	2019 \$
International revenue		
Grants		
Department of Foreign Affairs and Trade	337,870	387,020
Other Australian	4,367	-
Other overseas	285,806	30,875
Donations and gifts		
Monetary	64,432	53,057
Non-monetary	16,208	-
Bequests and Legacies	-	-
Investment income	795	3,067
Fundraising	-	-
Other revenue	289,610	364,325
Revenue for international political or religious adherence promotion program	-	-
Total international revenue	999,088	838,344
Total revenue	15,677,902	14,829,557

Statement of **PROFIT OR LOSS** and other comprehensive income for the year ended 30 June 2020 (continued)

	2020 \$	2019 \$
Expenses		
Domestic program expenses		
Audit / professional services	(55,923)	(38,271)
Bad debts	(100)	-
Branding & marketing	(9,748)	(66,801)
Computer services and software	(201,871)	(225,066)
Conferences & seminars	(54,261)	(78,184)
Consultancy	(383,238)	(255,411)
Consumables / client expenses	(77,169)	(102,767)
Cost of goods sold	(62,873)	(72,068)
Depreciation and amortisation expenses	(727,928)	(213,613)
Employee benefit expense	(10,505,090)	(10,845,938)
File scanning	(7,104)	(8,485)
Insurance	(161,376)	(126,069)
Labour hire – external	(46,341)	(37,717)
Lease / rent	(66,808)	(125,902)
Materials and equipment	(11,943)	(67,530)
Medical consumables	(131,277)	(109,790)
Printing / postage / stationery / advertising/ photocopying	(214,251)	(292,445)
Repairs and maintenance / cleaning	(228,730)	(213,818)
Staff recruitment	(11,830)	(21,070)
Stock write-off	(5,736)	(4,297)
Strata levies	(47,870)	(75,517)
Teaching resources	(86,407)	(162,473)
Telephone / internet	(150,814)	(124,134)
Travel	(131,309)	(206,266)
Utilities	(90,822)	(93,735)
Website development	(27,411)	(25,351)
Other expenses	(501,336)	(410,669)
Total domestic program expenses	(13,999,566)	(14,003,387)

	2020 \$	2019 \$
International aid and development programs expenses		
International programs		
Funds to international programs	(278,893)	(206,604)
Program support costs	(495,267)	(300,316)
Community education	-	-
Fundraising costs	-	-
Public	(55)	(454)
Government, multilateral and private	-	-
Accountability and administration	(208,665)	(330,970)
Non-monetary expenditure	(16,208)	-
Total international aid and development program expenses	(999,088)	(838,344)
International political or religious adherence promotion programs expenditure	-	-
Total international program expenses	(999,088)	(838,344)
Total Expenses	(14,998,654)	(14,841,731)

Surplus before income tax expense	679,248	(12,174)
Income tax expense		
SURPLUS/ (DEFICIT) AFTER INCOME TAX EXPENSE FOR THE YEAR ATTRIBUTABLE TO THE MEMBERS OF FAMILY PLANNING NSW	679,248	(12,174)

Other comprehensive income for the year, net of tax

Net gain on asset revaluation reserve	-	901,752
Net gain on investment revaluation reserve	(24,674)	72,871
TOTAL COMPREHENSIVE INCOME / (LOSS) FOR THE YEAR ATTRIBUTABLE TO THE MEMBERS OF FAMILY PLANNING NSW	654,574	962,449

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 2020

	Note	2020 \$	2019 \$
Assets			
Current assets			
Cash and cash equivalents	4	9,834,704	8,148,912
Trade and other receivables	5	382,361	2,488,935
Inventories on hand	6	68,283	82,045
Assets held for sale		-	-
Other financial assets		-	-
Other	7	333,639	198,789
Total current assets		10,618,987	10,918,681
Non-current assets			
Trade and other receivables		-	-
Financial assets	8	1,702,786	1,727,460
Property, plant and equipment	9	18,295,649	15,934,944
Right of use asset	10	1,225,622	
Right of use asset - accumulated	10	(405,142)	
Intangibles	11	25,458	-
Other non-current assets		-	-
Total non-current assets		20,844,373	17,662,404
Total assets		31,463,360	28,581,085
Liabilities			
Current Liabilities			
Trade and other payables	12	997,294	884,930
Employee benefits	13	1,369,420	1,595,010
Grants received in advance	14	4,707,087	3,207,713
Current tax liabilities		64,077	59,911
Other financial liabilities	15	650,523	-
Provisions		-	-
Other		-	-
Total current liabilities		7,788,401	5,747,564

	Note	2020 \$	2019 \$
Liabilities (continued)			
Non-current liabilities			
Trade and other payables		-	-
Employee benefits	16	107,713	100,960
Borrowings		-	-
Other financial liabilities	17	181,157	-
Provisions		-	-
Other		-	-
Total non-current assets		288,870	100,960
TOTAL LIABILITIES		8,077,271	5,848,524
NET ASSETS		23,386,089	22,732,561
Equity			
Reserves	18	3,025,784	12,750,457
Retained surpluses	19	20,360,305	9,982,104
TOTAL EQUITY		23,386,089	22,732,561

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 2020

	Retained Surplus	Asset Revaluation Reserve	Investment Revaluation Reserve	General Reserves	Total Equity
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
Balance at 1 July 2019	9,982,104	12,737,597	12,860	-	22,732,561
Surplus after income tax expense for the year	679,248	-	-	-	679,248
Other comprehensive income / (deficit) for the year, net of tax	(1,046)	-	(24,674)	-	(25,720)
Total comprehensive income for the year	678,202	(24,674)	-	-	(653,528)
Other transfers to/(from) reserves:					
Asset revaluation reserve	9,700,000	(9,700,000)			-
Balance at 30 June 2020	20,360,306	3,037,597	(11,814)	-	23,386,089

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 2020

	Note	2020 \$	2019 \$
Cash flows from operating activities			
Receipts from customers (inclusive of GST)		5,180,006	2,766,493
Payments to suppliers and employees (inclusive of GST)		(16,371,925)	(16,176,223)
Grants received		14,558,120	13,003,928
Government Grant - JobKeeper		944,080	-
Donations received		86,047	53,057
Interest and dividends received		367,170	285,272
Net cash from operating activities		4,763,498	(67,473)
Cash flows from investing activities			
Payment for property, plant & equipment	9	(13,698,898)	(76,945)
Proceeds from sale of property, plant & equipment		11,026,707	6,392
Website development		(27,800)	-
Proceeds from sale of investments		-	-
Net cash used in investing activities		(2,699,991)	(70,553)
Cash flows from financing activities			
Repayment of lease liability		(377,715)	-
Net cash from financing activities		(377,715)	-
Net increase in cash and cash equivalents		1,685,792	(138,026)
Cash and cash equivalents at the beginning of the financial year		8,148,912	8,286,938
Cash and cash equivalents at the end of the financial year	4	9,834,704	8,148,912

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.

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

AASB 15 Revenue from Contracts with Customers

The company has adopted AASB 15 from 1 July 2019. The standard provides a single comprehensive model for revenue recognition. The core principle of the standard is that an entity shall recognise revenue to depict the transfer of promised goods or services to customers at an amount that reflects the consideration to which the entity expects to be entitled in exchange for those goods or services. The standard introduced a new contract-based revenue recognition model with a measurement approach that is based on an allocation of the transaction price. This is described further in the accounting policies below. Credit risk is presented separately as an expense rather than adjusted against revenue. Contracts with customers are presented in an entity's statement of financial

position as a contract liability, a contract asset, or a receivable, depending on the relationship between the entity's performance and the customer's payment. Customer acquisition costs and costs to fulfil a contract can, subject to certain criteria, be capitalised as an asset and amortised over the contract period.

AASB 16 Leases

The company has adopted AASB 16 from 1 July 2019. The standard replaces AASB 117 'Leases' and for lessees eliminates the classifications of operating leases and finance leases. Except for short-term leases and leases of low-value assets, right-of-use assets and corresponding lease liabilities are recognised in the statement of financial position. Straight-line operating lease expense recognition is replaced with a depreciation charge for the right-of-use assets (included in operating costs) and an interest expense on the recognised lease liabilities (included in finance costs). In the earlier periods of the lease, the expenses associated with the lease under AASB 16 will be higher when compared to lease expenses under AASB 117. However, EBITDA (Earnings Before Interest, Tax, Depreciation and Amortisation) results improve as the operating expense is now replaced by interest expense and depreciation in profit or loss. For classification within the statement of cash flows, the interest portion is disclosed in operating activities and the principal portion of the lease payments are separately disclosed in financing activities. For lessor accounting, the standard does not substantially change how a lessor accounts for leases.

AASB 1058 Income of Not-for-Profit Entities

The company has adopted AASB 1058 from 1 July 2019. The standard replaces AASB 1004 'Contributions' in respect to income recognition requirements for not-for-profit entities. The timing of income recognition under AASB 1058 is dependent upon whether the transaction gives rise to a liability or other performance obligation at the time of receipt. Income under the standard is recognised where: an asset is received in a transaction, such as by way of grant, bequest or donation; there has either been no consideration transferred, or the consideration paid is significantly less than the asset's fair value; and where the intention is to principally enable the entity to further its objectives. For transfers of financial assets to the entity which enable it to acquire or construct a recognisable non-financial asset, the entity must recognise a liability amounting to the excess of the fair value of the transfer received over any related amounts recognised. Related amounts recognised may relate to contributions by owners, AASB 15 revenue or contract liability recognised, lease liabilities in accordance with AASB 16, financial instruments in accordance with AASB 9, or provisions in accordance with AASB 137. The liability is brought to account as income over the period in which the entity satisfies its performance obligation. If the transaction does not enable the entity to acquire or construct a recognisable non-financial asset to be controlled by the entity, then any excess of the initial carrying amount of the recognised asset over the related amounts is recognised as income immediately. Where the fair value of volunteer services received can be measured, a private sector not-for-profit entity can elect to recognise the value of those services as an asset where asset recognition criteria are met or otherwise recognise the value as an expense.

Basis of preparation

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

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

Historical cost convention

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

Critical accounting estimates

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

Revenue from contracts with customers

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

Note 1: Significant accounting policies

Sales revenue

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

Grants

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

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

Volunteer services

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

Donations

Donations are recognised at the time the pledge is received.

Income tax

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

Current and non-current classification

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

An asset is classified as current when: it is either expected to be realised or intended to be sold or consumed in the company's normal operating cycle; it is held primarily for the purpose of trading;

it is expected to be realised within 12 months after the reporting period; or the asset is cash or cash equivalent unless restricted from being exchanged or used to settle a liability for at least 12 months after the reporting period. All other assets are classified as non-current.

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

Cash and cash equivalents

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

Trade and other receivables

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

Property, plant and equipment

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

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

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

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

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

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

Right-of-use assets

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

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

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

Lease liabilities

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

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.

Note 1: Significant accounting policies

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

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

Coronavirus (COVID-19) pandemic

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

Lease term

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

Incremental borrowing rate

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

Estimation of useful lives of assets

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

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

The company assesses impairment of non-financial assets other than goodwill and other indefinite life intangible assets at each reporting date by evaluating conditions specific to the company and to the particular asset that may lead to impairment. If an impairment trigger exists, the recoverable amount of the asset is determined. This involves fair value less costs of disposal or value-in-use calculations, which incorporate a number of key estimates and assumptions.

Employee benefits provision

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

NOTES to the Financial Statements 30 June 2020

Note 3: Grants received during the year (Exclusive of GST)	2020 \$	2019 \$
NSW Ministry of Health: NGO Funding		
Women's Health	8,734,700	8,180,200
Fairfield – National Women's Health	625,400	607,500
HIV/AIDS	316,300	306,100
Penrith - Community Education, Women's Health & Health Transport	538,651	535,900
Penrith – HIV/AIDS	170,949	152,900
	10,386,000	9,782,600
NSW Government:		
NSW Health - Day Surgery Grant	162,500	-
NSW Health - Head Office Fit-out Grant	1,500,000	-
	1,662,500	-
Hunter New England LHD:		
Hunter Health Promotion	56,500	54,700
Cancer Institute NSW:		
Cervical Screening Training	150,314	318,252
NSW Aboriginal Cervical Screening	-	31,702
NSW Capacity Building of BCE	-	50,000
Young Women	47,057	95,000
	197,371	494,954
Australian Government:		
Department of Health & Ageing: BBV& STI	-	400,000

	2020 \$	2019 \$
Department of Foreign Affairs & Trade:		
ANCP	373,998	389,814
Other grants:		
Research Grants	149,700	188,306
CESPHN - Rockdale Clinic	11,036	35,000
SWSLHD Women's Service	114,428	368,750
NDIA Grant	277,167	-
Inner West Council	-	3,828
Community Partnership Grant - Fairfield	-	(5,386)
DOH – Know Your Health	4,550	-
Canterbury Bankstown Council	-	2,000
Bankstown District Sports Club	-	3,500
Newcastle Permanent NPCF Grant	-	45,455
Newcastle City Council	14,758	-
ADI	4,367	-
SurfAid	8,909	-
UNFPA	303,002	-
IPPF	13,074	30,875
	900,991	672,328
Total grants received	13,577,360	11,794,396

NOTES to the Financial Statements 30 June 2020

Note 4: Current assets-cash and cash equivalents	2020	2019
	\$	\$
Cash on hand	3,410	3,810
Cash at bank		
- Domestic programs	4,005,339	1,929,903
- International programs	314,112	215,199
Cash on deposit		
- Domestic programs	5,511,843	6,000,000
- International programs	-	-
	9,834,704	8,148,912

Note 5: Current assets-trade and other receivables

Receivables from Health Administration	-	2,475,000
Other receivables	495,570	217,896
BAS (payable)/ receivable	(113,209)	(203,961)
	382,361	2,488,935

Note 6: Current assets-inventories on hand

Stock at cost	68,283	82,045
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Note 7: Current assets-other

Accrued revenue	37,839	28,786
Prepayments	295,800	170,003
	333,639	198,789

Note 8: Non-current assets-financial assets

Financial Assets at Fair Value through other comprehensive income (Listed investment at fair value)	1,702,786	1,727,460
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Note 9: Non-current assets – property, plant & equipment	2020 \$	2019 \$
Land and buildings: at independent valuation 2019	16,550,000	14,100,000
Less: Accumulated depreciation	(158,854)	-
	16,391,146	14,100,000
Leasehold improvements - at independent valuation 2019	1,600,000	1,600,000
Less: Accumulated amortisation	(32,000)	-
	1,568,000	1,600,000
Plant & equipment - at cost	758,519	596,582
Less: Accumulated depreciation	(556,258)	(470,294)
	202,261	126,288
Motor vehicles - at cost	98,048	102,025
Less: Accumulated depreciation	(18,136)	(63,650)
	79,912	38,375
Office equipment - at cost	218,019	218,077
Less: Accumulated depreciation	(163,689)	(147,796)
	54,330	70,281
	18,295,649	15,934,944

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

NOTES to the Financial Statements 30 June 2020

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

2020
\$

2019
\$

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	14,100,000	1,600,000	126,288	38,375	70,281	15,934,944
Revaluation Increment	-	-	-	-	-	-
Additions	13,450,000	-	170,814	75,524	2,560	13,698,898
Disposals	(11,000,000)	-	-	(17,888)	(1,367)	(11,019,255)
Depreciation	(158,854)	(32,000)	(94,841)	(16,099)	(17,144)	(318,938)
Balance at 30 June 2020	16,391,146	1,568,000	202,261	79,912	54,330	18,295,649

Note 10. Right to use asset

Right of use asset - building	1,225,622	-
Less: Accumulated amortisation	(405,142)	-
	820,480	-

Note 11: Intangibles

Website development	27,800
Less: Accumulated amortisation	(2,342)
	25,458

Note 12: Current liabilities—trade and other payables

Trade payables	46,446	186,825
Other payables	746,181	412,234
Income received in advance	204,667	285,871
	997,294	884,930

Note 13: Current liability–employee benefits	2020 \$	2019 \$
Employee benefits	1,369,420	1,595,010

Note 14: Current liability–grants received in advance

Government grants	4,276,976	2,847,840
Other grants	430,111	359,873
	4,707,087	3,207,713

Note 15. Current liability–other financial liabilities

Lease liability - building	650,523	-
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Note 16. Non-current liability–employee benefits

Employee benefits	107,713	100,960
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Note 17. Non-current liability–other

Lease liability - building	181,157	
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Note 18. Equity - reserves

Fixed asset revaluation reserve	3,037,598	12,737,597
Investment revaluation reserve	(11,814)	12,860
Total remuneration	3,025,784	12,750,457

Note 19. Equity – retained surpluses

Retained surplus at the beginning of the financial year	9,982,104	9,994,278
Surplus/deficit after income tax expense for the year	679,248	(12,174)
Adjustment to the beginning retained surplus – AASB 16 Lease	(1,047)	-
Transfer from fixed asset revaluation reserve	9,700,000	-
Retained surpluses at the end of the financial year	20,360,305	9,982,104

Note 20. Contingent Liabilities

2020 \$	2019 \$
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NOTES to the Financial Statements 30 June 2020

The company had no contingent liabilities as at 30 June 2020 and 30 June 2019.

Note 21: Commitments

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

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

Note 22: 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	1,357,241	1,335,160
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Note 23: Related party transactions

Key management personnel

Disclosures relating to key management personnel are set out in note 22.

Transactions with related parties

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

Sydney Reproductive Health Services Limited

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

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Receivable from and payable to related parties

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

Loans to/from related parties

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

Note 24. Events after the reporting period

2020
\$

2019
\$

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

No other matter or circumstance has arisen since 30 June 2020 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 25. 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 26. Member's guarantees

Family Planning NSW is incorporated under the Australian Charities and Not-for-profits Commission Act 2012 and is a company limited by guarantee. If the company is wound up, the ordinary members are required to contribute a maximum of \$50 each. As at 30 June 2020 the number of members of the company is 52 (2019: 43).

Note 27. 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	35,538	373,998	(337,870)	71,666
IPPF	-	11,074	(11,074)	-
UNFPA	-	303,002	(274,132)	28,870
ADI	-	4,367	(4,367)	-
SurfAid	-	8,909	-	8,909
Total for other non-designated purposes	179,661	44,161	(19,155)	204,667
	215,199	745,511	(646,598)	314,112

NOTES to the Financial Statements 30 June 2020

Note 28: Financial summary

The surplus of the company for the current year is \$679,248. The company's income and expenditure for the year ended 30 June 2020 is summarised below:

Income (\$)		Expenditure (\$)	
Government Grant	11,352,871	Staffing	11,148,880
Research Grant	71,787	Projects	2,565,775
Other Grant	407,414	Site	1,283,999
Self-generated Income	3,845,830		
Total Income	15,677,902	Total Expenditure	14,998,654
		Deficit	\$679,248

Note 29. Assets sold

In August 2019, FPNSW entered into agreements to sell Ashfield premises and buying agreement to acquire alternative premises as head office facility. The selling and buying contracts were both settled in December 2020.

Note 30. Going concern

FPNSW have incurred a surplus of \$679,248 for the year ended 30 June 2020 and has an accumulated surplus as of that date \$23,386,089. 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. 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 2020

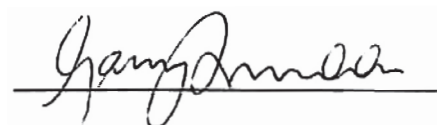
The directors of Family Planning NSW declare that in the directors' opinion:

- a) The attached financial statements and notes comply with the Australian Accounting Standards – Reduced Disclosure Requirements, the Australian Charities and Not-for-profits Commission Act 2012 and other mandatory professional reporting requirements;
- b) The attached financial statements and notes give a true and fair view of the company's financial position as at 30 June 2020 and of its performance for the financial year ended on that date; and
- c) There are reasonable grounds to believe that the company will be able to pay its debts as and when they become due and payable.

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



Bernadette Or - President



Gary Trenaman - Treasurer

Date this 29th day of September, 2020

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 2020, 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 2020 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 2020, but does not include the financial report and our auditor's report thereon.

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

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

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

ACCOUNTANTS & ADVISORS

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Sydney NSW 2000

Parramatta Office
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Parramatta NSW 2150

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(WB013_2007)



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.

A handwritten signature in black ink that reads 'William Buck'.

William Buck

Accountants & Advisors

ABN 16 021 300 521

A handwritten signature in black ink that reads 'L. E. Tutt'.

L. E. Tutt

Partner

Sydney, 29 October 2020

Partnerships 2019-20

3 Bridges Community

A Place to Go - Cranebrook Community Health Centre

ACON

AFL Indigenous Academies

Albion Park Youth Centre

Allambi Care

Allambi Youth Service

Armidale Family Support Service

Armidale Medical Practice

Auburn Youth Centre

Australian Catholic University

Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine (ASHM)

Australian College of Rural and Remote Medicine

Australian Government - Department of Health

AWOL Youth Hub

Bankstown Intensive English Centre

Barnardos:

- Belmore
- Cobar
- Cranebrook
- Marrickville
- Nyngan

Beresfield Surgery

Berlin Centre of Epidemiology

Blacktown Area Community Centre

Blacktown Women and Girls Health Centre

Breakthru - Penrith

BUPA

Burnet Institute

Byron Youth Service

Child and Adolescent Mental Health Services
Prevention, Early Intervention and Recovery Service
- Parramatta

Cancer Council NSW

Canterbury Hospital

Carers Victoria

Central and Eastern Sydney Primary Health Network

Central Coast Community Women's Health Service

Centre for International Economics

Cessnock High School

Cessnock Youth Services (CYCOS)

Chatswood Youth Centre - Willoughby City Council
Youth Services

Coffs Harbour Women's Health Centre

Community First Step-Fairfield

Community Junction:

- Werrington (formerly Werrington Youth Service)
- St Clair

Community Migrant Resource Centre

Coomealla Aboriginal Corporation

Core Community Services:

- Campbelltown
- Liverpool
- The Hub Miller

Core Youth Services:

- Fairfield
- Liverpool

Deakin University - Sexual Lives Respectful
Relationships Program

Down Syndrome Queensland

Down The Track - Lower Lachlan

Dubbo Neighbourhood Centre

Dubbo Sexual Health

Dubbo Waratah Corporation

Dundas Community Centre

Eastlake Youth Service - Windale and Swansea sites

Edgeworth Family Practice

Evolution Youth Service (Coast Community Connections)

Fairfield Intensive English Centre

Fairfield Youth and Community Centre

Family Medical Practice @2325

Family Planning Welfare Association Northern Territory

First Steps Parenting Centre

Flinders University

Flourish Australia:

- Emu Heights
- Blacktown (Women's and Children's Program)
- Penrith (formerly known as Richmond PRA Penrith)

Forbes Health Service

Family Planning Alliance Australia

Gandangara Health Services

Gilgandra Youth Service

Glyde Health

GP Maroubra

Green Square Health

Hawkesbury Community Outreach Services
headspace:

- Ashfield
- Campbelltown
- Castle Hill
- Coffs Harbour
- Dubbo
- Lithgow
- Mount Drutt
- Newcastle
- Parramatta
- Penrith

Hippy Australia Dubbo

Hunter New England Local Health District
Multicultural Health Unit

Illawarra Women's Health Centre

Illawarra Shoalhaven Local Health District -
Adolescent Medical health Inpatient Unit

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

Jesmond Neighbourhood Centre

Jesuit Refugee Service Australia

Job Centre Australia:

- Choice and Control Albury
- Chatswood
- Gosford
- Wagga Wagga
- Wyong
- Young

John Hunter Hospital

Junaa Buwa Centre for Wellbeing and Outreach
Program, Mission Australia

Justice Health:

- Charlestown
- Gosford
- Parramatta

Kariong Youth Centre

Karralika Programs

“Karrikin” Youth Mental Health (previously Uniting Church Parramatta Mission)

Ladder Step Up Sydney (Blacktown)

Lebanese Muslim Association

Leichhardt Women’s Community Health Centre

Life Without Barriers Norwest

Lithgow Community Health Centre

Macarthur Family and Youth Services

Madorra Pty Ltd

Marist 180 (Daramu Program)

Marist Youth Care - Greystanes

Marrickville Resource Centre

Merriwa Youth Centre

Mindaribba Local Aboriginal Land Council

Mission Australia:

- Dubbo
- Nyngan
- Wellington

Miyay Birray Youth Service

Monash University

Moree Community Health Centre

Moree Family Support Inc

Mountains Youth Services Team:

- Katoomba
- Springwood

Multicultural Disability Advocacy Association

Murrurundi Youth Centre

Narromine Community Skills

National Aboriginal Sporting Chance Academy

National Disability Insurance Agency

National Disability Practitioners

Navitas Fairfield

Neighbourhood Central

Nepean Community Neighbourhood Service - South Penrith

NSW Department of Communities and Justice - Coffs Harbour

NSW Department of Family and Community Services – Nyngan

NSW Refugee Health Service

NSW Sexually Transmissible Infections Program Unit (STIPU)

Nyngan Community Hub

One door/Helping Hands, Nowra

Orana Juvenile Justice Centre

Parks Community Network Inc-Prairiehood

Pathfinders Inverell -IFYSS Program

PCYC Shoalhaven

Phoenix Youth Support Service

Planet X Youth Centre

Platform Youth Service:

- Penrith Centre
- Platform Youth Service - Penrith House

Port Stephens Family and Neighbourhood Services

Putland Education and Training Unit - Cobham

Queanbeyan GP Super Clinic

Rural and Remote Medical Services - Lightning Ridge

Regional Youth Support Services (RYSS)

Research Development Impact Network

Royal Australian College of General Practitioners

Royal Prince Alfred Hospital

Schools Industry Partnership:

- Main office
- Penrith

Scone Youth Centre

Sexual Health Quarters

Shellharbour City Council

ShineSA

Singleton Youth Centre

Singleton Youth Venue

South Eastern Sydney Local Health District

South Western Sydney Local Health District - HARP Unit

Southern Cross University Campus, Coffs Harbour

Southern Youth and Family Services (CHAIN)

Southlake Youth Service

St Elmo Medical Practice

St Leonards Medical Centre

Stepping Stone House

Swinburne University of Technology

Sydney Local Health District - Women's Health

Tahmoor Medical Centre

Taldumande Youth Services

Ted Noffs Mount Druitt

The Benevolent Society

The Boulevard Family Practice

The Fitz Youth Centre

The Girls Refuge/ Detour House

The Hills Youth Centre, Kariiong

The Hub at Miller

The Lillian Howell Project Inc.

The Shack Youth Services

Total College

Tomaree Medical Centre

Touching Base Inc

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

Veru Inc

Victorian Cytology Services

Walgett Aboriginal Medical Service

Warilla Neighbourhood Centre - YP

Watanobbi Community Centre

Waverley Community Living Program

Wellington Aboriginal Health Service

Wellington High School

Wellington Information and Neighbourhood Service

Wesley Mission

Western NSW Local Health District

Western Sydney Local Health District

Western Sydney Local Health District Prevention, Early Intervention and Recovery Service

Western Sydney University

Westmead Sexual Assault Service (Grevillea Cottage)

WILMA Women's Health Centre

Wyong Neighbourhood Centre

yFoundations

Young People's Refuge

Youth Angle - Coast Shelter

Youth Drug and Alcohol Clinical Services

Youth Health Team

Youth Off the Streets:

- Canley Vale
- Cessnock

Youthworx

International programme partners

Asia Pacific Alliance for Sexual and Reproductive Health and Rights
Australian Council for International Development
Australian Disability and Development Consortium
Australian Doctors International
Cooperative Café Timor
International Planned Parenthood Federation, East and South East Asia and Oceania Region
Reproductive and Family Health Association of Fiji
Solomon Islands Ministry of Health and Medical Services
Solomon Islands Planned Parenthood Association
SurfAid
Susu Mamas PNG Inc.
Tuvalu Family Health Association
Tuvalu Ministry of Health
Vanuatu Family Health Association

Program Funders - Domestic activities

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

Program Funders - International activities

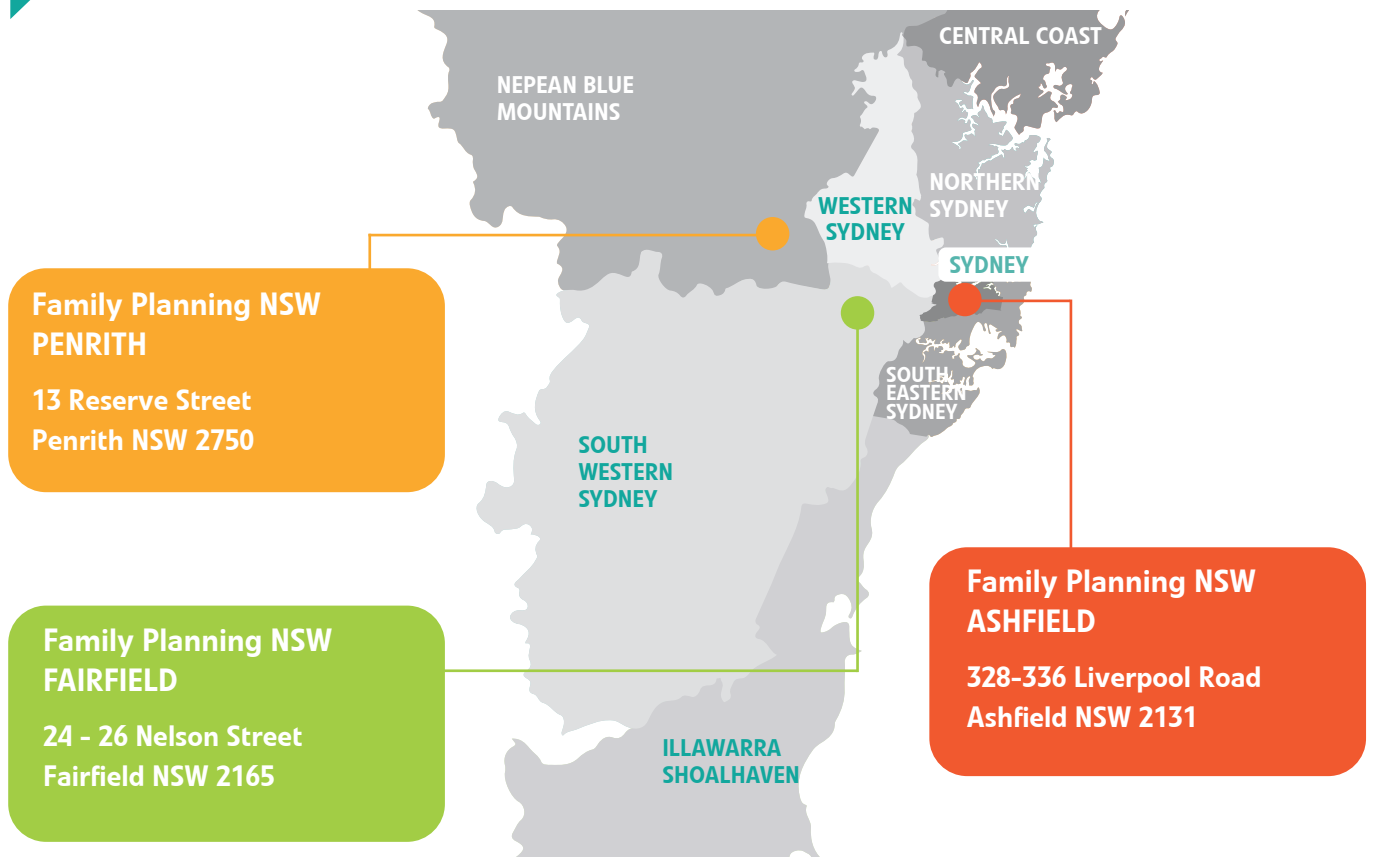
Department of Foreign Affairs and Trade
John James Foundation
The Wasley Family
UNFPA Pacific
UNFPA PNG

Sponsors / Donors

Bayer - \$700
Besin's Healthcare - \$900
Douglas Hanly Moir - \$8,700
Medical Industries Australia - \$150
Merck Sharp & Dohme (MSD) - \$1,400



Our clinic locations



Our Outreach Locations

Blacktown Women's and Girls' Health Centre

6 Prince Street
Blacktown NSW 2148

Clinic 66

31 Bertram Street
Chatswood NSW 2067

*Check OUT: LGBTIQ+

414 Elizabeth Street
Surry Hills NSW 2010

NSW Refugee Health Services Liverpool

1/157-161 George Street
Liverpool NSW 2170

*The Hub Miller

16 Woodward Crescent
Miller NSW 2168

*Tahmoor Medical Centre

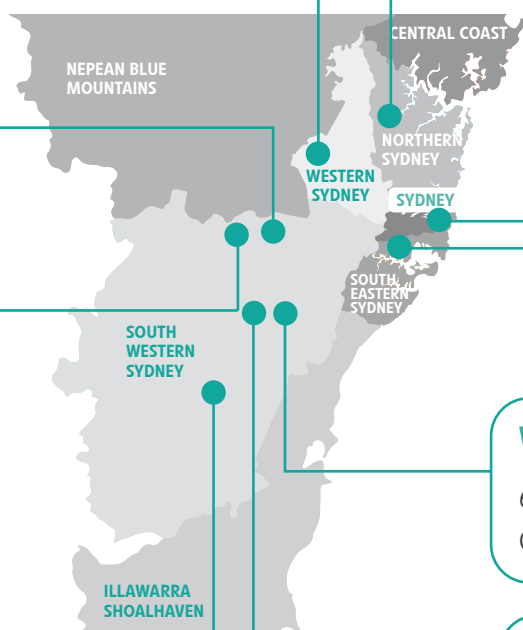
Shop 9-16, Tahmoor Shopping Village
Cnr Remembrance Dr & Bronzewing St
Tahmoor NSW 2573

*Coonabarabran Primary and Community Health Centre

101-103 Edwards Street
Coonabarabran NSW 2357

Cobar Primary and Community Health Centre

33 Woodiwiss Avenue
Cobar NSW 2835



*Central and Eastern Sydney PHN – Rockdale

Community Health Centre
16/18 King St
Rockdale NSW 2216

WILMA Women's Health Centre

6 Bugden Place
Campbelltown NSW 2560

*Benevolent Society Campbelltown

Level 5, 138 Queen St
Campbelltown NSW 2560



*Outreach locations ceased from 1 July 2020



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