



**Annual Report**  
2011-2012





We deliver quality  
reproductive and sexual  
health services for every  
body in every family



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## Our vision

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

## Our values

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

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

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

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

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

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

## Our purpose

To provide specialised services and programmes and advocate to promote the reproductive and sexual health and rights of all

## Strategic directions

**Integrated Service Provision** – expert reproductive and sexual health services to the community through clinical care, health promotion and innovative information service provision

**Education and Training** – best practice education, training and workforce development to service providers and the community

**Research and Innovation** – research that informs best practice

**Advocacy** – strong advocacy in reproductive and sexual health for the community

**Organisational Systems** – a strong and sustainable organisation



## Who we are

**Family Planning NSW is the state's leading provider of reproductive and sexual health services.**

**We are experts on contraception, pregnancy options, sexually transmissible infections (STIs), sexuality and sexual function, menstruation, menopause, common gynaecological and vaginal problems, cervical screening, breast awareness and men's sexual health.**

We have five fixed clinics in New South Wales (Ashfield, Fairfield, Penrith, Newcastle and Dubbo) and use innovative partnerships to deliver services in other key locations across the state with more than 28,000 client visits annually. We also operate a free, confidential telephone information and referral service, connecting our expertise to communities across NSW.

We provide information and health promotion activities, as well as education and training for doctors, nurses, teachers and other health, education and welfare professionals.

As an independent, not for profit organisation, we recognise that every body in every family should have access to high quality clinical services and information, and we provide a safe place for people to talk about their most intimate and personal issues.

Our services are targeted to marginalised communities, including people from culturally and linguistically diverse and Aboriginal and Torres Strait Islander backgrounds, refugees, people with disability, young people, people from rural and remote communities and same-sex attracted people.

We respect the rights of our clients to make choices about their reproductive and sexual health and we treat each and every person with respect, dignity and understanding.

Our work is evidence-based and shaped by our research through the Family Planning NSW Sydney Centre for Reproductive and Sexual Health Research, our published clinical practice handbooks on reproductive and sexual health, our nationally recognised data and evaluation unit and validated through our own extensive clinical practice.

Our approach allows us to guide government and other decision making bodies on best practice reproductive and sexual health policy and service delivery.

## President's report



This is my ninth President's report and, as ever, I am honoured to be the President of Family Planning NSW. I see daily the great work the organisation does in all aspects of reproductive and sexual health.

As you turn the pages of our annual report you will see achievement after achievement in an organisation that is well and truly punching above its weight.

This year we introduced Medicare billing into our clinics giving us an increased ability to diversify our funding base, while continuing to deliver high quality, affordable reproductive and sexual health care to our clients. Increasingly we are focusing on improving our sustainability and impact through increasing our funding streams from areas within the organisation, such as education and training and our online bookshop.

As well as our bookshop, our website and Healthline information and referral telephone and email service are critical portals for us in reaching our priority populations across NSW.

Our website recorded 150,372 visits with 528,409 pages viewed on the site, while around 1,300 orders were processed through the Family Planning NSW Bookshop. Our confidential Healthline telephone and email service received 7,342 phone calls and 447 emails, demonstrating its importance in connecting communities across the state to quality reproductive and sexual health information and referral advice.

In line with our leadership role, we have strengthened our voice in advocating for equity of access to reproductive and sexual health services with the appointment of a Director of Communications, Government and Community Affairs. Increasingly we are being called on by government to contribute to policy and legislative decision making.

As a statewide organisation, we lead not only in information distribution, but also in supporting quality education and training for doctors, nurses, teachers and other health, education and welfare professionals. Through our scholarship programme we support clinical training for doctors and nurses working in communities in need of reproductive and sexual health services.

Our capacity building of clinical staff is not confined to NSW, or even Australia. Through our international development programme, we are assisting poor and disadvantaged communities in the Asia Pacific region to access comprehensive reproductive and sexual health services with funding from AusAID and private donors. We have much to share and we recognise the great need that exists in developing countries which is why we have embarked on an ambitious plan to increase our international aid presence.

No matter where it's carried out, our work is focused on improving reproductive and sexual health in the communities we serve. In this regard, we are grateful for the support of AusAID and most importantly the continued support of the NSW Ministry of Health in recognising the importance of delivering quality, evidence-based reproductive and sexual health services.

I am also appreciative of the work of my fellow Directors, our CEO, Ann Brassil, and the staff of Family Planning NSW. We support Family Planning NSW because we believe in the words of Margaret Sanger, the Founder of Planned Parenthood, who said "If you can't control your body, you can't control your life".

**Dr Devora Lieberman**

President

MD MPH FRANCOG

## CEO's report



It's been another successful year for Family Planning NSW with our five NSW clinics recording 28,173 visits.

We've also had a year of "firsts"—training the first practice nurse in Australia to insert and remove an intra uterine device (IUD). We also employed a social worker focused on implementing domestic and family violence screening into our clinical settings and helping clients with complex needs.

We moved our annual conference off site for the first time and we were overwhelmed by the response with around 240 doctors, nurses, teachers and other health, education and welfare professionals attending. Equally successful was the Pacific Forum we hosted in Sydney, which brought together representatives from Pacific nations to discuss the reproductive and sexual health issues important in developing countries.

2011-2012 also saw us produce three best practice publications. *Contraception: An Australian Clinical Practice Handbook* (with Family Planning Victoria and Family Planning Queensland) and *Reproductive and Sexual Health: An Australian Clinical Practice Handbook* are practical guides to the management of reproductive and sexual health issues in the primary care setting. In conjunction with the NSW Ministry of Health, Family Planning NSW also published *Reproductive and Sexual Health in NSW and Australia: Differentials, Trends and Assessment of Data Sources*, a comprehensive report on reproductive and sexual health indicators.

To understand the depth and breadth of our education and training work you need only to look at the numbers. This financial year, we provided 1,164 courses to 3,522 course participants, while 6,358 people participated in our health promotion activities.

Our work is of course focused on the most marginalised in the community and we have introduced many innovative programs and activities to reach and support those who are vulnerable and/or socially disadvantaged. The Strong Family Project is a great example of the work we do in areas of need. The project is a collaborative, culturally appropriate, community-owned initiative to develop, implement and evaluate a reproductive and sexual health education programme for young Aboriginal and Torres Strait Islander people.

Family Planning NSW Dubbo has also maintained its commitment to providing services targeted to the local community with a regular clinic for Aboriginal women and by working collaboratively with the Family Planning NSW Aboriginal Women's Advisory Group.

In the Hunter region, we opened a new centre in the CBD in 2011-2012 and we are grateful for the support of NSW Minister for Health and Minister for Medical Research, Jillian Skinner who officiated at the opening function. The new centre provides modern clinic rooms and education facilities and is located close to public transport in the Newcastle Central Business District.

It's been a year of great achievements and our work is showcased over the following pages. I would like to acknowledge the support of our Board, our Members and of course our staff who are passionate about their work and the role they play in providing reproductive and sexual health services to those who need it most.

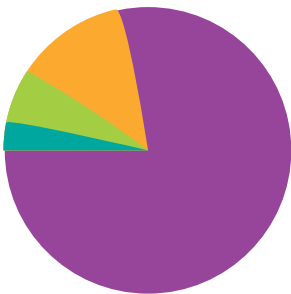
**Ann Brassil**  
Chief Executive Officer  
BSc (Psych) Hons MA (Hons) Clin Psych MBA FAICD



## At a glance

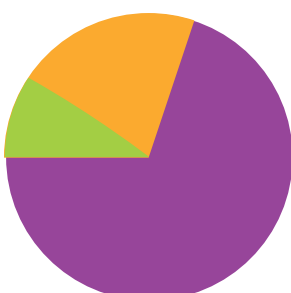
Staff profile	2009-10	2010-11	2011-12
Full time equivalent staff	97	97	101
Total Employees	137	140	144

### Income (\$)



Government grants	8,802,289
Generated income	1,770,153
Research grants	310,163
Other grants	627,965
<b>Total Income</b>	<b>11,510,570</b>

### Expenditure (\$)

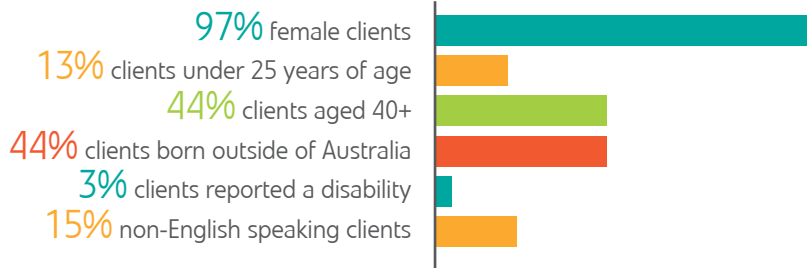


Staffing	8,290,948
Project	2,494,993
Site	722,175
<b>Total Expenditure</b>	<b>11,508,116</b>



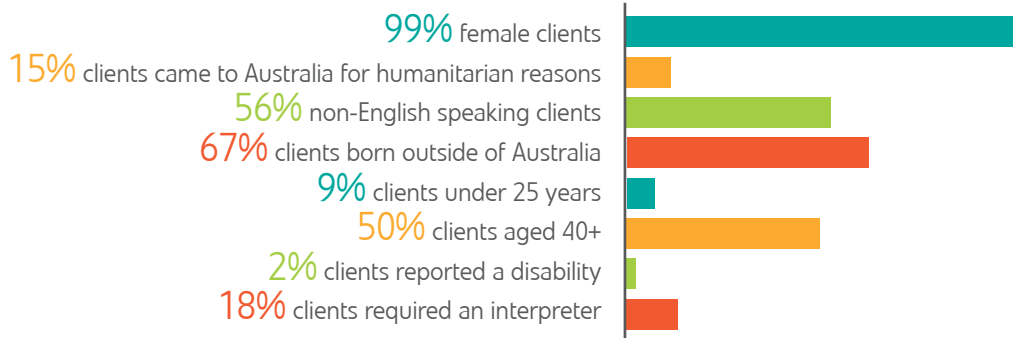
### ASHFIELD

12,051 client visits (14% increase)



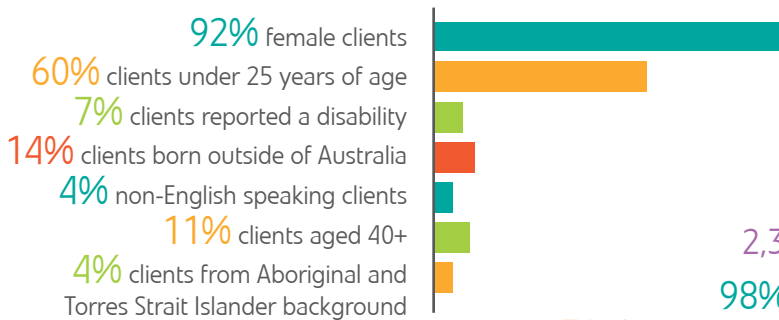
### FAIRFIELD

2,849 client visits (26% increase)



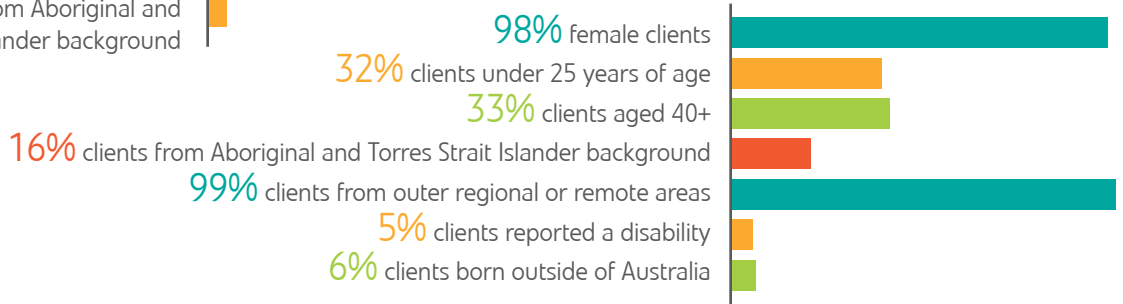
### PENRITH

4,025 client visits (24% increase)



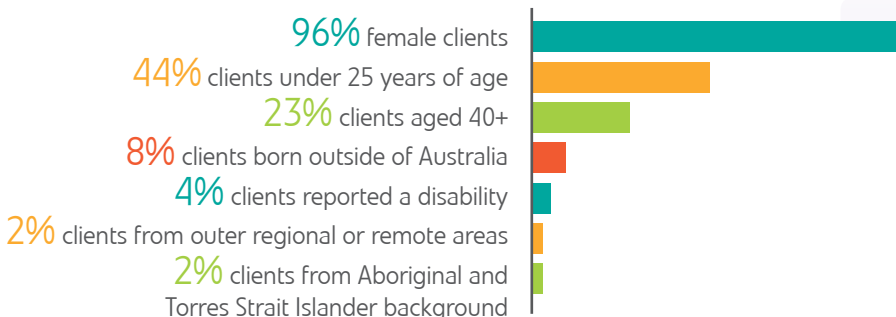
### DUBBO

2,345 client visits (25% increase)



### HUNTER

6,903 client visits



Family Planning NSW is committed to delivering best practical clinical services in reproductive and sexual health that are grounded in evidence and shaped by our research





## Clinical services

**We work collaboratively with medical specialists, GPs, practice nurses, midwives and allied health professionals to achieve the best outcomes for our patients. Our medical and nursing staff provide expert levels of care, treatment and management and are praised by clients for their warmth and professionalism.**

**We support and train clinicians in the delivery of best practice reproductive and sexual health care, positioning them to improve outcomes in their local communities.**

### Introduction of Medicare billing

During 2011-2012 Family Planning NSW prepared for the implementation of Medicare bulk billing into our five centres. This decision will enhance our capacity to provide clinical services, in line with the organisational strategic goal of broadening our revenue streams. A cross-organisational project team established new internal procedures, identified staff training needs and developed resources to facilitate the changed billing process. Staff training was completed by June 2012 with implementation of Medicare billing scheduled to commence on 1 July 2012.

### Social worker

Family Planning NSW employed a part-time social worker to support our clinical services and increase our ability to respond to issues raised by clients. Domestic and family violence screening has been identified as a priority and plans are underway to introduce routine domestic and family violence screening into Family Planning NSW clinical practice using screening tools approved by the NSW Ministry of Health. A clinical update meeting was held in early 2012 to inform staff about current issues in child protection and domestic violence in readiness for the new practice.

## Aboriginal clinical services

Family Planning NSW Dubbo has maintained its commitment to providing services targeted to the local community with a regular clinic for Aboriginal women.

A partnership with the University of Sydney's Poche Centre for Indigenous Health will increase clinical services for Aboriginal women. We also negotiated financial support for a new monthly clinic for older women's business – Strong Women Strong Minds.

We work collaboratively with the Family Planning NSW Aboriginal Women's Advisory Group (AWAG) in Dubbo to improve our services for Aboriginal people of all ages. The group met four times in 2011-2012 to advise and support improvements to Family Planning NSW Dubbo and form new partnerships with local Aboriginal services, organisations and Elder groups.

## New clinic for the Hunter region

Family Planning NSW confirmed its commitment to providing reproductive and sexual health information

and clinical services in the Hunter region, relocating from rented premises in Cooks Hill to a new, larger facility in Hunter Street, Newcastle.

The NSW Minister for Health and Minister for Medical Research, Jillian Skinner, officially opened the Centre in January 2012 with guests including the Member for Newcastle, the Member for Port Stephens and the Lady Mayoress.

## Nurse training for IUDs

Leading the way in clinical service innovation, the first Family Planning NSW nurse completed our IUD training programme and began inserting IUDs at the Ashfield clinic in early 2012. Three nurses at our Hunter, Penrith and Fairfield clinics are enrolled in the programme which will help meet the growing demand for long-acting reversible contraceptive devices and expand the skills of registered nurse staff. The nurse IUD removal competency procedure was also developed during 2011-2012 enabling nurses throughout Family Planning NSW to remove IUDs.



Attending the opening of the Hunter Centre. From left: Member for Newcastle Tim Owen, Centre Manager Joy Purdy, CEO Ann Brassil, Minister Jillian Skinner and Member for Port Stephens Craig Baumann



Clinical services provided based on location:

Main Service Provided	Ashfield	Dubbo	Fairfield	Hunter	Penrith	Total
Contraception	4,311	613	893	2,550	1,550	9,917
Gynaecological	5,486	1,162	1,509	2,720	988	11,865
Pregnancy	596	213	85	375	267	1,536
STI	879	183	111	906	564	2,643
Other	779	174	251	352	656	2,212
<b>Total Visits</b>	<b>12,051</b>	<b>2,345</b>	<b>2,849</b>	<b>6,903</b>	<b>4,025</b>	<b>28,173</b>

### Clinical Advisory Board

The Clinical Advisory Board (CAB) provides expert advice and direction on the evidence-based, best practice clinical services provided by Family Planning NSW. After 37 years of dedicated service, world-renowned gynaecologist and

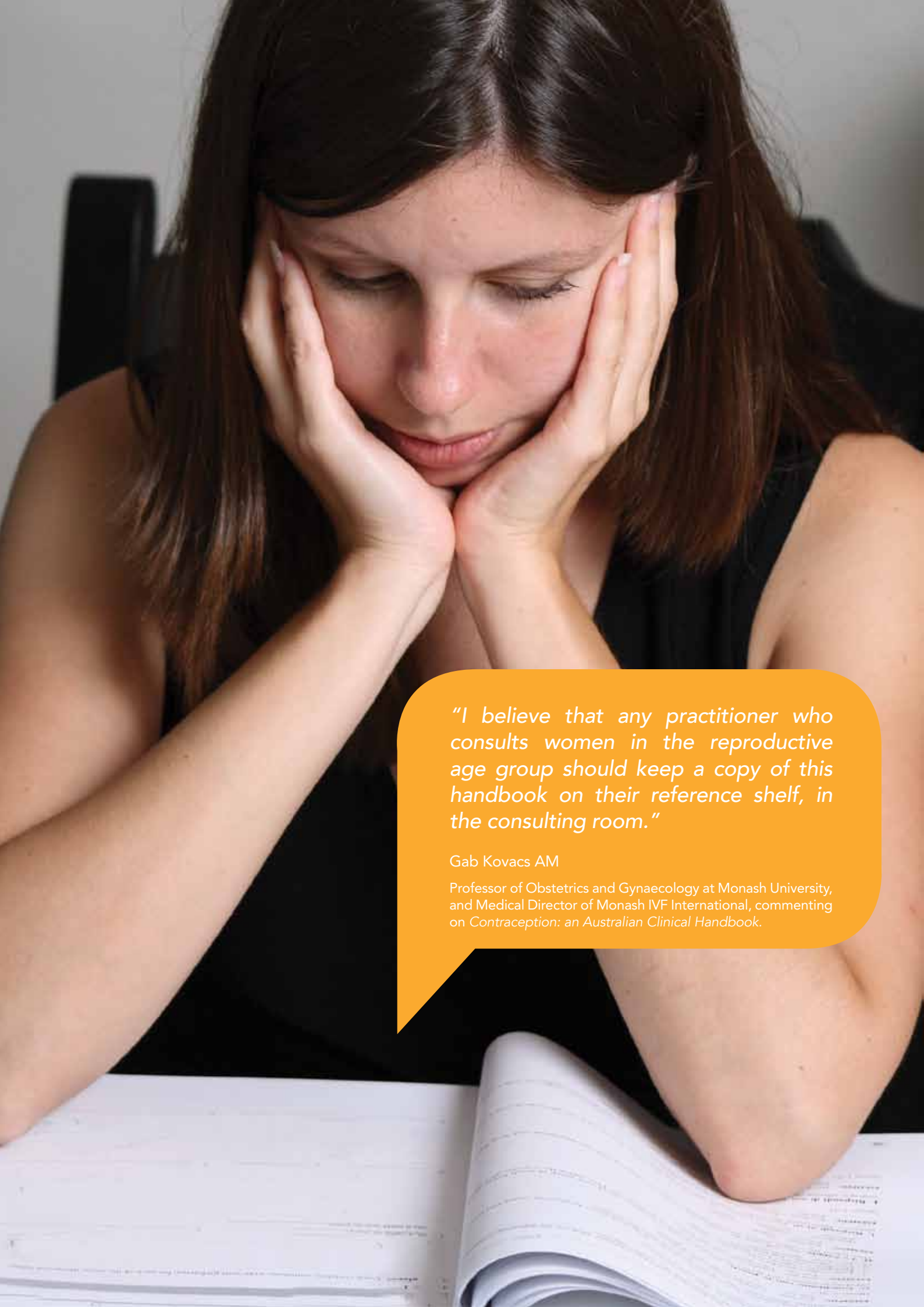
expert in contraception, Professor Ian Fraser, handed over the Chair of the CAB to Associate Professor Rod Baber.

Dr Baber is the Clinical Associate Professor of Obstetrics and Gynaecology at the University of Sydney Medical School and is General Secretary of the International Menopause Society.



From left: President of Family Planning NSW Dr Devora Lieberman, Professor Ian Fraser, Associate Professor Rod Baber and Family Planning NSW Medical Director Dr Deborah Bateson

Members of the CAB provide expertise in the areas of gynaecology, infertility, infectious diseases, sexual health, sexual function and dysfunction, general practice and pharmacy practice



*"I believe that any practitioner who consults women in the reproductive age group should keep a copy of this handbook on their reference shelf, in the consulting room."*

Gab Kovacs AM

Professor of Obstetrics and Gynaecology at Monash University, and Medical Director of Monash IVF International, commenting on *Contraception: an Australian Clinical Handbook*.



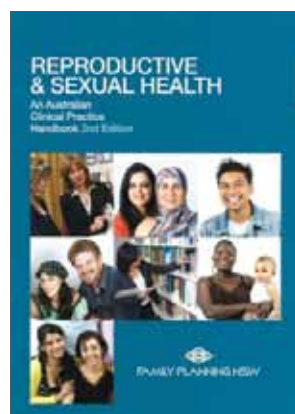
## Evidence-based clinical publications

**Family Planning NSW cemented its reputation for producing high quality clinical publications with the release of two handbooks, providing essential clinical guidance for health professionals in contraception and reproductive and sexual health.**

### Contraception: An Australian Clinical Practice Handbook (3rd edition)


Written in conjunction with Family Planning Queensland and Family Planning Victoria, the handbook supports and promotes optimal evidence-based clinical practice in relation to all methods of contraception in the Australian context. The updated handbook is a valuable resource that reflects our commitment to building the capacity of the Australian health sector to provide optimal reproductive and sexual health services.

The handbook is described by leading practitioners as a practical, user-friendly tool designed to support doctors, nurses and other health care practitioners in helping women choose the type of contraception that best suits their needs.



### Reproductive and Sexual Health: An Australian Clinical Practice Handbook (2nd Edition)

The handbook is a practical guide to the management of reproductive and sexual health problems in the primary care setting. Containing evidence-based information delivered in a user-friendly style, the handbook covers the diagnosis and management of everything from menstrual disorders, to cervical screening and STIs. It is a source of valuable up-to-date information for all health care practitioners working in this rewarding area of medicine.



*Wonderful learning experience, inclusive teaching style, everyone extremely approachable - thanks so much.*

- Nurse education course participant

*Much better understanding of sexual health; carries very relevant information. Feel a lot more confident working in general practice now.*

- Doctor education course participant





## Education and training

**Family Planning NSW continues to deliver best practice education and training in reproductive and sexual health for doctors, nurses, teachers and other health, education and welfare professionals.**

**Our education and training activities meet industry standards and are endorsed and accredited by a range of bodies including the Australian Skills Quality Authority, the Royal Australasian College of General Practitioners, the Australian College of Nursing and the NSW Institute of Teachers.**

### Annual conference

Held in August 2011, the annual conference day, themed 'Choose to be challenged', was the highlight of the Family Planning NSW education and training calendar. Featuring a spirited panel discussion, presentations and workshops by expert physicians and top researchers, the event demonstrated Family Planning NSW's leadership in reproductive and sexual health research and clinical services. Attended by 233 doctors, nurses and allied health professionals, the growing popularity of the event saw it moved off site for the first time to accommodate the increased interest.

### Nurse Education Day

The Nurse Education Day held in October each year offers a full day of professional development tailored specifically to the needs of nurses working in, or with an interest in, reproductive and sexual health. The programme explored a diverse range of issues including contraception, menopause, breast cancer and STIs. All 65 nurses who attended rated the programme as good or excellent and valuable to their professional role.

## Family Planning NSW conducted 88 professional education courses in 2011-2012 for 1,164 participants:

### Medical education

21 courses delivered to 521 participants

### Professional Education

40 courses delivered to 394 participants

### Nursing education

27 courses delivered to 249 participants

### IUD insertion training for nurses

In response to rising demand by clients for IUD insertions, Family Planning NSW pioneered a pilot programme to train registered nurses to insert IUDs. Building on our well established theoretical and practical training for doctors; the pilot programme is the first of its kind in Australia. Qualifying from the programme in March 2012, Fiona Kemeny from our Ashfield clinic became the first registered nurse in Australia to be able to insert IUDs, while a further three Family Planning NSW nurses commenced training during 2011-2012.

### Scholarships for rural and remote clinicians

Through our established scholarship programme Family Planning NSW is committed to supporting clinical training for doctors and nurses working in communities in need of reproductive and sexual health services. In 2011, we awarded six scholarships to support clinicians working in, or planning to work in, rural or remote areas of NSW as well as a scholarship to support work in Aboriginal communities.

Four medical practitioners received scholarships to complete the SH&FPA (Sexual Health and Family Planning Australia) Certificate in Sexual and Reproductive Health. The four successful candidates were Amy Burraston, Steven Grillett, Samantha Hoey and Joseph Turner.

Two registered nurses, Kathryn Mitchell and Donna Middleton, were each awarded a Tony McGrane Rural Scholarship for Nursing in Reproductive Health and were provided funding to complete the Family Planning NSW Certificate in Sexual and Reproductive Health (Nursing).

The McCarthy Green Scholarship, established in 2008, enables a registered nurse/midwife working in an Aboriginal community in NSW to complete the Family



The 2011 annual conference day, themed 'Choose to be challenged'



Planning NSW Certificate in Sexual and Reproductive Health (Nursing). Stephen Koop was the successful recipient in 2011. We are grateful to the McCarthy Green family for their continued support of clinical education.

### Teacher education

Our one-day professional development courses for primary and secondary teachers, Beyond the Birds and Bees and Beyond the Nuts and Bolts, have been revised and extended and are now accredited by the NSW Institute of Teachers. The Life Skills for Students with Disability programme has also been updated in line with new outcomes recommended by the NSW Board of Studies syllabus guidelines for teaching students with special educational needs.

Launched in October 2011, the revamped teachers' section of our website provides a central place to access teaching resources, upcoming courses, policies and guidelines for teaching reproductive and sexual health in primary and secondary schools. A Twitter account has been established to support teachers and demonstrate our knowledge and leadership in the area of reproductive and sexual health education as well as to direct teachers to online resources.

### CALD learning needs analysis

Family Planning NSW conducted a needs analysis to ensure appropriate professional education is being provided for professionals working with culturally and linguistically diverse (CALD) communities. The results of an online survey of 272 professionals in the NSW health and community services sector and six follow-up focus groups with 44 participants will be used to guide development of courses and resources for service providers.

### Breakdown of participants by occupation:



### Learning about menopause

Family Planning NSW regularly collaborates with service providers to offer expert training opportunities for GPs. The Let's Talk About Menopause learning module on the Think GP website was created with the Jean Hailes Foundation. This online learning module is available free of charge to all registered GPs.



**Family Planning NSW Director Research, Dr Edith Weisberg, was honoured with the Lifetime Achievement Award in the 2012 NSW Woman of the Year Awards**

Pictured with Minister for women, Pru Goward (left) and NSW Premier Barry O'Farrell (right)



## Research and innovation

**We strive for excellence in research and in the evaluation of our reproductive and sexual health services. Our work is grounded in strategic collaborations and formal project management. Our evidence-based approach is applied at all stages of our work, from assessment of need to project evaluation.**

### An evidence-based approach

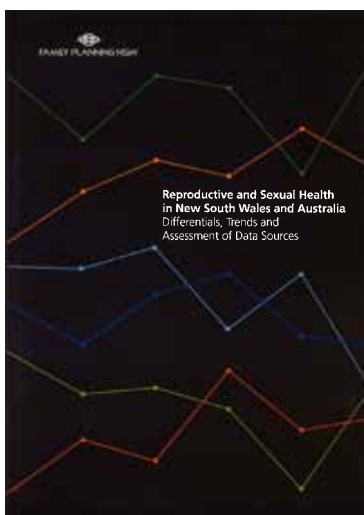
In conjunction with the NSW Ministry of Health, Family Planning NSW published a comprehensive report on reproductive and sexual health indicators. *Reproductive and Sexual Health in New South Wales and Australia: Differentials, Trends and Assessment of Data Sources* has been widely acclaimed by clinicians, government health planners and family planning practitioners as an important tool in the assessment and monitoring of reproductive and sexual health services. While its focus is on NSW, comparative Australian data is also presented.

### Data collection

Family Planning NSW has strengthened and consolidated data collection across all clinics for careful assessment and critical appraisal. More than 28,000 visits were made by clients in 2011-2012 and those records have been analysed for monitoring, evaluation and identifying trends and issues in reproductive and sexual health.

### Quality of care

Family Planning NSW adopts a range of strategies to review and maintain the high quality services clients receive. These strategies include an internal reference group to review the management of the electronic health record system with a



Reproductive and Sexual Health in New South Wales and Australia: Differentials, Trends and Assessment of Data Sources

comprehensive incident reporting system, and maintenance of our accreditation status across a broad range of key programmes, including those managed by the Australian Skills Quality Authority (ASQA), the Royal Australasian College of General Practitioners (RACGP), the Australian College of Nursing and the NSW Institute of Teachers.

### Clinical research

It's been another successful year for Family Planning NSW's Sydney Centre for Reproductive Health Research with ongoing projects which will provide valuable information for clinicians and family planning practitioners. These include:

- A study comparing the long acting contraceptive implant and hormonal IUD to provide important information on the bleeding patterns and continuation rates of these highly effective contraceptive methods. Another study about a new small, low dose hormonal IUD which is particularly suited to young women will also provide evidence to support women in making the best possible decisions about their choice of contraception
- A study comparing continuous pill or vaginal ring use is providing evidence on bleeding patterns and how best to manage unpredictable bleeding
- The VIP study, in collaboration with selected Australian family planning organisations, is collecting information about the prevalence of human papillomavirus (HPV) infection in women aged 18-23 years following the introduction of the HPV vaccine
- An online survey of 2,575 women in NSW about their experiences of menstrual bleeding is providing information about how menstruation affects women's lives

- Family Planning NSW and Family Planning Queensland have carried out a significant study of 1,000 IUD insertions in clients. The study showed that most IUDs can be successfully inserted in a primary care setting, even in nulliparous women.

### Research collaboration

Family Planning NSW is participating in a number of collaborative studies under grants from the Australian Research Council (ARC).

Partnerships include:

- The University of Queensland to conduct an internet survey of contraceptive use, pregnancy intention and decisions (CUPID) among young Australian women
- The University of NSW to examine women's attitudes, understanding and experience of fertility control and choice of contraceptive methods
- The University of Western Sydney, the Breast Cancer Foundation and the Cancer Council of NSW to examine the experience of fertility in the context of cancer patients, their partners and health professionals.

### Other partnerships

- The University of NSW, Family Planning Queensland, the Kirby Institute and the Burnett Institute to assess chlamydia testing, contact tracing and retesting practices at Family Planning clinics in Australia
- Bayer Australia Ltd in a multi-centre, open label, randomised controlled study to assess discontinuation rates, bleeding patterns, user satisfaction and any adverse reaction to LCS12 in comparison to etonogestrel subdermal implants over 12 months of use by women aged between 18 and 36 years

- Merck Sharp & Dohme (Australia) Pty Ltd in a double blind, placebo controlled, randomised study, with an additional randomised non-blinded arm to compare the time required to stop an episode of troublesome bleeding in women using Implanon against placebo.

### Family Planning NSW Ethics Committee

To ensure our research is of the highest quality, our research proposals are rigorously evaluated by the Family Planning NSW Ethics Committee. In 2011-2012, the Committee convened six times and approved 13 new research proposals. Of these studies, two focused on evaluating the impact of training doctors and nurses in the use of intrauterine contraceptive technologies.

The Committee received and approved two applications for endorsement as an authorised prescriber of Mifepristone (RU 486), prior to the Therapeutic Goods Administration (TGA) including RU 486 on the Australian Register of Therapeutic Goods.

The Committee also supported several Health Promotion research activities, all with a focus on improving the reproductive and sexual health of young people, including evaluations of our new contraception information resource and of the Strong Family Project.

Collaborative research partnerships with external bodies have opened the door to new opportunities for research, and with assistance from all 17 dedicated Committee members, we will continue to produce high-quality research programmes that benefit both industry and the community.

### Publications:

Bateson D. What's new in contraception? O&G Magazine 2012; 14(2):55-57.

Bateson D, Bower H, Steward M. Cervical screening in the HPV era: Don't ditch the Pap test! Medicine Today 2011; 12(10):42-52.

Bateson D, Freedman E, Stewart M, Read P. The who, what and from where of STIs: selective testing in asymptomatic patients. Medicine Today 2012; 13(1):12-21.

Bateson D, McNamee K, Harvey C, Stewart M. Contraception for women aged over 40: An important but neglected area. Medicine Today 2012; 13(8):27-36.

Bateson D, McNamee K, Harvey C, Stewart M. Contraception: a practice-based update. Australian Doctor, 4 May 2012: 29-37.

Bateson D, Weisberg E, McCaffery KJ, Luscombe GM. When online becomes offline: attitudes to safer sex practices in older and younger women using an Australian internet dating service. Sexual Health 2012; 9(2):152-9.

Lucke J, Hebert D, Loxton D, Weisberg E. Unintended pregnancies: Reducing rates by improving access to contraception. Aust Fam Physician; 40(11):849.

Mansour D, Verhoeven C, Sommer W, Weisberg E, Taneepanichskul S, Melis GB, et al. Efficacy and tolerability of a monophasic combined oral contraceptive containing norgestrel acetate and 17  $\beta$ -oestradiol in a 24/4 regimen, in comparison to an oral contraceptive containing ethinylestradiol and drospirenone in a 21/7 regimen. Eur J Contracept Reprod Health Care 2011; 16(6):430-3.

Ussher J, Rhyder-Obid M, Perz J, Rae M, Wong T, Newman P. Purity, privacy and procreation: Constructions and experiences of sexual and reproductive health in Assyrian and Karen women living in Australia. Sex Cult 2012; 16(4):467-85.

Weisberg E, Croxatto H, Findlay JK, Burger HG, Fraser IS. A randomised study of the effect of mifepristone alone or in conjunction with ethinyl oestradiol on ovarian function in women using Implanon. Contraception 2011; 84(6):600-8.



Through our International Programme we support the United Nations' Millennium Development Goal to achieve universal access to reproductive health by 2015





## International programme

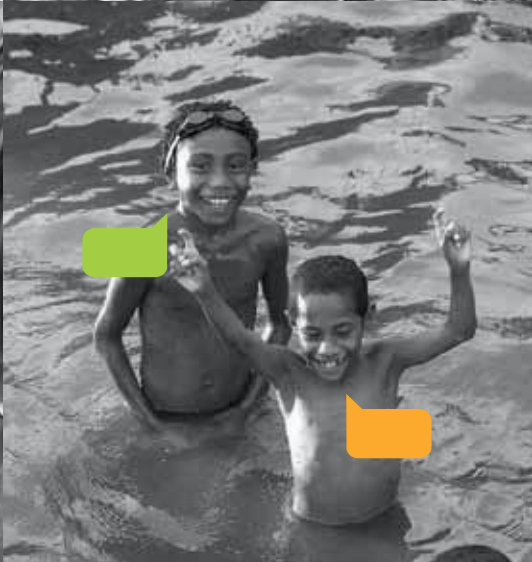
**Family Planning NSW is working to assist poor and disadvantaged communities in the Asia Pacific region to improve access to comprehensive reproductive health and sexual services with funding from AusAID and private donors.**

Our International Programme collaborates with family planning organisations at national and international levels to promote the rights of all people to achieve reproductive and sexual health and wellbeing in the context of a sustainable environment.

The AusAID Family Planning Guidelines recognise that access to family planning is one of the most cost effective approaches to reducing maternal and child mortality. Family Planning NSW international projects promote the reproductive and sexual health rights of marginalised people by ensuring men and women have access to the widest range of family planning methods and services.

All our international projects are closely aligned to the achievement of the United Nations' Millennium Development Goals (MDGs). In particular, they address target 5b – to “achieve, by 2015, universal access to reproductive health” – and target 6a – to “have halted by 2015 and begun to reverse the spread of HIV/AIDS”.

Family Planning NSW complies with the Australian Council for International Development Code of Conduct, adherence to which is monitored by an independent Code of Conduct Committee elected from the NGO community. Our voluntary adherence to the Code of Conduct demonstrates our commitment to ethical practice and public accountability.



## Papua New Guinea

The COMPASS project aims to reduce the high STI prevalence in East Sepik, East New Britain and Morobe provinces, supporting the Papua New Guinea–Australia Sexual Health Improvement Program's (PASHIP) goal to reduce the incidence of HIV in PNG.

The project's men and boys component uses community-based advocates to raise awareness of STIs and invoke behaviour change around drug and alcohol issues as well as sexual and domestic violence. There have been numerous stories of momentous personal change as a direct result of the program.

Simultaneously, the project has continued to build the capacity of local health services by training 93 health workers in STI syndromic management and enrolling 12 students in a 12-month graduate level course: Sexual and Reproductive Health for Nurses and HEOs. In Morobe, 58 government health staff have participated in health system strengthening using a quality assurance tool in 19 health centres. Improvements have been made to privacy and confidentiality provisions within the STI service, physical examination practices, client education, staff training, record keeping and medication supply.

Also in 2011-2012, we worked with our partner, the Papua New Guinea Family Health Association, to reinforce their organisational, planning, financial and human resource management and accountability

**4,203 people  
in PNG given  
awareness  
training on HIV  
and gender issues**

capacities in order to continue to deliver family planning services to the local community in Lae.

## Fiji

In Fiji, where cervical cancer is the most common cause of cancer death and access to Pap tests is limited, we are working with the Fiji Ministry of Health, Fiji Nursing Association, Reproductive and Family Health Association of Fiji and the University of NSW to pilot a low resource method of cervical screening. VIA (visual inspection with acetic acid) followed by immediate treatment where indicated with cryotherapy, is a low resource method of cervical screening recognised by the World Health Organisation as an alternative to Pap tests. We have developed a customised programme to train doctors and nurses in this procedure, using international guidelines and adapted to the Fijian environment. In 2011-2012, 2,250 women were screened at the Makoi and Korovou Health Centres. The pilot is saving lives through early detection of cervical cancer in women who would not otherwise have access to cervical screening.

A second project, in Fiji's Bua province, worked to combat rising numbers of HIV, STI and infectious disease incidences, as well as unplanned and unwanted pregnancies in young people aged up to 27 years. Using targeted workshops about contraception and safe sex, we reached 572 people in four schools and nine villages and we trained 25 young people to provide ongoing peer education. Responding to direct requests we also gave seminars on sanitation and hygiene to 206 people in five villages.

**2,250 women in  
Fiji participated  
in cervical cancer  
screening**

## Philippines

In partnership with the Family Planning Organisation of the Philippines, we provide quality and targeted family planning services

in the underserved Batangas, Laguna and Quezon provinces of the Philippines.

Through community education sessions about family planning options, and better access to contraceptives, we worked to lower the rates of maternal mortality and unintended teenage pregnancy. In 2011-2012 we provided 77 community education sessions to 1,985 people about their contraceptive options, dispensed contraception to 953 women and carried out 822 Pap tests.

**953 women in the Philippines received contraception**

## Timor-Leste

Family Planning NSW has partnered with a coffee farmers cooperative, Clinic Café Timor, in Ermera District of Timor-Leste to increase the active participation and responsibility of men in informed decision-making on reproductive health issues. To equip the community

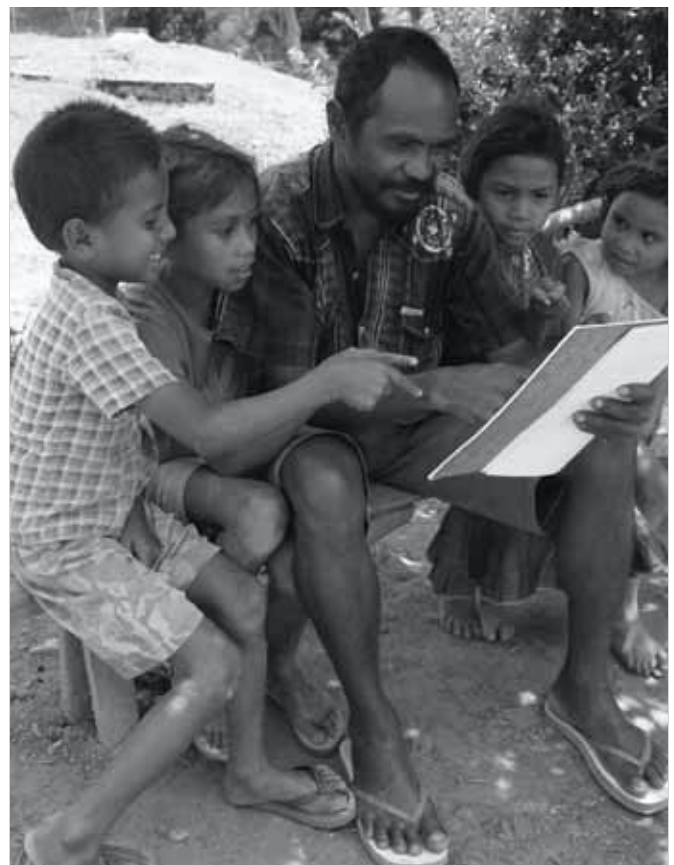
**31 men in Timor-Leste received men's health training**

to address these issues we trained 31 men to work as men's health peer educators in this remote mountain

area. In 2011-2012 we also provided structural support for the project by completing and translating the training manual into Tetum and by supporting the project officer to learn English to enhance his written communication.

## Solomon Islands

In the Solomon Islands, where a large proportion of the population is under 15 years of age, our project targeted youth reproductive health. We trained 12 young church based leaders to educate their peers about adolescent development, STIs, basic counselling, contraception and sexual diversity. Two of the trained volunteers went on to co-facilitate a family planning session held with 12 community leaders from a settlement on the outskirts of the country's capital, Honiara.



## Pacific Family Planning Summit

Over two days in November 2011, Family Planning NSW brought together 52 representatives from organisations working in the Pacific region to discuss the key issues and challenges for achieving universal access to reproductive health in the Pacific (MDG 5b).

The Sydney summit was a valuable forum for building partnerships to increase cooperation and more strategic use of resources.

Participants representing IPPF, AusAID, World Bank, UNFPA, national and international reproductive and sexual health rights organisations, international non-profit organisations working in family planning and academia were among those who attended the summit.

The summit featured 20 different speakers with presentations focused on progress towards MDG 5b, lessons from the field, donor perspectives, and models of partnership while discussions explored issues of effective collaboration between agencies, donors and civil society. The summit clarified the roles of participant organisations in achieving MDG 5b and laid the groundwork for continued relationship building.

### Philippines

#### Project

Increasing knowledge of and access to contraceptives in the Philippines

#### Partners

Family Planning Organisation of the Philippines Inc

#### Funding

\$31,210

### Fiji

#### Project

VIA Project

#### Partners

Reproductive and Family Health Association of Fiji, Fiji Nursing Association, Fiji Ministry of Health, University of NSW

#### Funding

\$174,211

### Papua New Guinea

#### Project

COMPASS: Clinical outreach, men's programs, advocacy and sexual health services strengthening

#### Partners

Papua New Guinea Family Health Association, Family Planning New Zealand International, Canberra Sexual Health Centre

#### Funding

\$684,080

### Solomon Islands

#### Project

Protecting and strengthening youth reproductive health

#### Partners

Solomon Islands Planned Parenthood Association (SIPPA)

#### Funding

\$8,500

### Fiji

#### Project

Youth for health

#### Partners

Reproductive and Family Health Association of Fiji

#### Funding

\$14,004

### Papua New Guinea

#### Project

Build the capacity of PNGFHA to implement improved governance and financial controls

#### Partners

Papua New Guinea Family Health Association

#### Funding

\$35,000

### Timor-Leste

#### Project

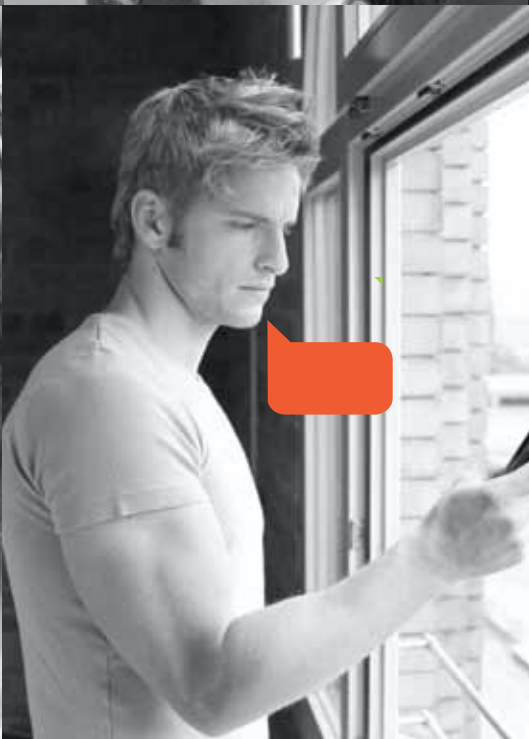
Engaging men to improve sexual and reproductive health

#### Partners

Cooperativa Café Timor

#### Funding

\$79,508





## Healthline

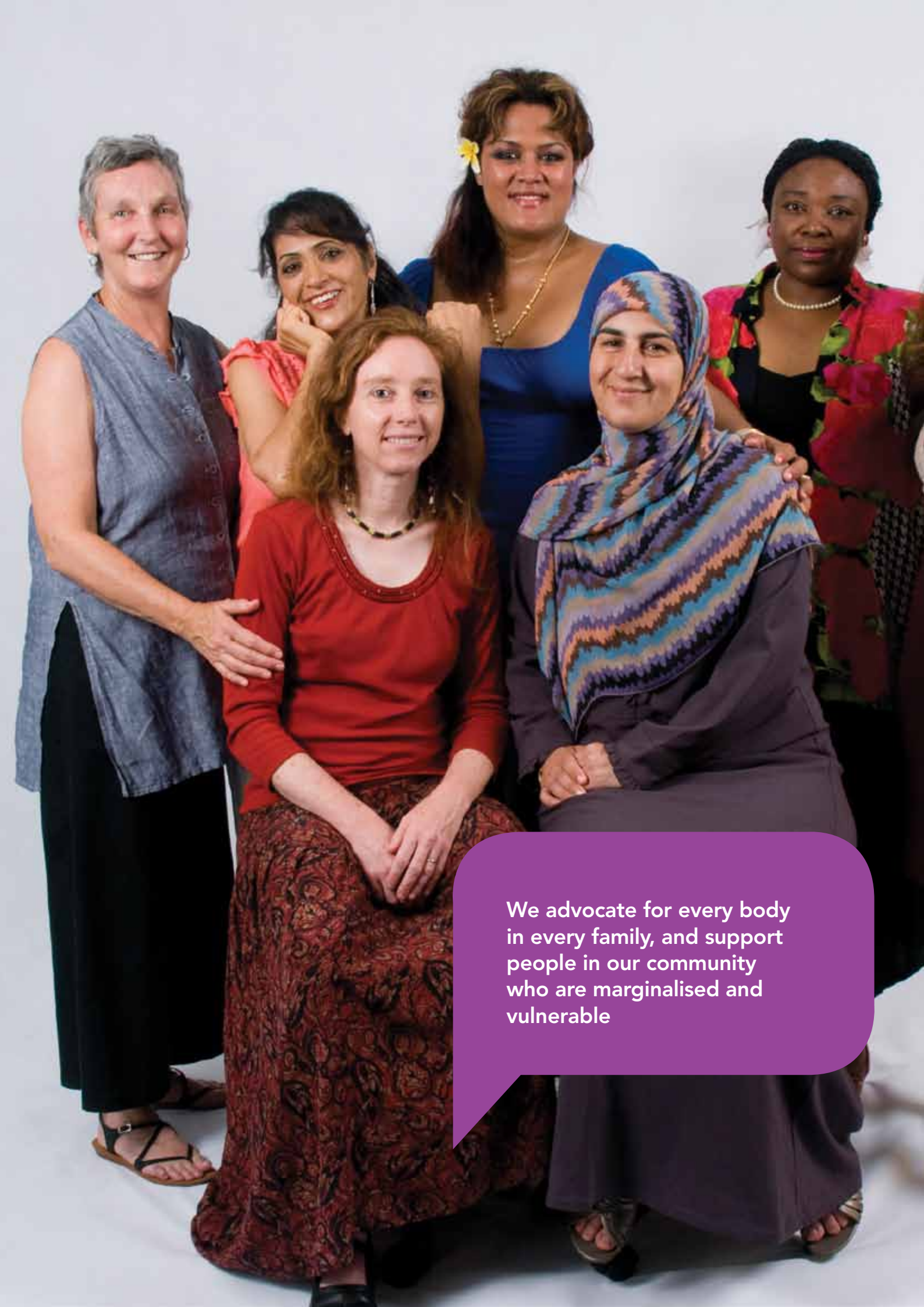
**As part of our statewide service delivery Family Planning NSW operates a free, confidential telephone information and referral service, connecting our expertise to communities across NSW.**

Healthline staff provide expert advice on contraception, including IUDs and implants, pregnancy options, STIs, menstruation, menopause, common gynaecological and vaginal problems, cervical screening, breast awareness and men's sexual health.

When someone connects with Healthline they are likely to talk about matters that are profoundly personal – sometimes for the first time. Our staff draw on their clinical knowledge and professional experience to assist each caller to review the options and plan an appropriate course of action.

In 2011-2012 Healthline received 7,342 phone calls and 447 emails. Ninety per cent of phone calls and emails were from women, the highest proportion seeking advice on contraception, 15 per cent of calls and emails were from non-metropolitan areas and 21 per cent from young people (24 years of age and under).

The knowledge Family Planning NSW imparts through Healthline is also valued by professionals seeking information and referral advice for their patients, clients and students. Doctors, nurses and other health professionals accounted for 15 per cent of the calls to Healthline while teachers and other education and welfare professionals accounted for 3 per cent of calls.



We advocate for every body in every family, and support people in our community who are marginalised and vulnerable





## Advocacy

**Our evidence-based approach allows us to guide government and other decision making bodies on best practice reproductive and sexual health service delivery.**

**We are committed to making information and resources accessible to the people of NSW no matter where they live, which is why we have an online bookshop providing high quality books and resources.**

As the leading provider of reproductive and sexual health services in NSW, Family Planning NSW is frequently consulted on policies and practices which impact on our area of expertise. We regularly advocate for our clients, many of whom are marginalised and vulnerable. Our evidence-based practice also allows us to be an expert commentator and opinion leader in reproductive and sexual health.

In 2011-2012, Family Planning NSW responded to 170 media inquiries. We also made 12 submissions on public policy.

Our website remains an important communication channel for our work, with 150,372 visits to [fpnsw.org.au](http://fpnsw.org.au) and 528,409 pages viewed on the site. We have also introduced Twitter for teachers and Facebook for young people recognising the platform as an idea place to communicate with the youth market. Our Facebook site provides information about reproductive and sexual health with links to online campaigns, news and events while driving traffic to services such as Healthline. This is the first major foray into social media by Family Planning NSW with further social media ventures planned.

To strengthen our advocacy, marketing, media and communication efforts we have appointed a Director of Communications, Government and Community Affairs and made a strategic decision to build this area of the organisation.

### Bookshop

Around 1,300 orders were processed through the Family Planning NSW Bookshop. The Family Planning NSW Bookshop is widely used by clinicians, teachers and parents in particular wanting up-to-date and credible information on issues ranging from contraception to puberty and sexual health for people with disability.

In line with our commitment to excellence in the training of teachers in the sexual health component of the PDHPE curriculum, we develop high demand resources for schools such as a contraceptive kit, which includes examples of contraception options to ensure young people are informed of the choices available. We also stock publications recognised as best practice in the delivery of sexual health education for primary and secondary students.

The disability resources we develop are highly regarded not just by disability workers, but also by carers and parents who are often forgotten when it comes to supporting material for sexual health education. Our resources are written in simple English and targeted toward people with an intellectual disability, ensuring they understand and feel supported when it comes to their reproductive and sexual health.

### Library

Complementing our Bookshop is the Family Planning NSW Library, where publications and resources can be borrowed. In operating the Family Planning NSW Library we recognise that not everyone can afford to purchase a book, and that we have a responsibility to ensure equity of access to information. Our library is also widely used by health professionals, teachers, parents, carers and medical students.





## Aboriginal and Torres Strait Islander people

**Aboriginal and Torres Strait Islander people face a greater health challenge in reproductive and sexual health than other Australians. Family Planning NSW is committed to providing evidence-based and culturally appropriate reproductive and sexual health services to Aboriginal and Torres Strait Islander communities.**

To support our steadily expanding range of services, we have established strong links with Aboriginal and Torres Strait Islander communities, Elders, Aboriginal Community Controlled Health Services, the NSW Ministry of Health, Aboriginal Medical Services, the Aboriginal Health and Medical Research Council, the Poche Centre for Indigenous Health (University of Sydney) and The Kirby Institute for Infection and Immunity in Society (University of NSW).

### The Strong Family Project

The Strong Family Project is a collaborative, culturally appropriate, community-owned initiative to develop, implement and evaluate a reproductive and sexual health education programme for Aboriginal and Torres Islanders aged 12-18 years, Elders, parents and members of the community in three locations (Dubbo, Mt Druitt and Broken Hill). Extensive consultation was carried out in each location to assess reproductive and sexual health education needs and a customised programme was piloted. The project brings men and boys, and women and girls together to discuss reproductive and sexual health in a culturally appropriate context and within an evidence-based learning framework. The Strong Family Project was approved by the Family Planning NSW Ethics Committee.

## Health promotion

Health promotion programs provide an effective mechanism for engaging with Aboriginal communities. More than 400 health promotion activities were organised in collaboration with Aboriginal communities and service providers in 2011-2012.

Through the Aboriginal Touch Football Knock Out Tournament in Dubbo, we delivered reproductive and sexual health messages to communities in the Western region of NSW while STI cards were developed and distributed to Aboriginal Medical Services across NSW.

In conjunction with the Western NSW LHD, The Bogan Bush Mobile cervical screening information sessions were delivered to isolated and remote communities.

## Clinical services

Services were provided to 350 Aboriginal clients at Family Planning NSW clinics in 2011-2012, an increase of 2.1 per cent over the past period. In Dubbo, we exceeded our target of 15 per cent of clients attending the Dubbo clinic who came from Aboriginal communities, an increase of 21 per cent from the previous period.

Our ties have been strengthened with the Aboriginal Women's Advisory Group (AWAG) in Dubbo to ensure we have valuable support and guidance on 'women's business'. In line with our work with AWAG, clinical services specifically for Aboriginal women increased to offer a comfortable place to discuss reproductive and sexual health, openly and freely.

Funding was also secured from the Poche Centre for Indigenous Health for Aboriginal women's clinics for older women dealing with menopause and endocrine system related issues in Dubbo.

## Education and training

Our education and training is centred on building the capacity of health professionals in rural and remote communities to address local reproductive and sexual health issues.

Projects included:

- A Sexuality and Health Workshop delivered to 17 Aboriginal and Torres Strait Islander youth workers in Moree
- Ongoing project and evaluation support to Aboriginal sexual health workers as part of the NSW Aboriginal Sexual and Reproductive Health Program funded through the NSW Ministry of Health
- A two-day project planning and evaluation workshop developed and delivered to six staff at Coonamble Aboriginal Medical Service
- Community education delivered to 422 Aboriginal and Torres Strait Islander community members
- Twenty-two Aboriginal and Torres Strait Islander workers who attended our professional education courses on reproductive and sexual health.





## People from rural and remote areas

**Family Planning NSW is committed to serving rural and remote communities where there is limited access to reproductive and sexual health information and services.**

*"I come from a small country town in Far West NSW; we never get training like this as it's always too far to travel. This programme means I can now take the skills back to my town and deliver the information session myself"*

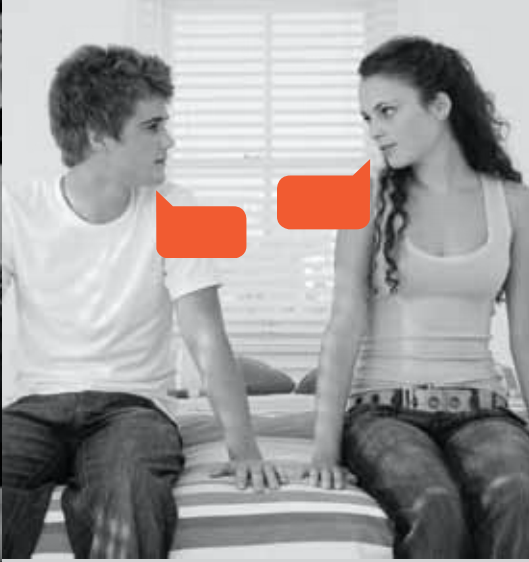
Mission Australia participant

Our site at Dubbo provides best practice clinical services for the local community as well as clinical training and face to face education facilities for health professionals and community members wishing to increase their knowledge and skills in reproductive and sexual health care.

Our confidential telephone and email information and referral service, Healthline, is another vital component of our service delivery to people in rural and remote areas. Operating Monday to Friday, Healthline overcomes barriers of distance and geography, connecting communities across NSW to expert advice from our reproductive and sexual health staff.

We provide tailored education and training options for professionals working in rural and remote areas. Working in consultation with local stakeholders including Hunter New England Health in Moree and Mission Australia Dubbo, we delivered training to meet the needs of local Aboriginal health workers. Customised training was also provided for health care professionals in regional areas including Coffs Harbour, Newcastle, Bathurst, Goulburn, Queanbeyan, Wollongong, Griffith and Broken Hill.

Our scholarship programme is designed to boost the number of doctors and nurses with reproductive and sexual health expertise working in rural areas and we provide training to medical students at the University of Sydney's rural clinical school in Dubbo.





## Young people

**Providing information and clinical services tailored to the needs of young people is a priority for Family Planning NSW. Our work aims to ensure that young people understand the options available to them and can enjoy high quality reproductive and sexual health.**

We collaborate with youth services and other agencies to promote Family Planning NSW as a trusted provider of reproductive and sexual health information and services for young people. Our clinical services uphold the rights of young people to confidentiality and privacy.

We design innovative health promotion resources specifically to appeal to young people and to address the most significant reproductive and sexual health issues for people under 25 years old. With a focus on contraception, safe sex, and healthy relationships we target our messages to young people through a variety of youth-focused mediums including social media, digital campaigns, festivals and public events.

### Creamfields music festival

Music festivals offer a unique opportunity to engage with young people and a useful platform to reinforce messages about safe sex and condom use. In partnership with the NSW Ministry of Health and South Eastern Sydney LHD, Family Planning NSW hosted a marquee at the Creamfields music festival, with games that drew crowds of young people throughout the day. The relaxed atmosphere fostered frank and informal conversations about reproductive and sexual health issues with an otherwise hard to reach group.

## Bring It On festival

Bring it On in Fairfield, an open air youth festival during National Youth Week, provided an opportunity to promote the safe sex message to more than 10,000 young people from South West and Western Sydney. At a stall with interactive activities, Family Planning NSW engaged young people in discussions around safer sex and other reproductive and sexual health issues. This year our stall was shared with ACON as we supported their This Is Oz campaign to challenge homophobia and transphobia and celebrate diversity and social inclusion.

## Sexual Health Week

Aimed at increasing awareness of sexual health and STIs in marginalised young people, Sexual Health Week is an initiative of LHDs, Family Planning NSW, and Yfoundations. The theme for 2011 highlighted chlamydia as a continuing concern for young people. Community grants totalling \$21,390 were awarded to 29 organisations and across the greater Sydney region more than 900 young people participated in special events with 38,000 resources distributed.

## 16 Days of Action Against Gender Violence

As part of the annual 16 Days of Action Against Gender Violence, we worked with the Fairfield Liverpool Youth Health Team to raise awareness of family and domestic violence against young people in Fairfield. Sixteen people attended community education sessions on domestic and family violence prevention, intervention and support services, communication and consent in relationships.

## Links to Learning

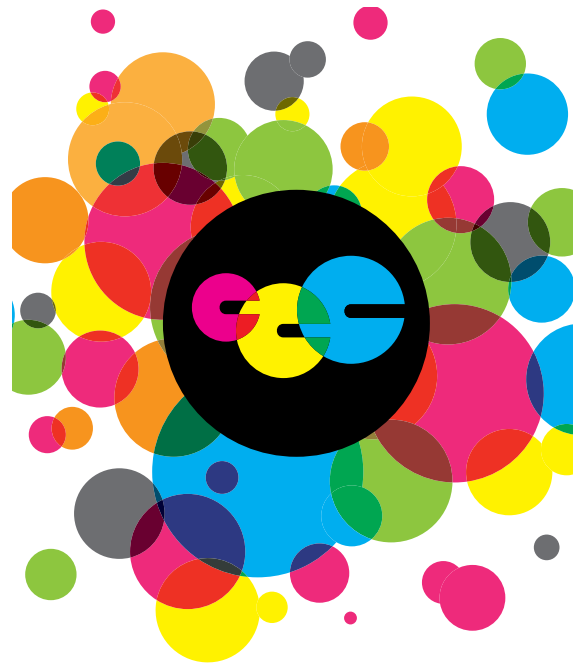
We support Links to Learning programmes run by NGOs such as Mission Australia and the Parks Community Network that offer alternative practical education programs for young people either at risk of leaving school or no longer attending school. During 2011-2012 Family Planning NSW delivered safer sex, contraception and negotiating consent information to young people through interactive community education sessions carried out in the Fairfield area.

## Knocking out STIs

Using sporting images and organising events at sporting venues to communicate with young men, Family Planning NSW launched a series of posters aimed at encouraging regular testing for STIs while promoting positive sexual health. Featuring featherweight boxing champion and former Olympian, "Aussie" Joel Brunker, three posters were developed and were widely distributed to local youth clubs, gyms, sporting clubs and community centres.







### Condom Credit Card

Condoms & Lube · Confidential · Convenient  
Ask for a CCard here today

Family Planning NSW-The Warehouse Youth Health Centre 02 4749 0500  
The Junction Youth Health Medical Service 02 4731 8017

For more info and other CCard providers, see [myspace.com/thewarehouseyhc](http://myspace.com/thewarehouseyhc)

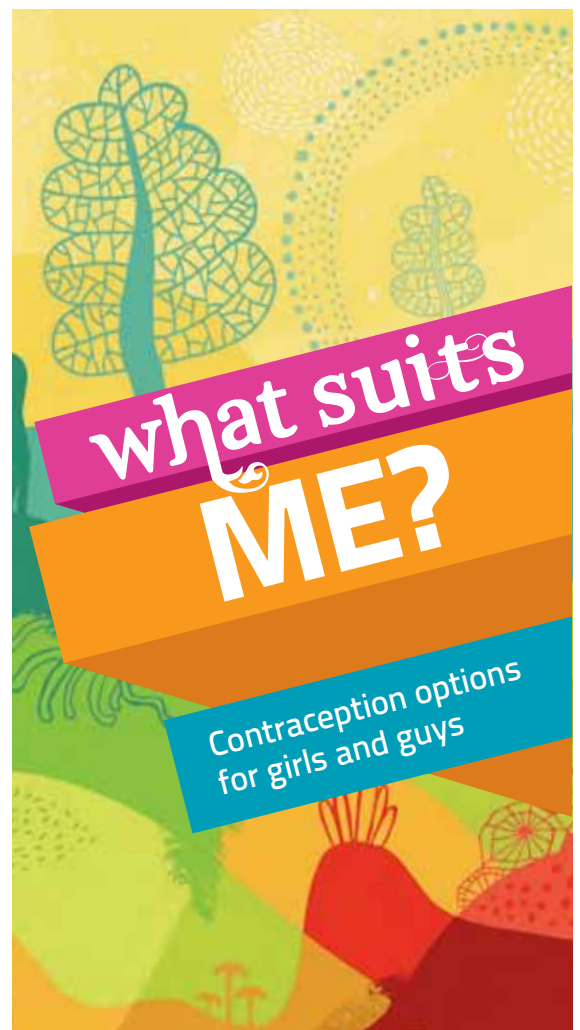


## Condom Credit Card

To overcome barriers known to prevent young people from accessing sexual health services, Family Planning NSW developed the Condom Credit Card (CCC) project. Young people can obtain a CCC which entitles them to receive free condoms from Family Planning NSW or one of 16 partner organisations in the Penrith, Hawkesbury and Blue Mountains Local Government Areas (LGAs). The confidential service facilitates communication with young people and provides them with ready access to support and advice from trained health promotion staff. The scheme also allows Family Planning NSW to better track and evaluate the distribution of safe sex resources. Since the project began in 2008, we have engaged with more than 2,800 young people. The success of the project will see it expand statewide in 2013.

## Contraception options for young people

With so many different contraceptive options available to young people, a new printed resource *What Suits Me? Contraception options for guys and girls* was developed to provide young people with the information they need to make an informed choice about what contraceptive method best meets their needs. Written in plain English by Family Planning NSW reproductive and sexual health experts, the booklet is an important resource for schools, youth workers, parents and young people. The booklet will be distributed widely as part of a comprehensive strategy which includes targeted media coinciding with Sexual Health Week 2012.





Equity of access to information and services is at the heart of our work with people with disability



## People with disability

**Family Planning NSW recognises the need to promote and protect the reproductive and sexual health rights of people with disability. We advocate for people with disability to have equity of access to reproductive and sexual health services.**

*"I went to the forum in Dubbo last year and it was the most highly relevant course I have done in years. My daughter has mild/moderate intellectual delay and it really helped me feel positive and excited about her future. It made me realise she can be a sexual being as long as she is educated in good versus bad relationships and private and public body parts and places..."*

Quotation from a parent who attended a Family Planning NSW training course

We know people with disability often face barriers to accessing information and services. We provide education and training for disability workers, family members and carers and our clinics are a safe place for people with disability to talk about intimate and sometimes difficult issues. We also produce innovative resources, written in simple English, to support our education activities.

### Training of Ageing, Disability and Home Care (ADHC) staff of the NSW Department of Family and Community Services

A two-day course was delivered to disability support workers focusing on the values, knowledge and skills required to better support and uphold the rights of people with intellectual disability in the area of sexuality and relationships, including guidance on recognising and responding to sexual assault. Eighty-one staff took part in the training in Sydney, Coffs Harbour, Kiama and Goulburn.

### Puberty, sexuality and relationships parent forum

Community education sessions were provided to groups of parents and carers of young people with intellectual disability. The sessions centred on ways parents and carers can support the sexual development of their child with a focus on puberty and personal safety. Sixty parents and carers attended the education sessions.

### Inclusive clinical services

We provide equity of access to clinical services for people with disability. Accessible clinics, policies and procedures and staff training have been implemented to ensure our clinical services are inclusive of all people. A total of 534 people with disability (1,185 visits) accessed our clinical services during 2011-2012.

### Disability and HIV consultation

Twenty-six staff from 20 peak organisations, including HIV and sexual health clinics, took part in a consultation process to explore the issues around HIV prevention, support and education for people with intellectual disability. A three-year work plan was developed to guide health promotion and professional education activities addressing HIV and disability. This includes the development of easy to read resources for people with intellectual disability and training for sexual health workers.





## People who are same-sex attracted

**Family Planning NSW is committed to supporting the rights of same-sex attracted people to have high quality reproductive and sexual health services and information. We promote a positive and respectful approach to sexuality to ensure that all people can enjoy safe relationships free from violence and discrimination.**

**We provide clinical services to all people regardless of gender or sexuality and offer targeted health information and campaigns to empower same-sex attracted people to control and improve their reproductive and sexual health.**

### Proud Schools pilot project

Family Planning NSW was awarded a NSW Department of Education and Communities tender to undertake consultation sessions with students, teachers and school executives to inform the next stage of the Proud Schools project, a pilot programme to be delivered in 12 schools in 2013.

The Proud Schools pilot project will aim to prevent discrimination in the form of homophobia, transphobia and heterosexism in schools as well as to support positive experiences for same-sex attracted and gender diverse young people.

### Sydney Gay and Lesbian Mardi Gras

Australia's premier gay and lesbian event, the annual Mardi Gras festival, offered an unparalleled opportunity to promote our work. Family Planning NSW hosted an information stall at Fair Day and we made our first corporate entry into the parade with more than 40 staff, family and friends marching together under the banner "Don't Hex it, Safe Sex it." Not only did the events provide a highly visible way to promote our safe sex message, but the parade was a great opportunity to demonstrate our support for the GLBTIQ community and for the Mardi Gras' sexual diversity and social inclusion agenda.



## People who are from culturally and linguistically diverse backgrounds

Family Planning NSW is dedicated to improving the reproductive and sexual health of culturally and linguistically diverse (CALD) communities through culturally appropriate clinical services, health promotion, education and training, research and advocacy.

We work with multicultural and refugee health services to ensure women and men from non-English speaking backgrounds have equal access to our reproductive and sexual health information and services. We offer free translator services for clinic consultations and we have translated a range of factsheets into languages other than English.

In 2011, 36% of clients in our clinics were born overseas, an 11% increase on previous years. The greatest increase in clients from CALD backgrounds came from people born in India, Lebanon, Iraq and Vietnam.

### Top 5 languages

other than English spoken by our clients

1. Arabic
2. Mandarin
3. Spanish
4. Cantonese
5. Vietnamese

### Bankstown Intensive English Centre pilot

Working in partnership with Bankstown Intensive English Centre (IEC) we developed a comprehensive reproductive and sexual health education programme tailored to the needs of high school aged, newly arrived migrants studying in the Sydney area. Sessions addressed the reproductive and sexual health needs of the students in the context of healthy relationships and were carefully constructed to be culturally appropriate and respectful of diverse family and cultural expectations while attending to the Australian context.

Evaluations by students, teachers and health promotion staff showed the programme content and informal delivery to be both effective and appropriate for students who are negotiating a new language and culture.

### Multicultural festivals

Community festivals in Sydney's southwest attract crowds of people from diverse cultural backgrounds. During 2011-2012, Fairfield's annual Multicultural Health Week and the Cabramatta Moon Festival proved great opportunities to provide the local community with reproductive and sexual health information in different languages. Over 90,000 people attended this year's Moon Festival, an important celebration for Chinese, Japanese, Korean and Vietnamese people. Family Planning NSW operated a stall to share information on cervical cancer screening, contraception, clinical services and to distribute our factsheets translated into key languages.

### Menarche project

We are exploring the influence of culture and the role of mothers from selected cultural groups in preparing their daughters for menarche. This joint project with refugee and multicultural health services in Western Sydney will help to better understand how service providers can support young women from CALD backgrounds as they go through puberty.

Building on our earlier work with young women from Sierra Leone, Sudan, Liberia, Somalia, Tanzania, Afghanistan and Iran, the project aims to reduce stigma around the social and biological issues of puberty and menstruation and increase the confidence of young women from CALD backgrounds in managing menarche. The project will be expanded to South Western Sydney in 2013.

*"I have an 11 year old daughter. I now feel more confident to explain puberty and the processes involved, with her today."*

Pakistani mother's group participant

*"I felt ok to explain menstrual process to my daughter, but now I am aware of school curriculum, I will explain and compliment her cultural beliefs with what is being taught at school."*

Pakistani mother's group participant

# Financial report for the year ended 30 June 2012

## Directors' report

Your directors present this report on the company for the financial year ended 30 June 2012.

### Directors

The name of each person who has been a director during the year and to the date of this report are:

<b>Dr D Lieberman</b> President	Ms S Carrick
<b>Ms R Winfield</b> Vice President & Legal Adviser	Mr D Miles
<b>Ms S Nicholson</b> Vice President	Mr M Peterson
<b>Ms F Larnach</b> Treasurer	Ms S Templeman
	Ms K Chambers-co-opted 29 November 2011
	Dr A McBride-appointed 29 November 2011
	Ms M Chappell-resigned 29 November 2011
	Mr N Jackson-resigned 29 November 2011

Directors have been in office since the start of the financial year to the date of this report unless otherwise stated.

### Principal Activities

The principal activity of the entity during the financial year was to facilitate optimal reproductive and sexual health service provision for the people of NSW through direct clinical services, education and training of doctors and nurses, research and advocacy.

The entity's short term objectives are to:

- Provide expert reproductive and sexual health services to the community through clinical care, health promotion and innovative information service provision;
- Provide best practice education, training and workforce development to service providers and the community;

- Perform research that informs best practice;
- Maintain a strong and sustainable organisation.

The entity's long term objectives are:

- To facilitate, promote and provide best practice reproductive and sexual health services for the people of NSW;
- To 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.



## Strategies

To achieve these objectives the entity has adopted the following strategies:

- 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 partnership to extend the reach of Family Planning NSW;
- Promoting the uptake and integration of research findings into service delivery.

The company measures its own 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 triennial 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	2012 Actual	2012 Benchmark	2011 Actual	2011 Benchmark
Clients	28,173	25,500	25,441	25,000
Operational & Financial				
Proportion of funding from:				
Government grants	76%	74%	78%	78%
Other grants	8%	7%	5%	4%
Donations	1%	1%	1%	1%
Investments	4%	5%	5%	5%
Self-generated	11%	13%	11%	12%
Proportion of funding spent on:				
Client contacts and programs	80%	81%	83%	80%
Administration	20%	19%	17%	20%
Fundraising	0%	0%	0%	0%

## Profile of Directors



**Dr Devora Lieberman – MD MPH FRANZCOG**

### President

Dr Devora Lieberman is one of the principal doctors in Genea's Miscarriage Management Program and has an active infertility practice. She joined Sydney IVF (now Genea) in 2003 after several years working as an Associate Medical Director, Women's Health at Organon Australia, a pharmaceutical company where she was responsible for the company's contraception, HRT and pro-fertility products. In this role, Devora was involved in the Australian introduction of a contraceptive implant and trained hundreds of doctors in its use.

Devora has been a Visiting Medical Officer at Royal North Shore Hospital's Menopause Clinic since 1998. She has long-standing involvement in many professional organisations and is currently President of Family Planning NSW, a Director of the Fertility Society of Australia, and a past President of Sexual Health and Family Planning Australia. Devora has presented at regional and national conferences and has contributed to textbooks and several peer-reviewed publications.

Devora moved to Australia from Boston, Massachusetts, USA, in 1998, when her fiancé told her "there's no surf in Boston Harbor". At the time she was a lecturer in obstetrics and gynaecology at Harvard Medical School. Devora studied medicine at the State University of New York and received her Masters Degree in Public Health from Harvard.

Devora is a member of the Executive of the Board of Directors of Family Planning NSW, Clinical Advisory Board, Fundraising, Advocacy and Marketing Committee, and Performance and Remuneration Committee. Elected to the Board in November 2002.



**Rosalind Winfield - BA LLB**

### Vice President and Legal Adviser

A lawyer in private practice since 1982, Rosalind Winfield has a special interest in legal issues affecting women and women's health. She has held the following roles - Convenor Women's Electoral Lobby (Brisbane) 1977-1978, President of the Women Lawyers' Association of NSW 1988-1989 and committee member 1983-1991. Rosalind was a member of the Women's Advisory Council 1986-1989 and Director of the Women's Legal Resources Centre 1983-1987. Rosalind received Family Planning Australia President's Award 1995.

Rosalind is a member of the Executive of the Board of Directors of Family Planning NSW and Finance and Audit Committee and has previously represented the Board on the Ethics Committee. Elected to the Board in 1986.



**Sandra Nicholson - BA (Hons) M Media Prac  
MAICD**

**Vice President**

Sandra Nicholson has just completed the requirements for a postgraduate qualification in Public Sector Management. She works in the marketing and communications section of the Transport Management Centre. She was a radio journalist for more than a decade and holds a Master of Media Practice from the University of Sydney. Her undergraduate studies focused on politics and gender studies, and she completed an Honours thesis about Aboriginal language maintenance and public policy implementation. Sandra is a member of the Media, Entertainment and Arts Alliance (MEAA) and the Australian Institute of Company Directors (AICD). She has previously worked at the NSW Working Women's Centre and volunteered at a Kings Cross women's refuge.

Sandra is a member of the Executive of the Board of Directors of Family Planning NSW, Performance and Remuneration Committee and Fundraising, Advocacy and Marketing Committee and has previously represented the Board on the Ethics Committee. Elected to the Board in 2003.



**Fiona Larnach - BSc Dip Ed, Masters (Bbus  
Finance), CPA, Grad Dip Acctg**

**Treasurer**

Fiona Larnach is the Chief Risk Officer, Retail Banking Services of the Commonwealth Bank. Prior to this role Fiona was a Partner with Ernst & Young in the Financial Risk Advisory Services area and before that, Chief Risk Officer at Westpac, responsible for the Retail Bank Credit and Operational Risk.

After graduating from University with a BSc DipEd, Fiona worked at IBM within Treasury. Fiona then joined Citibank with roles in Risk Management and IT. Following Citibank, Fiona moved to GE Capital and during this period, she gained her Masters in Banking and Finance and qualified as a CPA.

Following GE Capital, Fiona was employed at AMP heading up the Risk function for AMP Bank. Her last role at AMP was Head of Group Capital and Deputy Group Treasurer covering the Australian and European markets.

Fiona is a member of the Executive of the Board of Directors of Family Planning NSW and Finance and Audit Committee. Elected to the Board in 2006.



### Sue Carrick MHS

Sue Carrick's career has taken her from the healthcare sector through academia and into the not-for-profit sector. Her roles have included clinical care with Family Planning NSW, an educationalist in policy and research in public health and nursing at the University of Sydney, and research strategist and evaluator with the National Breast Cancer Foundation.

As a consultant Sue provides specialist advice in relation to translating research and strategic policy into practice. She has a particular interest in global and national health and the prevention of chronic disease. She has led a number of successful national implementation strategies including for the National Breast Cancer Centre and the National Breast Cancer Foundation.

Using creative approaches to address urgent problems led Sue to initiate and bring to fruition Register4, a successful national online resource designed to accelerate the outcomes of research by providing more effective and cost efficient delivery of research programs. Passionate about advocacy in health and research, Sue has established a number of national consumer advisory groups to ensure that policy reflects the views of the community.

Sue is a Managing Director of Prevention Partnership Australia and a director of Culture at Work. She has a Master of Health Science, with distinction, from the University of Sydney.

Sue is a member of the Family Planning NSW Ethics Committee and the Research Committee. Elected to the Board in 2010.



### Kerrie Chambers BA LLM

Kerrie Chambers is a partner with HWL Ebsworth and is currently group leader of the Health group. She has been a lawyer since 1986. For the last 17 years Kerrie has practised exclusively in medical negligence and Health law. She regularly writes articles and presents to doctor groups and medical insurers.

Kerrie is a former member of the Family Planning NSW Ethics Committee 2003-2012 and is a former member of the RANZCO Ethics Committee. She is a member of the Medico-Legal Society of NSW.

Kerrie has a keen interest in pro bono work. She is the partner delegate for the HWL Ebsworth Homeless Persons Legal Project providing legal advice and support to the clients of The Station drop in centre. She is on the volunteer legal roster for Kirribilli Neighbourhood Centre and has previously provided legal assistance at the Welfare Rights Centre and Macquarie Legal Centre. Co-opted to the Board in 2011.



### Dr Amanda McBride, MBBS, GCUT

Dr Amanda McBride has been a general practitioner in full time clinical practice for more than 20 years, now in part-time practice in the eastern suburbs of Sydney. She is Associate Professor in General Practice at the School of Medicine, Sydney, at the University of Notre Dame Australia (conjoint head) and is Senior Clinical Advisor at Cancer Australia.

Her interest in women's health was fostered after obtaining the Family Planning Certificate in the 1980s. As a Federal AMA councillor, she was a representative on the embryonic BreastScreen committee in Canberra, and is on the BreastScreen NSW Accreditation Committee. In the 1990s she was awarded a NSW AMA President's Award for work in women's health in the state. She has served on gynae-oncological and breast cancer committees in the Cancer Institute of NSW. She has worked on committees with the National Breast and Ovarian Cancer Centre until it became Cancer Australia.

She is undertaking a Masters in Health Policy at the University of Sydney, part time. Amanda is a member of the Family Planning Clinical Advisory Board. Elected to the Board in 2011.

### David Miles

David Miles is the Principal of Willard Consulting, specialising in providing strategic advice and political lobbying services.

David established Willard Consulting after more than six years as the Senior Manager, Government Affairs with the global pharmaceutical company, Pfizer. In this role, David maintained Pfizer's relationships with governments across Australia, particularly at the political level.

David started his career in stockbroking and merchant banking, before making the transition to politics as an adviser to a federal Senator and Minister in 1997. He has advised a range of politicians at both state and federal level and prior to joining Pfizer in 2005, was Public Affairs Manager for Environment ACT, within the ACT Government.

David's experience working in government and media over the past decade has provided him with an extensive and influential network of political and media contacts including senior politicians and staff from all political parties at federal and state level.

In addition to his lobbying activities, David regularly appears as a political commentator on news programs on Sky News and ABC24.

David is a member of Family Planning NSW Performance and Remuneration Committee and Fundraising, Advocacy and Marketing Committee. Elected to the Board in 2009.



### Mike Peterson

Mike Peterson is a communications consultant. His career has encompassed national political journalism and news and current affairs presentation (Seven Network - Sydney and Canberra), management of radio stations 2CA Canberra and 3AW Melbourne and extensive experience as a communications director in the NSW health system. His skills were recognised with Australia's top journalism honour - a Walkley Award.

Mike is familiar with the operations and aspirations of Family Planning NSW, having provided communications services in 2008-2009.

His pro bono contributions include 10 years as a Board member of Radio 2RPH - a volunteer service which reads the day's newspapers and magazines for people who are print-handicapped. He served on the board of Twilight House - four Sydney suburban aged-care facilities. Other roles include Board member National Press Club, Canberra; Chair, Federation of Australian Radio Broadcasters (FARB), Victoria; member, Federation of Australian Commercial Television Stations (FACTS) legal issues committee; member, Melbourne Royal Women's Hospital Clinical Research Foundation.

Mike is a member of Family Planning NSW Fundraising, Advocacy and Marketing Committee. Elected to the Board in 2010.



### Susan Templeman - BA (Comm)

A journalist for more than a decade, Susan Templeman runs a specialist media and presentation training company. Susan started as a federal political reporter with Radio 2UE in the Canberra Press Gallery in the mid-eighties, went on to be a foreign correspondent in New York and moved to London with the Austereo network. On her return to Australia, she worked as a freelance journalist and briefly in media relations before establishing her training business. For nearly 20 years she has provided training to a broad range of clients in the government, non-profit and business sectors. She is part of a network of trainers, many of whom have been mentored by Susan as they transition from journalism to their own business.

Susan is a member of the Board of Sexual Health and Family Planning Australia. Elected to the Board in 2005.

## Meetings of Directors

During the financial year, nine meetings of directors were held. Attendances by each director were as follows:

Director's Name	Directors' Meetings	
	Number Eligible to Attend	Number Attended
Dr D Lieberman	9	8
Ms R Winfield	9	9
Ms S Nicholson	9	9
Ms F Larnach	9	7
Ms S Carrick	9	8
Mr D Miles	9	8
Mr M Peterson	9	7
Ms S Templeman	9	7
Ms K Chambers	4	3
Dr A McBride	5	3
Ms M Chappell	4	3
Mr N Jackson	4	2

The entity is incorporated under the *Corporations Act 2001* and is a company limited by guarantee. If the entity is wound up, the constitution states that each member is required to contribute a maximum of \$10 each toward meeting any outstanding obligations of the entity. At 30 June 2012, the total amount that members of the company are liable to contribute if the company is wound up is \$860 (2011: \$460).

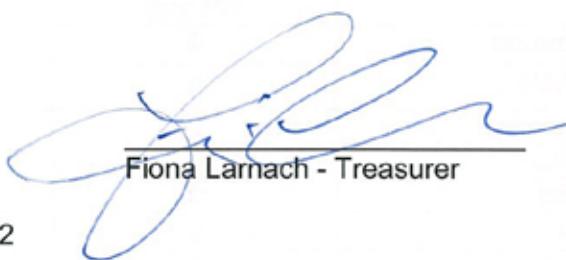
### Auditor's Independence Declaration

The lead auditor's independence declaration for the year ended 30 June 2012 is included with the directors' report.

Signed in accordance with a resolution of the Board of Directors:



Devora Lieberman – President



Fiona Larnach - Treasurer

Date this 25th day of September 2012

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

I declare that, to the best of my knowledge and belief during the year ended 30 June 2012 there have been:

- no contraventions of the auditor independence requirements as set out in the Corporations Act 2001 in relation to the audit; and
- no contraventions of any applicable code of professional conduct in relation to the audit.

*William Buck*

William Buck  
Chartered Accountants  
ABN 16 021 300 521

*Les Tutt*

L.E. Tutt  
Partner  
Sydney, 25 September 2012

Sydney  
Melbourne  
Brisbane  
Perth  
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The Praxity logo, featuring the word 'Praxity' in a bold, sans-serif font with a circular graphic element to the right. Below it, the text 'MEMBER' and 'GLOBAL ALLIANCE OF INDEPENDENT FIRMS' is written in a smaller font.  
MEMBER  
GLOBAL ALLIANCE OF  
INDEPENDENT FIRMS



## STATEMENT OF COMPREHENSIVE INCOME FOR YEAR ENDED 30 JUNE 2012

	Note	2012 \$	2011 \$
Revenue	2	11,510,570	10,572,487
Changes in inventories of finished goods		16,168	493
Employee benefit expenses		(8,290,948)	(7,498,405)
Cost of contraceptive supplies		(99,835)	(103,986)
Cost of Bookshop resources for resale		(71,972)	(64,370)
Depreciation and amortisation expenses		(155,864)	(138,226)
Lease/rent		(172,605)	(164,409)
Insurance		(120,558)	(116,571)
Relocation of business operations		(92,129)	(361,290)
Computer services and software		(128,791)	(134,431)
Printing / postage / stationery / advertising / photocopying		(192,003)	(245,751)
Repairs and maintenance / cleaning		(213,567)	(198,377)
Teaching resources		(126,472)	(138,209)
Travel		(349,227)	(239,360)
Materials and equipment		(71,745)	(84,746)
Labour hire – external		(218,502)	(23,030)
Medical consumables		(57,395)	(48,093)
Consultancy		(262,593)	(239,557)
Telephone / internet		(169,846)	(150,553)
Staff recruitment		(10,702)	(10,430)
Conferences & seminars		(52,182)	(42,826)
Utilities		(77,223)	(65,950)
Audit / professional services		(43,970)	(29,000)
Consumables / client expenses		(127,318)	(93,001)
Strata levies		(24,745)	(3,739)
Bad debts		(21,384)	(1,447)
Stock write-off		(24,313)	(8,879)
Other expenses		(348,395)	(231,476)
<b>Net current year surplus</b>		<b>2,454</b>	<b>136,868</b>
Other comprehensive income:			
Net gain on revaluation of non-current assets		(96,313)	26,001
Total comprehensive income for the year		(93,859)	162,869
Profit attributable to members of the entity		2,454	136,868
Total comprehensive income attributable to members of the entity		(93,859)	162,869

The accompanying notes form part of these financial statements

## STATEMENT OF FINANCIAL POSITION AS AT 30 JUNE 2012

	Note	2012 \$	2011 \$
<b>ASSETS</b>			
<b>CURRENT ASSETS</b>			
Cash and cash equivalents	4	2,401,108	3,566,115
Accounts receivable and other debtors	5	224,491	202,743
Inventories on hand	6	89,683	105,851
Other current assets	7	106,438	95,776
<b>TOTAL CURRENT ASSETS</b>		<b>2,821,720</b>	<b>3,970,485</b>
<b>NON-CURRENT ASSETS</b>			
Financial assets	8	3,757,437	3,353,750
Property, plant and equipment	9	6,857,988	6,941,383
<b>TOTAL NON -CURRENT ASSETS</b>		<b>10,615,425</b>	<b>10,295,133</b>
<b>TOTAL ASSETS</b>		<b>13,437,145</b>	<b>14,265,618</b>
<b>LIABILITIES</b>			
<b>CURRENT LIABILITIES</b>			
Accounts payable and other payables	10	2,263,958	2,437,552
Grants received in advance	11	1,199,156	1,812,401
<b>TOTAL CURRENT LIABILITIES</b>		<b>3,463,114</b>	<b>4,249,953</b>
<b>NON-CURRENT LIABILITIES</b>			
Accounts payable and other payables	12	134,803	82,578
<b>TOTAL NON-CURRENT LIABILITIES</b>		<b>134,803</b>	<b>82,578</b>
<b>TOTAL LIABILITIES</b>		<b>3,597,917</b>	<b>4,332,531</b>
<b>NET ASSETS</b>		<b>9,839,228</b>	<b>9,933,087</b>
<b>EQUITY</b>			
Reserves	13	3,404,137	3,500,450
Retained earnings		6,435,091	6,432,637
<b>TOTAL EQUITY</b>		<b>9,839,228</b>	<b>9,933,087</b>
Capital & leasing commitments	14		
Contingent liability	15		

The accompanying notes form part of these financial statements

## STATEMENT OF CHANGES IN EQUITY FOR THE YEAR ENDED 30 JUNE 2012

	Retained Surplus	Asset Revaluation Reserve	General Reserves	Total
<b>Balance at 30 June 2010</b>	6,295,769	3,399,449	75,000	9,770,218
Profit attributable to the entity	136,868	-	-	136,868
Revaluation increment	-	26,001	-	26,001
<b>Balance at 30 June 2011</b>	6,432,637	3,425,450	75,000	9,933,087
Profit attributable to the entity	2,454	-	-	2,454
Revaluation decrement	-	(96,313)	-	(96,313)
<b>Balance at 30 June 2012</b>	6,435,091	3,329,137	75,000	9,839,228

## STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 30 JUNE 2012

	Note	2012 \$	2011 \$
<b>CASH FLOWS FROM OPERATING ACTIVITIES:</b>			
Receipts from donations		72,198	68,746
Receipts from government grants		8,618,700	8,018,658
Other grants received		1,276,986	1,085,209
Receipts from customers		1,213,143	1,082,310
Payments to suppliers and employees		(12,168,447)	(10,825,729)
Interest and dividends received		403,744	465,228
Net cash generated from operating activities	18	(583,676)	(105,579)
<b>CASH FLOW FROM INVESTING ACTIVITIES:</b>			
Payment for property, plant & equipment		(81,942)	(1,089,670)
Proceeds from sale of property, plant & equipment		611	-
Payment for investments		(500,000)	-
Net cash used in investing activities		(581,331)	(1,089,670)
Net (decrease) in cash held		(1,165,007)	(1,195,249)
Cash at the beginning of the financial year		3,566,115	4,761,364
Cash at the end of the financial year		2,401,108	3,566,115

The accompanying notes form part of these financial statements

## NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2012

### 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The Directors have prepared the financial statements on the basis that the company is a non-reporting entity because there are no users who are dependent on its general purpose financial statements. These financial statements are therefore special purpose financial statements that have been prepared in order to meet the requirements of the *Corporations Act 2001*. The company is a not-for-profit entity for financial reporting purposes under Australian Accounting Standards.

The financial statements have been prepared in accordance with the mandatory Australian Accounting Standards applicable to entities reporting under the *Corporations Act 2001* and the significant accounting policies disclosed below, which the Directors have determined are appropriate to meet the needs of members.

The financial statements have been prepared on an accruals basis and are based on historical costs unless otherwise stated in the notes. Material accounting policies adopted in the preparation of these financial statements are presented below and have been consistently applied unless otherwise stated. The amounts presented in the financial statements have been rounded to the nearest dollar.

The financial statements were authorised for issue on 25th September 2012 by the Directors of the company.

#### Accounting Policies

##### (a) Principles of Consolidation

The Directors believe that the controlled entities of Family Planning NSW are not material, as their omission or non-disclosure does not have the potential to adversely affect:

- (i) decisions about the allocation of resources made by users of the consolidated accounts; or
- (ii) the discharge of accountability by the Directors or the members of the governing body of the entity;

and as such the financial statements of Family Planning NSW have not been consolidated with its controlled entities.

##### (b) Revenue

Non-reciprocal grant revenue is recognised in the statement of comprehensive income when the entity obtains control of the grant and it is probable that the economic benefits gained from the grant will flow to the entity and the amount of the grant can be measured reliably.

If conditions are attached to the grant which must be satisfied before it is eligible to receive the contribution, the recognition of the grant as revenue will be deferred until those conditions are satisfied.

When grant revenue is received whereby the entity incurs an obligation to deliver economic value directly back to the contributor, this is considered a reciprocal transaction and the grant revenue is recognised in the statement of financial position as a liability until the service has been delivered to the contributor, otherwise the grant is recognised as income on receipt.

Donations and bequests are recognised as revenue when received.

Interest revenue and distribution income from investments are recognised as it accrues using the effective interest rate method, which for floating rate financial assets is the rate inherent in the instrument. Dividend revenue is recognised when the right to receive a dividend has been established.

Revenue from the rendering of a service is recognised upon delivery of the service to the customers.

Revenue from the sale of goods is recognised upon the delivery of goods to customers.

All revenue is stated net of the amount of goods and services tax (GST).

##### (c) Inventories on Hand

Inventories are measured at the lower of cost and current replacement cost.

Inventories are determined on an average cost basis.

Inventories acquired at no cost, or for nominal consideration are valued at the current replacement cost as at the date of acquisition.

#### (d) Property, Plant and Equipment

Each class of property, plant and equipment is carried at cost or fair value, less, where applicable, accumulated depreciation and impairment losses.

##### Property

Freehold land and buildings are shown at their fair value based on periodic, but at least triennial, valuations by external independent valuers, less subsequent depreciation for buildings.

Increases in the carrying amount arising on revaluation of land and buildings are credited to a revaluation reserve in equity. Decreases that offset previous increases of the same class of asset are charged against fair value reserves directly in equity, all other decreases are charged to the income statement.

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.

##### Plant and Equipment

Plant and equipment are measured on the cost basis less depreciation and any impairment loss. Items with a first cost of less than five hundred dollars are expensed in the period they are purchased in accordance with the terms of the NSW Ministry of Health funding conditions.

The carrying amount of plant and equipment is reviewed annually by Directors to ensure it is not in excess of the recoverable amount from these assets.

##### Depreciation

The depreciable amount of all fixed assets, including buildings and capitalised lease assets, but excluding freehold land, is depreciated on a straight-line basis over the asset's useful life to the entity commencing from the time the asset is held ready for use. Leasehold improvements are depreciated over the shorter of either the unexpired period of the lease or the estimated useful life of the improvements.

The depreciation rates used for each class of depreciable assets are:

Class of Fixed Asset	Depreciation Rate
Buildings	2%
Leasehold Improvements	2%
Fixtures & Fittings	10%
Medical & Office Equipment	12.5%
Motor Vehicles	15%
Computers	33.3%

The assets' residual values and useful lives are reviewed and adjusted if appropriate, at the end of each reporting period.

An asset's carrying amount is written down immediately to its recoverable amount if the asset's carrying amount is greater than its estimated recoverable amount.

Gains and losses on disposals are determined by comparing proceeds with the carrying amount. These gains or losses are recognised immediately in profit or loss. When revalued assets are sold, amounts included in the revaluation surplus relating to that asset are transferred to retained earnings.

##### (e) Leases

Lease payments for operating leases, where substantially all the risk and benefits remain with the lessor, are charged as expenses on a straight-line basis over the term of the lease.

##### (f) Financial Instruments

Financial assets and financial liabilities are recognised when the entity becomes a party to the contractual provisions to the instrument. For financial assets, this is equivalent to the date that the company commits itself to either purchase or sell the asset (ie trade date accounting is adopted).

Financial instruments are initially measured at fair value plus transaction costs except where the instrument is classified "at fair value through profit or loss" in which case transaction costs are expensed to profit or loss immediately.

Financial instruments held by Family Planning NSW are measured at fair value. Fair value represents the amount for which an asset could be exchanged or a liability settled, between knowledgeable parties. Where available, quoted prices in an active market are used to determine fair value.

### (g) Employee Benefits

Provision is made for the company's liability for employee benefits arising from services rendered by employees to the end of the reporting period. Provision for long service leave is raised in respect of employees who have in excess of five years continuous service. Employee benefits that are expected to be settled within one year have been measured at the amounts expected to be paid when the liability is settled.

Contributions are made by the entity to an employee superannuation fund and are charged as expenses when incurred.

### (h) Cash and Cash Equivalents

Cash and cash equivalents include cash on hand, deposits held at-call with banks, other short-term highly liquid investments with original maturities of three months or less, net of bank overdraft.

### (i) Accounts Receivable and Other Debtors

Accounts receivable and other debtors include amounts due from donors and any outstanding grants receipts. Receivables expected to be collected within 12 months of the end of the reporting period are classified as current assets. All other receivables are classified as non-current assets.

### (j) Bad and Doubtful Debts

Bad debts are written off as they occur and the provision for doubtful debts is based on an appraisal of individual outstanding accounts that are in excess of normal trading terms.

### (k) Goods and Services Tax (GST)

Revenues, expenses and assets are recognised net of the amount of GST, except where the amount of GST incurred is not recoverable from the Australian Taxation Office (ATO).

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 ATO is included with other receivables or payables in the statement of financial position.

Cash flows are presented on a gross basis. The GST component of cash flows from investing or financial activities which are recoverable from, or payable to, the ATO are presented as operating cash flows included in receipts from customers or payments to suppliers.

### (l) Income Tax

No provision for income tax has been raised as the entity is exempt from income tax under Div 50 of the *Income Tax Assessment Act 1997*.

### (m) Provisions

Provisions are recognised when the entity has a legal or constructive obligation, as a result of past events, for which it is probable that an outflow of economic benefits will result and that outflow can be reliably measured. Provisions recognised represent the best estimate of amounts required to settle the obligation at the end of the reporting period.

### (n) Comparative Figures

Where required by Accounting Standards, comparative figures have been adjusted to conform with changes in presentation for the current financial year.

### (o) Accounts Payable and Other Payables

Trade and other payables represent the liability outstanding at the end of the reporting period for goods and services received by the company during the reporting period which remain unpaid. The balance is recognised as a current liability with the amount normally paid within 30 days of recognition of the liability.

### (p) Economic Dependence

Family Planning NSW is dependent on the NSW Ministry of Health for the majority of its revenue used to operate the business. At the date of this report the Board of Directors has no reason to believe the NSW Ministry of Health will not continue to support Family Planning NSW.

### (q) New Accounting Standards for Application in Future Periods

The AASB has issued new and amended Accounting Standards and Interpretations that have mandatory application dates for future reporting periods and which the company has decided not to early adopt.

## NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2012

	2012 \$	2011 \$
<b>2. PROFIT FROM ORDINARY ACTIVITIES</b>		
<b>Expenses:</b>		
Depreciation and amortisation	155,864	138,226
Employee benefits	8,290,948	7,498,405
Remuneration of auditor		
- Audit – of the financial report	32,931	29,000
- Other services	11,039	-
Rent- premises and equipment	172,605	164,409
<b>Revenue:</b>		
Government grants	8,802,289	8,219,954
Other grants	938,128	610,686
Sales income	864,199	769,784
Interest & investment income	461,455	538,388
Other income	444,499	433,675
<b>Total Revenue</b>	<b>11,510,570</b>	<b>10,572,487</b>
<b>3. GRANTS RECEIVED DURING THE YEAR</b>		
<b>NSW Ministry of Health: NGO Funding</b>		
Fairfield – National Women’s Health	496,200	484,100
Women’s Health	6,699,500	6,536,100
HIV/AIDS Program	243,200	237,300
The Warehouse - Community Education, Women’s Health & Health Transport	438,300	427,600
The Warehouse - AIDS	121,900	118,900
	<b>7,999,100</b>	<b>7,804,000</b>
<b>NSW Ministry of Health: AIDS and Infectious Diseases Branch</b>		
NSW Aboriginal Sexual & Reproductive Health Pilot	<b>197,335</b>	<b>100,000</b>
<b>Local Health District:</b>		
Hunter New England - Hunter Health Promotion	<b>45,500</b>	<b>44,400</b>
<b>Other Government Grants:</b>		
Cancer Institute NSW – Well Women’s Screening Training for Practice Nurses	269,347	-
Cancer Institute NSW – GP’s Up-Skilling	53,518	45,058
Department of Health & Ageing	45,900	11,200

<b>3. GRANTS RECEIVED DURING THE YEAR (cont'd)</b>	<b>2012</b>	<b>2011</b>
	<b>\$</b>	<b>\$</b>
Department of Education & Training	8,000	12,000
Department of Premier & Cabinet	-	2,000
	<b>376,765</b>	<b>70,258</b>
<b>Other Grants:</b>		
Research Grants	241,753	216,282
McCarthy-Green Indigenous Nurse Scholarship	-	6,000
Sexual Health & Family Planning-International Program	1,035,233	857,512
The Aurora Group	-	4,970
Family Planning Queensland	-	445
	<b>1,276,986</b>	<b>1,085,209</b>
<b>Total Grants received</b>	<b>9,895,686</b>	<b>9,103,867</b>
<b>4. CASH AND CASH EQUIVALENTS</b>		
Cash at bank – unrestricted	2,395,638	3,560,645
Cash float	5,470	5,470
	<b>2,401,108</b>	<b>3,566,115</b>
<b>5. ACCOUNTS RECEIVABLE &amp; OTHER DEBTORS</b>		
<b>CURRENT</b>		
Accounts receivables	24,868	20,894
Other receivables	199,623	181,849
	<b>224,491</b>	<b>202,743</b>
<b>6. INVENTORIES ON HAND</b>		
Stock at cost	<b>89,683</b>	<b>105,851</b>
<b>7. OTHER ASSETS</b>		
<b>CURRENT</b>		
Prepayments	<b>106,438</b>	<b>95,776</b>
<b>8. FINANCIAL ASSETS</b>		
Available-for-sale financial assets	<b>3,757,438</b>	<b>3,353,750</b>
Available-for-sale financial assets comprise:		
Listed investments at fair value	<b>3,757,438</b>	<b>3,353,750</b>



9. PROPERTY, PLANT AND EQUIPMENT	2012 \$	2011 \$
<b>Land &amp; Buildings</b>		
Freehold land at:		
Independent valuation 2011	3,205,800	3,205,800
Total Land	3,205,800	3,205,800
Buildings at:		
Independent valuation 2011	2,944,200	2,944,200
Less accumulated depreciation	(104,342)	(45,458)
Total Buildings	2,839,858	2,898,742
Total Land & Buildings	6,045,658	6,104,542
<b>Leasehold Improvements</b>		
At cost	-	6,636
Independent valuation 2011	600,000	600,000
Less accumulated amortisation	(25,000)	(19,636)
Total Leasehold Improvements	575,000	587,000
<b>Plant &amp; Equipment</b>		
At cost	534,193	562,207
Less accumulated depreciation	(296,863)	(312,366)
Total Plant & Equipment	237,330	249,841
Total Property, Plant & Equipment	<b>6,857,988</b>	<b>6,941,383</b>

The entity's land and buildings were re-valued at 1 June 2011 by independent valuers. Valuations were made on the basis of open market value. The revaluation increase was credited to the asset revaluation reserve in equity.

No capital gains tax has been taken into account in determining re-valued amounts as the company is exempt from income tax.

## 10. ACCOUNTS PAYABLE AND OTHER PAYABLES

### CURRENT

Sundry payables and accrued expenses	1,038,763	1,241,028
Employee benefits	1,225,195	1,196,524
	<b>2,263,958</b>	<b>2,437,552</b>

## 11. GRANTS RECEIVED IN ADVANCE

Government grants	433,016	616,606
Non-government grants	766,140	1,195,795
	<b>1,199,156</b>	<b>1,812,401</b>

**12. ACCOUNTS PAYABLE AND OTHER PAYABLES**

	2012 \$	2011 \$
NON-CURRENT		
Employee benefits	134,803	82,578
Number of employees at year end	144	140

**13. RESERVES**

Asset revaluation reserve records revaluations of non-current and financial assets	3,329,137	3,425,450
General reserve records funds approved by the Board to be set aside to fund specific activities	75,000	75,000
	<b>3,404,137</b>	<b>3,500,450</b>

**14. CAPITAL & LEASING COMMITMENTS**

Non cancellable operating leases contracted for but not capitalised in the financial statements:

Payable: minimum lease payments

- not later than twelve months	126,529	156,143
- between twelve months and five years	179,227	179,173
- greater than five years	29	30
	<b>305,785</b>	<b>335,346</b>

**15. CONTINGENT LIABILITIES**

Estimates of the maximum amount of contingent liabilities that may become payable:

	-	-
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**16. ENTITY DETAILS**

The registered office of the company is:

Family Planning NSW

328-336 Liverpool Rd

Ashfield NSW 2131

**17. RELATED PARTY TRANSACTIONS**

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. Ms Templeman, Ms Nicholson and Ms Carrick are Directors of both Sydney Reproductive Health Service Limited and Family Planning NSW.

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18. CASH FLOW INFORMATION	2012 \$	2011 \$
Reconciliation of cash flow from operations with profit for the year		
Profit for the year:	2,454	136,868
Non-cash flows in profit:		
Depreciation & Amortisation	155,864	138,226
Net (profit) / loss on disposal of plant and equipment	8,862	-
Changes in assets and liabilities:		
Decrease in inventories	16,168	493
(Increase) in accounts receivable and other receivables	(21,748)	(52,404)
(Increase) / Decrease in other current assets	(10,662)	1,090
(Decrease) in grants received in advance	(613,245)	(295,853)
(Decrease) in accounts payable and other payables	(121,369)	(33,999)
Cash flows provided by operating activities	<b>(583,676)</b>	<b>(105,579)</b>

## 19. EVENTS AFTER THE REPORTING PERIOD

No matters or circumstances have arisen since the end of the financial year which significantly affected or may significantly affect the operations of the entity, the results of those operations, or the state of affairs of the entity in future financial years.

## DIRECTORS' DECLARATION

The Directors have determined that the company is not a reporting entity and that this special purpose financial report should be prepared in accordance with the accounting policies described in Note 1 to the financial statements. In accordance with a resolution of the directors of Family Planning NSW the directors of the company declare that:

1. The financial statements and notes are in accordance with the *Corporations Act 2001* and:

a) comply with Accounting Standards applicable to the company; and

b) give a true and fair view of the financial position as at 30 June 2012 and of the performance of the company for the year ended on that date of the company in accordance with the accounting policies described in Note 1 of the financial statements.

2. In the Directors' opinion 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.



Devora Lieberman – President



Fiona Larnach - Treasurer

Date this 25th day of September 2012



## INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF FAMILY PLANNING NSW

### Report on the Financial Report

We have audited the accompanying financial report, being a special purpose financial report of Family Planning NSW (the Company), which comprises the statement of financial position as at 30 June 2012, the statement of comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, notes comprising a summary of significant accounting policies and other explanatory information, and the directors' declaration.

#### *Directors' Responsibility for the Financial Report*

The directors of the Company are responsible for the preparation of the financial report that gives a true and fair view, and have determined that the basis of preparation described in Note 1 to the financial report is appropriate to meet the requirements of the Corporations Act 2001 and is appropriate to meet the needs of the members.

The directors' responsibility also includes such internal control as the directors determine is necessary to enable the preparation of a financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.

#### *Auditor's Responsibility*

Our responsibility is to express an opinion on the financial report based on our audit. We conducted our audit in accordance with Australian Auditing Standards. Those standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance about whether the financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation of the financial report that gives a true and fair view in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the directors, as well as evaluating the overall presentation of the financial report.

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

#### *Independence*

In conducting our audit, we have complied with the independence requirements of the Corporations Act 2001.

Sydney  
Melbourne  
Brisbane  
Perth  
Adelaide  
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INDEPENDENT FIRMS

## INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF FAMILY PLANNING NSW (CONT)

### *Auditor's Opinion*

In our opinion the financial report of Family Planning NSW is in accordance with the Corporations Act 2001, including:

- a) giving a true and fair view of the Company's financial position as at 30 June 2012 and of its performance for the year ended on that date; and
- b) complying with Australian Accounting Standards (including the Australian Accounting Interpretations) to the extent described in Note 1 and the Corporations Regulations 2001.

### *Basis of Accounting*

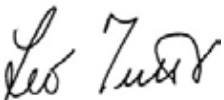
Without modifying our opinion, we draw attention to Note 1 to the financial report, which describes the basis of accounting. The financial report has been prepared for the purpose of fulfilling the directors' financial reporting responsibilities under the Corporations Act 2001. As a result, the financial report may not be suitable for another purpose.

### *Matters Relating to the Electronic Presentation of the Audited Financial Report*

This auditor's report relates to the financial report of Family Planning NSW for the year ended 30 June 2012 included on the Family Planning NSW web site. The company's directors are responsible for the integrity of the Family Planning NSW web site. We have not been engaged to report on the integrity of the Family Planning NSW web site. The auditor's report refers only to the financial report. It does not provide an opinion on any other information which may have been hyperlinked to/from these statements. If users of this report are concerned with the inherent risks arising from electronic data communications they are advised to refer to the hard copy of the audited financial report to confirm the information included in the audited financial report presented on this web site.

A handwritten signature in cursive script that reads 'William Buck'.

William Buck  
Chartered Accountants  
ABN 16 021 300 521

A handwritten signature in cursive script that reads 'L.E. Tutt'.

L.E. Tutt  
Partner  
Sydney, 25 September 2012



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F 02 6882 3666

### Hunter

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