



Annual  
Report

2013-2014

# OUR VISION

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

# OUR MISSION

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

# OUR VALUES

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

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

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

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

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

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

# OUR PRINCIPLES

Focusing on the whole person throughout their lifespan

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

Being advocates for the community

Developing and using best practice and evidence- based approaches

Designing and delivering optimal services to the community

Promoting freedom of choice which reflects individual differences and preferences

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

Promoting professionalism and continuous improvement in our ways of working

Fostering innovation and creativity in our work

# CONTENTS

<b>Who we are</b>	<b>4</b>
<b>President's report</b>	<b>6</b>
<b>CEO's report</b>	<b>7</b>
<b>At a glance</b>	<b>8</b>
<b>Clinical services</b>	<b>10</b>
<b>Our work with Aboriginal and Torres Strait Islander people</b>	<b>16</b>
<b>Our work with young people</b>	<b>20</b>
<b>Our work with lesbian, gay, bisexual, transgender and intersex people</b>	<b>24</b>
<b>Our work with people with disability</b>	<b>26</b>
<b>Our work with people from culturally and linguistically diverse backgrounds</b>	<b>30</b>
<b>Our work with people in rural and remote areas</b>	<b>34</b>
<b>Education and training</b>	<b>36</b>
<b>Advocacy and partnerships</b>	<b>44</b>
<b>Research and innovation</b>	<b>48</b>
<b>International program</b>	<b>54</b>
<b>Financial report</b>	<b>62</b>
<b>Partners and supporters</b>	<b>92</b>



# WHO WE ARE

## OVERVIEW OF FAMILY PLANNING NSW

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 personal issues.

Family Planning NSW is the leading provider of reproductive and sexual health services in NSW.

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

Family Planning NSW's education and training activities are evidence-based, broad-ranging and include programs for clinicians, disability workers, teachers, parents and carers, and other health education and welfare professionals, both locally and internationally.

Family Planning NSW is committed to excellence in meeting the reproductive and sexual health needs of the community.

We achieve this by providing best practice, accredited clinical services, enhancing the knowledge and skills of service providers, improving the body of knowledge about reproductive and sexual health through rigorous research and evaluation, and leading international development projects to promote the rights of marginalised people in developing countries.

Informed by our vision, mission, values and guiding principles, we work to assist poor and disadvantaged communities in developing countries to increase access to comprehensive reproductive and sexual health services.

We collaborate with organisations at national and international levels to strengthen the ability of local health providers to deliver optimal family planning services.

**We focus on translating research findings into clinical practice and guiding medical professionals, government and other decision making bodies on best practice reproductive and sexual health service delivery.**

A photograph of three young people (two women and one man) sitting outdoors and laughing joyfully. They are in front of a modern, multi-story building with large windows and balconies. The man on the left is wearing a maroon shirt with white polka dots. The woman in the middle is wearing a white t-shirt. The woman on the right is wearing a black and white striped shirt and glasses. A teal circular graphic is overlaid on the top right of the image, containing white text.

OUR POLICY,  
CLINICAL AND  
ADVOCACY WORK  
IS UNDERPINNED  
BY RIGOROUS  
RESEARCH AND  
ANALYSIS

# PRESIDENT'S REPORT



I am pleased to say that this year has been another of great achievement at Family Planning NSW, in which we continue to deliver quality reproductive and sexual health services across NSW.

Our annual report is a reflection of our expertise and dedication to ensuring that every body in every family has access to the very best quality reproductive and sexual health services and information.

We take our leadership role very seriously and support people in our community who are marginalised and vulnerable. 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.

In December 2013 we released *Love & Kisses: taking action on the reproductive and sexual health and rights of people with disability*, our advocacy plan to help guide government on policy, service delivery, funding, legislative and regulatory decisions.

As part of our commitment to consumers, we have developed our *Consumer Engagement Framework 2014-2018*, which has been approved by the Family Planning NSW Board and will be implemented in the 2014-2015 financial year. Going forward, a new Board committee will be established to ensure the voice of our consumers feeds into our Board decision making. This will ensure that our work continues to be effective and relevant to the communities that we serve.

We continue to work with a wide range of partners at a local, state, national and international level. Over the past year we have formed 32 new partnerships, and we have 176 partnerships with 63 Memorandums of Understanding.

We are dedicated to improving access of information to our clients regardless of where they live. This year, 7,173 calls were made to Family Planning NSW Talkline, a one per cent increase over the previous year, and 1,033 emails were sent to the service, 40% above that in 2012-2013.

Our website attracted 545,846 unique visits representing an increase of 213 per cent, and overall website hits also increased to 665,534. The Family Planning NSW Bookshop website also received 20,469 visits, comprising 77 per cent new visitors, an increase from 20,205 on the previous year. Our social media presence was strengthened to include Twitter and Instagram, and our Facebook likes increased by 95 per cent.

We are grateful for our funding sources and partners, and most importantly for the continued support of the NSW Ministry of Health in recognising the importance of delivering quality evidence-based reproductive and sexual health service.

On a more personal note, after eleven years as the President of Family Planning NSW, I am stepping down from the position and passing the baton on to others. I welcome Sue Carrick into the role, and wish her all the best in the fantastic journey ahead.

I would like to take this opportunity to thank my fellow directors, our CEO Ann Brassil, and all our wonderful staff for their hard work and dedication to an organisation that we can all be proud of.

**Dr Devora Lieberman**  
President  
MD MPH FRANZCOG

# CEO'S REPORT



2013-2014 has proved another successful year for Family Planning NSW with our five clinics providing 27,707 clinical services to 14,449 clients.

As the leading provider of reproductive and sexual health in NSW, we continued to provide high quality services and information to a broad range of clients. This year over a quarter of our clients were under 24 years of age; four per cent reported a disability; three per cent were of Aboriginal and Torres Strait Islander background and 14 per cent speak a language other than English at home.

The diversity of our clients is reflected in our health promotion projects undertaken this year, targeting our priority communities which include people from culturally and linguistically diverse (CALD) and Aboriginal and Torres Strait Islander backgrounds, people with disability and from remote and rural areas as well as lesbian, gay, bisexual, transgender and intersex people. We also updated and developed 20 health promotion resources of which we distributed 101,048 physical copies during 390 health promotion activities attended by 8,464 participants.

We strive for excellence in our provision of reproductive and sexual health services, and our work will continue to be informed and shaped by our research through the Family Planning NSW Sydney Centre for Reproductive Health Research. We implemented 24 research projects in 2013-2014. In May 2014, we released the *Reproductive and Sexual Health in Australia* report, Australia's first comprehensive compilation of reproductive and sexual health indicators providing critical information to identify issues and data gaps for researchers, government decision makers, health services and academics.

I was also pleased to welcome the formation of our new Clinical Services Team in February 2014, led by Dr Deborah Bateson in the role of Director Clinical Services/ Medical Director. One of the first achievements of the new team was the successful attainment of accreditation under the National Safety and Quality Health Service (NSQHS) Standards. What a fantastic credit to all involved!

In June 2014, the Australian Government announced that Family Planning NSW would be implementing the NSW component of the Safe Schools Coalition Australia program, aimed at reducing homophobia and transphobia in schools. Our service offerings include the provision of professional training, development of printed and digital resources, auditing, building professional networks, assistance with developing school policies and advice on addressing challenges and achieving best practice.

Our education and training programs continue to build the capacity of doctors, nurses, teachers and other health, education and welfare professionals to deliver high quality reproductive and sexual health services in communities across NSW. During 2013-2014 we conducted 96 professional education sessions with 1,388 participants while 473 service provider participants attended 43 Family Planning NSW professional education activities.

Taking our dedication to quality health and education services further afield, our international projects to improve the reproductive and sexual health of communities in the Asia Pacific reached 3,948 direct beneficiaries and 33,370 indirect beneficiaries across Fiji, Vanuatu, the Cook Islands, Timor Leste, Papua New Guinea, Samoa, the Solomon Islands, Tonga, Tuvalu and the Philippines, with funding from the Australian Government and private donors.

Our annual report showcases another year of success at Family Planning NSW. This is possible through the support of our Board and the dedication and expertise of our staff. This allows us to remain the leading provider of reproductive and sexual health services in NSW for those who need it most. Finally, I would like to thank Dr Devora Lieberman, who after devoting eleven years as our President, has now stepped down from the position. Devora has been a committed advocate for our work and her experience has been very much valued.

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

# AT A GLANCE

During 2013-14, Family Planning NSW provided 27,707 clinical services to 14,449 clients.



ASHFIELD

**10,064** clinic visits with 44% of clients born outside Australia  
**16%** of clients do not speak English at home  
**22%** of consultations were with a nurse or doctor trainee



DUBBO

**15%** increase in clinic visits from 2,457 to 2,819  
**18%** of clients from an Aboriginal and Torres Strait Islander background



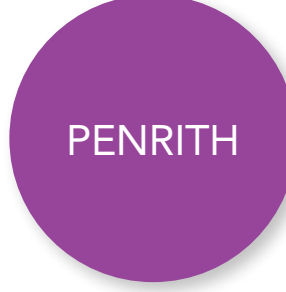
FAIRFIELD

**10%** increase in clinic visits from 3,091 to 3,267  
**55%** of clients do not speak English at home  
**65%** of clients born outside Australia



HUNTER


**11%** increase in clinic visits from 7,242 to 8,012  
**47%** of clients less than 25 years of age  
**17%** of consultations were with a nurse or doctor trainee



PENRITH

**3,515** clinic visits  
**42%** of clients less than 25 years of age





“I always strongly  
recommend Family  
Planning NSW to my friends  
– it’s so easy and  
comfortable here...”

Hunter client

# CLINICAL SERVICES

Family Planning NSW provides reproductive and sexual health services targeted to communities including people from CALD and Aboriginal and Torres Strait Islander backgrounds, people with disability, young and older people, people from rural and remote communities and LGBTI people, with 96% of our clients women.

## Our clients

- 557 (4%) of consultations were clients reporting a disability
- 27 per cent of clients were under 24 years
- 15 per cent of clients were 25-29 years
- 24 per cent were aged 30-39 years
- 17 percent were aged 40-49 years
- The number of young people was higher in Family Planning NSW Hunter (47%) and Family Planning NSW Penrith (42%) as those clinics provide demonstration services for young people
- 432 (3%) clients attending our clinics were from an Aboriginal and Torres Strait Islander background, an increase from 392 in the previous year with the major increases in Dubbo (24%), the Hunter (66%) and Penrith (89%)
- 14 per cent of clients use a language other than English at home
- 4,560 (32%) of clients were born overseas
- 93 per cent of clients surveyed were satisfied with the service they received

Family Planning NSW provides clinical services to women and men of all ages.

## Number of client visits by main service provided by location of demonstration clinics, 2013-2014

MAIN SERVICE PROVIDED	ASHFIELD	DUBBO	FAIRFIELD	NEWCASTLE	PENRITH	TOTAL
Contraception	4,323	1,158	1,104	2,936	1,533	11,054
Gynaecological	3,847	858	1,090	2,332	908	9,035
Other	1,046	434	799	1,312	622	4,213
Pregnancy	431	191	196	354	196	1,368
STIs	417	178	78	1,078	286	2,037
Total Visits	10,064	2,819	3,267	8,012	3,545	27,707



“Every member of staff has been courteous, friendly and approachable. I could not have been happier with my nurse, who was capable, efficient and extremely knowledgeable.”

Ashfield client

Our successful accreditation against the NSQHS Standards provides a strong and transparent framework from which we can continue to deliver best-practice services to meet the reproductive and sexual health needs of our varied clients.

### Number of clients by gender by clinic, 2013-2014

SEX	ASHFIELD	DUBBO	FAIRFIELD	NEWCASTLE	PENRITH	TOTAL
Female	5,639	1,419	1,781	3,473	1,613	13,925
Male	140	34	25	240	74	513
Other	5	1	2	3	-	11
Total Clients	5,784	1,454	1,808	3,716	1,687	14,449

### Clinical Services Team

At the beginning of February 2014, the newly formed Clinical Services Team (CST) became operational across all Family Planning NSW clinical services and health promotion activities. The new team is led by the Director of Clinical Services/Medical Director, and is made up of the Statewide Centre Manager, Medical Coordinator, Nurse, Social Worker and Health Promotion Manager. The role of the CST is to oversee the clinical governance of the organisation by ensuring that all of our services are safe, effective and evidence-based, and place the consumer at the centre of everything we do. True to its charter, one of the first CST activities was to lead the organisation through its journey to successful clinical accreditation against the National Safety and Quality Health Service (NSQHS) Standards.

### National Safety and Quality Health Service (NSQHS) Standards accreditation

After rigorous preparation during the first half of the year, we welcomed the expert surveyors from the Australian Council on Healthcare Standards to review our services and performance in early June. The surveyors visited each centre where they met with clinical and administrative staff and viewed a wide range of clinical activities, including emergency preparedness, incident management and clinical handover. We were delighted to learn that we had met all the criteria for successful accreditation at the surveyors' closing summation.

The process of accreditation by no means ends here, but merely signals the start of a journey to continuous service improvement. Family Planning NSW, we discovered, is at the forefront of primary care organisations undertaking accreditation against the standards developed by the Australian Commission on Safety and Quality in Health Care which had hitherto focused on hospitals and day procedure services.

## Family Planning NSW Talkline

As part of our state wide service delivery, Family Planning NSW operates Family Planning NSW Talkline, a confidential telephone and email information and referral service, connecting our expertise to communities across NSW.

Family Planning NSW Talkline staff provide expert advice on contraception, including IUDs and implants, pregnancy options, fertility, menstruation, puberty, menopause, STIs, men's sexual health and healthy relationships.

When someone contacts Family Planning NSW Talkline they are likely to talk about matters that are profoundly personal – sometimes for the first time. Family Planning NSW Talkline staff draw on their clinical knowledge and professional experience to assist callers to review their available options and plan an appropriate course of action.

In 2013-2014, 7,173 calls were made to Family Planning NSW Talkline, a one per cent increase over the previous year and 1,033 emails were sent to the service, 40 per cent over 2012-2013.

To increase the reach and flexibility of our service, Family Planning NSW Talkline has been decentralised. In November 2013, Talkline workstations were set up in the Penrith centre, and in the Hunter centre in February 2014.

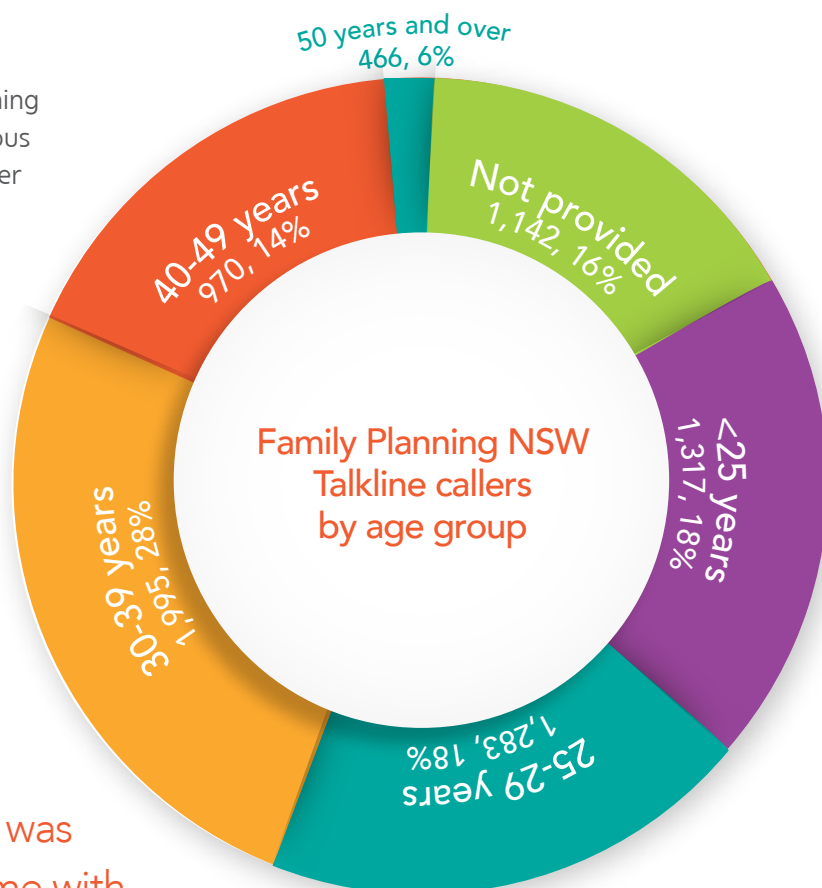
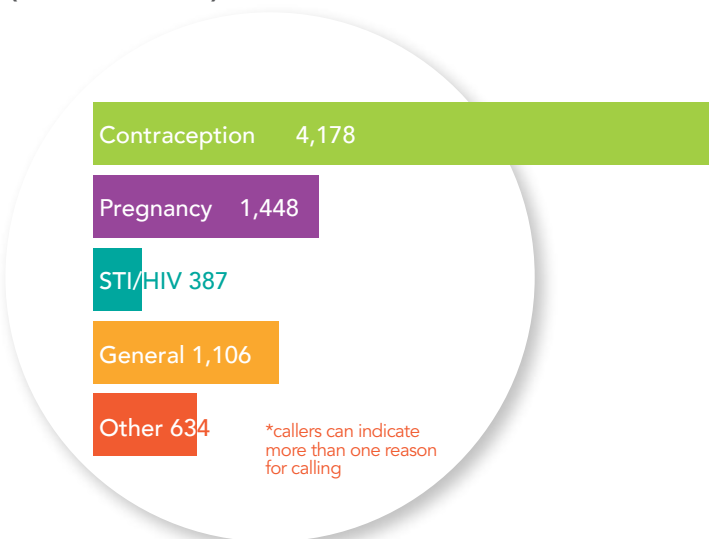
The service now has the capacity to run out of three sites, increasing accessibility for clients and providing the opportunity for nursing staff to build their skill base and work as part of the telephone and email service.

“The nurse that gave me feedback was not judgmental and she provided me with so much advice. It was much needed to ease my mind. I am very grateful.”

“Excellent service - comprehensive and relevant reply.”

Family Planning NSW Talkline email satisfaction survey responses

## Reason for calling Family Planning NSW Talkline\* (number of calls)



Family Planning NSW Talkline email satisfaction survey responses

## Improving uptake of long acting reversible contraception (LARC)

Long acting reversible contraception (LARC) is those methods that require administration less than once per month. This includes contraceptive implants and injections, and intrauterine devices.

There is a world-wide movement towards increasing the use of LARC due to the high efficacy of these methods compared to other methods of contraception. The 2014 CHOICE Project (USA) found women using non-LARC methods were 20 times more likely to have an unintended pregnancy than those using LARC methods and women under 21 years of age had almost twice the risk of unintended pregnancy as older women.

At Family Planning NSW we believe that all women seeking contraception should be given accurate evidence-based information on the safety, efficacy, advantages and disadvantages of all methods and assisted to make a choice based on their personal needs, preferences and medical suitability. LARC:

- Are independent from coitus and user motivation and adherence
- Have the highest effectiveness and continuation rates
- Do not require frequent visits for resupply
- Are highly cost-effective over the long-term
- Are reversible, with a rapid return to fertility after removal

## Consumer engagement

We consult consumers in the design, implementation and evaluation of health promotion projects. Our steering and implementation committees for all projects are comprised of members from stakeholder services and organisations, and focus groups are conducted to test resources. We also actively seek partnerships with stakeholders that help us to deliver on our promise to the community.

Underpinning our approach is our adherence to the Australian Charter of Healthcare Rights. The Charter guides us in our work with clients, families, and carers

to provide a safe and high quality health system that achieves the best possible outcomes.

All professional education activities are evaluated regularly and participant feedback reviewed and incorporated into curriculum development as required.

During 2013-2014, Family Planning NSW has engaged consumers in the following projects:

- STI booklet: three focus groups
- Puberty booklet: eight focus groups
- Outing Disability: Working group convened with LGBTI people with disability. This group provided input into the project and participated in Fair Day and Mardi Gras
- Conferences: A member from the health promotion team worked with a transgender person with disability to develop his story. The young person delivered his story at three conferences and the launch of *Love and Kisses*, and acted as co-MC at the Outing Disability launch
- Sex Safe and Fun: Focus tested with members from Self Advocacy Sydney and Waverley Community Living Program
- Vodcast: Workshop held with young people to develop the idea; young people acted in the vodcast encouraging young people to access clinics

As part of our commitment to consumers, we have developed our *Consumer Engagement Framework 2014-2018*, which has been approved by the Family Planning NSW Board and will be implemented in the 2014-2015 financial year. Copies will be provided to our major stakeholders and it will be accessible via the Family Planning NSW website.



### Family

Planning NSW is committed to seeking the views of those who use our services or could potentially use our services such as individuals, their families and carers, members of community and membership groups, and representatives of advocacy organisations relevant to our areas of expertise.

## OUR WORK WITH

# ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLE

There are a range of reproductive and sexual health challenges facing Aboriginal and Torres Strait Islander people, including higher rates of cervical cancer and high rates of teenage pregnancy in comparison to 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.

In 2013-2014 Family Planning NSW clinics saw 432 (3%) clients from a Aboriginal and Torres Strait Islander backgrounds, an increase from 392 in the previous year.

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).

We delivered five health promotion projects targeted towards Aboriginal and Torres Strait Islander people in 35 sessions in the Hunter region and 11 in Dubbo, attended by 466 participants. All activities were evaluated to identify an increase in knowledge around contraception options and reproductive and sexual health. Following the courses participants recorded an 83 per cent increase in knowledge for women and 79 per cent for men.

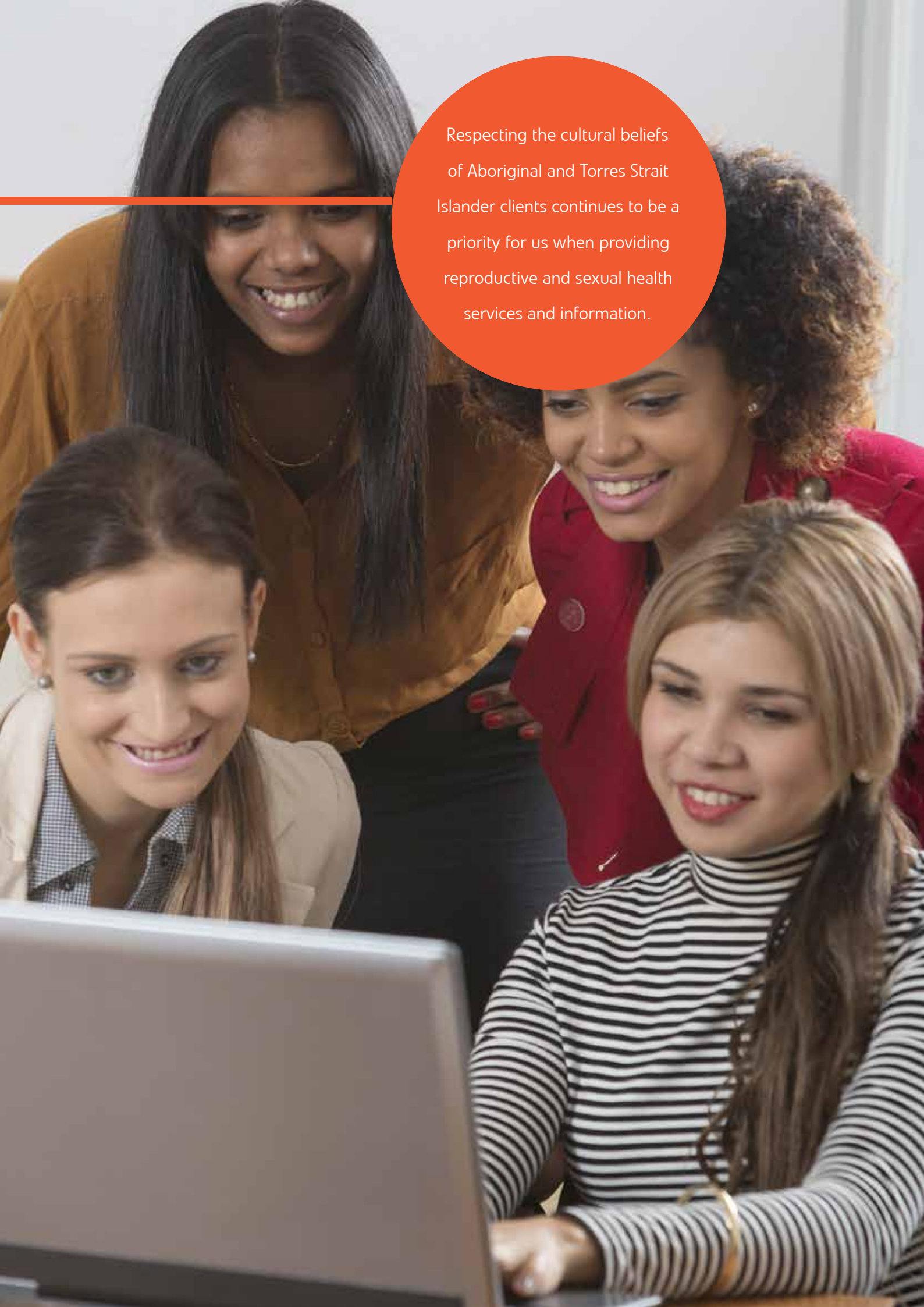
### Aboriginal Women's Advisory Group

The Aboriginal Women's Advisory Group (AWAG) in Dubbo was formed more than 10 years ago with a view to increasing our understanding of Aboriginal and Torres Strait Islander culture and our ability to address reproductive and sexual health concerns and issues in a culturally sensitive and appropriate manner. AWAG met three times in the last 12 months.

### Maintaining targets for Aboriginal and Torres Strait Islander clients

BACKGROUND	ASHFIELD	DUBBO	FAIRFIELD	NEWCASTLE	PENRITH	TOTAL
Aboriginal and Torres Strait Islander background	6	225	4	111	56	432
Neither Aboriginal nor Torres Strait Islander origin	5,778	1,199	1,804	3,605	1,631	14,017
<b>Total Clients</b>	<b>5,784</b>	<b>1,454</b>	<b>1,808</b>	<b>3,716</b>	<b>1,687</b>	<b>14,449</b>
Percentage Aboriginal and Torres Strait Islander clients	0.1%	18%	0.2%	3%	3%	3%





Respecting the cultural beliefs of Aboriginal and Torres Strait Islander clients continues to be a priority for us when providing reproductive and sexual health services and information.



## Yarning About resources

Family Planning NSW continues to extend its suite of resources for Aboriginal health workers, and other clinical, education and welfare professionals working with Aboriginal and Torres Strait Islander people. Resources developed this year include Yarning about mums and bubs; Yarning about dads and bubs; Yarning about relationships; Yarning about Pap tests, and Yarning about boys' business,

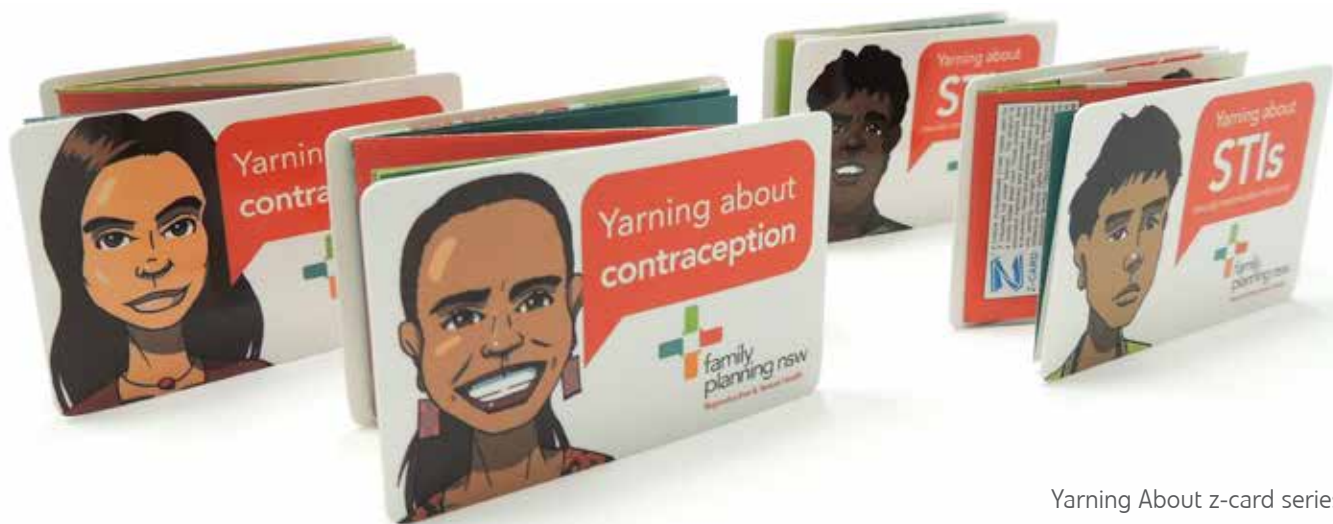
The Yarning About series was funded by the Ministry of Health NSW Aboriginal and Reproductive Health Program. The resources use a conversational approach, presenting five community members who share their concerns and their knowledge about reproductive and sexual health issues. The characters (Aunty Lee, Uncle Peter and young people Charles, Keewa and Janayah) were created by Aboriginal artist Ross Carnsew.

## Cessnock Aboriginal Hip Hop project

The Cessnock Aboriginal Hip Hop project was implemented at Cessnock High School for students in years seven to ten over a period of six weeks from January to March 2014.

The project was designed to explore reproductive and sexual health issues for young people and raise awareness through the development of a peer education resource.

The project involved conducting a reproductive and sexual health workshop with the students. Following the workshop, facilitators worked with the students to develop lyrics, music and movement for a hip hop song. A video clip for the song was then created as part of this collaborative work.



Yarning About z-card series



Student participating in the Cessnock Aboriginal Hip Hop project

The project proved to be a fun and engaging way to discuss reproductive and sexual health with young people.

The project was funded as part of a Hunter New England Local Health District grant.

### The Strong Family program

The Strong Family program is an education program which brings Elders and Aboriginal youth together to discuss reproductive and sexual health issues. The program was developed in consultation with urban, remote and regional Aboriginal communities.

“The Strong Family Program is really needed in our community; Bringing Elders and young ones together like this stops the shame of talking about sex. Family Planning NSW needs to keep this going. It’s wonderful.”

Community Elder who attended the Strong Family program

### Strong Family program

LOCATION	NUMBER OF WOMEN	NUMBER OF MEN	TOTAL
Wilcannia	15	13	28
Bourke	22	12	34
Tingha/Inverell	9	5	14
Total	46	30	76

“I felt that the outcome was fantastic, I think we did a great job and have no issues recommending the project, the process and the team to anyone.”

Student Support Officer,  
Cessnock High School

### Sexuality, Health and Facilitating Groups

We developed a three day nationally recognised training program, Sexuality, Health and Facilitating Groups for Aboriginal Health Workers to increase their knowledge about reproductive and sexual health which in turn helped increase their confidence as facilitators.

Forty one Aboriginal Health Workers completed the course in five locations and 81 per cent of participants indicated that they have increased confidence to discuss reproductive and sexual health issues within their community after participating in the course.

### Participation in Sexuality, Health and Facilitating Groups

LOCATION	NUMBER OF PARTICIPANTS
Dareton	13
Burwood	3
Peak Hill	9
Newcastle	7
Dubbo	9
Total	41

# OUR WORK WITH YOUNG PEOPLE

In 2013-2014, our clinics saw 3,929 (27%) clients who were under 24 years of age. We developed four health promotion resources, conducted 15 health promotion projects and delivered 224 health promotion sessions attended by 5,736 young people.

We know the decisions young people make about their reproductive and sexual health can have a profound impact on their lives, so we work to ensure young people understand the options available to them so they can enjoy high quality reproductive and sexual health.

Through collaborations with youth services and other agencies, we develop and distribute innovative health promotion resources with a focus on contraception, safe sex and healthy relationships. We target our messages through range of youth-focused mediums including social media, digital campaigns, festivals and public events.

## Condom Credit Card

The Condom Credit Card (CCC) is a youth project which combines education with condom dissemination. Designed as an early intervention and capacity building health promotion strategy, the CCC works through a partnership based approach, assisting in increasing the correct use of condoms, reducing the stigma associated with accessing safe sex information and decreasing other barriers young people can experience when trying to access reproductive and sexual health services.

Throughout 2013-2014, the CCC was progressively rolled out in all Family Planning NSW centres. Strong promotion of the project resulted in securing 46 youth service project partners, creating an increasing network of services where young people can access free condoms



and reproductive and sexual health information.

Current partners reach as far as Campbelltown, Cessnock and Bourke. Since January 2013, 964 young people have accessed the project, with 164 (17%) return participants. Forty three per cent of card holders are male, and 57 per cent, female.

Family Planning NSW Penrith staff presented *Discussing Reproductive and Sexual Health* using the Condom Credit Card program in October 2013 at the Youth Action Youth Worker Conference in Surry Hills.

The CCC project in the Hunter and Penrith is supported by Hunter New England LHD and Nepean Blue Mountains LHD.

## Vodcast – Youth Clinic Visit

Family Planning NSW conducted a workshop with young actors to develop a script and storyboard based around young people accessing clinical services. The workshop highlighted the importance of friendships and social media in guiding young people's decision making and service access. These themes will be incorporated into a video that will show how easy it is for young people to access reproductive and sexual health services.

## Dissemination and training for condom Credit Card Project

	ASHFIELD	DUBBO	FAIRFIELD	NEWCASTLE	PENRITH	TOTAL 2013/14
Cards given out	8	14	25	524	580	1,151
Organisations trained	-	-	4	11	7	22

Our role is to equip young people with the knowledge they need to make informed decisions.



## Cessnock project

A comprehensive reproductive and sexual health needs assessment was conducted with the Cessnock community. The aim of the project was to explore the reproductive and sexual health needs of young people in the Cessnock LGA, current reproductive and sexual health service delivery and to identify any potential gaps in service delivery. Community consultation occurred through focus groups with young people, key informant interviews with youth sector workers and pharmacists and surveys with local medical services. Recommendations from the needs assessment assist in planning appropriate health interventions for better health outcomes for young people in the Cessnock area.

## Wrap your Banana social media competition



Wrap Your Banana social media competition entries

The ten week Instagram-based campaign was run from April to June 2014, targeting young people aged 16 to 24 years. Young people were encouraged to upload a photo of a decorated banana to Instagram with the hashtag #WrapYourBanana and to 'follow' @FamilyPlanningNSW to be eligible to win prizes. The campaign's impact was measured by charting the increase in followers, shared posts and post reach.

Eleven campaign-related activities were run during Youth Week events, one for Men's Health Week, and campaign materials were distributed to approximately 15 services across the state.

Over the ten week span of the project, we observed a 64 per cent increase in Instagram 'followers' from 98 to 161, and a 16 per cent increase in Facebook 'likes'.

## NSW Youth Week

Family Planning NSW partnered with the NSW STI Programs Unit (STIPU) and HIV/AIDS Related Programs units (HARP) across the state to work on NSW Youth Week to improve the sexual health outcomes of young people across NSW.

This project aimed to develop and implement a range of sexual health promotion and social marketing strategies to increase the capacity of youth workers to support the sexual health of young people and to increase awareness of sexual health information. This included the launch of the Play Safe website, condom and resource distribution, support for local Youth Week events, and partnership with YouthRock.

## Sexually transmissible infection (STI) icons

We know that young people seek information that is relevant to them. With this in mind, Family Planning NSW has developed a set of icons to depict various STIs. The aim was to create fun, non-threatening images to accompany information about various STIs. The icons have been used on the website, brochures, and in a new STI kit.

## STI and Puberty booklets

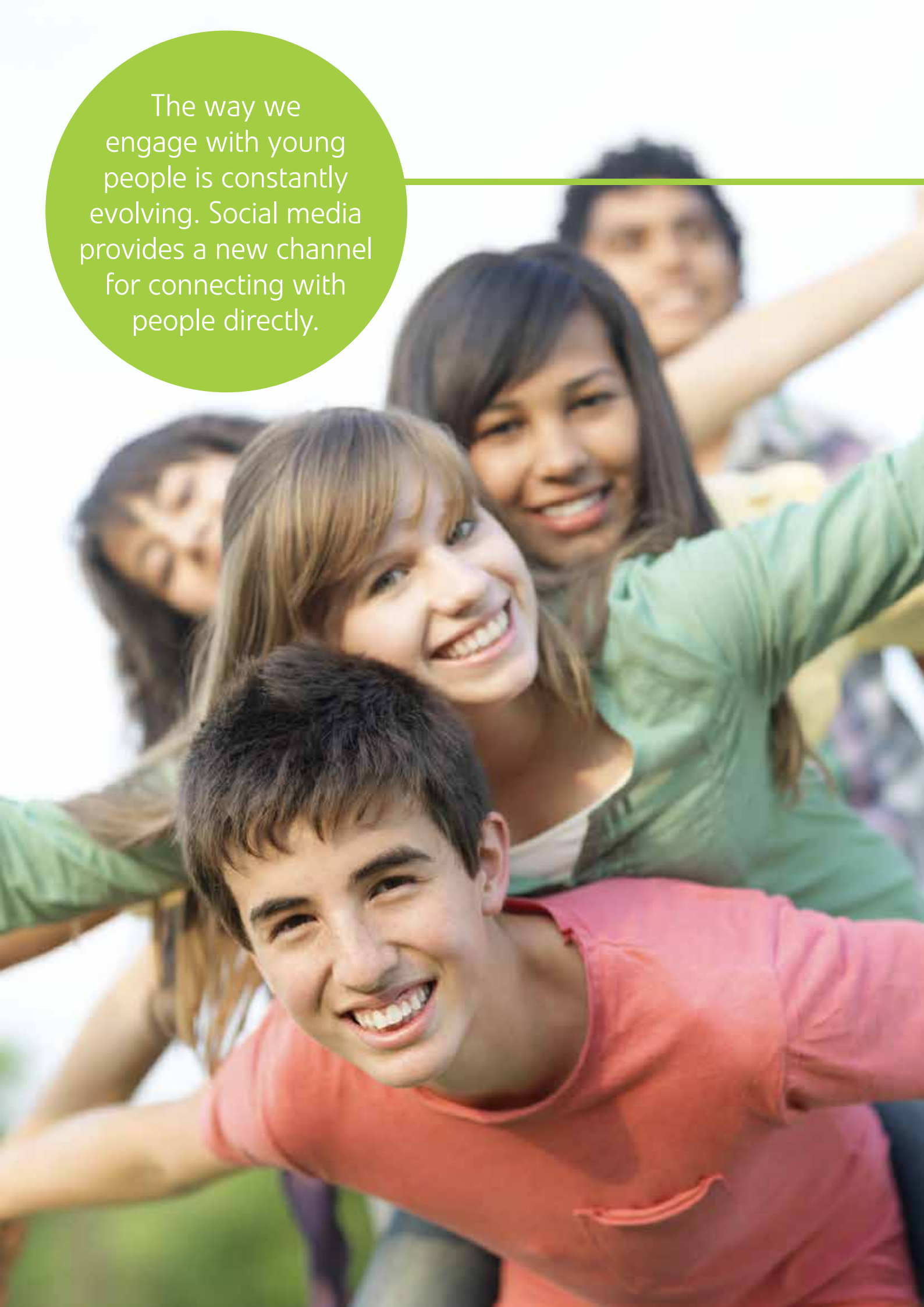
This year, Family Planning NSW has developed two new youth-friendly resources to complement our guide, *What Suits Me: Contraceptive options for girls and guys*, developed in 2011. Covering the topics of puberty and STIs, these new resources, together with *What Suits Me*, will provide young people with a dynamic suite of information to support them in understanding their changing body and to make informed decisions about their reproductive and sexual health. This suite of resources will also provide teachers, youth workers and parents with valuable educational tools to use during discussions with young people.

## The Family Planning NSW Cobham project

Cobham Juvenile Justice Centre is the principle remand centre in NSW for males aged between 13-18 years. The centre caters for up to 102 young men at any one time and offers young people a range of health, educational and spiritual services while in custody. The Family Planning NSW Cobham project is implemented on a weekly basis coinciding with the NSW school term timetable. Each week during the school term, two Family Planning NSW Health Promotion Officers facilitate a one hour community education session with up to 12 young men, to encourage discussion around safer sex, STIs and healthy and respectful relationships. This is facilitated through Putland ETU, the primary educational setting within the Cobham Juvenile Justice Centre.

All sessions are evaluated using pre and post surveys and accompany an end of year evaluation between Putland ETU and Family Planning NSW. Throughout 2013, there were a total of 37 Cobham sessions involving 171 young men.

The way we engage with young people is constantly evolving. Social media provides a new channel for connecting with people directly.



# OUR WORK WITH

## LESBIAN, GAY, BISEXUAL, TRANSGENDER AND INTERSEX PEOPLE

Family Planning NSW is committed to supporting the rights of all people to have access to high quality reproductive and sexual health services and education.

We promote a positive and respectful approach to sexuality and gender diversity to ensure that all people can enjoy safe relationships free from violence and discrimination.

### Same Difference Panel Speaker program

The Same Difference program delivers sexual diversity and discrimination education to young people through a unique personal story-telling approach. This year, Same Difference sessions were conducted with more than four hundred young people in school and non-school settings.

Four new panel speakers were trained and the Same Difference panel speaker training manual was promoted to youth services.



Same Difference Panel Speaker program

### Safe Schools Coalition NSW

Family Planning NSW will be implementing the NSW component of the Safe Schools Coalition Australia program, with the support of ACON and the Gay and Lesbian Rights Lobby. The Australian Government has committed \$8 million in funding through Foundation for Young Australians for the Safe Schools Coalition Australia program which is initially being rolled out in NSW, South Australia and Victoria.

The voluntary program is dedicated to creating safe and inclusive schools for same sex attracted, intersex and gender diverse young people. Australian research shows that young people who identify as same sex attracted, intersex and gender diverse are one of the most at risk groups of young people in relation to violence or abuse, highlighting the need for a program such as Safe Schools.

Our offered services will include the provision of professional training, printed and digital resources, school auditing, building professional networks, assistance with developing school policies and advice on addressing challenges and achieving best practice. Family Planning NSW is also a member of the National Steering Committee overseeing the rollout across Australia.





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



# OUR WORK WITH PEOPLE WITH DISABILITY

In 2013-2014 Family Planning NSW clinics saw 577 (4%) clients reporting a disability.

Family Planning NSW has been delivering services to people with disability for more than 35 years and is dedicated to giving voice to the rights of people with disability to make choices about their reproductive and sexual health.

We provide education and training for teachers, disability workers, clinicians, family members and carers about sexuality for people with intellectual disability. We ensure that our clinics are a safe place for people with disability to talk about intimate and

sometimes challenging issues and to access confidential reproductive and sexual health services. We also produce innovative 'easy to read' resources to support our professional and community education activities.

Our work aligns with the priorities of people with a disability and the organisations that support them.

## Disability Action Plan

People with disability have the same desire for relationships and intimacy as anyone else and therefore have the same right to choice, independence and inclusion relating to decisions about their reproductive and sexual health.

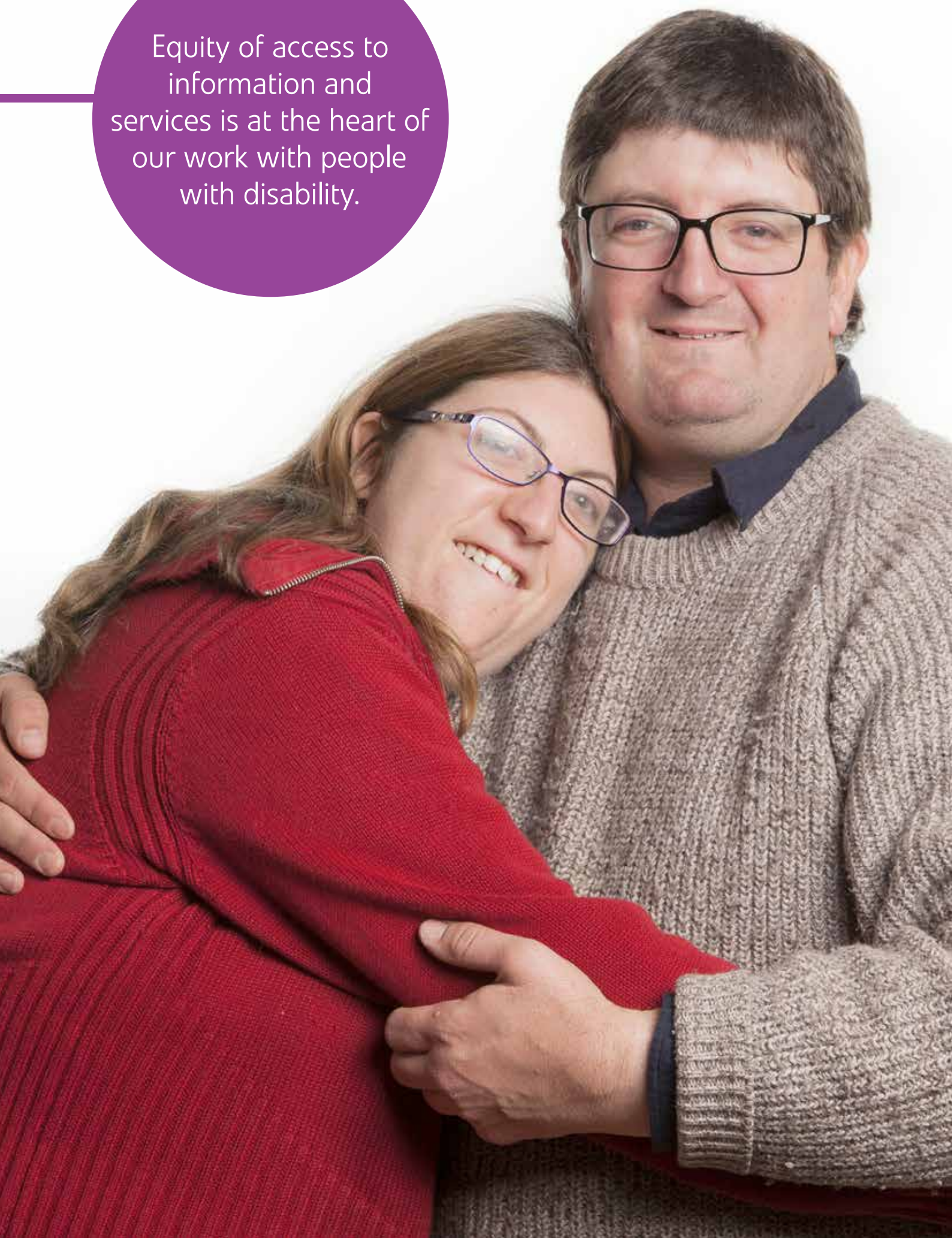
Family Planning NSW advocates for improved access to optimal reproductive and sexual health services, information and support for people with disability.

In December 2013 we released *Love & Kisses: taking action on the reproductive and sexual health and rights of people with disability*, which was launched by Australian Disability Discrimination Commissioner,



*Love & Kisses: taking action on the reproductive and sexual health and rights of people with disability*

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



Graeme Innes. More than 70 stakeholders from the disability sector, people with disability and their families attended the launch at our Ashfield centre.

The advocacy plan was developed to help guide the Federal and NSW Governments on policy, service delivery, funding, legislative and regulatory decisions. The plan makes recommendations on how to improve sexuality and relationships education in schools, enhance training and skill development for clinicians, health professionals and disability workers, and better support parents and carers.

Since the launch we have been busy implementing the first stage of the four year plan meeting with peak bodies, government and service providers to advocate for change and develop new partnerships for action. We have also made a number of submissions including to the draft NSW Disability Inclusion Bill 2014 which has since passed the NSW Parliament. Acknowledgment of the reproductive and sexual health and rights of people with disability is now imbedded in state legislation.

Download *Love & Kisses: taking action on the reproductive and sexual health and rights of people with disability* at: [www.fpnsw.org.au/loveandkissestakingaction](http://www.fpnsw.org.au/loveandkissestakingaction)

## Outing Disability

LGBTI people with disability often experience multiple forms of discrimination resulting in barriers in accessing services, support and finding a place within the LGBTI community.

Outing Disability achieved several milestones including establishing a dedicated working group of LGBTI people with intellectual disability that provided advice and feedback on the project goals; and launching a photographic exhibition that advocated for increased recognition of and inclusion for LGBTI people with disability.

Launched in February as an official event in the 2014 Sydney Gay and Lesbian Mardi Gras, the Outing Disability photographic exhibition presented 19 captivating portraits created by internationally acclaimed photographer Belinda Mason. The portraits were presented alongside a short film, produced by filmmakers Liam and Dieter Knierim, exploring the experiences of LGBTI people with disability including their struggles and triumphs of coming out, discovering love, exploring relationships, and finding identity and pride.

Outing Disability was supported by the City of Sydney Council and planning is underway to hold the exhibition in the Hunter region in 2015.

## National Disability Services membership

Family Planning NSW became a member of National Disability Services (NDS), whose purpose is to promote quality service provision and life opportunities for Australians with disability.

Our membership is in line with our commitment to representing people with disability and maintaining a policy environment that is responsive to their needs.

## All About Sex

*All About Sex* is a series of 19 fact sheets for people with intellectual disability and the people who support them. The series was launched in 2013 at the Australasian Society for Intellectual Disability conference in Sydney. The fact sheets are easy to read and include illustrations to help people with intellectual disability learn about sexuality and relationships. The fact sheets cover a range of topics including bodies, relationships, sex, pregnancy, contraception, sexual health and sexual assault.



Photograph from the Outing Disability photographic exhibition



All About Sex fact sheets

*All About Sex* is a valuable resource for family members, teachers, support workers, clinicians and advocates. The fact sheets have been designed to make it easier for support people to have conversations and provide information about sexuality and relationships to people with intellectual disability. Over the next year, additional fact sheets will be produced to cover a range of topics including HIV and LGBTI issues.

*All About Sex* was funded as part of the Sydney LHD HIV/AIDS grant. The resource is available as a book and a selection of fact sheets are available for download at: [www.fpnsw.org.au/allaboutsex](http://www.fpnsw.org.au/allaboutsex)

### Sex, Safe and Fun

*Sex, Safe and Fun* is an innovative resource that helps teach people with intellectual disability about topics including consent, enjoyment, intimacy, privacy and safety in relation to a range of sexual activities. Originally produced in 2004, the popular resource was updated in 2014 to include several new components.

*Sex, Safe and Fun* now includes two parts for the learner – an easy-to-read booklet and a new condom pack with step-by-step instructions explaining how to use a condom; and two parts for the support person – a

guide and a video demonstrating how to use the resource. In addition, a half day workshop supports service providers to develop practical skills in using the *Sex Safe and Fun* resource to deliver education to their service users with intellectual disability.

Focus testing with members from Self Advocacy Sydney and Waverley Community Living Program provided valuable guidance throughout the development of the resource.

The update of *Safe Sex and Fun* was funded as part of the Sydney LHD HIV/AIDS grant. *Sex, Safe and Fun* is available online at: [www.fpnsw.org.au/sexsafeandfun](http://www.fpnsw.org.au/sexsafeandfun)



*Sex, Safe and Fun* resource suite

# OUR WORK WITH

## PEOPLE 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.

In 2013-2014, 14,449 (32%) of clients who visited our clinics were born overseas, with 14 per cent of clients speaking a language other than English at home. We also developed four health promotion projects for people from CALD backgrounds, and delivered 55 health promotion sessions attended by 1012 participants.

### Intensive English Centre needs assessment

Intensive English Centres (IEC) in NSW regularly make requests to Family Planning NSW to provide reproductive and sexual health information to newly arrived migrant and refugee students. In order to evaluate the support needs in delivering reproductive and sexual health education to IECs, head teachers from 15 IECs across NSW were invited by Family Planning NSW to participate in a web-based survey.

Ten schools responded to the survey and nine had follow up interviews by phone or in person. Eighty per cent of schools indicated that reproductive and sexual health topics were included in their program with the most common topic being the anatomy of the reproductive system. The majority of schools indicated that activity ideas, session plans and associated resources would be preferable to face to face training.

### TOP 10 LANGUAGES SPOKEN AT HOME

English

Arabic

Mandarin

Vietnamese

Spanish

Assyrian (Chaldean, Keldan, Kildian, Mandi, Syriac)

Cantonese

Khmer

Chinese

Persian, Farsi, Hazaragi

Recommendations include the creation of teaching resources, the development of an online tool for teachers to access resources and participate in discussions and the development of information for parents.



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 interpreter services for clinic consultations and have translated a range of fact sheets into languages other than English.



## Untold Stories

*Untold Stories: Cervical Cancer Screening* presents a series of audio visual 'stories' based on real life experiences of everyday people. Gathered from interviews with women from different cultural backgrounds, this digital storytelling project features culturally diverse women sharing their experiences of cervical cancer screening in both their first language and English.

During 2013-2014, Family Planning NSW received funding from the Fairfield ClubGRANTS program for an expansion of the resource into new languages including Arabic, Assyrian, Dari, French, Hindi, Karen, Khmer, Mandarin, Nepalese, Turkish and Vietnamese. The firsthand accounts dispel some common misconceptions about cervical cancer screening (Pap tests) and encourage all women to take care of their reproductive health through regular Pap tests.

While *Untold Stories* is for all women, it was developed specifically for women from CALD backgrounds where the impact of cultural beliefs on health promotion can play an important role.

## Language specific fact sheets

In 2013-2014 we released a new suite of language specific fact sheets about cervical cancer screening, the different types of contraception available, as well as information about other reproductive and sexual health issues for women newly arrived in Australia.

This included 15 updated fact sheets in 14 languages including Arabic, Assyrian, Chinese, Dari, Farsi, Khmer and Vietnamese covering information about different types of contraception and reproductive and sexual health issues such as menstruation and common vaginal and vulva conditions.

The new resources provide excellent information for the service providers who work with CALD communities to help improve their reproductive and sexual health communication.



*Untold Stories: Cervical Cancer Screening*





In 2013-2014,  
14,449 (32%) of  
clients who visited our  
clinics were born  
overseas.

# OUR WORK WITH PEOPLE FROM RURAL AND REMOTE AREAS

Family Planning NSW is committed to reaching rural and remote communities where there is limited access to reproductive and sexual health information and services. In 2013-2014, 2,558 of clients who attended our clinics came from regional NSW and 138 from remote areas.

We work with local people to build their capacity to provide high quality reproductive and sexual health services. Through our scholarship program doctors and nurses working in rural and remote areas are equipped with the expertise to meet the needs of their local communities.

We also provide training to medical students at the University of Sydney's rural clinical school in Dubbo and we connect our expertise to communities across the state, through Family Planning NSW Talkline, a confidential telephone and email information and referral service.

## Family Planning NSW recruitment in Dubbo

In 2013-2014, Family Planning NSW Dubbo implemented additional local doctor hours. The additional medical support is of great benefit to the

rural clients who rely on the Dubbo clinic to access best practice reproductive and sexual health services and information.

## New technology enhances health care at Family Planning NSW Dubbo

In February 2014 we launched our new, state-of-the-art video conferencing system at Family Planning NSW Dubbo.

The new equipment enhances the service we provide in the region and ensures our staff are focused on seeing clients and reaching into the community where our expertise is needed. Now we can explore new education and training possibilities in the region for local GPs, nurses, teachers, parents and carers and medical students and it enables us to connect clients and doctors through telemedicine, ensuring broader availability of experts in reproductive and sexual health to clients attending the Dubbo centre.

The video-conferencing system was made possible with the support of Member for Dubbo, Troy Grant, who supported the funding through the NSW Government's Community Building Partnership program.



Dr Deborah Bateson, Troy Grant and Ann Ryan trial the new video conferencing system



In Dubbo we provide clinical services to clients from across the Western Plains while our five NSW centres and other innovative partnerships provide best practice education and training to doctors, nurses, teachers and other health, education and welfare professionals working in remote, rural and regional areas.

# EDUCATION AND TRAINING

Family Planning NSW delivers best practice education and training in reproductive and sexual health. Our education and training activities meet industry standards established by a range of bodies including the Australian Skills Quality Authority, the Royal Australasian College of General Practitioners, the College of Nursing and the NSW Institute of Teachers.

Our work builds the capacity of doctors, nurses, teachers and other health, education and welfare professionals to deliver quality reproductive and sexual health services in communities across NSW.

We understand the importance of capacity building and equipping local people with skills and knowledge to meet the needs of rural and remote communities and vulnerable populations.

During 2013-2014 we conducted 96 professional education sessions with 1,388 participants, while 473 service provider participants attended 43 Family Planning NSW professional education activities.





## Number by profession who completed Family Planning NSW courses, 2013-2014

Profession of course participants	Female	Male	Total
Allied health workers	8	14	25
CALD workers	11	0	11
Disability workers	147	38	185
Aboriginal workers	28	9	37
In-service teachers	46	13	59
Medical practitioners	371	138	509
Medical students	1	2	3
Nursing*	392	1	393
Nursing students	1	0	1
Other	73	13	86
Youth workers	28	10	38
Other students	7	0	7
Not provided	4	1	5
<b>TOTAL</b>	<b>1,153</b>	<b>234</b>	<b>1,388</b>

\*One participant did not indicate if they were male or female

## Number of doctors and nurses who attended clinical training practicum and total number of hours spent in clinical training, 2013-2014

	Trainees	Hours
Doctors trained	143	2,264
Nurses trained (including externally trained)	151	2,710
<b>TOTAL</b>	<b>294</b>	<b>4,974</b>

### Intrauterine Contraceptive Device (IUC) Insertion Training for General Practitioners

In 2013-2014 four face to face sessions of the IUC Insertion Training for General Practitioners were conducted attended by 44 doctors; five distance courses were attended by five doctors and a case study night was attended by 27 doctors.

As a practical workshop, the course is designed to develop competence and skill in IUD insertion techniques prior to clinical placement. The workshop comprises small group discussions with case studies and IUD insertion skills training utilising pelvic models and information on IUD types, pre-insertion assessment of patients and management of IUD related problems.

The second part of the workshop is clinically orientated and involves participants inserting IUDs in patients under direct supervision of an experienced IUD insertion doctor. Training is competency-based, recognises the trainee's established skills and concentrates on areas that require further development. Familiarisation with the common types of IUD devices available in Australia is included in the training.

### Well Women Screening

Nine sessions of the Well Women Screening workshop, designed to help registered nurses, midwives and enrolled nurses develop confidence and competency in the provision of cervical cancer screening, were attended by 110 nurses. This exceeded our expected participant numbers indicating a high level of acceptance and uptake for our cervical cancer screening course. Our continued high performance in this area was a significant factor in our ongoing funding support from NSW Cancer Institute for 2014-2015.

“Very good, loved it. I would recommend it to all practise nurses.”

Practise Nurse, Well Women's Screening Course, 2013

## Nurse Education Day

Two Nurse Education Days were held in Newcastle and Kiama. Both days were well received with positive feedback from participants. The Kiama event was the first Family Planning Nurse Education Day in the Illawarra region and attracted the same percentage of nurses in the region as Newcastle's sixth Nurse Education Day.

Family Planning NSW 

# 2013 nurse education day

building knowledge in reproductive & sexual health

*"I love this Nurses' Day! It is my number one choice of education activities."*

Nurse, Nurse Education Day 2013

## SH&FPA Certificate in Sexual & Reproductive Health

Two sessions of the SH&FPA Certificate in Sexual & Reproductive Health course were attended by 30 medical practitioners, including GPs and GP registrars. This nationally recognised course in reproductive and sexual health consists of three modules and was developed for doctors who wish to expand their knowledge and develop their clinical skills in reproductive and sexual health, including contraception, cervical cancer screening, STIs, menopause, men's sexual health, and common gynaecological conditions.

*"I use the knowledge gained in this course on a daily basis."*

Doctor, SH&FPA Certificate, 2013

## Learning Management System

In December 2013, Family Planning NSW purchased our first learning management system. Through Moodle, educators create interactive online courses which students can access anywhere and at any time. The Family Planning NSW Moodle courses include quizzes, class forums, links to resources and videos to engage students and enhance learning.

Our online learning has been enthusiastically supported by educators and students and enables us to increase accessibility for our priority populations, particularly in rural and remote areas.

We currently have ten online courses active with 208 participants. Our online course development will continue to build the capacity of doctors, nurses, teachers and other health, education and welfare professionals to deliver quality reproductive and sexual health services in communities across NSW. This includes the SH&FPA Certificate in Sexual and Reproductive Health; Sex Safe and Fun; and Keeping Up with Contraception.

In 2015 we will continue developing our suite of online training, and work is underway to adapt Well Women's Screening, IUD Insertion and Sex Safe and Fun courses for online learning.

We have also developed a portal for staff to access internal training, journal clubs and presentations as part of our commitment to professional development.



## Family Planning NSW Annual Conference

"Embracing Diversity" was the theme of our annual conference in August 2013 in Sydney. The conference opened with *Sex, science and society: tales of opportunity and neglect* by Professor John Aitken, Director, Priority Research Centre for Reproductive Science, Laureate Professor of Biological Sciences, University of Newcastle.



Spread over two days, presentations covered a wide range of clinical and health promotion topics, and more than 130 professionals attended presentations by experts in reproductive and sexual health, and participated in interactive concurrent sessions and panel discussions.

## Sex, Safe and Fun

In May 2014 we delivered the first session of the Sex Safe and Fun course for 12 disability workers in Dubbo. The project entailed reviewing and revising the existing Sex Safe and Fun resource and developing an accompanying new condom pack with picture instructions. We also produced a training video to demonstrate best practice use of the Sex Safe & Fun resource for professionals.

"I have learned that it is extremely important to give people with disability choices and information regarding sexuality."

Disability Worker, Orange 2014, Introduction to Sexuality and Disability

## Teacher education

We successfully expanded our scope of endorsement with the Board of Studies, Teaching and Educational Standards (BOSTES) to include an additional course; Sexual Health Education for Life, the Personal Development, Health and Physical Education (PDHPE) curriculum for students with intellectual disability. This is the first time we have been able to offer professional development points to Special Education teachers for a disability and sexuality course.

## headspace

*Talking sex with young people* in headspace centres was developed in conjunction with the Hunter New England LHD HARP team for allied health and youth workers at headspace, under the direction of the headspace Sexual Health and Hepatitis C Prevention Program Reference Group.

The aim of this training is to provide participants with the skills and knowledge to confidently encourage open communication and referral. Training was contextualised for the headspace one-on-one client/provider consultation model with allied health and youth workers, with differing skills and knowledge, targeted as participants. Fifty participants completed the training: 16 in Maitland, 18 in Newcastle and 16 in Tamworth.

Participant feedback was positive, showing increased confidence in discussing sexual issues with clients. The training has been further developed into a new course *Sowing the Seeds for Good Sexual Health*.



## Pregnancy Options training

### Strategies for non-directive decision making

Family Planning NSW developed this half-day workshop to provide GPs, nurses, allied health mental health nurses, psychologists, social workers and other health and community workers with the knowledge and skills to support and work with women (and their partners where relevant) presenting with an unintended pregnancy.

The workshop focuses on reviewing the range of pregnancy options available to women and the tools which support a non-directive approach to decision making.

The course includes:

- Options for unintended pregnancy
- Strategies and tools to support non-directive decision making
- Appropriate referral information for the range of pregnancy options
- Pre and post case review and reflective activity:
  - Knowledge of pregnancy options
  - How to facilitate non directive decision making

## Pregnant?...Working through your options

The pregnancy options brochure *Pregnant?...Working through your options* is a booklet for people who have an unintended pregnancy (or those who work with them) and are unsure of what to do. This resource includes information about the options available, some of the issues to consider, where to go for support and tools to assist decision making. It is designed so that it can be used as a "workbook" where women can complete the decision making tools as they work through their options. This resource can also support professionals to assist women presenting with an unintended pregnancy.

When facing unintended pregnancy, it is important that women receive support and information to work through their decision making process.



# ADVOCACY

## AND PARTNERSHIPS

All our key functions are strengthened through policy and advocacy.

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

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.

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

During 2013-2014, Family Planning NSW continued to work with a wide range of partners at a local, state, national and international level. We formed 32 new partnerships and we have 176 partnerships with 63 Memorandums of Understanding (MoU).

### Our advocacy agenda

Family Planning NSW developed *Love and Kisses - taking action on the reproductive and sexual health and rights of people with disability 2014-2018* to guide our work in directing disability policy. The plan was launched in December 2013 by Disability Discrimination Commissioner, Graeme Innes.

Family Planning NSW presented to the Parliamentary Joint Standing Committee on the NDIS. We also led discussion around the Crimes Amendment Zoe's Law Bill no. 2, working with stakeholders including the Australian Medical Association, Royal Australian and New Zealand College of Obstetricians and Gynaecologists, Women's Health NSW, Rape and Domestic Violence Services Australia and the NSW Bar Association.

### FAMILY PLANNING NSW MADE SUBMISSIONS TO THE FOLLOWING:

- MS Health- PBS listing of medical abortion
- ACARA- Health and Personal Education revised curriculum
- Australian Commission on Safety and Quality in Health Care consultation
- Ashfield Council- a social snapshot consultation
- Australian Law Reform Commission Inquiry into Equality, Capacity and Disability in Commonwealth Laws (two submissions)
- NSW Carers Strategy
- NSW Disability Inclusion Act 2014
- NDIA Strategic Plan
- Speaking up about safety – NDS consultation paper
- National Domestic Violence Research Agenda
- NSW Domestic Violence Reforms
- International aid benchmarks consultation
- Assessment of Australian Aid investment in PNG
- Inquiry into the human rights confronting women and girls in the Indian Ocean-Asia Pacific region (Family Planning NSW was also part of a submission from the International Sexual and Reproductive Health and Rights Consortium)
- Kids and Families Strategic Plan (submission plus attendance at three separate round table consultations)
- National Review of Medicare Locals
- NSW Commission for Children and Young People review
- NSW Rural Health Plan (two submissions)
- Regional Youth Strategy- Leichhardt Council

We are also recognised as an expert commentator and opinion leader in reproductive and sexual health.



## Communications

We distributed 38 e-newsletters to our target audiences including the disability sector, clinicians, and primary and secondary teachers.

NEWSLETTER	NO. OF ISSUES
Disability	10
Clinical	4
Nursing	3
Corporate	3
Schools	4
Annual conferences	9
Aboriginal & Torres Strait Islander	1
CALD	1
Family Planning NSW Bookshop	1
Career development	1
Fundraising	1

Our media coverage on a range of important reproductive and sexual health issues appeared 1360 times.

## MEDIA RESPONSE BY TYPE OF MEDIA

Online	1231
Print	15
Radio	111
Television	3
<b>Total</b>	<b>1360</b>



## Family Planning NSW Bookshop

**Family Planning NSW is 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.**

The Family Planning NSW Bookshop is widely used by clinicians, teachers, parents and the community 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 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 marketing is targeted to the people we serve ensuring we reach as many people as possible to promote the resources we develop and distribute.

### Family Planning NSW website

Plans are in place for developing and launching a new website which will improve our online presence and increase functionality, navigation and access to information for our visitors.

In 2013-2014 there were 545,846 unique visits to the Family Planning NSW website representing an increase of 213 per cent and overall website hits also increased to 665,534.

The Family Planning NSW Bookshop website received 20,469 visits, comprising 77 per cent new visitors, an increase from 20,205 on the previous year.

Our social media presence was strengthened to include Twitter and Instagram and our Facebook likes increased by 95 per cent.

### Top three webpages viewed

1. Common vaginal and vulva conditions (169,034)
2. Homepage (96,452)
3. Copper IUD (57,998)

# RESEARCH AND INNOVATION

We strive for excellence in research and in the evaluation of our reproductive and sexual health services.

Our work will continue to be informed and shaped by our research through Family Planning NSW Sydney Centre for Reproductive Health Research, our published clinical handbooks on reproductive and sexual health, and our nationally recognised data and evaluation unit.

The Family Planning NSW Research Plan 2014-2018 – *Translating research into practice* was approved by the Family Planning NSW Board in October 2013. Our research vision is to be a leader in reproductive and sexual health research that translates into better health for all people through demonstrable improvements in clinical practice, education, training and health promotion. In pursuing this vision, we will:

- Provide leadership in setting reproductive and sexual health research priorities
- Increase our research funding and build our research capacity

## PROFILE OF RESEARCH AND EVALUATION PROJECTS BY FUNDING SOURCE IN 2013-2014

Research funded by Family Planning NSW	4
Research partially funded by Family Planning NSW	3
Research funded by research grants and/or other funding body	6
Partnership with Universities and/or other organisations	5
Research funded by pharmaceutical companies	6
<b>Total research projects</b>	<b>24</b>



The Family Planning NSW Research Plan 2014-2018 - *Translating research into practice*



We will maintain our focus on translating research findings into clinical practice and guiding medical professionals, government and other decision making bodies on best practice reproductive and sexual health service delivery. We will uphold a standard of excellence in the evaluation of our services.



## National Research Forum

Family Planning Alliance Australia has been commissioned by the Australian Department of Health to build and consolidate alliances with reproductive and sexual health researchers through two national research forums, with associated preparation and follow up activities. The management of the process has been carried out by Family Planning NSW.

A National Reproductive and Sexual Health Research Forum was held at Mascot in Sydney in May 2014. The forum focused on reproductive health with the aim of bringing together and building a network of researchers, academics, service providers, community and industry partners with expertise and interest in reproductive and sexual health research from around the country, to identify the gaps in reproductive and sexual health research and propose strategies to address these gaps particularly in relation to reproductive health.

A highlight of the forum was the launch of the Family Planning NSW *Reproductive and Sexual Health in Australia* report. The report was launched by NSW Chief Scientist, Professor Mary O'Kane.

## Reproductive and Sexual Health in Australia report

The *Reproductive and Sexual Health in Australia* report was jointly funded by the Australian Government Department of Health and Family Planning NSW.

The report is Australia's first comprehensive compilation of reproductive and sexual health indicators and provides critical information identifying reproductive and sexual health issues and data gaps for researchers, government decision makers, health services and academics.

Key findings reported:

- The majority of unintended pregnancies result from either not using contraception or using contraception incorrectly (according to available evidence), and only a small proportion of unintended pregnancies are due to true contraceptive failure
- Chlamydia is the most commonly notified STI in Australia. The number of chlamydia notifications increased from 24,400 in 2002 to 80,800 in 2011.

The uptake of long acting reversible contraception (LARC), such as injectables, implants and IUDs, in Australia is much lower than other developed countries

Over the same period, the notification rate increased from 122 per 100,000 people to 358 per 100,000

- The number of notified cases of gonorrhoea almost doubled from approximately 6,400 in 2002 to just over 12,000 in 2011. The notification rates fluctuated between 30 and 40 per 100,000 people between 2002 and 2009 and then increased to approximately 53 per 100,000 in 2011
- The average national fertility rate was 16 live births per 1,000 teenagers. The teenage fertility rate was higher in very remote areas (87 live births per 1,000 teenagers)
- Between 2000 and 2009, the number of Medicare claims for Assisted Reproductive Technology (ART) related items approximately doubled from (682 to 1,302 services)

## Research projects

### A three-year comparative study of continuation rates, bleeding patterns and satisfaction in Australian women using a subdermal contraceptive implant or progestogen releasing-intrauterine system

LARC is safe, highly effective, readily reversible, and requires no action on the part of the user following insertion. Early discontinuation of contraception may put women at increased risk of unintended pregnancy. Following insertion of a progestogen-only subdermal implant or intrauterine system at Family Planning NSW, women 18 years and older were surveyed at six weeks, and then six, 12, 24 and 36 months by telephone or online survey about bleeding patterns, side effects, satisfaction, and reasons for discontinuation.

Both devices are highly effective and acceptable cost-effective methods. While LARC should be promoted to women of all ages seeking contraception, early discontinuation due to unacceptable bleeding highlights the need for pre-insertion counselling.

### **Contraceptive knowledge and attitudes among 14-24 year old youth in NSW**

A contraceptive knowledge and attitude survey was conducted with 119 young people recruited from youth centres, using a cluster sampling design. Overall contraceptive knowledge was low and females had significantly better knowledge than males. There was higher knowledge about condoms and the withdrawal method, and lower knowledge about the shorter-term hormonal methods (the oral contraceptive pill and vaginal ring), as well as LARC methods. Both females and males had positive attitudes towards contraception, with females' attitudes significantly more positive than males.

### **Impact evaluation of Family Planning NSW intrauterine contraceptive device (IUD) insertion training for general practitioners (GPs)**

A review of the outcomes of IUD insertion training for GPs was conducted 12 months after the training. The outcomes of the review indicated that the training model achieved behaviour change among participants with 86 percent inserting IUDs in their practice in the 12 months following the training. The evaluation study also found that:

- Almost half of the participants inserted ten or more intrauterine contraceptive devices in the 12 month follow-up period. These were mostly hormonal rather than copper IUDs
  - GPs reported higher rates of confidence inserting hormonal IUD in parous vs. nulliparous women, and with hormonal IUD insertion vs. insertion of copper IUDs
  - Time pressures and lack of cost-effectiveness were frequently reported barriers for IUD insertion in general practice. Further investigation will support our understanding of these barriers and enablers
- There was a low incidence of reports of adverse events in the 12 months post training with no reported perforations and a three per cent expulsion rate, which is within the expected rate
  - While the training model successfully supports IUD insertion by GPs, it is costly and time-intensive. Trialling a training model with enhanced use of simulation would be useful if it can reduce training costs while delivering similar outcomes
  - Public campaigns to raise awareness of LARC use in Australia are likely to increase the demand for IUDs, with appropriately trained and skilled GPs well placed to meet this demand

### **Family Planning NSW Ethics Committee**

The Family Planning NSW Ethics Committee maintains registration with the National Health and Medical Research Council (NHMRC) in accordance with the National Statement on Ethical Conduct in Human Research (2007).

Registration with the NHMRC demonstrates that the Family Planning NSW Ethics Committee has appropriate procedures in place, and in the words of the NHMRC, "operates according to, and promotes, the highest standards of academic integrity and ethical practice in research. Adhering to the high ethical standards and practices prescribed by the National Statement is a good quality assurance measure. Registering with the NHMRC enables an organisation to monitor its performance against these standards".

In 2013-2014, the committee convened six times and approved 10 research and evaluation ethics applications.

### Accreditation and quality management

During the year, the effectiveness of our infection control arrangements was assessed. We also reviewed our management of medication and refined our information technology systems.

We partnered with Healthdirect to improve visitation to our website and distribution of Family Planning NSW resources. In 2014, surveyors from the Australian Council on Healthcare Standards (ACHS) assessed our compliance with the National Safety and Quality Health Service (NSQHS) Standards for Day Procedure Services.

Family Planning NSW maintains accreditation and credentialing across a wide range of activities including:

- Status as a Registered Training Organisation (RTO) through the Australian Skills Quality Authority (ASQA) under the terms of the Australian Quality Training Framework (AQTF)
- Maintenance of Accredited Activity Provider (AAP) status under the Royal Australasian College of General Practitioners' (RACGP) Quality Improvement and Professional Development program

The survey team was impressed with the dedication and commitment of staff to provide services in an appropriate and effective way.

Family Planning NSW remains committed to improving the quality of our services by working with recognised experts to review our systems.

- Accreditation by the Australian College of Rural and Remote Medicine (ACRRM) of relevant medical education courses and workshops
- Endorsement by the NSW Institute of Teachers as a provider of registered professional development for the maintenance of accreditation at Proficient Teacher/Professional Competence in relation to Family Planning NSW Beyond the Nuts and Bolts and Beyond the Birds and Bees programs

### Project collaborations

Family Planning NSW continued to participate in a number of collaborative research and evaluation projects including:

- The impact of Australia's HPV vaccination program on the prevalence of HPV genotypes in Aboriginal and Torres Strait Islander women attending for Pap testing (Royal Womens Hospital in Melbourne and the Kirby Institute)
- The Australian Collaboration for Coordinated Enhanced Sentinel Surveillance of Sexually Transmissible Infections and Blood Borne Viruses (ACCESS) Primary Health Clinic Network (Burnett Institute)
- Using a supported accommodation setting to reach homeless women to increase cervical cancer screening (Sydney LHD and Leichhardt Women's Health)
- Family Planning NSW Training and Data Needs Analysis on Female Genital Mutilation/ Cutting (Family Planning Victoria and NSW Education Program on FGM)

- Contraceptive use, pregnancy intention and decisions of young Australian women (CUPID; Phase two) (University of Queensland and University of Newcastle)
- Sexual health of migrant women from CALD groups: an international comparison study (University of Western Sydney)
- Contraceptive technologies and reproductive choice among immigrant women (Monash University)

### Successful grant applications

- Feasibility study for National Female Genital Mutilation (FGM) Data Collection – Commonwealth Department of Health – FGM Grants – awarded June 2013. Project to be completed December 2014.
- Scoping and development of FGM Continuing Professional Development – Commonwealth Department of Health – FGM Grants – awarded June 2013. Project to be completed December 2014.
- Development of a nationally consistent data collection on Family Planning Organisations in Australia – Commonwealth Department of Health – Family Planning Grants. Project to be completed June 2015.
- Building a Broader National Sexual and Reproductive Health Research Collaboration - Family Planning Alliance Australia (formerly Sexual Health and Family Planning Australia) - Commonwealth Department of Health – Family Planning Grants. Project to be completed June 2016.

### Publications

Wiegratz I, Bassol S, Weisberg E, Mellinger U, Merz M. Effect of a low-dose contraceptive patch on efficacy, bleeding pattern, and safety: A one-year, multicenter, open-label, uncontrolled study. *Reprod Sci* 2014; April 30 [Epub ahead of print].

Weisberg E. Developments in contraception. *Expert Opin Pharmacother* 2014; 15(2):203-10.

Weisberg E, Bateson D, McGeechan K, Mohapatra L. A three-year comparative study of continuation rates, bleeding patterns and satisfaction in Australian women using a subdermal contraceptive implant or progestogen releasing-intrauterine system. *Eur J Contracept Reprod Health Care* 2014; 19(1):5-14.

Smith CA, Bateson DJ, Weisberg E. A survey describing the use of complementary therapies and medicines by women attending a family planning clinic. *BMC Complement Altern Med* 2013; 13:224.

Family Planning NSW. Reproductive and sexual health in Australia. Ashfield, Sydney: Family Planning NSW, 2013.

# INTERNATIONAL PROGRAM

Family Planning NSW, operating internationally as Family Planning Australia, continues to assist poor and disadvantaged communities in developing countries in the Asia Pacific to improve access to comprehensive reproductive and sexual health services, with funding from the Australian Government and private donors.

Our international program promotes the rights of all people to achieve reproductive and sexual health and wellbeing, with a focus on family planning, gender equality and capacity building while respecting the cultural values of each community. We build successful, collaborative partnerships with family planning organisations at local, national and international levels to promote the reproductive and sexual health wellbeing, and rights of all people in the context of a sustainable environment.

**We assist poor and disadvantaged communities to access reproductive and sexual health services, while building the capacity of government and civil society to improve reproductive and sexual health.**

We are committed to long term capacity building for NGOs and health systems, to address areas of reproductive and sexual health need, such as high rates of cervical cancer mortality in the Pacific.

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

Our projects are focused on supporting the achievement of the United Nations Millennium Development Goals (MDGs), in particular MDG5b and MDG6a - increasing universal access to reproductive health as this is key to reducing maternal mortality, preventing unwanted pregnancies, curbing the spread of STIs, including HIV and AIDS, empowering women and girls to exercise their sexual and reproductive rights through greater decision making powers, building a more sustainable world for all women, men and young people regardless of gender, sexual orientation, or social and economic status.

We are fully accredited with the Australian Department and Foreign Affairs and Trade in relation to the management of international aid projects. This includes all components of the compliance requirements for service integrity, development effectiveness and financial management.

Our international work is focused on increasing access to quality health and education services with an emphasis on achieving lasting change for marginalised groups and saving lives.



During 2013-2014, our projects to improve the reproductive and sexual health of communities in the Asia Pacific reached 3,948 direct beneficiaries and 33,370 indirect beneficiaries in Fiji, Vanuatu, the Cook Islands, Timor Leste, Papua New Guinea, the Philippines, Samoa, the Solomon Islands, Tonga and Tuvalu.

## Most significant change stories

*What has been the most important change for you as a result of the training?*

"I am a midwife and had not done IUCD insertion for many many years. During the training I learned again how to do the insertion... Since the training (approximately 7 months) I have done 24 insertions. People are coming to our organisation for this procedure as I have been promoting it and the word is getting out about it."

*Why is this change significant for you?*

"IUCD insertion is now one of the main reasons why clients come to our clinic. Before I was referring people to the hospital but now I feel like the local expert. It's important because it provides a longer form of protection than other methods – people don't have to come back every three months."

*What has been the most important change for you as a result of the training?*

"The training has changed the way I present. We now work together and come up with ideas for a session, then develop a session plan. We used to get asked to do a session and everyone went to their own computer to work on a PowerPoint. Now cooperation has become more effective in the office.

This is important because in my country many people are not well educated. Some may not understand information given through PowerPoint. By using session plans, we make it enjoyable and this way we can reach everyone.

We should continue to base our sessions on this way of teaching, and teach new volunteers to use session plans." (FHA Volunteer)

## Building the capacity of Family Health Associations in the Pacific

Family Planning Australia provided in-country education programs to registered nurses, community educators and volunteers from each Family Health Association (FHA) in the Cook Islands, Fiji, Papua New Guinea, Samoa, Solomon Islands, Tonga, Tuvalu and Vanuatu.

Our education program was based on the World Health Organisation Sexual and Reproductive Health Core Competencies in Primary Care, and Australian competencies in training, and was framed within human rights principals. This information formed the basis of the training needs analysis which was conducted in each country with the FHA executive director, staff and volunteers, relevant Ministry of Health staff and non-Government organisations.

The model of delivery included in-class instruction and practice within small groups, observation of each person's skills in the workplace, and coaching and mentoring by distance and on site. For the distance learning we offered support by email, phone, social media and e-newsletters.

The project ran from November 2012 until May 2014 with fifty two nurses participating in the clinical training

program and 111 people in the community education program.

The program was funded through the International Planned Parenthood Federation East and South East Asia and Oceania Region.

## Cervical cancer screening in Fiji, Vanuatu and the Cook Islands

In Fiji we implemented a pilot cervical cancer screening project which involved training in visual inspection with acetic acid (VIA) and cryotherapy, a low resource method of cervical screening and treatment. The project demonstrated that this practice is feasible to introduce within a Pacific setting as clinicians can manage the procedure at a primary health care level which will help save women's lives.

During 2013-2014, training manuals for nurses and doctors in VIA and cryotherapy were updated to address program changes occurring in Fiji, and a counselling guide was also produced for Fiji women and translated into Fijian. The guide will support informed choice regarding VIA and cryotherapy and is a useful education resource for Fiji and other Pacific countries.

Two five-day VIA and cryotherapy workshops were



## CASE STUDY

### When a police cell becomes a clinic: screening for cervical cancer in rural Fiji

In June 2014 we ran a five-day training course on VIA and cryotherapy in Cuvu, a small rural community in Fiji.

The training was attended by a male nurse practitioner, a midwife who travelled by boat from outlying Beqa Island, a nurse who travelled four hours by delivery lorry from her Nursing Station in the hills, and a project nurse based in Suvain, in the Cuvu Police Post.

As a wonderful example of overcoming challenges to provide training and screening in rural areas we took up temporary residence in the local police station and converted two cells into clinic rooms - complete with loan beds, drapes attached to cell doors for privacy and portable boilers for instruments.

Eighty-four women attended for screening, including teachers and mothers from the local school, nurses, shopkeepers, employees from a nearby resort and women from the squatters' settlement.

delivered in Latouka and Labasa in Fiji, supported by a Family Planning Australia nurse educator. Twenty seven nurses were trained and 196 women screened by course participants during the practical sessions of the course. The Fiji Health Sector Support Program is now funding the development of a National Cervical Screening policy to include VIA and cryotherapy.

**Cervical cancer screening saves women's lives, however screening is not routinely available in Pacific nations and women are dying at up to nine times the rate of women in Australia (Australia 1.8; Fiji 17.9; Papua New Guinea 23.3; Solomon Islands 10.9 and Vanuatu 9.7 per 100,000 women).**

Following the success of our program in Fiji, Family Planning Australia consulted in both the Cook Islands and Vanuatu to determine the feasibility of implementing VIA and cryotherapy in each country.

Following wide consultation in the Cook Islands, it was determined that Pap tests are the preferred option and Family Planning Australia will work with partners to develop key messages to encourage women to attend for Pap tests, deliver training and support the nurses to deliver quality Pap tests to local women.

In Vanuatu, we are exploring ways to support existing cervical cancer projects.

### Capacity building in Fiji

We have been working with Family Health Association of Fiji (RFHAF) as part of a three year project to build their capacity as the leading sexual and reproductive education provider in Fiji.

In 2013-2014, seven staff in RFHAF completed an assessment program to become confident and competent sexual and reproductive health educators, and have trialled new sessions in three rural districts - Mokani and Lutukina villages within the Bua district and Nakalou village within the Macuata district.

This year five RFHAF Program Officers and the Executive Director also successfully completed assessments to become competent assessors which will allow them to deliver competency based training to professionals such as nurses and teachers.



IPPF capacity building in Fiji

To support their education sessions RFHAF staff are developing a range of fact sheets that will be provided to school libraries, clinics and other venues.

### Fiji Family Planning Trainers Course

As part of our commitment to long term capacity building of NGOs and health systems to address areas of reproductive and sexual health need we are working with the Fiji Ministry of Health to develop a training program for staff including medical officers, nurses, allied health and other clinical staff.

The program, which started in May 2014, will assist the Fiji Ministry of Health with the effective delivery of family planning and reproductive health care in their local setting. To date we have developed training and assessment materials to support training to be delivered in August 2014. This program is funded by United Nations Population Fund and the Fiji Ministry of Health.

### Working with men to improve gender equality

In Timor Leste and Papua New Guinea, we continue to address gender inequity and high rates of domestic and sexual violence against women through our pioneering Men and Boys programs.

These programs seek to enable men to become agents for improving sexual and reproductive health. To communicate with men we work within cultural norms to raise awareness and support positive change on sexual health, gender equity and related behaviours, utilising a participatory peer education model.

### Strengthening of STI services in the Morobe Province in Papua New Guinea

We have partnered with the Papua New Guinea Family Health Association (PNGFHA) to integrate the Men and Boys program with another project, to strengthen clinical STI services in the Morobe province. Both programs share an aim to reduce STIs through education and increasing access to services.

The Men and Boys program continues to be strongly supported by the Morobe Provincial Health Department.

The success of the program is further indicated in the growing interest from local civil society organisations including Lutheran Life Care, Anglicare, Law and Juvenile Justice, the Sports Foundation, and Police and Sexual Violence.

## CASE STUDY

### Engaging local level government in the Men and Boys Program in Morobe Province, Papua New Guinea

We conducted a Training of Trainers (TOT) course in the Mumeng Local Level Government (LLG) area in February 2014. In order to encourage local ownership of the Men's Sexual and Reproductive Health and Behaviour Change program we trained 15 Ward Councillors so that they could continue the training program in their respective wards..

As a result of the training, the LLG President has committed to fund further training for councilors who did not attend the initial session so that they can return home to educate men and boys in their communities. The President has also indicated ongoing support for the program.

### Working with men to improve sexual and reproductive health in Timor Leste

In its fourth year, our work in Timor Leste has extended into two additional subdistricts, Atsabe and Letefoho, and 14 sucus (parishes) in the Ermera district. Our current focus is to provide robust evidence of the program's value as a potentially national program with key Government ministries consulted throughout.

We have revised the Men's Health Manual, in response to the recommendations of the 2012 external evaluation of the program, to include a Facilitators' Guide with additional teaching aids. A further 24 men have now been trained to deliver the program in 90 aldeia (villages), covering a population of approximately 30,000 people.

A baseline survey was conducted with a sample of 400 men, showing that prior to participation in this program respondents had a very low level of knowledge about STIs and family planning.

Program implementation continues into 2014-2015 with ongoing training and support to peer educators, and a midline survey planned for 2015.

### Access to contraception in the Philippines

Family Planning Australia has been working with the Family Planning Organisation of the Philippines Inc. (FPOP) to increase access to family planning services to women by targeting poor and marginalised communities with limited access to health services, in particular reproductive and sexual health care. The project aims to increase family planning knowledge within the community, address misconceptions often surrounding contraception use, and increase access to family planning through the provision of contraceptives in underserved areas.

In March 2014, following a typhoon which diverted staff from this project to emergency relief, the project transferred from the Quezon Province to the Samar Province, an area with high unmet contraceptive need, and high and increasing incidence of teenage pregnancy.

Local training was provided in the delivery of youth friendly contraceptive services for local staff, including training in FPOP's Child and Youth Protection Policy. A series of meetings were organised with Barangay officials to gain the support from Barangay Council to deliver the project.

*We have a process for handling complaints. If you have a complaint, please contact the CEO, Family Planning NSW at 328 Liverpool Road, Ashfield, NSW, 2131, Australia. Telephone: +612 8752 4311. Complaints relating to the breach of the ACFID Code of Conduct can be made to the ACFID Code of Conduct Committee at website: [www.acfid.asn.au](http://www.acfid.asn.au); Email: [code@acfid.asn.au](mailto:code@acfid.asn.au); Telephone: +61 2 6281 9222.*



## CERVICAL CANCER SCREENING PROGRAM

### FIJI

**Partners:** Fiji Ministry of Health, Fiji Nursing Association

**Direct Beneficiaries:** 213

**Indirect beneficiaries:** 15000

**Funding:** \$54,012 - DFAT ANCP

### COOK ISLANDS

**Partners:** Cook Islands Family Welfare Association, Cook Islands Ministry of Health

**Funding:** \$36,008 - DFAT ANCP

### VANUATU

**Partners:** Vanuatu Family Health Association

**Funding:** \$30,007 - DFAT ANCP

## FIJI

**Project:** Sexual and reproductive health and rights education program

**Partners:** Reproductive and Family Health Association of Fiji (RFHAF)

**Direct Beneficiaries:** 579

**Indirect beneficiaries:** 1,737

**Funding:** \$35,272 - DFAT ANCP



FIJI

**Project:** Fiji family planning training course

**Partner:** Fiji Ministry of Health

**Intended beneficiaries:** Senior Manager of family planning services in Fiji

**Funding:** \$51,107 - UNFPA and Fiji Ministry of Health



PHILIPPINES

## PHILIPPINES

**Project:** Increasing knowledge and access to family planning in the Philippines

**Partners:** Family Planning Organisation of the Philippines Inc. (FPOP)

**Direct Beneficiaries:** 211

**Indirect beneficiaries:** 633

**Funding:** \$5,539 - DFAT ANCP and private donor

## PAPUA NEW GUINEA

**Project:** Strengthening of sexually transmissible infection (STI) services in the Morobe Province

**Partners:** Papua New Guinea Family Health Association (PNGFHA)

**Direct Beneficiaries:** 1,762

**Indirect beneficiaries:** 6,000

**Funding:** \$47,224 - DFAT ANCP and private donor



PAPUA NEW GUINEA

## TIMOR LESTE

**Project:** Working with men to improve sexual and reproductive health

**Partners:** Co-operativa Café Timor

**Direct Beneficiaries:** 1,020

**Indirect beneficiaries:** 10,000

**Funding:** \$27,168 - DFAT ANCP and private donor



TIMOR LESTE

## EIGHT PACIFIC COUNTRIES

**Project:** Building the capacity of Family Health Associations in the Pacific

**Partners:** Cook Islands Family Welfare Association, Reproductive and Family Health Association of Fiji, Papua New Guinea Family Health Association, Samoa Family Health Association, Solomon Islands Planned Parenthood Association, Tonga Family Health Association, Tuvalu Family Health Association, Vanuatu Family Health Association

**Direct beneficiaries:** 163



EIGHT PACIFIC COUNTRIES

The Financial Report has been prepared in accordance with the ACFID Code.

# FINANCIAL REPORT

## FOR THE YEAR ENDED 30 JUNE 2014

### DIRECTORS' REPORT

Your directors present this report on the company for the financial year ended 30 June 2014.

#### Directors

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

Ms S Carrick	President
Ms R Winfield	Vice President & Legal Adviser
Dr K Johnstone	Vice President
Ms K Kerr	Treasurer
Ms K Chambers	Legal Adviser
Assoc Professor R Cooper	appointed 26 November 2013
Ms F Larnach	
Dr D Lieberman	
Associate Professor A McBride	
Ms C Miller	
Mr M Peterson	
Mr D Miles	resigned 3 April 2014

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 sexual and reproductive health service provision 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 all;
- 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 and Asia Pacific region.

## 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 partnerships 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 annual funding agreements. Performance against these benchmarks is reported to funders and the Board of Directors. The benchmarks are used by the directors to assess the financial sustainability of the company and whether the company's short-term and long-term objectives are being achieved.

## Key Performance Measures

BENCHMARK	2014 ACTUAL	2014 BENCHMARK	2013 ACTUAL	2013 BENCHMARK
Clients	27,715	28,080	27,980	26,000
Operational & Financial				
Proportion of funding from:				
Government grants	75%	77%	77%	77%
Other grants	5%	3%	3%	3%
Donations	1%	2%	1%	2%
Investments	3%	3%	4%	4%
Self-generated	16%	15%	15%	14%
Proportion of funding spent on:				
Client contacts and programs	83%	80%	81%	80%
Administration	17%	20%	19%	20%
Fundraising	0%	0%	0%	0%

# PROFILE

## OF DIRECTORS



### SUE CARRICK

PRESIDENT

- MHSC

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, educating on policy and research in public health and nursing at the University of Sydney, and research strategy and evaluation 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.

In her role with the National Breast Cancer Centre, Sue initiated Register4, a successful national online resource designed to accelerate the outcomes of research by providing more effective and cost efficient delivery of research programs.

Sue is 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 President of the Board of Directors of Family Planning NSW, and a member of the Performance and Remuneration Committee and Ethics Committee. She was elected to the Board in 2010.



### ROSALIND WINFIELD

VICE PRESIDENT &  
LEGAL ADVISOR

- BA LLB

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

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

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





## DR KIM JOHNSTONE

VICE PRESIDENT

- M.S.Sc (Hons), PhD

Dr Kim Johnstone is a demographer with almost 20 years' experience. She has a diverse career across research, analytical and social policy/strategy roles in government, non-government and academic sectors. A common theme in Kim's career has been the use of sound evidence to inform policy.

Currently, Kim is Senior Demographer with the NSW Department of Planning & Infrastructure, with responsibility for the NSW population, household and dwelling projections and community engagement across the state.

Kim has an extensive publication list on many aspects of population. She has presented at a variety of regional and national forums on population issues and is invited to lecture to university students in New South Wales and the Northern Territory.

Kim's interest in family planning began as an undergraduate student of demography studying fertility change among different populations. She is a past-President of Family Planning Welfare NT and of Sexual Health and Family Planning Australia and has represented Australia on the International Planned Parenthood Federation East, South East Asia and Oceania Regional Council.

Kim is a member of the Executive of the Board of Directors of Family Planning NSW, the Chair of the Family Planning NSW International Programme Advisory Committee and a member of the Board of Sexual Health and Family Planning Australia. She was elected to the Board in 2012.



## MS KATHRYN KERR

TREASURER

- B.Comm, MBA, ACA

Kathryn is a chartered accountant with over twenty years' experience in the financial services industries in Australia and Asia.

Kathryn works as a Finance Partner in the business performance team at Suncorp Life and has held a number of financial and operational roles throughout her career.

Kathryn commenced her career at Ernst & Young, working in their Sydney and Jakarta offices as a senior manager. She has also held the role of General Manager of Finance for the Commonwealth Bank International Financial Services division, where she was responsible for businesses across the Asia Pacific region, and held a number of Board positions in Hong Kong, Indonesia, Thailand and the Philippines.

Kathryn has also worked as Operations Manager for Patronus, a subsidiary of Macquarie Bank, and for AMP, where she managed various risk management projects.

Kathryn is a member of the Executive of the Board of Directors of Family Planning NSW and the Finance and Audit Committee. She was elected to the Board in 2012.



## KERRIE CHAMBERS

### LEGAL ADVISER

- 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.

Kerrie is a member of the Performance & Remuneration Committee. She was elected to the Board in 2012.



## ASSOCIATE PROFESSOR RAE COOPER

- BA (Hons); PhD

Rae Cooper is an Associate Professor at the University of Sydney Business School where she teaches and researches employment relations and human resource management and is a research specialist in work, careers and employment relations.

She is a Director of undergraduate studies in her discipline and a member of the Undergraduate Studies Board. Rae is the Chair of the Board of Directors of Australian Hearing, and has formerly been a Director of the NSW TAFE Commission, the NSW Rural Assistance Authority.

Rae is a member of the Performance & Remuneration Committee. She was elected to the Board in 2013.



## FIONA LANARCH

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

Fiona Larnach is the Chief Risk Officer in Retail Banking Services at 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 Finance & Audit Committee. She was elected to the Board in 2006.



## DR DEVORA LIEBERMAN

- MD MPH FRANZCOG

Dr Devora Lieberman is one of the principal doctors in Genea's Miscarriage Management Program and has an active infertility practice. She joined Genea in 2003 after several years working as Associate Medical Director at Women's Health at Organon Australia, where she was responsible for contraception, HRT and pro-fertility products, and the Australian introduction of a contraceptive implant.

Devora has been a Visiting Medical Officer at Royal North Shore Hospital's Menopause Clinic since 1998. She was a Director of the Fertility Society of Australia from 2005-2013, and a past President of Sexual Health and Family Planning Australia.

Devora was a lecturer in obstetrics and gynaecology at Harvard Medical School before moving to Australia from Boston in 1998. 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 Family Planning NSW Clinical Advisory Board and Fundraising, Advocacy and Marketing Committee.

Devora has been a Director of Family Planning NSW since 2002, and served as President from June 2003-March 2014. She was elected to the Board in 2002.



## ASSOCIATE PROFESSOR DR AMANDA McBRIDE

- MBBS, GCUT

Associate Professor Amanda McBride has been a general practitioner in clinical practice for more than 20 years. She is Associate Professor in General Practice at the School of Medicine, Sydney, at the University of Notre Dame Australia (conjoint head).

Her interest in women's health was fostered after obtaining the Family Planning Certificate in the 1980s. As a Federal AMA councillor, she was representative on the embryonic BreastScreen committee in Canberra, and is on the NSW BreastScreen Accreditation Committee. She is a past recipient of the NSW AMA President's Award for work in women's health.

She has served on the Cancer Institute of NSW gynaecological and breast cancer committees, and also on committees with the National Breast and Ovarian Cancer Centre (now Cancer Australia). She completed a two year contract as Senior Clinical Advisor with Cancer Australia in 2013.

She represents the RACGP on the cervical cancer screening review. She is in part time clinical practice in the eastern suburbs. Amanda is currently undertaking a Masters in Health Policy at the University of Sydney.

Amanda is a member of the Clinical Advisory Board of Family Planning NSW. She was elected to the Board in 2011.



## CAROLYN MILLER

- BA (Comm)

Carolyn Miller has 15 years' experience in the advertising and communications industry, working on both healthcare and consumer products. Previous clients include Sydney IVF, Lantus (diabetes), Remicade (Crohn's Disease), Reminyl (Alzheimer's), Consta & Risperdal (Schizophrenia) amongst many others.

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

Carolyn has previously been a member of the Healthcare Communications Council, the industry body for Healthcare Advertising.

Carolyn is a member of the Fundraising, Advocacy and Marketing Committee. She was elected to the Board in 2012.



## 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), and management of radio stations 2CA Canberra and 3AW Melbourne. He has 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's 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 and he served on the Board of Twilight House - four Sydney suburban aged-care facilities.

Other roles include Board member at the 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. He was elected to the Board in 2010.



## 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 immediately 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. Resigned 3 April 2014.

# MEETINGS OF DIRECTORS

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


DIRECTOR'S NAME	DIRECTOR'S MEETINGS	
	NUMBER ELIGIBLE TO ATTEND	NUMBER ATTENDED
Ms S Carrick	11	10
Ms R Winfield	11	11
Dr K Johnstone	11	10
Ms K Kerr	11	9
Ms K Chambers	11	9
Associate Professor Rae Cooper	7	4
Ms F Larnach	11	3
Dr D Lieberman	11	9
Associate Professor A McBride	11	6
Ms C Miller	11	8
Mr M Peterson	11	9
Mr D Miles	9	7

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 2014, the total amount that members of the company are liable to contribute if the company is wound up is \$470 (2013: \$520).

## Auditor's Independence Declaration

The lead auditor's independence declaration for the year ended 30 June 2014 is included with the directors' report.

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

  
Sue Carrick – President

  
Kathryn Kerr - Treasurer

Date this 30th day of September 2014

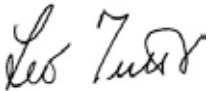
## AUDITOR'S INDEPENDENCE DECLARATION UNDER SECTION 307C OF THE CORPORATIONS ACT 2001 TO THE DIRECTORS OF FAMILY PLANNING NSW

I declare that, to the best of my knowledge and belief during the year ended 30 June 2014 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  
Chartered Accountants  
ABN 16 021 300 521



L.E. Tutt  
Partner  
Sydney, 30 September 2014

**CHARTERED ACCOUNTANTS  
& ADVISORS**

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

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

## STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME FOR YEAR ENDED 30 JUNE 2014

	NOTE	2014 \$	2013 \$
<b>REVENUE</b>			
<b>Domestic income</b>			
Government grants		9,200,790	8,975,953
Other grants		236,890	327,935
Sales income		1,000,671	863,025
Medicare income		728,010	645,547
Investment income		413,649	459,131
Donations and gifts		68,963	68,479
Other income		194,717	354,618
<b>Total domestic income</b>		<b>11,843,690</b>	<b>11,694,688</b>
<b>International income</b>			
Grants			
AusAID		262,657	727,670
Other Australian		-	-
Other overseas		429,911	105,859
Donations and gifts			
Monetary		45,798	31,817
Non-monetary		-	12,631
Bequests and Legacies		-	-
Investment income		3,549	6,036
Other income		1,182	14,196
Revenue for international political or religious adherence promotion program		-	-
<b>Total international income</b>		<b>743,097</b>	<b>898,209</b>
<b>TOTAL REVENUE</b>	2	<b>12,586,787</b>	<b>12,592,897</b>



	NOTE	2014 \$	2013 \$
<b>EXPENDITURE</b>			
<b>Domestic programs expenditure</b>			
Cost of goods sold		(118,696)	(139,407)
Employee benefit expenses		(8,226,257)	(8,519,845)
Depreciation and amortisation expenses		(158,824)	(148,384)
Lease/rent		(98,542)	(124,625)
Insurance		(119,380)	(120,051)
Relocation of business operations		(74,804)	(270,857)
Computer services and software		(173,444)	(135,027)
Printing/ postage/ stationery/ advertising/ photocopying		(219,493)	(193,980)
Repairs and maintenance / cleaning		(192,866)	(146,485)
Teaching resources		(199,558)	(98,193)
Travel		(176,344)	(157,472)
Materials and equipment		(56,803)	(21,167)
Labour hire – external		(3,939)	(46,181)
Medical consumables		(45,098)	(55,370)
Consultancy		(201,890)	(155,508)
Telephone / internet		(113,120)	(111,395)
Staff recruitment		(11,050)	(14,117)
Conferences & seminars		(30,600)	(62,066)
Utilities		(88,847)	(88,874)
Audit / professional services		(36,504)	(34,704)
Consumables / client expenses		(121,459)	(121,037)
Strata levies		(39,123)	(25,632)
Bad debts		(2,945)	(1,102)
Stock write-off		(5,969)	(6,304)
Other expenses		(362,071)	(408,337)
<b>Total domestic program expenditure</b>		<b>(10,877,626)</b>	<b>(11,206,120)</b>

	NOTE	2014 \$	2013 \$
<b>International aid and development programs expenditure</b>			
International programs			
Funds to international programs		(514,293)	(476,811)
Program support costs		(309,158)	(466,019)
Community education		-	-
Fundraising costs			
Public		(927)	(5,171)
Government, multilateral and private		-	-
Accountability and administration		(102,565)	(135,615)
Non-monetary expenditure		-	(12,630)
Total international aid and development programs expenditure		(926,943)	(1,096,246)
International political or religious adherence promotion programs expenditure		-	-
<b>Total international program expenditure</b>		<b>(926,943)</b>	<b>(1,096,246)</b>
<b>TOTAL EXPENDITURE</b>		<b>(11,804,569)</b>	<b>(12,302,366)</b>
<b>NET CURRENT YEAR SURPLUS</b>		<b>782,218</b>	<b>290,531</b>
<b>OTHER COMPREHENSIVE INCOME</b>			
Net gain on revaluation of non-current assets		49,475	731,274
Total comprehensive income for the year		831,693	1,021,805
Profit attributable to members of the entity		782,218	290,531
<b>TOTAL COMPREHENSIVE INCOME ATTRIBUTABLE TO MEMBERS OF THE ENTITY</b>		<b>831,693</b>	<b>1,021,805</b>

The accompanying notes form part of these financial statements

## STATEMENT OF FINANCIAL POSITION AS AT 30 JUNE 2014

	NOTE	2014 \$	2013 \$
<b>ASSETS</b>			
<b>CURRENT ASSETS</b>			
Cash and cash equivalents	4	2,641,238	1,812,013
Accounts receivable and other debtors	5	485,039	230,893
Inventories on hand	6	83,302	88,724
Assets held for sale		-	-
Other current assets	7	136,876	140,254
Other financial assets		-	-
<b>TOTAL CURRENT ASSETS</b>		<b>3,346,455</b>	<b>2,271,884</b>
<b>NON -CURRENT ASSETS</b>			
Trade and other receivables		-	-
Financial assets	8	3,852,100	3,802,625
Property, plant and equipment	9	8,338,022	8,386,375
Intangibles		-	-
Other non-current assets		-	-
<b>TOTAL NON -CURRENT ASSETS</b>		<b>12,190,122</b>	<b>12,189,000</b>
<b>TOTAL ASSETS</b>		<b>15,536,577</b>	<b>14,460,884</b>

	NOTE	2014 \$	2013 \$
<b>LIABILITIES</b>			
<b>CURRENT LIABILITIES</b>			
Accounts payable and other payables	10	2,538,123	2,363,190
Grants received in advance	11	1,090,278	1,070,782
Borrowings		-	-
Other financial liabilities		-	-
Provisions		-	-
Other		-	-
<b>TOTAL CURRENT LIABILITIES</b>		<b>3,628,401</b>	<b>3,433,972</b>
<b>NON-CURRENT LIABILITIES</b>			
Accounts payable and other payables	12	215,450	165,879
Borrowings		-	-
Other financial liabilities		-	-
Provisions		-	-
Other		-	-
<b>TOTAL NON-CURRENT LIABILITIES</b>		<b>215,450</b>	<b>165,879</b>
<b>TOTAL LIABILITIES</b>		<b>3,843,851</b>	<b>3,599,851</b>
<b>NET ASSETS</b>		<b>11,692,726</b>	<b>10,861,033</b>
<b>EQUITY</b>			
Reserves	13	4,184,886	4,135,411
Retained earnings		7,507,840	6,725,622
<b>TOTAL EQUITY</b>		<b>11,692,726</b>	<b>10,861,033</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 2014

	Retained Surplus	Asset Revaluation Reserve	General Reserves	Total
<b>Balance at 30 June 2012</b>	<b>6,435,091</b>	<b>3,329,137</b>	<b>75,000</b>	<b>9,839,228</b>
Profit attributable to the entity	290,531	-	-	290,531
Revaluation increment	-	731,274	-	731,274
<b>Balance at 30 June 2013</b>	<b>6,725,622</b>	<b>4,060,411</b>	<b>75,000</b>	<b>10,861,033</b>
Profit attributable to the entity	782,218	-	-	782,218
Revaluation increment	-	49,475	-	49,475
<b>Balance at 30 June 2014</b>	<b>7,507,840</b>	<b>4,109,886</b>	<b>75,000</b>	<b>11,692,726</b>

The accompanying notes form part of these financial statements

## STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 30 JUNE 2014

	NOTE	2014 \$	2013 \$
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>			
Receipts from donations		114,761	100,296
Receipts from Government grants		9,413,445	8,982,503
Other grants received		566,270	878,056
Receipts from customers		1,710,672	1,961,075
Payments to suppliers and employees		(11,118,137)	(11,841,256)
Interest and dividends received		272,625	325,905
<b>Net cash generated from operating activities</b>	<b>18</b>	<b>959,636</b>	<b>406,579</b>
<b>CASH FLOW FROM INVESTING ACTIVITIES:</b>			
Payment for property, plant & equipment		(130,435)	(995,698)
Proceeds from sale of property, plant & equipment		-	24
Payment for investments		-	-
Net cash used in investing activities		(130,435)	(995,674)
Net (decrease) in cash held		829,225	(589,095)
Cash at the beginning of the financial year		1,812,013	2,401,108
<b>Cash at the end of the financial year</b>	<b>4</b>	<b>2,641,238</b>	<b>1,812,013</b>

The accompanying notes form part of these financial statements

## NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2014

### 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 30th September 2014 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 is 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. Employee benefits not expected to be settled within 12 months of the reporting date are recognised in non-current liabilities, provided there is an unconditional right to defer settlement of the liability.

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.

	2014	2013
	\$	\$

## 2. PROFIT FROM ORDINARY ACTIVITIES

### EXPENSES

Depreciation and amortisation		
- Domestic programs	158,824	148,384
- International programs	2,067	925
Employee benefits		
- Domestic programs	8,226,257	8,519,845
- International programs	482,041	294,795
Remuneration of auditor		
- Audit - of the financial report	36,504	35,700
- Other services	-	-
Rent- premises and equipment	98,542	124,625

### REVENUE

Government grants	9,463,447	9,703,623
Other grants	666,801	433,794
Medicare income	728,010	645,547
Sales income	1,000,671	863,025
Interest & investment income	413,649	465,167
Other income	314,209	481,741
<b>Total Revenue</b>	<b>12,586,787</b>	<b>12,592,897</b>

## 3. GRANTS RECEIVED DURING THE YEAR

### NSW Ministry of Health: NGO Funding

Fairfield – National Women’s Health	394,150	640,950
Women’s Health	7,084,800	6,883,600
HIV/AIDS	259,100	250,600
The Warehouse -Community Education, Women’s Health & Health Transport	462,200	449,800
The Warehouse – AIDS	128,000	125,000
	<b>8,328,250</b>	<b>8,349,950</b>

### NSW Ministry of Health: AIDS/Infectious Diseases Branch

NSW Aboriginal Sexual & Reproductive Health Pilot	339,500	266,146
---	---------	---------

	2014	2013
	\$	\$
<b>NSW Government</b>		
Office of Communities-Community Building Partnership	30,606	13,943
Department of Education & Communities- Proud Schools	-	93,291
<b>Hunter New England LHD</b>		
Hunter Health Promotion	48,600	46,900
<b>Cancer Institute NSW</b>		
Well Women's Screening Training for Practice Nurses	186,408	3,000
GP's Up-Skilling	79,904	-
Social Media Campaign- Cervical Screening	-	4,727
<b>Australian Government</b>		
Department of Health & Ageing	57,000	54,660
Gender & Reproductive Health Population	-	149,886
<b>AusAID</b>		
ANCP	300,000	300,000
COMPASS	-	208,685
<b>IPPF</b>		
Capacity Building in the South Pacific	326,196	209,574
<b>Perpetual Grant</b>		
PNG SRH Course	123,000	-
<b>Other Grants</b>		
Research Grants	81,185	159,797
City Council of Sydney – Disability Project	11,300	-
Health Education & Training Institute	20,000	-
NSW Refugee HS – Menopause DVD Project	2,727	-
SLHD – Homeless Pap Test	9,150	-

	2014	2013
	\$	\$
Fairfield Club Grant	14,200	-
Penrith City Council	1,095	-
Sexual Health and Family Planning Australia	20,594	-
<b>Total Grants received</b>	<b>9,979,715</b>	<b>9,860,559</b>

#### 4. CASH AND CASH EQUIVALENTS

Cash at bank – unrestricted		
- Domestic programs	2,481,937	1,669,260
- International programs	153,282	137,215
Cash float	6,019	5,538
	<b>2,641,238</b>	<b>1,812,013</b>

#### 5. ACCOUNTS RECEIVABLE & OTHER DEBTORS

CURRENT		
Accounts receivables	106,456	67,785
Other receivables	378,583	163,108
	<b>485,039</b>	<b>230,893</b>

#### 6. INVENTORIES ON HAND

Stock at cost	83,302	88,724
---------------	--------	--------

#### 7. OTHER ASSETS

CURRENT		
Prepayments	136,876	140,254

#### 8. FINANCIAL ASSETS

Available-for-sale financial assets	3,852,100	3,802,625
Available-for-sale financial assets comprise:		
Listed investments at fair value	3,852,100	3,802,625

2014

2013

\$

\$

## 9. PROPERTY, PLANT AND EQUIPMENT

### Land & Buildings

Freehold land at:

Independent valuation 2013	3,589,843	3,589,843
<b>Total Land</b>	<b>3,589,843</b>	<b>3,589,843</b>

Buildings at:

- Independent valuation 2013	3,950,157	3,950,157
Less accumulated depreciation	(85,587)	(6,584)
<b>Total Buildings</b>	<b>3,864,570</b>	<b>3,943,573</b>
<b>Total Land &amp; Buildings</b>	<b>7,454,413</b>	<b>7,533,416</b>

### Leasehold Improvements

- At cost	-	-
- Independent valuation 2013	640,000	640,000
Less accumulated amortisation	(13,867)	(1,067)
<b>Total Leasehold Improvements</b>	<b>626,133</b>	<b>638,933</b>

### Plant & Equipment

At cost	650,087	589,364
Less accumulated depreciation	(392,611)	(375,338)
<b>Total Plant &amp; Equipment</b>	<b>257,476</b>	<b>214,026</b>

### Total Property, Plant & Equipment

<b>8,338,022</b>	<b>8,386,375</b>
------------------	------------------

The entity's land and buildings were re-valued at 1 June 2013 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.

	2014	2013
	\$	\$

## 10. ACCOUNTS PAYABLE AND OTHER PAYABLES

### CURRENT

Sundry payables and accrued expenses	1,141,095	1,079,670
Employee benefits	1,397,028	1,283,520
	<b>2,538,123</b>	<b>2,363,190</b>

## 11. GRANTS RECEIVED IN ADVANCE

Government grants	449,387	462,890
Non-Government grants	640,891	607,892
Other Government grants	<b>1,090,278</b>	<b>1,070,782</b>

## 12. ACCOUNTS PAYABLE AND OTHER PAYABLES

### NON-CURRENT

Employee benefits	<b>215,450</b>	<b>165,879</b>
Number of employees at year end	146	142

## 13. RESERVES

Asset revaluation reserve records revaluations of non-current and financial assets	4,109,886	4,060,411
General reserve records funds approved by the Board to be set aside to fund specific activities	75,000	75,000
	<b>4,184,886</b>	<b>4,135,411</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	65,395	90,753
- between twelve months and five years	23,761	85,341
- greater than five years	27	28
	<b>89,183</b>	<b>176,122</b>

	2014	2013
--	------	------

	\$	\$
--	----	----

## 15. CONTINGENT LIABILITIES

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

	-	-
--	---	---

## 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. Mr Peterson and Ms Kerr and Associate Professor McBride are directors of both Sydney Reproductive Health Service Limited and Family Planning NSW.

	-	-
--	---	---

## 18. CASH FLOW INFORMATION

Reconciliation of cash flow from operations with profit for the year

Profit for the year:	782,218	290,531
Non-cash flows in profit:		
Depreciation & amortisation	160,891	149,308
Net (profit) / loss on disposal of plant and equipment	17,873	4,065
Changes in assets and liabilities:		
Decrease in inventories	5,422	959
(Increase) in accounts receivable and other receivables	(254,146)	(6,402)
(Increase) in other current assets	3,378	(33,816)
(Decrease) in grants received in advance	19,497	(128,374)
(Decrease) / Increase in accounts payable and other payables	224,503	130,308
Cash flows provided by operating activities	<b>959,636</b>	<b>406,579</b>

## 19. TABLE OF CASH MOVEMENTS FOR DESIGNATED PURPOSES

	Cash available at beginning of year	Cash raised during financial year	Cash disbursed during financial year	Cash available at end of financial year
Designated Purpose or Appeal				
ANCP	33,500	423,000	(305,964)	150,536
IPPF	103,715	326,196	(429,911)	-
Total for other non-designated purposes	-	3,673	(927)	2,746
<b>TOTAL</b>	<b>137,215</b>	<b>752,869</b>	<b>(736,802)</b>	<b>153,282</b>

## 20. 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 2014 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.

  
Sue Carrick – President

  
Kathryn Kerr - Treasurer

Date this 30th day of September 2014

## 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 2014, the statement of profit or loss and other comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, 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 have 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.

#### CHARTERED ACCOUNTANTS & ADVISORS

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

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

## **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 2014 and of its performance for the year ended on that date; and
- b) complying with Australian Accounting Standards to the extent described in Note 1 and the Corporations Regulations 2001.

### *Basis of Accounting*

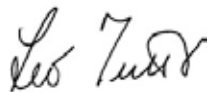
Without modifying our opinion, we draw attention to Note 1 to the financial report, which describes the basis of accounting. The financial report has been prepared for the purpose of fulfilling the directors' financial reporting responsibilities under the Corporations Act 2001. As a result, the financial 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 2014 included on Family Planning NSW's 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.



William Buck  
Chartered Accountants  
ABN 16 021 300 521



L.E. Tutt  
Partner  
Sydney, 30 September 2014

# PARTNERS AND SUPPORTERS

Aboriginal Health and Medical Research Council (AHMRC)	Coomealla Health Aboriginal Corporation	Hunter / New England Youth Health Team
Aboriginal Medical Service Western Sydney Co-Operative Ltd	Coonamble Health Aboriginal Corporation	Hunter Medicare Local
ACON	NSW Department of Health	Hunter Women's Centre
ACON Hunter	Drug Arm – Fairfield	IDEAS
Alesco Newcastle	Dubbo Neighbourhood Centre	Illawarra/ Shoalhaven Medicare Local
Allambie Youth Services	Dubbo West SACCs	Interim Aboriginal Medical Service Dubbo
Armajun Aboriginal Medical Centre	Eastlake's Youth Centre, Swansea and Windale	Jamison High School
Australasian Sexual Health Alliance	Edgeworth Neighbourhood Centre	Kingswood High School
Australasian Society for HIV Medicine	Education Centre Against Violence	Kirby Institute
Bankstown Intensive English Centre	Far West Local Health District	Kurri Kurri Community Centre
Barnardos	North Richmond Community Centre	Kurri Kurri Youth Centre
Bayer Schering Pharma	Fairfield City Council	Lowy Cancer Research Centre, UNSW
Burnett Institute Melbourne	Fairfield Intensive English Centre	Lunette
Blacktown Women and Girls Health Centre Inc.	Family Medical Practice, Cessnock	Maari Ma Health Aboriginal Corporation Broken Hill
Blacktown Youth Services Association	Family Planning Queensland	Marist Youth Care
Bligh Park Community Services Inc.	Foundation for Young Australians	Merana Aboriginal Service
BreastScreen NSW	GP Training Coast City Country	Merck Sharpe and Dohme
Bulgarr Ngaru Medical Aboriginal Corporation	Griffith Aboriginal Medical Service	Mission Australia Broken Hill
Bunninyong SACCs	Hawkesbury City Council	Mission Australia Dubbo
Burnside	Hawkesbury Community Outreach Services	Monash University
Cancer Institute NSW	Hawkesbury High School	Mountains Youth Services Team
Centre for Social Research in Health	headspace	- Springwood
Cessnock High School	- Newcastle	- Katoomba
Cessnock Youth Centre and Outreach Service	- Liverpool	- Winmalee
City of Sydney	- Penrith	Navitas
Cobham Juvenile Justice Centre	- Mt Druitt	Nepean Community Neighbourhood Service
Colo High School	- Parramatta	Nepean Interyouth Services
Commonwealth Department of Ageing, Disability and Home Care	Health Care Interpreter Service	Nepean Blue Mountains Local Health District
	Hunter New England Local Health District	Newcastle Adolescent Support Service
	- Aboriginal Health Unit	
	- Healthy Schools, Healthy Futures	
	- Multicultural Health Unit	

New England Medicare Local  
 NSW Department of Education and Communities  
 NSW Ministry of Health  
 NSW Health – STIPU  
 NSW Refugee Health Services  
 North Coast Medicare Local  
 Northern Clinical School – University of Sydney  
 Northern Settlement Services  
 Peak Hill Aboriginal Medical Service  
 Penrith City Council  
 Penrith High School  
 People with Disability Australia Inc.  
 Peppercorn Youth Services  
 Poche Centre for Indigenous Health, University of Sydney  
 Public Health Association of Australia  
 Women’s Health Services Police  
 Citizens Youth Club  
 Pregnancy, Birth, Baby – Health Direct  
 Putland High School – Cobham  
 RANZCOG  
 Recharge Newcastle  
 Red Cross  
 - Blacktown  
 - Parramatta  
 Royal Women’s Hospital, Melbourne  
 RSVP  
 Rural Doctors Network  
 Samaritan’s Wickham  
 Family Planning Alliance Australia (FPAA)  
 Specialist Disability Health Team - Fairfield (Sydney Children’s Hospital Network)  
 Somazone  
 Southlake’s Youth Centre  
 South Western Sydney Local Health District  
 - Bilingual Community Educators Program  
 - Fairfield - Liverpool Youth Health Team and the Corner Youth Team

- Multicultural Health Communication Service  
 - NSW Refugee Health  
 - SWSLHD Women’s Health  
 - Transition to School – Woodville Community Centre  
 St Clair Youth Service  
 Substance.org  
 Sydney Gay and Lesbian Mardi Gras  
 Sydney Local Health District  
 Sydney University Medical School  
 TAFE Hunter  
 Ted Noffs Mount Druitt  
 Telephone Information Support and Counselling Association (TISCA)  
 The Children’s Hospital Westmead - Specialist Disability Team  
 The Glue Factory  
 Trapeze  
 Touching Base Inc  
 University of Newcastle  
 University of Newcastle Medical Faculty  
 University of New South Wales  
 University of Queensland  
 University of Sydney  
 University of Sydney Rural Clinical School – Dubbo Catchment  
 University of Technology, Sydney  
 University of Western Sydney  
 Waverly Community Living Program  
 Wellington Aboriginal Health and Community Service  
 Western NSW Medicare Local  
 Western Sydney Sexual Health Centre – University of Sydney

## International Partnerships

Australian Council for International Development  
 Cook Islands Family Welfare Association  
 Cooperative Café Timor  
 Department of Foreign Affairs and Trade  
 Family Planning Organisations of the Philippines  
 Fiji Ministry of Health  
 Fiji Nursing Association  
 International Planned Parenthood Federation  
 Papua New Guinea Family Health Association  
 Reproductive and Family Health Association of Fiji  
 Samoa Family Health Association  
 Solomon Island Planned Parenthood Association  
 Tonga Family Health Association  
 Tuvalu Family Health Association  
 United Nations Population Fund  
 Vanuatu Family Health Association

**Family Planning NSW engages with key stakeholders at a local, state, national and international level and is a member of a range of committees and working groups including the following:**

Aboriginal Sexual Health Advisory Committee

ACFID Pacific Working Group

AH&MRC Sexual and Reproductive Health Aboriginal campaign sub-committee

Anti-Homophobia Interagency

ASHHNA Australasian Sexual Health & HIV Nurses Association Inc

Australasian Sexual Health Alliance

Blue Mountains Interagency Network

Breast Cancer Foundation - Community Reference Group (CRG)

Cancer Institute NSW Cervical Screening Program/ Pap Test Register Advisory Group

Cancer Institute NSW Screening Indigenous Advisory Group

Cessnock Youth Interagency

Combined Youth Interagency

Compass Scientific Advisory Committee

Dubbo Violence Prevention Collective

Dubbo Interagency

Dubbo Youth Interagency

Dubbo Koori Interagency Network

E-Learning Community of Practice

Equality Rights Alliance – SRH Workgroup

Fairfield Refugee and Migrant Interagency

Fairfield Youth Workers Network

Forum of Non-Government Agencies (FONGA)

GP and Sexual Health Working Group

Hawkesbury Youth Interagency

headspace Penrith Consortium Committee

Hunter and Coast ICTN Advisory Committee

Hunter Refugee Network

Hunter Youth Sexual Health Workers Network

Immigrant and Refugee Women's Network

Inner West Disability Forum

International Planned Parenthood Federation ESEAOR Executive Directors Meeting

International Sexual and Reproductive Health and Rights Consortium

Kirby Institute

Lake Macquarie Council Interagency

Liverpool Refugee and Migrant Interagency

Liverpool Youth Workers Network

Multicultural Women's Access Committee

NCOSS Health Policy Advisory Group (HPAG)

NCOSS Forum of Non-Government Agencies (FONGA)

Nepean Blue Mountains LHD – Risky Business Subcommittee

Newcastle Multicultural Health Interagency

Newcastle Youth Interagency

NGO Advisory Committee and Working Groups

NSW Anti Homophobia Interagency

NSW Health STI Programs Unit (STIPU) GP and Sexual Health Working Group

NSW Kids and Families eHealth Working Group

NSW Kids and Families Youth Health Workforce Development Working Group

Penrith Youth Interagency

Penrith Youth Interagency Steering Committee

PHAA Women's Health Special Interest Group

Public Health Association of Australia – Women's Health Special Interest Group

RANZOG RSH Special Interest Group

Refugee Health Information Network

Refugee Women's Health Working Group

Risky Business - Penrith Youth Interagency Sub Committee

Rural Women Connect - NSW Department of Primary Industries

Safe Schools Coalition Australia Communications Committee

Safe Schools Coalition Australia National Steering Committee

Sexual Health and Family Planning Australia Council

SHFPA Aboriginal Special Interest Group

Statewide & NGO Women's Health Network Meeting

STIPU GP Research Group

STIPU Working Party (NSW STI Programs Unit)

Touching Base Management Committee

Youth Research Interest Group

Youth Week Subcommittees – NSW Ministry of Health and Local Health Districts



# OUR CLINICS

**Family Planning NSW Ashfield**

328-336 Liverpool Road  
Ashfield NSW 2131  
P: 02 8752 4300

**Family Planning NSW Fairfield**

Units 45 & 46  
24-26 Nelson Street  
Fairfield NSW 2165  
P: 02 9754 1322

**Family Planning NSW Penrith**

13 Reserve Street  
Penrith NSW 2750  
P: 02 4749 0500

**Family Planning NSW Hunter**

Ground floor,  
384 Hunter Street  
Newcastle NSW 2300  
P: 02 4929 4485

**Family Planning NSW Dubbo**

2B/155 Macquarie Street  
Dubbo NSW 2830  
P: 02 6885 1544



human rights  
focus



inclusiveness



commitment  
to excellence



integrity