

FAMILY PLANNING VICTORIA

Annual Report 2019–20



family
planning
victoria

Reproductive & Sexual Health
Care. Education. Advocacy.



Annual Report 2019-20

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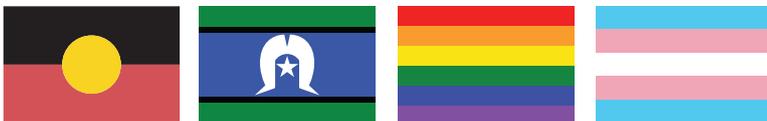
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For more information contact Family Planning Victoria on:
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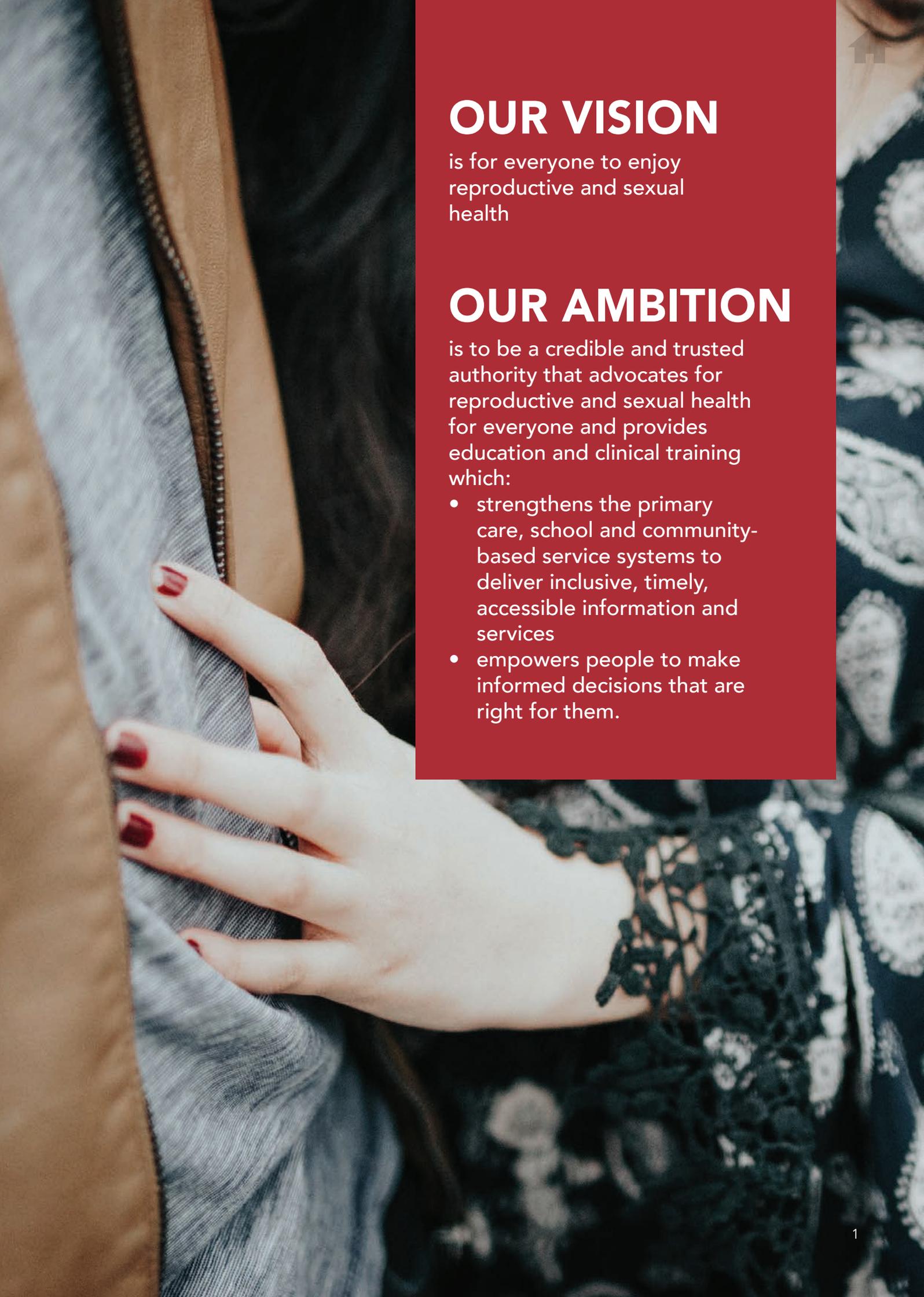
Family Planning Victoria acknowledges the Aboriginal and Torres Strait Islander people as the Traditional Custodians of the land on which our offices stand and in the regions in which we provide our services. We pay our respects to Elders past, present and future. Family Planning Victoria is committed to providing respectful and inclusive services and work environments where all individuals feel accepted, safe, affirmed and celebrated. With our commitment to embracing diversity and eliminating all forms of discrimination in the provision of reproductive and sexual health services, we welcome all people irrespective of cultural or linguistic background, sexual orientation, gender identity, intersex status, religion or spiritual beliefs, socio economic status, age or abilities.



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OUR VISION

is for everyone to enjoy reproductive and sexual health

OUR AMBITION

is to be a credible and trusted authority that advocates for reproductive and sexual health for everyone and provides education and clinical training which:

- strengthens the primary care, school and community-based service systems to deliver inclusive, timely, accessible information and services
- empowers people to make informed decisions that are right for them.

GLOSSARY

BBV Blood Borne Virus

CALD Culturally and Linguistically Diverse

CERSH Centre for Excellence in Rural Sexual Health

CEU Clinical Education Unit

COS Community Outreach Service

CST Cervical Screening Test

DHHS Department of Health and Human Services

EACH Eastern Access Community Health

EAP Employee Assistance Program

FPAF Family Planning Alliance Australia

FPV Family Planning Victoria

FY Financial Year

GLLO Gay and Lesbian Liaison Officer

GP General Practitioner

HIV Human Immunodeficiency Virus

IUD Intrauterine Device

LARC Long Acting Reversible Contraception

LGBTIQ+ Lesbian, Gay, Bisexual, Transgender, Intersex, Questioning or Queer, Asexual and more

MTOP Medical Termination of Pregnancy

NHMRC National Health and Medical Research Council

PPE Personal Protective Equipment

RACGP Royal Australian College of General Practitioners

RSE Relationships and Sexuality Education

RSH Reproductive and Sexual Health

STI Sexually Transmissible Infection

VACCHO Victorian Aboriginal Community Controlled Health Organisations

Usage Note: **COVID-19**

The coronavirus is the virus that causes the disease known as COVID-19. For simplicity, the coronavirus, the ensuing pandemic and the disease will be commonly referred to as COVID-19 throughout this Annual Report.



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ABOUT FAMILY PLANNING VICTORIA

FPV is a state-wide, independent, for purpose, all-choice organisation focused on reproductive and sexual health care, education and advocacy. 2019 was our 50th year of providing services to the community. We are governed by a voluntary Board of Directors and whilst partially funded by the Victorian Government, FPV generates revenue through fee-based clinical services, education and training programs and the sale of resources. We reinvest these funds to improve and expand our services to our communities.

We partner with a range of local, regional and national organisations, including hospitals, state-wide health organisations, universities, women's health centres and other family planning organisations. FPV is also associated with the International Planned Parenthood Federation (IPPF) and Family Planning Alliance Australia (FPAA).



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CHAIR OF THE BOARD REPORT



Anne Howells
Chair of the Board
Family Planning Victoria

It is my pleasure to provide the FPV Chair of the Board report for the 2019 – 2020 financial year. It has been a unique year in many ways.

The year started as one of celebration as we continued to acknowledge our 50th anniversary. It unfolded as a year of achievement as our services reached more people in more places. It ended in an environment of which we have never seen the like as we faced the greatest challenges ever for FPV (and for many of us personally) with the emergence of the coronavirus pandemic.

The 50th anniversary celebrations continued throughout 2019. This included a wonderful informal evening for all the FPV members and staff, including some of whom retired after many years with the organisation. The event was held at the Royal Melbourne Yacht Club in St Kilda. Old friends came together for the first time in many years and talked well into the evening sharing memories of their time at FPV.

All this activity occurred against the backdrop of our continued focus to strive for best practice in governance and to pursue our Strategic Plan. The Board has worked diligently this year to ensure excellent governance practices continue to be in place. The Board and its three committees have always met regularly and have a well-established program to report, review and plan across the areas of responsibility and the whole financial year.

Never has this been more important than during the coronavirus pandemic and I wish to thank each of the directors for their willingness to work so hard during the back end of FY20 to ensure the financial stability and the future of FPV.

For the first three quarters of the financial year, the Board was delighted to see further improvements in all areas of the organisation. We welcomed new executive and management staff who added to the strong leadership already in place and, as a team, they delivered improvements in systems and, consequently, service delivery. This translated to improvements in output, reach, income and impact. In the first three quarters of the year, FPV was well placed to break all service delivery records. The service area reports found later in this Annual Report speak to those achievements in detail. I recommend those articles to you.

As reported in the last Annual Report, the property at 901 Whitehorse Rd is wholly owned by FPV and the focus of Goal 9 of the Strategic Plan. A modest refurbishment of the facilities in financial terms resulted in a significant enhancement of the amenity of those facilities for staff and clients. The new training and office area and improved clinic facility now provide a better use of space and can accommodate more staff and clients. The project management skills of our CEO, honed on the earlier renovation of the Action Centre, came to the fore again and I wish to thank her and her team for the extraordinary effort required to deliver these renovations seamlessly with minimal disruption.



The Board has worked diligently this year to ensure excellent governance practices continue to be in place. The Board and the three committees meet regularly and have a well-established program to report, review and plan across the areas of responsibility and the whole financial year. Never has this been more important than when the pandemic emerged.

A detailed report on the project can be found later in this Annual Report and I look forward to the day we can, again, safely welcome all our staff and clients to Box Hill.

It would be impossible to write a Chairman's report without reference to the pandemic declared by the WHO in March 2020. The Australian Commonwealth and Victorian State Governments issued restrictions on the community that affected us all. The FPV Board and leadership team immediately responded. DHHS confirmed that FPV clinical services remained an essential health service that should continue to operate on site; non-essential staff were directed to work from a remote location. The Board and Executive team met weekly in the initial months to consider the risks as they emerged and plan the organisation's direction as each new piece of information became available. I am delighted to be in a position to confirm that the risk management strategy and mechanisms in place are robust, the Strategic Plan remains relevant and achievable (albeit with amended pathways to success) and the financial position is strong.

Fortunately, FPV qualified for the JobKeeper subsidy from the Commonwealth Government. The subsidy has enabled all staff to remain gainfully employed and ensured the financial stability of the organisation through this reporting period. The organisation finished with a favourable financial result although without JobKeeper, the result would

have been a significant loss as income from service delivery across education and training plummeted in the fourth quarter.

The achievements of FPV and, in the latter part of the financial year, its survival would not have been possible without the extraordinary efforts and dedication of all concerned. I would like to acknowledge and thank the Board of Directors who give their time and experience voluntarily to guide the organisation with expertise, diligence and care. In particular, I would like to mention two of our Directors who retired this year, Nick Chipman and Dr Paddy Moore. Both contributed to FPV in ways that are now reflected in the fabric of the organisation. We are the better for their expertise which they so willingly shared and profoundly grateful for their contribution. My thanks also to our CEO, Claire and her Executive Team who work tirelessly to translate our vision into service delivery. Finally, my thanks to all our truly wonderful staff who always work with professionalism and care to ensure there is genuinely a positive and meaningful impact on reproductive and sexual health education and clinical care in the communities that we serve. Their contribution to FPV in FY20 and into this financial year has been both outstanding and humbling – They make FPV the amazing organisation it is today and the even better organisation it will be tomorrow.



CEO REPORT



Claire Vissenga
CEO
Family Planning Victoria

It is my pleasure to present the 51st Annual Report of FPV. The 2019-2020 financial year has been extraordinary! The first three quarters were filled with service delivery improvements, increased fee-for-service income, strengthened partnerships and progress with our advocacy. The refurbishment of the Box Hill site was completed and our new executive and management staff settled in. In March, with the declaration of the pandemic, everything was abruptly upended. In the fourth quarter, FPV demonstrated enormous resilience and tenacity as we pivoted to new service models, embraced technology and learnt to communicate and collaborate in novel ways.

This Annual Report contains articles relating to the individual business units across FPV. Each report speaks to system improvements, increased capacity in service delivery and positive impact in all areas of RSH education and clinical care for the communities we serve. I recommend those reports to you.

The pandemic was declared in March 2020 by the WHO. By mid-March, FPV had responded with agility and decisiveness to some very immediate challenges. An in-depth article on our COVID-19 journey can be found later in this report. I would like to highlight three aspects of that journey: our

collaboration with sector partners, the impact on our staff and the impact on our clients.

The imperative to utilise our collective but limited resources to continue services to clients has driven FPV to forge new partnerships and strengthen existing ones, both locally and nationally. FPV has contributed to pop-up forums, working groups, advisory committees and some of the most significant efforts in data collection and surveys to capture experiences seen in our sector. The evidence collected will be used to document our experience and inform our collective future as we adapt to the new COVID-19 normal. We have advocated on the most pressing issues of the day, namely the continuation of Telehealth and access to services for all communities, particularly termination of pregnancy options. Across our sector, an incredible amount of work was undertaken and the willingness to share our collective resources was admirable. I would like to offer my thanks to colleagues across our sector.

It goes without saying that our staff responded extremely well to everything asked of them. As the COVID-19 crisis unfolded they needed to literally change their work practices with a minute's notice.



The imperative to utilise our collective but limited resources to continue services to clients has driven FPV to forge new partnerships and strengthen existing ones, both locally and nationally.

I am enormously grateful to them all and proud of our collective efforts. Like the whole community, the uncertainty of our landscape has been a burden that has undoubtedly taken its toll. I am constantly reminded of our staff's resilience but also mindful of their vulnerability and need for support. To this end, the leadership of FPV has closely monitored the health and wellbeing of our staff and continue to offer additional support and access to external expertise through our EAP provider.

Our clients have been significantly impacted too during the crisis. As face-to-face education in schools was cancelled and most professional development moved online, our clinical services needed to adopt a tight triage protocol to limit the number of people coming into our clinic spaces.

As our service offering pivoted to Telehealth, eLearning and remote education, our clients have followed. Without their loyalty and trust in our services, we would not continue.

Our challenge in the next financial year, and in all likelihood for years to come, will be to settle into the new COVID-19 normal ways of working, one that is likely to be a hybrid of our current service offering.

We have finished this financial year in a strong financial position. This is in no small part due to the JobKeeper subsidy that has supplemented salary costs. The next few years are likely to be a financial challenge as our society grapples with the impact of a recession. I have every confidence that FPV has the people and plans to ensure we do more than survive the challenges to come; we thrive well into the future.

This Annual Report speaks to the incredible work of FPV in this financial year; not only during the good times, but also making the most of the challenging times. These achievements are made possible by the hard work and dedication of our staff and the Board of Directors. To all of them, I offer my gratitude and respect. Special thanks to Anne Howells, Chair of the Board. Anne provides me with support and direction. She shares her wisdom with tolerance and good humour. More broadly, I look forward to working with you all in to the future for the communities we serve.



Achieving Our Strategic Intent

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901 WHITEHORSE ROAD, REFURBISHED

Our head office for many years, the property at 901 Whitehorse Road in Box Hill, is wholly owned by FPV. Most of our administrative and education staff are based there, together with one of our clinics.

Goal 9 of our Strategic Plan 2019-2023 is to realise the full value of the property. After considering many short-to-medium term options, the Board determined that FPV will retain ownership of the property and continue to deliver services and accommodate staff at that location. Once this decision was reached, the matter of whether the property was fit for purpose was considered. The outcome of this assessment was that the interior of the ground floor needed significant work to improve the amenity for both clients and staff.

The refurbishment project commenced in mid-October 2019. The work was done in stages to prevent interruptions to service delivery and was concluded by Christmas that year. Works in the clinic area—including new paint and window coverings, a new purpose-built clinical training space, upgraded storage, a new waiting area and a new reception desk—were undertaken at night and over weekends. The staff amenities were completely rebuilt with a new staff kitchen and eating area. Staff were decamped to the upstairs suite as their area was completed. The training room was enlarged and repainted. An additional training/meeting/working space was created. The executive team were relocated to a new dedicated

space in the front of the building. The main office area has been consolidated, with management offices positioned around the periphery of an open-plan space. All carpet has been replaced. With such extensive work being undertaken, the opportunity was also taken to optimise the wi-fi and air conditioning, improving connectivity and air flow in the building. Where possible, furniture and equipment has been repurposed. Some new furniture was purchased for the main office area.

A staff reference team was established to collect staff input at every step of the refurbishment journey, including planning, colour scheme, layout and final set up. It has been an adjustment for some staff to move to an open-plan office however, the progress has been excellent and staff feedback is very positive.

As a capital expenditure, the work was funded through FPV cash reserves at a total cost of approximately \$400K. This expenditure was an investment in both the longevity of the property and the amenity and experiences of our staff and clients.

Due to COVID-19, the office space has been mostly vacant for the past few months as the majority of our non-clinic staff have worked remotely. Of course, everyone is looking forward to returning to the office to reconnect with colleagues and to continue to enjoy the new work environment!



RESPONDING TO COVID-19

This financial year started off extremely well with all our quarterly service delivery targets on track or exceeded by December. Little did any of us know, enormous challenges were ahead of us as COVID-19 came to Australia.

From March until the end of the financial year, at every level of the organisation, we focused our efforts to keep staff and clients safe, maintain our support for the Victorian community with new modes of service delivery and ensure the financial sustainability of the organisation. This report explains how FPV teams have pivoted service delivery in response to COVID-19, expertly navigating its way through the pandemic landscape at an organisational level.

Governance

In March it became clear that we were dealing with the most rapidly changing and challenging period in the history of the organisation. Early in the pandemic, the Board of Directors and the Executive team established frequent briefings of our COVID-19 action plan, including all aspects of our service delivery and staff health and wellbeing. Equipped with these comprehensive insights, the Board worked with and supported the executive team, particularly in relation to risk and financial management.

In addition to regular meetings of the Board and its committees, the CEO and Chair of the Board held weekly teleconferences from March onwards. The frequency of meetings and the level of support offered was indicative of the commitment and generosity of our voluntary Board of Directors, even as many faced challenges and increased workloads of their own.

A review of our Strategic Plan 2019-2023 confirmed that our strategy remained relevant; however, the path to achievement of our Annual Plan and some annual targets required adjustments. DHHS were consulted on a regular basis in relation to changes to funded activities. This granted clarity to both FPV and DHHS, ensuring that our approach was

endorsed. Feedback from the Department at the end of the year was extremely positive and affirmed our collective leadership efforts and the work of each member of staff.

'Despite COVID-19, FPV has met the majority of its planned activity targets and deadlines, which is a testament to the work and efforts across the organisation... the leadership demonstrated by FPV in response to COVID-19 is also acknowledged and recognised, with changes implemented swiftly to ensure continued access to essential sexual and reproductive health services and moving workforce training and development to online platforms.'

Internal Leadership, Management and Communication

Executive team meetings took place daily from late March. As we settled into the carefully constructed plans, the frequency decreased to allow time to put plans in to action. Key areas of strategic and operational focus included careful review of Government policy regarding COVID-19, operational planning in anticipation of upcoming announcements, improved data visualisation to guide decision making, implementation of infection control measures and pandemic-adjusted financial analysis, strategy planning and re-planning.

A revised arrangement with our contracted cleaners resulted in stricter infection control procedures. Capacity for deep cleaning was also negotiated in case we had a confirmed case onsite. This has not yet been needed, thanks to the diligent implementation of our infection control protocols.

During March, some staff began to work from home. At the end of that month, the Government gave the directive stating that, 'if you can work from home you should work from home'. So, this became the norm for all staff who could do so. Since that time, clinic staff have mostly been the only staff working onsite, with some other essential responsibilities performed onsite by the CEO and members of the Corporate Services team.



Providing safe workplaces for our staff has been a critical priority. Staff working from home were equipped with workstations meeting OH&S criteria. PPE was provided for all onsite staff. The rapid transition to a remote working environment necessitated an equally rapid transition to the use of Office 365. Prior to COVID-19, this transition had been planned for structured implementation over a period of several months. With the changed circumstances, our team was able to achieve this transition in less than a week! A review of this implementation and the provision of support for staff to improve efficient use of these platforms is scheduled in 2020-2021.

All staff completed cyber security training in response to the increased global risks inherent in the transition to working in a fully online environment.

Digital communication tools were implemented to support staff. Yammer has enabled regular social connection and WhatsApp groups have enabled staff to receive urgent messages and announcements.

In addition, all teams established regular check-ins to facilitate staff communication and to refine new modes of collaboration. Clinic team meetings helped guide a consistent understanding and implementation of strict infection control protocols at Box Hill and the Action Centre, ensuring everyone operated at a safe physical distance and with no movement of staff between the two sites.

Responding to reduction in income

When face-to-face training and education programs ceased, FPV's income was significantly reduced. Savings had to be made quickly. A call for a voluntary reduction in hours across all teams was a success and a testament to the commitment of our amazing staff. The voluntary reduction in hours eased pressure on the budget and decreased leave liability.

The success of FPV's application for JobKeeper was a game changer. It has prevented a significant financial loss this year and underpinned salaries so that all staff have remained employed. It also enabled our team to adapt much of our education and training to the online environment and to invest in a range of Corporate Services projects that will support and enhance our service delivery. FPV has risen to the challenge. The next FY will be one of confirmation and consolidation as we adapt to COVID normal.





DIGITAL CONNECTION THROUGH ENGAGING CONTENT

In a bid to overcome the social and structural barriers facing international students in Australia, FPV has launched a new RSH resource.

Dating in Australia: Stories from International Students has been developed for international students, mainly from China and India, at Victorian universities, TAFEs and private colleges. The resource consists of a comprehensive online RSH education course, accompanied by five friendly, light-hearted, and informative YouTube videos. The videos discuss:

- pregnancy, contraception and abortion
- STIs and sexual health
- dating
- healthy relationships
- consent

Funded by Study Melbourne's International Student Welfare Program, the project aims to benefit students who have limited RSH knowledge and face challenges navigating the Australian healthcare system. It was created by FPV's Schools & Community Education team and project staff.

What we heard from students through focus groups and individual interviews was that the main challenges to sexual health are both structural and social.

One major barrier is that most international students' health insurance policies may not cover the contraceptive pill, pregnancy care or abortion in the first year after arrival. Some other issues are not knowing GPs could deliver sexual health care and fear of disclosure about their visit to their families. Areas of sexual health concern for heterosexual students include high reported rates of later term abortions, STI infections, low rates of asymptomatic screening and low knowledge of sexual negotiation and healthy relationships.

For same sex attracted students, the issues were focused on a lack of skills and confidence around sexual negotiation and a resulting vulnerability to unwanted sex and HIV/STI infection.

International students in Australia are often left in vulnerable positions through lack of suitable sexual and reproductive health information, high costs and stigma. Our hope is that *Dating in Australia: Stories from International Students* is a resource that will inform and engage students, as well as act as a conversation starter.

FPV has made these free resources available to universities, TAFEs and colleges to place on their learning management systems to support international students and improve their RSH.



“Our hope is that *Dating in Australia: Stories from International Students* is a resource that will inform and engage students, as well as act as a conversation starter.”





SUPPORTING OUR PRIORITY POPULATIONS IN UNPRECEDENTED TIMES

The dramatic impact that COVID-19 has had on our community is without question. As an essential health service provider, we adjusted to new ways of working so that we could continue our provision of quality RSH care and clinical education. Safe access was assured through the implementation of infection control protocols.

A core objective of FPV's strategic intent is to support our priority populations, so FPV has historically bulk-billed all young clients with a Medicare card and provided support for those in financial hardship. We have continued this commitment to our young clients through the ongoing provision of bulk-billed services. In March 2020, and in direct response to the emerging pandemic, FPV moved to a fully bulk-billed model to ensure that all clients had ongoing access to high quality RSH services. For those with no Medicare, services were provided free of charge.

The new model of health care included an initial Telehealth consultation and, where medically indicated, patients were triaged through to face-to-face. Priority was given to those in need of symptomatic investigations and treatment and to the provision of LARC.

Client feedback during this period demonstrated an extremely high level of satisfaction and appreciation for this service.

FPV's commitment to supporting our priority populations during the time of COVID-19 continued with the provision of scholarships through our CEU. These scholarships supported clinicians in Victoria who work with priority populations to increase the availability of quality RSH care locally.

To reach the target audience, FPV partnered with key clinics and organisations including the Victorian Government, community-based Women's Health Hub clinics, VACCHO and CERSH. In this financial year, we awarded a total of 102 scholarships, with 78 of these for the Contraception online course.

Women's Health Hub clinics were supported to upskill their staff according to individual needs. 24 scholarships provided access to our suite of courses including the FPAA National Certificate in RSH for Doctors and the Comprehensive RSH course for nurses.

FPV will continue to provide clinical education scholarship opportunities to support Victorians to enjoy RSH care in their community.



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CLINICAL SERVICES

This year, we have continued to provide a broad range of RSH services, focused primarily on the provision of LARC and MTOP. We have also worked to improve client accessibility and enhance the client's journey.

During the first three quarters of the year, the Clinic team worked closely with colleagues in CEU to optimise the clinical placement element of our courses, including IUD insertion and contraceptive implant training.

Following the emergence of COVID-19, our clinic had a very strong focus on infection control and optimising safety for all our staff and clients. This in turn resulted in the difficult decision to temporarily defer all onsite training sessions. We look forward to welcoming trainees back into our clinics as soon as it is safe to do so.

Provision of LARC and MTOP services

In response to higher demand in 2019-2020, we increased the total number of IUD training clinics. This resulted in a 30% increase (1490 inserts) in IUD insertions when compared to the 2018-2019 period.

Our clinical contraceptive implant service remained popular with 721 implants inserted, including reinsertions. This figure remained comparable to previous years.

Our MTOP service has grown to meet the needs of our clients. We have been able to provide MTOP services to 222 eligible clients representing an increase of 26% compared to the 2018-2019 period. We have also provided MTOP clinical training and support to several organisations.

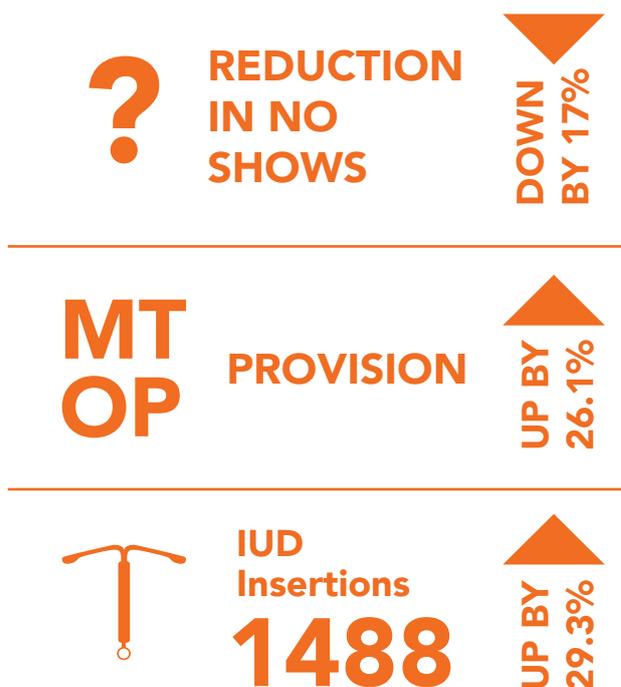
Accessibility and enhancing the client's journey

During the 2019-2020 period, there was a significant emphasis on improving client

accessibility to our services. A major drive for this was to reduce the client non-attendance rate.

In August 2019, we started sending automated SMS reminders that included a direct link to reschedule an appointment if necessary. This resulted in a 17% reduction in the no-show rate, equating to an increased availability of more than 330 appointments in the 12-month period. These additional appointments were rapidly utilised, increasing our clinical occupancy rate to greater than 95% across both sites. The continuing high level of demand for services highlights the ongoing need for accessible RSH services.

The integrated Hot Doc booking system has also supported us to enhance our client experience. Online bookings remain very popular with around 4,500 online bookings. Client registration forms were linked to the appointment reminder SMS, so new clients can now fill these out at a convenient time before their appointment. Close to 3,500 new patient registration forms were completed electronically and uploaded directly into our system. Automation of our recall and reminder system has assisted us to streamline our follow up processes and reduce nursing time previously allocated to this task. This ensures that we continue to provide safe and comprehensive care as we move into the future. Clients who consent are now also able to receive an SMS message advising them if their test results were normal (negative). With a greater than 95% read rate, these SMS messages have significantly reduced the need for clients to call for results and gives greater clarity than an old 'no news is good news' process. Appointment-specific information, instructions and education resources are sent to consenting clients via SMS prior to procedures such as IUD insertion and MTOP. This has greatly enhanced the client consent process.



An external based patient feedback survey was undertaken late in the financial period and we look forward to our pending results.

'Both the nurse and doctor were supportive, sympathetic and understanding. I felt listened to and not disregarded based on my sexual history/job/sexuality. I was asked about my pronouns and asked for consent before anything was done to me, I felt safe!'

Clinic Response to COVID-19

Service changes to ensure infection control and the safety of staff and clients had some impact on service delivery. For the last quarter of the reporting period, while community transmission rates of COVID-19 were high, non-urgent appointments for routine CST and asymptomatic STI screening were postponed. Since then, postponed appointments are being worked through as safety allows.

Priority was given to clients with previous abnormal CST results. LARC remained a priority during this time however, non-essential insertion was deferred. Priority clients included those under 35 years, clients with medical indications that would be benefited by LARC use and clients at higher risk of pregnancy.

The IUD process was modified to ensure priority access but maintain safety. IUD assessment and consent processes were changed to be fully phone-based and the procedural component time-limited.

Despite the restrictions, FPV still managed to provide over 100 IUD insertions per month.

With the introduction of Telehealth, clinicians were able to increase their delivery of general RSH appointments resulting in a significant increase in services.

Telehealth also facilitated the introduction of fully phone-based MTOP services. This increased access and enabled an increase of more than 50% in MTOP services in that time.

'I just wanted to provide some feedback on a Telehealth consultation I had last week. I was hesitant to begin with as it was my first time engaging with FPV, I had never used a telehealth service and it involved concerns I had with my sexual health. My initial hesitation was immediately eased and overall, I was absolutely blown away by the care I received. The Doctor was thorough, patient, non-judgmental, understanding and extremely helpful. I have never had such a positive experience with a doctor and would encourage others to use your services without hesitation. I rarely go to the lengths of looking up a contact email just to provide positive feedback; I hope this goes to show how impressed I was with the service.'



SCHOOL & COMMUNITY EDUCATION

Over the 2019-20 financial year, the Schools and Community team further embraced digital technologies in a variety of practical ways. COVID-19 accelerated the adoption and implementation of new eLearning functionalities. Further, it gave the team the impetus and opportunity to reimagine the suite of services it provides.

FPV understands and advocates for the important role that positive home-school-community partnerships play when delivering RSE.

Since its launch in May 2019, the Doing 'IT' podcast has grown from an initial 10 episodes and 350 downloads to now comprise 28 episodes with over 3850 downloads. Episodes cover a wide range of topics—including bodies, growing up, being safe, puberty, sex, identity, relationships, sexuality and sexual health—with expertise drawn from specialists within FPV, as well as external experts in the field.

The podcasts, originally designed for parents and carers, have proven to be a valuable tool for professional development among teachers and other professionals working with young people. It has been widely acknowledged for providing the opportunity to build knowledge, skills and confidence to deliver comprehensive RSE.

'Your podcasts are brilliant! Thank you for making this resource... Not only will it be valuable to families and communities, it is already a brilliant resource for us as a team. It is a joy to be able to learn from your team and their craft. As educators, it is wonderful to hear how other sexuality educators work, their approach, language, style etc.'

Karen Molhuysen, Education Programs Coordinator, Sexual Health Quarters (WA)

The growth and success of these podcasts have contributed immensely towards FPV's increased digital engagement. They have proven particularly

valuable throughout the period of remote learning in response to COVID-19.

Between July 2019 and March 2020, FPV Schools and Community educators provided face-to-face educational sessions to 13,230 Primary students, 6,763 Secondary students, 706 students with disability, 277 people with cognitive disability, 1,735 parents/carers and 766 professionals. Of those responding to our evaluation surveys, 91% of school students reported the sessions had increased their knowledge and understanding of reproductive and sexual health and relationships 92% of parents and carers said it had increased their confidence to discuss these topics with their children.

From March through to June 2020, when COVID-19 forced us to halt face-to-face delivery, the team set to work modifying, adapting and expanding the range of RSE resources available online and pivoted service delivery to an eLearning model. The model includes both educator-led virtual classroom sessions and self-paced online modules. Utilising these modalities, the Schools and Community team successfully delivers training sessions for professionals and education sessions for young people and the wider community.

Remotely delivered educational sessions have proven particularly successful for clients with disability for whom the ability to participate from the safety and comfort of their own home has been extremely well received.

In recognition of the commitment that Victorian schools and teachers showed to their students and the broader community during COVID-19, FPV was proud to be able to offer our full suite of eLearning self-paced modules at no-cost to educational professionals across the state. 236 individuals enrolled in RSE courses during this time, 100% of whom noted an increase in their confidence, capacity and knowledge to deliver comprehensive RSE programs.



EDUCATIONAL SESSIONS ATTENDANCE



Primary Students
(between 07/19 & 03/20)

13230



Students with Disability
(between 07/19 & 03/20)

706



Secondary Students
(between 07/19 and 03/20)

6763



People with Disability

277



Parents/Carers
(between 07/19 and 03/20)

1735



Professionals

766

'I will use this training to facilitate more open and sex positive education in my classes.'

'It has definitely updated my current knowledge and equipped me with more inclusive language to use when teaching sexual health.'

'I feel it has given me lots of really great practical advice to guide teachers of any level of experience in delivering Sex Ed in an emotionally safe manner which is key to student well-being and the confidence of the teacher.'

'It has reminded me of the importance and the impact of RSE and given a fantastic guideline and format to develop in my own school environment.'

Throughout 2019-2020, the Schools and Community team developed new programs addressing the importance of technology to the lives and relationships of young people. The programs are aimed at primary school students, parents and carers and people with disability and note that technology can play a positive, constructive role in their inter- and intrapersonal development.

FPV has aligned comprehensive RSE with core eSafety principles. This has guided the development of educational programs that explore connections between the online world, sexual

development, sexual behaviour, and relationships that are age and developmentally appropriate.

Related programs include:

- using technology to develop and maintain relationships
- using online platforms for sexual expression
- responsible and safe use of technology within relationships
- identifying misinformation in the media about sex and relationships
- accessing sexual content online (pornography)
- recognising and reporting illegal content
- ethical use of technology specific to sex and sexual relationships
- using technology to access accurate sexual health information.

Recognition that the organisation is uniquely placed to create a bridge between standard eSafety programs and healthy relationships and sexuality frameworks, FPV was awarded Trusted eSafety Provider status by the Office of the eSafety Commissioner. FPV's recognition as a Trusted eSafety Provider means we are listed on the eSafety website alongside other known and trusted providers of eSafety education for young people. This recognition will support FPV to continue to provide and promote our high-quality programs for young people and their parents and carers for many years to come.



CLINICAL EDUCATION

As a leading provider of RSH education and training, FPV's CEU provides learning opportunities and accredited courses for doctors, nurses, midwives, youth workers, community workers, Aboriginal health practitioners and Aboriginal health workers. We deliver via a variety of formats including online, face-to-face and clinical skills workshops. For most of the year, we also saw increased participation in our clinical placements program operating at FPV's two clinical sites and through partnerships with clinics in Werribee and Bendigo.

FPV has continued to experience excellent attendance at courses for doctors, nurses and midwives. Our highly regarded, well-established courses increase the capacity of the primary care workforce in Victoria to provide RSH services for their local communities.

In response to feedback, the popular IUD insertion course was updated to include additional learning about sensitive examination techniques and IUDs for trans and gender diverse people. An increase in clinical training placements enabled the training waiting list to be reduced. Evaluations confirm the quality and value of this course. 100% of trainees stated that the course had increased their knowledge, skills and confidence to provide RSH services.

Doctors and nurse practitioners who are trained IUD inserters have been supported with our inaugural Victorian IUD Inserters Network Event (VINE) webinar, held in May 2020. The event was very popular and successful and booked out within days of launch. It will be followed up with further events planned for 2020-2021.

'The VINE webinar was such a great opportunity not only to refresh my knowledge on Mirena and Copper IUDs but also learn about new options. The evidence based, unbiased opinions of the FPV experts has positively influenced my daily practice and allowed me to confidently counsel patients about the most appropriate contraceptive options available to them.'

Clinical education for nurses and midwives continues to be a strength and includes our broad course, Comprehensive Sexual & Reproductive Health, as well as more specific courses such as cervical screening provider training and Let's Talk About Sex: Addressing the Needs of Young People.

Cervical screening training was provided to 60 nurses, including bespoke cervical training courses in regions of under-screened populations. Training took place in Traralgon through a partnership with Gippsland PHN and in Werribee in partnership with North Western PHN.



'Truly wonderful course, fantastic nurse educators and doctors. The environment was inclusive and nurturing. I have come away not only feeling that I have learned quite a bit about sexual health but also more positive about nursing and how I can better support patients in future.'
– Course Participant

'It's fabulous it was here in Traralgon; we didn't have to travel. Usually as nurses, we travel to Melbourne. It's a whole day out of clinic, a lot of expense so it's fabulous that you have been able to offer this training like this for us.' – Cervical screening attendee.

'[we] learned how important it is to reach out to the vulnerable populations and make sure to offer and help them understand the importance of screening which can sometimes be challenging.' – Trainee who worked with populations where rates of cervical screening are lower than the national average.

'My assessor was the most welcoming and comforting educator. Although I could say that about all nurse educators we had from FPV throughout this course. All were so kind and reassuring... We want CST to be an enjoyable skill and qualification to have and the nurse educators really allowed for that.'

In response to COVID-19, clinical placements for doctors and nurses have been postponed since late March 2020. Additionally, where possible, all face-to-face clinical education was re-developed for online delivery.

The Comprehensive Sexual & Reproductive Health eLearning course for nurses and midwives was

delivered in May 2020. It was a great success, with evaluation data confirming that the outcomes of online delivery were equally as positive as the traditional face-to-face approach.

'Truly wonderful course, fantastic nurse educators and doctors. The environment was inclusive and nurturing. I have come away not only feeling that I have learned quite a bit about sexual health but also more positive about nursing and how I can better support patients in future.' – Course Participant.

Two fully online courses, Contraception and Vulvovaginal Health were reviewed, updated and accredited with RACGP for the 2020-2022 triennium. A new online short course for IUD inserters who wish to upskill specifically in copper IUD insertion was added to our suite of online learning. Our established courses for doctors were all re-accredited with RACGP, including the FPAA National Certificate in RSH for doctors, IUD insertion course and Women's RSH course.

New, accessible clinical support and resources, provided free for health professionals on the Clinical Support page of FPV's website, include guidance about missed pills, use of menstrual cups and contraception for users over 40 years old.



The CEU also coordinates the provision of no-cost COS, funded via the BBV/STI grant. COS sessions are delivered to young people who are at risk or outside the mainstream school setting and to individuals and organisations who work with them. These sessions focus on two main themes: prevention of BBVs and STIs in young people, and sexual diversity and gender diversity awareness and inclusivity.

The young people the sessions are delivered to are from priority populations including people who are LGBTIQ+, CALD, Aboriginal and/or Torres Strait Islander, homeless, experiencing poor mental health, from low socio-economic backgrounds and/or from regional Victoria. At each of the 28 outreach sessions delivered to young people in 2019-2020, our nurse educators proved particularly well-positioned to share additional information, advice and signposting after the structured program concluded. This year, direct delivery sessions were provided for 311 young people.

Professional learning was delivered to 292 youth and community workers, with over 95% of participants reporting an increase in knowledge and confidence to provide reproductive and sexual health information to young people. Some sessions were delivered in rural and regional locations including Bendigo and Swan Hill.

The Sex in the City sessions were developed in response to an expressed need for more comprehensive training for youth and community workers who provide complex care to vulnerable young people. The sessions cover more topics and in greater depth than in previous years and give an opportunity for representatives of different organisations to share practice and learn together. This revised approach has increased access to training for workers from metropolitan Melbourne and regional/rural Victoria.

We received feedback that professionals wanted help to be able to better support marginalised young people to access sexual health services. In response, we developed the online no-cost module *Working with Young People: A Guide to Accessing Sexual Health Services*. This module has been completed by 95 youth and community workers from locations across Victoria.

A review of the community outreach program was undertaken, including engagement and consultation with young people and professionals from the LGBTIQ+ community. The training needs it identified are informing plans for further no-cost online modules, to be developed in the coming year.





CEU IN FIGURES



Overall number of trainees

1136

Core CEU participants

533

IUD trainers

44

Cervical screening training for nurses participants

60

(24 from rural Victoria)

Contraception online participants

153

COS

Overall number of participants

603

Young People Sessions

28

(1 from rural Victoria)

Participants registered for COS online module

95

Health Professional Sessions

22

(4 from rural Victoria)

GLLO

GLLO Victoria Police

Sessions

4

Participants

110

CEU Clinical Education Unit
COS Community Outreach Sessions

GLLO Gay and Lesbian Liaison Officers



MARKETING, MEDIA AND COMMUNICATIONS

In the 2019-2020 financial year, FPV's marketing strategy focused on the delivery of campaigns to increase the sexual health literacy of our priority populations. In March 2020, as COVID-19 impacted the Australian community, these endeavours included supporting FPV advocacy work through a submission to the second draft of the Religious Discrimination Bill. With the leadership of FPV and in partnership with the other Family Planning Organisations, we developed a submission that stressed the importance of access to LARC during the pandemic. This was adopted and launched as the position statement of the FPAA.

As the impact of COVID-19 intensified in Melbourne, our focus shifted to the implementation of clear and consistent messaging to stakeholders and clients. We centralised internal communications to efficiently disseminate critical COVID-19 related staff announcements, established WhatsApp emergency messaging groups and developed a staff resource to accelerate the adoption of new communications technologies suitable for remote work.

Through the reporting period, we also saw increased engagement across our digital platforms. To capitalise on this, and to support our audiences in need, we launched a range of social media

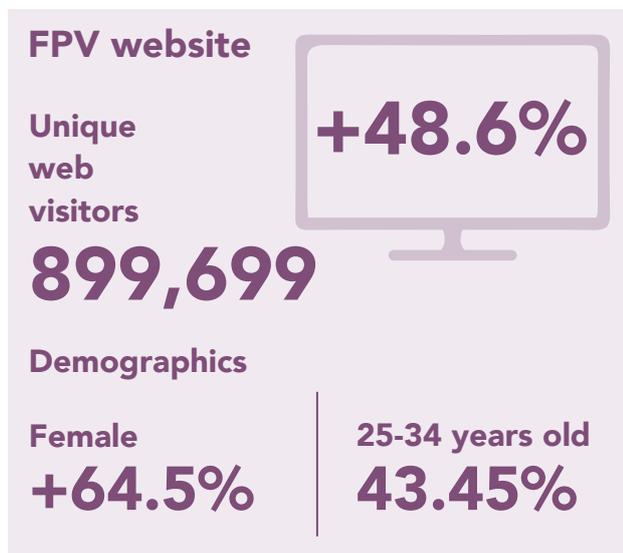
campaigns for the community in the final quarter of the financial year. This included:

- in partnership with 1800 MY- OPTIONS, a social media resource clarifying the steps required for MTOP Telehealth
- a series of Contraceptive Options infographics, directing social media followers to our resource rich website
- resources promoting the importance of consent, communication, contraception and care in the time of COVID-19
- continued promotion of our Telehealth services during lockdown.

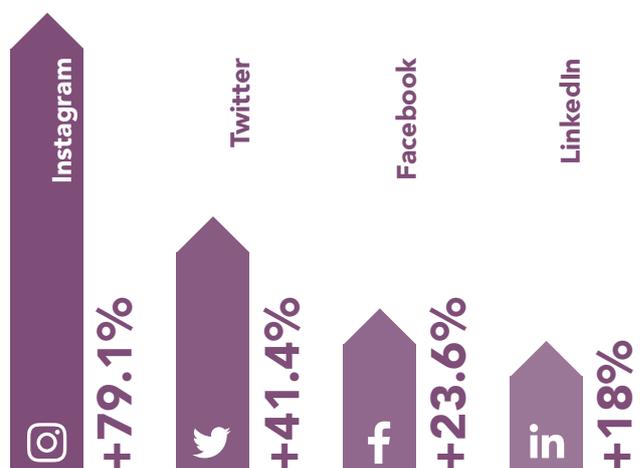
Our digital platforms have been vital to the organisation's rapid and successful transition to online learning, promoting increased engagement with our courses, self-paced online education modules, webinars and the popular podcast for parents and carers, Doing 'IT'.

The FPV website continues to serve as a vital resource for our audiences, being the most utilised marketing and communication channel for 2019-2020 with a 48.6% increase in web traffic, year-on-year. A total of 899,699 people accessed information from our resource-rich website and education platform.

DIGITAL GROWTH



Social media



Greatest percentage increases on twitter and Instagram, mirroring overall platform growth in increasingly digitally engaged user groups.



HEALTH PROMOTION

This year, our commitment to health promotion and community engagement has been embedded into each aspect of our service delivery. Informed by consultations with our networks and communities, our subject matter experts have developed and translated a number of RSH resources.

Prior to COVID-19, we also maintained an active FPV presence at festivals and public events. We also presented at several online networks and events both prior to and during the pandemic.

In November 2019, FPV partnered with Women's Health and Wellbeing Barwon South West (WHWBSW) and Moments Condoms on a campaign to #GetTESTEDGetCONSENT. Activities included a stall at the Queenscliff Music Festival and an actively managed social media presence. Over the course of the three-day festival, FPV and WHWBSW promoted local RSH services and distributed condoms and health promotion materials about condom use, STI testing and consent.

FPV also created a RSH workshop for DanceWize Victoria peer support volunteers. DanceWize is committed to harm reduction and support for young people who may use recreational drugs. FPV's commitment to the provision of RSH resources and advice on the importance of consent aligned well in this context. This was a new resource and the collaboration has earned positive feedback, raising the potential for future projects.

Our commitment to community engagement and health promotion saw the circulation of Dating in Australia: Stories from International Students (funded by Study Melbourne) to students throughout Melbourne. To increase the awareness of this important series to an engaged audience of international students, the series was launched via a webinar featuring the Council of International Students Sexual Health Forum.





OUR PEOPLE

FPV's people and culture agenda prioritises the discovery of new and innovative ways to support our employees.

In November 2019, LGBTQIA+ Cultural Sensitivity and Awareness Training and Transgender and Gender Diverse Affirmative Practice Training sessions were delivered by Thorne Harbour Health. This training increased staff capability and demonstrated our commitment to a diversity and inclusion roadmap and to eliminating discrimination in the workplace.

In December, the completion of the building refurbishment project provided staff with office facilities better suited to collaboration and productivity, while the training facilities were improved to provide a more conducive learning environment for course attendees.

The Kineo online learning portal has supported FPV to induct, train and develop our staff whilst offering flexibility to keep up to date with important

policies, procedures, and compliance training at a time that suits.

With the onset of COVID-19, we have found alternative ways to support staff while prioritising their safety and wellbeing. Staff transitioned well to remote working, supported by flexible working arrangements and effective communication avenues that keep employees connected. Over time, we developed a good understanding of the unique challenges of working remotely and of working on site during a pandemic. Communication tools such as Microsoft Teams, Yammer and SharePoint have proven essential to let all staff communicate easily.

Throughout the 2019-2020 financial year, staff were supported via our EAP, with confidential counselling for employees and their family members, wellbeing and resilience training for all staff and consultative support for managers and supervisors to address employee and organisational challenges and needs. The benefits of this program have been well proven, especially during the adjustment to changed circumstances.



EMPLOYMENT CATEGORIES



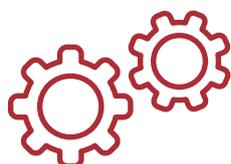
Doctors
27%



Nurses
9%



Schools &
Community
Educators
28%



Management
& administrative
professionals
36%

CATEGORY TYPES

 Full time
17%

 Part time
75%

 Casual
8%

EMPLOYEE TENURE

 Less than
10 years
69%

 More than
10 years
31%



CONTINUOUS QUALITY IMPROVEMENT

The 2019-20 financial year started with a strong focus on quality improvement. The RACGP 5th Edition Standards are key benchmarks for our continuous quality improvement program for the health services we provide. This year, our preparations for accreditation under those standards included:

- reviewing and updating relevant policies and processes to reflect best practice in clinic administration and service delivery
- reshaping our processes to better capture, respond to and learn from feedback
- implementing the Practice Incentive Program (PIP) and the Practice Nurse Incentive Program to amplify our quality initiative
- implementing a Voice of the Customer survey

Initial responses to our Voice of the Customer survey indicate a broad satisfaction with our service offering, holistic client experience and comfort in our physical spaces. Stage one of this survey is currently being analysed and written up for internal evaluation. Stage two of the evaluation will occur in late 2020 and early 2021, examining data on clinical services and training delivered via the clinics.

RACGP accreditation inspections and our mid-cycle Quality Improvement Program review were postponed due to COVID-19. We anticipate completion of the accreditation by the end of 2020.

In responding to the health and safety impact of COVID-19, we developed and implemented a range of protocols and operational adjustments for the safety of our clients, staff and the broader community. These protocols will remain in place as long as needed, and many of the adjustments may be integrated into the way we work into the future.

Building on the foundations laid in previous years, we continue to develop enterprise wide improvements that build efficiency and resilience. The effective use of technology and digital platforms has broadened our reach, reduced barriers to access and enhanced delivery flexibility, benefiting both staff and clients.

Online booking and digital communications in our clinical client experience have simplified access to services and advice.

During the last quarter of the year, we have pivoted to delivering all courses online. To substitute for our face-to-face sessions, we have developed additional self-paced learning modules and launched educator-led virtual classrooms. The pivot to digital is likely to have a lasting impact, with some courses set to continue with a mix of physical and digital delivery. This change will provide even greater flexibility and access to our education and training catalogue in the future.

Telehealth was expanded to provide access to primary health services during staged restrictions. It has been a key enabler in quality service delivery during COVID-19, with most pre-procedure consultations now done via Telehealth. Clients get more flexibility and those in rural and remote areas, or with difficulties in attending in person, get easier access to RSH services. We continue to work with partners and government to cement Telehealth as a permanent tool in our service delivery. Rapid adoption of online business systems enabled a relatively seamless transition to remote working by our non-clinical staff. They were quickly able to decamp from our physical offices and continue to deliver operational support. These systems and ways of working are still being refined to make the best of the opportunities that come with greater flexibility in how and where we deliver services.

Feedback continues to be sought via online surveys for each education and training activity to facilitate evaluation and quality improvement. FPV staff from our Schools and Community team and Clinical Education Unit participated in two online workshops on educational planning and evaluation. There was a high level of engagement in these workshops, leading staff to develop a written resource that will guide future planning and evaluation.





RESEARCH

FPV places a high priority on delivery of best practice education, training and clinical services through research, evaluation, and translation of evidence from the broader body of knowledge about RSH.

Research activity

COVID-19 shaped the focus of our research in the latter part of 2020.

The Victorian Public Abortion and Contraception Tracker (VPACT), a collaborative research project, will examine the impacts of COVID-19 restrictions on RSH service delivery and access within the Victorian public health system. This State-wide study is led by a working group of RSH stakeholders including FPV, University of Melbourne's CERSH, Nossal Institute for Global Health, Royal Women's Hospital, Youth Affairs Council Victoria, and Gippsland Women's Health. The larger working party includes Women's Health Victoria, 1800 MY OPTIONS, Marie Stopes, VACCHO, SPHERE, DHHS and many others.

This cross-sectional research will continue until the end of 2020 with monthly online surveys and one-on-one interviews with RSH providers, tracking observed patterns in service access and delivery. Nurses, GPs, obstetricians and gynaecologists, service managers, social workers and health

promotion workers from across metropolitan, regional and rural Victoria have responded to Survey Round 1. Already, it is providing a valuable snapshot of trends and challenges in service delivery during the pandemic. Findings from the study will assist us to develop strategies that improve community access to essential services, both during this pandemic, in the new COVID-19 normal and in the event of future emergencies.

FPV is also collaborating on Management of Chlamydia Cases in Australia—a large NHMRC-funded research program. This study, led by the University of Melbourne, is investigating strategies to strengthen chlamydia management in Australian general practice.

In partnership with the University of Melbourne, FPV undertook qualitative research to examine primary health care practitioner views on contraceptives, how they affect sexual experiences and how they influence willingness to initiate and continue with a method.

FPV also co-designed educational resources and a series of engaging videos for international students, which involved in-depth consultation via focus groups and one-on-one interviews with a cohort of students from Swinburne University. The result was our Dating in Australia project.



FPV welcomes opportunities to further develop research collaborations that contribute knowledge to our broader community of practice. We will build further scholarship and evidence behind our work and improve the quality of RSH services for our communities.

Research advisory committee

FPV's Research Advisory Committee continues to play an important role by ensuring that our research activity aligns with FPV's strategic directions and goals. The committee met in November 2019 for another successful annual research planning day, identifying priority areas relating to our key areas of service delivery, including clinical training and education, schools and community education and clinical practice. These priority areas will continue to be pursued into the next financial year and beyond.

Research capacity building

Research undertaken by FPV is guided both by the FPV Strategic Plan 2019-2023 and the FPV Research Strategy. In the coming year, this Research Strategy will be reviewed and updated.

Capacity building will form a strong part of the new strategy, aiming to facilitate greater engagement in research and fuel innovation and consolidation of best practice through ongoing collaboration with peak organisations and universities. FPV welcomes opportunities to further develop research collaborations that contribute knowledge to our

broader community of practice. We will build further scholarship and evidence behind our work and improve the quality of RSH services for our communities.

In 2019, an internal review of professional development needs indicated that over two-thirds of FPV staff were interested in receiving further mentoring, support and opportunities to engage in research. So, our focus on capacity building over the coming year will include increased opportunity for professional development, mentorship and direct participation in research and evaluation. This will ensure that principles of best evidence, scholarship, research translation and quality improvement continue to underpin the work of our teams.

Dissemination

Our schools, community and clinical teams have shared knowledge from research findings and practical experiences via a number of forums over the past year. A summary of research publications and presentations are listed.



RESEARCH, PUBLICATIONS AND PRESENTATIONS

Publications

Mazza, D., Watson, C. J., Taft, A., Lucke, J., McGeechan, K., Haas, M., ... & Black, K. I. (2020). Increasing long-acting reversible contraceptives: the Australian Contraceptive ChOice pRoject (ACCORd) cluster randomized trial. *American Journal of Obstetrics and Gynecology*, 222(4), S921-e1.

McNamee, K. (2020). How effective is the pill? The Conversation. Retrieved from <https://theconversation.com/how-effective-is-the-pill-122189>

McNamee, K., Bateson, D., & Murdoch, J. (2020). Contraception in women aged 50 years and over. *Medicine Today*, 21(1), 49-52.

Murphy, N., Williams, H., Nguyen, J., McNamee, K., Coombe, J., Hocking, J., & Vaisey, A. (2020). Condom use in young women using long-acting reversible contraception (LARC): a qualitative study. *Culture, Health & Sexuality*, 1-12.

Nguyen, J., Williams, H., McNamee, K., Shaffeu, N., Vaisey, A., & Hocking, J. (2019). Condom use among young women in Australia using long-acting reversible contraceptives or other hormonal contraceptives. *Sexual Health*, 16(6), 574-579.

Presentations

Bohl, T. & Whitburn, S. (2019, August). How to talk about vulval health. Presented via Jean Hailes webinar. <https://www.jeanhailes.org.au/health-professionals/webinars/how-to-talk-about-vulval-health>

Davison, S., Baber, R., & Whitburn, S. (2020, March). Expert panel: menopause management past, present and future. Presented at 20th Annual Women and Children's Health Update, online.

Garrett, C. (2019, September). 'It's like the blind leading the blind': exploring the reproductive and sexual health of international students in Australia. Presented at Australasian Sexual Health Conference, Perth, Australia.

Haas, M., Lourenco, R.D.A, Lewandowska, M., Watson, C., Black, K., Taft, A. ... & McNamee, K. (2019, December). Economic Evaluation of the Australian Contraceptive ChOice pRoject. Presented at 11th Health Services and Policy Research Conference Auckland, New Zealand.

McNamee, K. (2020, March). Contraception update. Presented at 20th Annual Women and Children's Health Update, online.

McNamee, K. (2019, September). LARC in perimenopause. Presented at Australasian Sexual Health Conference, Perth.

Moten, A., & Whitburn, S. (2019, September). Crisis averted – emergency contraception and IUDs. Presented via RACGP webinar. <https://www.racgp.org.au/education/professional-development/online-learning/webinars/sexual-health/crisis-averted-emergency-contraception-and-iuds>.

Pearson, S. (2019, September). Current issues around contraceptive implants: new site, evidence. Presented at Australasian Sexual Health Conference, Perth.

Tronerud, J. (2019, November). Contraception, STI and BBV update. Presented at Australian Council for Health, Physical Education and Recreation International Conference, Melbourne, Australia.

Walsh, J. (2019, September). Sexual and gender diversity among youth: implications for education. Presented at Australasian Sexual Health Conference, Perth.

Whelan, K. (2019, October). Supporting people with a disability to have good sexual health and relationships. Presented at two Let's Talk About Sex Forums, Newport and Preston, Melbourne.

Whitburn, S., & Farrell, E. (2019, November). Helping your patients navigate through the menopause. Active Learning Module. Presented at General Practice Conference and Exhibition, Melbourne, Australia.



PARTNERSHIPS, NETWORKS AND COLLABORATION

The impact and reach of our work is strengthened by partnerships and collaboration with other organisations. In 2019-20, our partners included:

Achievement Program
All Good
Amazing True Story of How Babies are Made
Anglicare Victoria
Ansell
Austin Health
Australian Research Centre in Sex, Health & Society
The Australia Forum on Sexuality, Education & Health
Ballarat Community Health Centre
Bayer
Bendigo Community Health Services
Cancer Council Victoria
CASA – Victorian Centres Against Sexual Assault
Central Victoria Sexual and Reproductive Health Network
Centre for Ethnicity and Health
Centre for Excellence In Rural Sexual Health
ChillOut Festival Daylesford
City of Greater Dandenong
Cohealth
Community Health Advancement and Student Engagement (CHASE)
Cottons
Council of International Students Australia
Department of Education and Training
Department of Health & Human Services
Doctors in Schools
Down Syndrome Australia
EACH
Eastern Health
Eastern Metropolitan Sexual and Reproductive Health Strategic Reference Group
Educate2Empower Publishing
EV GP Training
Faculty of Education at Monash University
Family Planning Alliance Australia
Family Planning NSW
Family Planning Tasmania
Family Planning Welfare Association of Northern Territory Inc.
Gateway Health Wodonga
Gen Vic
Gippsland Lakes Community Health
Gippsland Sexual and Reproductive Health Alliance
Gippsland Women's Health
HEALing Matters (DHHS and Monash University)
Holmesglen TAFE
Jean Hailes
Jenny Walsh – Relationships and Sexuality Education
Knox Youth Services/HeadSpace
Mallee Sexual and Reproductive Health Alliance
Macedon Ranges A Time to Talk
Marie Stopes International
MCCC (Murray City Country Coast GP Training)
Melbourne Sexual Health Centre
Merck Sharp & Dohme (MSD)
Mercy Hospital for Women
Midsumma Festival Carnival
Minus 18
Monash University
Monash Health
Multicultural Centre for Women's Health
North Western Melbourne Primary Health Network
Pride Week by Swinburne University Student Union
Peninsula Health
Polaron Language Services
Rainbow Families
Rainbow Network
Royal Australian College of General Practitioners (RACGP)
Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG)
Safe 4 Kids
Safe and Sexy Week by Monash University Women's Students Association
School Nursing DET
Sexual Health and Family Planning ACT
Shared Vision for the North – Sexual and Reproductive Health Reference Group
Shine South Australia
SHQ (Sexual Health Quarters)
Study Melbourne
Swinburne University of Technology
Talking the Talk
Women's Health in the North
Women's Health and Wellbeing Barwon South West
The Royal Women's Hospital
The University of Melbourne
Thorne Harbour Health
True Relationships and Reproductive Health
Victoria Cytology Service
Victoria Police
Victorian Aboriginal Community Controlled Health Organisation Inc.
Victorian Assisted Reproductive Treatment Authority
Victorian Preceptorship Program
Victorian Principals Network
Viewfinder Studios
Voices for Equality and Respect
Women's Health Victoria
Woodhouse Grove Pharmacy
Wyndham City Youth Services
YacVIC SRH working party
YMCA
Your Fertility



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OUR BOARD OF DIRECTORS



Anne Howells

Appointed to the Board as a non-executive director in 2015.



Dr Anna Wilkinson

Appointed to the Board as a non-executive director in 2017.



Sandie de Wolf AM

Appointed to the Board as a non-executive director in 2018.



Carolynn Morris

Appointed to the Board as a non-executive director in 2018.



Diana Nestorovska

Appointed to the Board as a non-executive director in 2017.



Dr Sarah White

Appointed to the Board as a non-executive director in 2018.



Dr Paddy Moore

Appointed to the Board as a non-executive director in 2013. Paddy retired as a Director in November 2019.



Nick Chipman

Appointed to the Board as a non-executive director in 2013. Nick retired as a Director in November 2019.



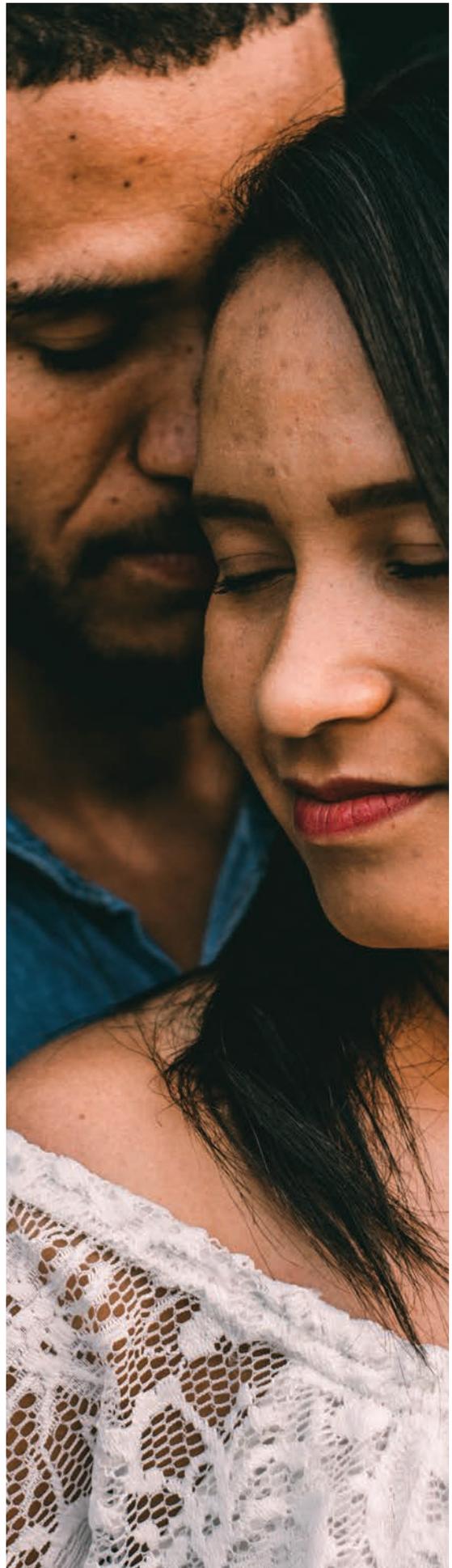


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Family Planning Victoria Inc.

Board Members' Report

The members of the Board present their report on the Association for the financial year ended 30 June 2020.

Directors

The names of the directors in office at any time during or since the end of the year are:

Anne Howells, BCom, University of Tasmania, CA, MB (Corporate Governance) RMIT, GAICD, FGIA - Chair

Experience & expertise

Appointed to the Board as a non-executive director in 2015.

Anne is a Chartered Accountant who began her career with PwC advising SMEs and then moving to consulting in risk management, compliance and corporate governance. She was appointed Assistant Company Secretary, Governance & Compliance by Telstra in 2005 and then undertook a number of senior quality and complaints management roles as part of Telstra's journey to improve customer service.

She has run her own consultancy company providing interim executive support to businesses experiencing growth or other changes. In this context she has personally provided advice to Caring for You Nursing Agency, WorkSafe and PwC. Her team has supported other businesses in the financial services, retail and risk management sectors.

Anne is a Director and Committee Chair of Alfred Health and the Director of CP Solutions Pty Ltd (a private company). She is passionate about excellence in customer service, inclusion, ease of access to high quality healthcare, freedom of choice and corporate governance.

Special responsibilities

Board Chair (appointed 2018)

Chair, Finance and Audit Committee

Member, Remuneration and Governance Committee

Sandie de Wolf AM, BA (Hons), Dip SoC Stud, Master of Human Service Management, FAICD

Experience & expertise

Appointed to the Board as a non-executive director in 2018.

Sandie has spent her professional life working with, and advocating for, vulnerable children, young people, women and families. Starting work as a frontline Departmental social worker in Broadmeadows in 1974, she has held a number of leadership roles in service delivery and policy in government and the community sector.

Sandie has always looked for opportunities to work collaboratively and has chaired and contributed to many committees, advisory groups and working groups. She left her role as CEO of Berry Street in December 2017 after 26 years having significantly grown its reach, impact and reputation. Sandie served as Interim CEO of Domestic Violence Victoria from December 2018-June 2019.

Sandie serves on the Board of Kilfinan, is Chair of the Eastern Domestic Violence Organisation (EDVOS), Chair of the Western Integrated Family Violence Committee, Deputy Chair of the Victorian Children's Council, a member of the DHHS Suitability Panel and one Education panel and is also a mentor.



Special responsibilities

Chair, Remuneration and Governance Committee

Carolyn Morris, MBA, Australian Graduate School of Management, CA, Institute of Chartered Accountants Australia, BCom, University of Melbourne

Experience & expertise

Appointed to the Board as a non-executive director in 2018.

Carolyn is Chief Executive Officer of YMCA Victoria. Since joining, Carolyn has been strategically overseeing the organisation's 150 locations across Camps, Recreation, Children's Programs, Youth Services, Kingswim, Retirement Living and Disability.

Carolyn has 15 years' experience leading corporate organisations spanning childcare, aged care and retail banking, with a reputation for transforming customer experience, world-class employee engagement results and exponential shareholder growth. Carolyn was a Chief Financial Officer for five years both in Australia and the USA.

In 2017, Carolyn chose to dedicate her life to social justice issues. On a part-time basis she volunteers her time as a Director for Family Planning Victoria and RMIT social ventures and has previously volunteered as a Director and Treasurer of Fitted for Work.

Special responsibilities

Chair, Quality and Risk Committee

Diana Nestorovska, BA, LLB (Hons), Grad Dip Legal Practice (University of Wollongong), LLM (University of Melbourne)

Experience & expertise

Appointed to the Board as a non-executive director in 2017.

Diana is an experienced commercial and government lawyer. Her experience includes private and in-house commercial practice with a focus on general commercial, IP/IT, privacy and regulatory matters and government practice with a focus on administrative law and litigation. Diana has advised many clients in the health sector and has taught commercial law at Monash University.

In addition to her legal experience, Diana is a former Australian diplomat, having gained extensive experience in public policy and stakeholder management through various roles in the Department of Foreign Affairs and Trade.

Diana is a graduate of the Australian Institute of Company Directors and is currently working towards a Master of Business Administration (part time) at Melbourne Business School. She has previously served on the University of Wollongong's University Council.

Special responsibilities

Member, Finance & Audit Committee

Member, Remuneration and Governance Committee



Dr Sarah White, BSc (Hons) Melbourne University, PhD (paediatrics) Melbourne University, MAICD

Experience & expertise

Appointed to the Board as a non-executive director in 2018.

Sarah was appointed director of Quit Victoria, the peak tobacco control body in Victoria, in 2014. Prior to this appointment, she had been the director of communications and fundraising at the Royal Women's Hospital for five years, with executive oversight of the hospital's research portfolio. Sarah also spent seven years heading up the communications efforts of the Ludwig Institute for Cancer Research, an international research institute based in New York. After obtaining her PhD in paediatric genetics at the Murdoch Children's Research Institute (Melbourne), Sarah spent several years undertaking molecular research in breast cancer at University College London.

Sarah has extensive experience in stakeholder management and media relations, particularly in communicating medical research. She also has a strong track record in policy development and government relations. Sarah has been Australia's leading national spokesperson for tobacco control issues since 2015.

Special responsibilities

Member, Finance & Audit Committee

Dr Anna Wilkinson, BNursing, Griffith University, MPH, University of Melbourne, PhD, Monash University

Experience & expertise

Appointed to the Board as a non-executive director in 2017.

Anna is a Data Analyst with the Burnet Institute working in the Disease Elimination Program, specifically the EC Partnership which focuses on the elimination of hepatitis C. She completed her PhD in 2016 at the Burnet Institute and Monash University, which examined the epidemiology and prevention of HIV and other sexually transmissible infections. Anna has an extensive clinical background, including work in rural and remote Australia and in the UK. She is passionate about public health and use of quantitative data to inform policy.

Special responsibilities

Member, Quality and Risk Committee

Nick Chipman, BSc (Hons), Melbourne University, Post Grad Human Factors Engineering/Ergonomics, Lincoln Institute/Latrobe, Post Grad Commercial Law, Monash, LCCP and Behavioural Economics, Harvard Business School, MRMIA

Appointed to the Board as a non-executive director in 2013. Nick retired as a Director in November 2019.

Nick has 35 years' experience in industry and professional services. His early business career was in functional roles and functional leadership, then general management across diversified industrial, financial services and resources sectors. In 1998, Nick joined PricewaterhouseCoopers Australia (PwC) and was elected by his peers onto the PwC Board of Partners in 2008 and concluded his 2, 4-year terms in 2016. His role included strategy, economics, risk management and transactions practices at a local and global level. Nick retired as a partner from PwC in July 2017 and has been retained as special adviser and Director by the firm.



Paddy Moore, FRANZCOG, MBioethics

Appointed to the Board as a non-executive director in 2013. Paddy retired as a Director in November 2019.

Paddy serves as an advisory member of the Quality & Risk Committee.

Dr Paddy (Patricia) Moore is a gynaecologist holding Fellowship with the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG). Paddy has a long-term interest in young women's reproductive and sexual health and has also worked in these areas in the UK and New Zealand. Paddy is currently Head of Unit of Abortion and Contraceptive service at the Royal Women's Hospital. Paddy is a past chair of and served on the RANZCOG regional committee.



Family Planning Victoria Inc.

Board Members' Report

Principal Activities

In pursuance of the purpose of the Association, the core business of Family Planning Victoria Inc. is to:

- provide a leadership role in public policy, advocacy, education and clinical care in reproductive and sexual health
- promote and provide professional clinical and medical services in the areas of reproductive and sexual health with the aim of improving the health and wellbeing of the communities in which we operate
- promote and provide relevant and accessible information and evidenced based quality education to the communities in which we operate in reproductive and sexual health to improve health literacy, wellbeing, participation and quality of life
- undertake research relevant to the clinical and educational services offered to inform and improve contemporary practice and access to education
- undertake advocacy relevant to the clinical and educational services offered to inform policy and priorities in the community and advance social and public welfare
- undertake any other activities that align with the purpose and values of the Association

The Association received funding for the above activities from the Victorian Government.

The Association also generates income from:

- providing medical services
- education and training
- rental income derived from excess office space at the Box Hill premises
- selling resources on reproductive and sexual health and related subjects
- donations

This discretionary income is used to improve and expand the Association's services.

Significant changes

No significant change in the nature of these core activities occurred during the year.

Review of operations

Total revenue for the financial year 2019/20 was \$6,476,250 compared to 2018/19 revenue of \$6,375,529. The surplus for the year 2019/20 was \$425,703 compared to a deficit of \$56,708 for 2018/19.

Significant financial variations for 2019/20 compared to 2018/19 were:

- | | |
|---|-----------|
| • JobKeeper revenue | \$577,500 |
| • increase in clinic services income | \$177,423 |
| • increase in depreciation and amortisation | \$167,329 |
| • decrease in rent and lease expenses | \$119,004 |
| • increase in payroll expenses | \$ 95,645 |
| • increase in consultancy income | \$ 94,060 |
| • decrease in education services income | \$ 77,651 |
| • Government stimulus revenue | \$ 50,000 |



Events after the reporting date

In March 2020, the World Health Organization (WHO) declared novel coronavirus a global pandemic. Local and global economies have been affected in different ways and government responses have varied. Due to the significant uncertainty about the breadth and duration of business disruption related to the pandemic, as well as its impact on Australian and international economies, the Association is unable to determine if the on-going pandemic will have a material impact to its operations.

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

Future development, prospects & business strategies

The Association continues to pursue the goals of the Strategic Plan 2019 – 2023. Services are well aligned with our focus on education and clinical care in reproductive and sexual health. Specifically, our activities include:

- ensuring we provide services to priority populations through both professional education and clinical services
- continuing our strong leadership in advocacy for reproductive and sexual health
- utilising technology to increase and improve our efficiency
- managing our assets to ensure the long-term viability of the Association
- increasing our fee for service activities to diversify income and reduce reliance on government funding
- responding to changing needs and expectations of the community to ensure we meet their needs
- supporting our workforce to ensure we continue to develop their skills and expertise to maintain our contemporary best practice in everything we do

The first three quarters of this financial year were very good for the Association with increased activity in all areas of service delivery and significant contribution to local and national advocacy. The COVID-19 pandemic impacted the Association from mid-March 2020 and is ongoing.

Operationally, all services pivoted and adapted to an amended model with the health and safety of staff and the community primacy.

All staff that can work at home, do so. Clinic staff remain working on site. The Association is eligible for JobKeeper; this has underpinned the financial position at the end of the financial year. The underlying loss relates predominantly to a reduction in fee for service activities since March 2020 as a result of the pandemic.

The Association is well positioned both financially and in models of service delivery to continue to achieve the Strategic Goals described in the Strategic Plan 2019 – 2023. Some of the pathways to that end have been reviewed, assessed and reset; we remain on track.

Clinical services will continue with a mixed mode of services to minimise face to face contact. The full scope of clinical services will continue.

The Education and Training work shall continue fully utilising the technology we have available and with minimal face to face learning. As the pandemic status changes in time, we will adapt again to the most appropriate mode of service delivery.



Environmental regulation

The Association's operations are not regulated by any significant environmental regulation under a law of the Commonwealth or of a state or territory. The disposal of the clinical biohazard materials is managed under a commercial arrangement with Daniels Health Services Pty Ltd.

Directors' benefits

Since 1st July 2019, no director of the Association has received or become entitled to receive any material benefit by reason of a contract made by the organisation with the member or with a firm of which she/he is a member or with a company in which she/he has a substantial financial interest.

Proceedings on behalf of Association

No person has applied for leave of a Court to bring proceedings on behalf of the Association or intervene in any proceedings to which the Association is a party for the purpose of taking responsibility on behalf of the Association for all or any part of those proceedings. The Association was not a party to any such proceedings during the year.

Auditor's Independence Declaration

A copy of the Auditor's Independence Declaration as required under section 307C of the Corporations Act 2001 is included and forms part of this Directors' Report.

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

Anne Howells
Board Chair
Chair, Finance & Audit Committee

Dated: 25/08/20



Auditor's Independence Declaration

To the Committee of Family Planning Victoria Inc.

In accordance with the requirements of section 60-40 of the *Australian Charities and Not-for-profits Commission Act 2012*, as lead auditor for the audit of Family Planning Victoria Inc. for the year ended 30 June 2020, I declare that, to the best of my knowledge and belief, there have been:

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



Grant Thornton Audit Pty Ltd
Chartered Accountants



B A Mackenzie
Partner – Audit & Assurance

Melbourne, 25 August 2020

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Family Planning Victoria Inc.

Financial Statements

Statement of Profit or Loss and Other Comprehensive Income

For the year ending 30 June 2020

	Note	2020 \$	2019 \$
Revenue	2	6,476,250	6,375,529
Employee benefits expense		(4,932,986)	(4,837,341)
IT related expenses		(390,094)	(436,033)
Depreciation & amortisation expenses		(321,673)	(154,344)
Rental property expenses		(138,604)	(142,398)
Consultants		(109,360)	(15,300)
Stock & consumables used		(96,053)	(92,594)
Cleaning		(64,626)	(61,178)
Communications		(63,602)	(68,932)
Project expenses		(60,822)	(29,815)
Repairs & maintenance		(56,383)	(30,053)
Rent & lease expenses		(55,057)	(174,061)
Office & medical equipment		(53,319)	(15,253)
Travel & transport		(37,738)	(62,183)
Training course expenses		(37,703)	(44,126)
Subscriptions & memberships		(34,971)	(31,351)
Other expenses		(225,056)	(237,275)
Net current year deficit	3	(201,797)	(56,708)
Other revenue and income	4	627,500	-
Total comprehensive surplus/(loss)		425,703	(56,708)

This statement should be read in conjunction with the Notes to the Financial Statements.



Family Planning Victoria Inc.

Financial Statements

Statement of Financial Position

As at 30 June 2020

	Note	2020 \$	2019 \$
Current assets			
Cash and cash equivalents	5	601,084	331,669
Financial assets	6	1,618,688	1,845,870
Trade and other receivables	7	247,650	52,862
Inventories	8	7,282	10,451
Other current assets	9	39,964	54,068
Total current assets		2,514,668	2,294,920
Non-current assets			
Property, plant and equipment	10	2,043,616	1,778,934
Intangible assets	11	228,798	302,298
Right of use assets	12	494,461	-
Total non-current assets		2,766,875	2,081,232
Total assets		5,281,543	4,376,152
Current liabilities			
Trade and other payables	13	448,129	524,667
Employee benefits	14	989,115	948,598
Lease liabilities	15	101,214	-
Total current liabilities		1,538,458	1,473,265
Non-current liabilities			
Trade and other payables	13	20,000	-
Employee benefits	14	38,072	33,801
Lease liabilities	15	390,224	-
Total non-current liabilities		448,296	33,801
Total liabilities		1,986,754	1,507,066
Net assets		3,294,789	2,869,086
Equity			
Reserves		5,827	5,827
Retained earnings		3,288,962	2,863,259
Total equity		3,294,789	2,869,086

This statement should be read in conjunction with the Notes to the Financial Statements.



Family Planning Victoria Inc.

Financial Statements

Statement of Cash Flows

For the year ending 30 June 2020

	Note	2020 \$	2019 \$
Cash flows from operating activities			
Grant receipts (inclusive of GST)		4,885,720	4,892,079
Non-grant receipts (inclusive of GST)		2,460,805	1,927,801
Payments to suppliers and employees (inclusive of GST)		(6,502,163)	(6,669,902)
Cash generated from operations		844,362	149,978
Interest received		24,768	48,031
Finance costs		(33,529)	(1,144)
GST (remitted to/refunded from) ATO		(295,743)	(311,689)
Net cash provided by (used in) operating activities	17b	539,858	(114,824)
Cash flows from investing activities			
Proceeds from sale of property, plant & equipment		6,090	-
Purchase of property, plant & equipment and intangible assets		(411,779)	(208,231)
Redemption of financial assets		227,181	16,565
Net cash used in investing activities		(178,508)	(191,666)
Cash flows from financing activities			
Lease payments		(91,935)	-
Net cash provided by (used in) financing activities		(91,935)	-
Net change in cash and cash equivalents held		269,415	(306,490)
Cash and cash equivalents at beginning of financial year		331,669	638,159
Cash and cash equivalents at end of financial year	17a	601,084	331,669

This statement should be read in conjunction with the Notes to the Financial Statements.



Family Planning Victoria Inc.

Financial Statements

Statement of Changes in Equity

For the year ending 30 June 2020

	Retained Surplus \$	Reserves \$	TOTAL \$
Balance at 1 July 2018	2,919,967	5,827	2,925,794
Comprehensive income			
Surplus for the year attributable to members of the entity	(56,708)	-	(56,708)
Total comprehensive income attributable to members of the entity	(56,708)	-	(56,708)
Balance at 30 June 2019	2,863,259	5,827	2,869,086
Comprehensive income			
Surplus for the year attributable to members of the entity	425,703	-	425,703
Total comprehensive income attributable to members of the entity	425,703	-	425,703
Balance at 30 June 2020	3,288,962	5,827	3,294,789

This statement should be read in conjunction with the Notes to the Financial Statements.



Family Planning Victoria Inc.

Financial Statements

Notes to the Financial Statements

For the year ended 30 June 2020

1. STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES

This financial report is a special purpose financial report prepared to satisfy the financial reporting requirements of the Associations Incorporation Reform Act 2012 Victoria and the Australian Charities and Not-for-profits Commission Act 2012. The Board members have determined that Family Planning Victoria Inc (the Association) is not a reporting entity.

1.1 Basis of preparation

The financial report has been prepared on an accruals basis, is based on historic costs and does not consider changing money values or, except where specifically stated, current valuations of non-current assets.

1.2 Significant accounting policies

The following significant accounting policies, which are consistent with the previous period unless otherwise stated, have been adopted in the preparation of this financial report:

a. 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.

b. Property, plant and equipment

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

The depreciable amounts of all fixed assets are depreciated on a straight-line basis over the useful lives of the assets to the Association commencing from the time the asset is held ready for use.

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

Class of Fixed Asset	Depreciation Rate
Buildings	2 to 20%
Fit-out Costs	5 to 20%
Plant & Equipment	10 to 33%

The Association leases approximately 782 squares metres of the Box Hill property to other parties.

c. Impairment of assets

At each reporting date, the Association reviews the carrying values of its tangible and intangible assets to determine whether there is any indication that those assets have been impaired. If such an indication exists, the recoverable amount of the asset, being the higher of the asset's fair value less costs to sell and value-in-use, is compared to the asset's carrying value. Any excess of the asset's carrying value over its recoverable amount is expensed to the statement of profit or loss and other comprehensive income.

d. Inventories

Inventories are measured at the lower of cost and net realisable value. Costs are assigned on a first-in first-out basis.



e. Employee benefits

Provision is made for the Association's liability for employee benefits arising from services rendered by employees to balance date. 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, plus related on-costs and are recorded as a current liability.

The Association adopts the policy of accruing a long service leave liability for all employees and applies a probability percentage to those employees with less than 7 years' service. These employee benefits are recorded as a non-current liability.

f. Revenue and income

Revenue and income includes government grants, client contributions for clinical and education services, rental income, fundraising activities and resource sales.

Grant revenue with sufficiently specific and enforceable performance obligations

Grant funds received by the Association that have sufficiently specific and enforceable performance obligations, in accordance with AASB 15, are recognised as a contract liability on receipt and are recognised as revenue, over time, as the Association satisfies its performance obligations.

Grant income without sufficiently specific and enforceable performance obligations

Grant funds received by the Association that do not have sufficiently specific and enforceable performance obligations are recognised as income on receipt of the funds.

Clinical and education services revenue

Clinical and education services revenue is recognised over time as services are provided.

Rental income

Rental income is recognised on a straight-line basis over the term of the lease.

Interest income

Interest income is recognised on an accrual basis using the effective interest method.

Donation income

Donation income is recognised when the Association gains control of the funds and when the funds provided do not give rise to an obligation.

Resource sales

Revenue from resource sales comprises revenue earned from the sale of goods purchased for resale. Revenue is recognised when the control of goods passes to the customer.

Other revenue

Other revenue is recognised over time as performance obligations are satisfied.

Other income

Other income is recognised on receipt.

g. Cash and cash equivalents

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



h. 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 Tax Office. In these circumstances, the GST is recognised as part of the cost of acquisition of the asset or as part of an item of the expense. Receivables and payables in the balance sheet are shown inclusive of GST.

Cash flows are presented in the cash flow statement on a gross basis (GST inclusive), except for the GST component of investing and financing activities which are disclosed net of GST. The GST relating to investing and financing activities is included in the GST line of the operating cash flows.

i. Provisions

Provisions are recognised when the Association 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 are measured as the best estimate of the amounts required to settle the obligation at reporting date.

j. Comparative figures

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

k. Critical accounting estimates and judgements

The Board of Directors evaluates estimates and judgements incorporated into the financial report based on historical knowledge and best available current information. Estimates assume a reasonable expectation of future events and are based on current trends and economic data, obtained both externally and within the Association.

l. New accounting standards – changes in significant accounting policies

AASB 15 Revenue from Contracts with Customers

The Association has adopted AASB 15 from 1 July 2019. The standard provides a single comprehensive model for revenue recognition. The core principle of the standard is that an entity shall recognise revenue to depict the transfer of promised goods or services to customers at an amount that reflects the consideration to which the entity expects to be entitled in exchange for those goods or services.

The standard introduced a new contract- based revenue recognition model with a measurement approach that is based on an allocation of the transaction price. This is described further in the accounting policies below.

Credit risk is presented separately as an expense rather than adjusted against revenue.

Contracts with customers are presented in an entity's statement of financial position as a contract liability, a contract asset, or a receivable, depending on the relationship between the entity's performance and the customer's payment.

Customer acquisition costs and costs to fulfil a contract can, subject to certain criteria, be capitalised as an asset and amortised over the contract period.

AASB 1058 Income of Not-for-Profit Entities

The Association has adopted AASB 1058 from 1 July 2019. The standard replaces AASB 1004 'Contributions' in respect to income recognition requirements for not-for-profit entities.

The timing of income recognition under AASB 1058 is dependent upon whether the



transaction gives rise to a liability or other performance obligation at the time of receipt. Income under the standard is recognised where:

- an asset is received in a transaction, such as by way of grant, bequest or donation
- there has either been no consideration transferred, or the consideration paid is significantly less than the asset's fair value
- the intention is to principally enable the entity to further its objectives

For transfers of financial assets to the entity which enable it to acquire or construct a recognisable non-financial asset, the entity must recognise a liability amounting to the excess of the fair value of the transfer received over any related amounts recognised.

Related amounts recognised may relate to:

- contributions by owners
- AASB 15 revenue or contract liability recognised
- lease liabilities in accordance with AASB 16
- financial instruments in accordance with AASB 9
- provisions in accordance with AASB 137

The liability is brought to account as income over the period in which the entity satisfies its performance obligation. If the transaction does not enable the entity to acquire or construct a recognisable non-financial asset to be controlled by the entity, then any excess of the initial carrying amount of the recognised asset over the related amounts is recognised as income immediately.

Where the fair value of volunteer services received can be measured, a private sector not-for-profit entity can elect to recognise the value of those services as an asset where asset recognition criteria are met or otherwise recognise the value as an expense.

The adoption of AASB 15 and AASB 1058 has not had a material impact on the financial statements.

AASB 16 Leases

The Association initially applied IFRS 16 Leases from 1 July 2019. The Association has elected to apply the 'modified retrospective approach' when transitioning to the new AASB 16 Leases standard. Under this approach, the Association has not restated comparative reporting periods. The Association has elected to recognise the ROU asset to be equal to the lease liability, adjusted by the amount of any prepaid or accrued lease payments relating to that lease recognised in the statement of financial position immediately before the transition to AASB 16.

On transition to AASB 16, the Association elected to apply the practical expedient to grandfather the assessment of which transactions are leases. The Association applied AASB 16 only to contracts that were previously identified as leases. Contracts that were not identified as leases under AASB 17 and IFRIC 4 were not reassessed for whether there is a lease under AASB 16.

As a lessee, the Association leases assets including property, and IT equipment. The Association previously classified leases as operating or finance leases based on its assessment of whether the lease transferred significantly all of the risks and rewards incidental to ownership of the underlying asset to the Group.

Under AASB 16, the Association recognises right-of-use assets and lease liabilities for most of these leases i.e. these leases are on the balance sheet. At commencement or on modification of a contract that contains a lease component, the Association allocates the consideration in the contract to each lease component on the basis of its relative stand-



alone price. However, for leases of property the Association has elected not to separate the non-lease component and account for the lease and associated non-lease components as a single lease component.

Leases classified as operating leases under AASB 17

Previously, the Association classified property leases as operating leases under AASB 17. On transition, for these leases, lease liabilities were measured at the present value of the remaining lease payments, discounted at the Association's incremental borrowing rate as at 1 July 2019.

Right-of-use assets are measured at either: – their carrying amount as if AASB 16 had been applied since the commencement date, discounted using the Association's incremental borrowing rate at the date of initial application: the Association applied this approach to its largest property lease; or an amount equal to the lease liability, adjusted by the amount of any prepaid or accrued lease payments: the Association applied this approach to all other leases.

The Association has tested its right-of-use assets for impairment on the date of transition and has concluded that there is no indication that the right-of-use assets are impaired.

The Association used a number of practical expedients when applying AASB 16 to leases previously classified as operating leases under AASB 17.

In particular, the Association:

- did not recognise right-of-use assets and liabilities for leases for which the lease term ends within 12 months of the date of initial application
- did not recognise right-of-use assets and liabilities for leases of low value assets (e.g. IT equipment)
- excluded initial direct costs from the measurement of the right-of-use asset at the date of initial application
- used hindsight when determining the lease term

As a lessor the Association leases out its investment property, including own property and right-of-use assets. The Association has classified these leases as operating leases.

The Association is not required to make any adjustments on transition to AASB 16 for leases in which it acts as a lessor, except for a sub-lease.

The Association recognised additional right-of-use assets, including investment property, and additional lease liabilities, recognising the difference in retained earnings. The impact on transition is summarised below.

Right-of-use assets – property, plant and equipment	\$582,378
Lease liabilities	\$562,378
Make good provision	\$ 20,000

When measuring lease liabilities for leases that were classified as operating leases, the Association discounted lease payments using its incremental borrowing rate at 1 July 2019. The weighted average rate applied is 6.18%.

m. Intangible assets

Internally Developed Software

Expenditure on the research phase of projects to develop new customised software is recognised as an expense as incurred. Costs that are directly attributable to a project's



development phase are recognised as intangible assets, provided they meet the recognition requirements of AASB 138.

Costs that are directly attributable include employees' costs incurred on software development.

Subsequent measurement

Intangible assets are accounted for using the cost model whereby capitalised costs are amortised on a straight-line basis over their estimated useful lives, as these assets are considered finite. Residual values and useful lives are reviewed at each reporting date. In addition, they are subject to impairment testing as described in Note 1.2c.

The following useful lives are applied:

Learning Management System Online Courses 5 years

Subsequent expenditures on the maintenance of computer software are expensed as incurred.



Financial Statements

2020

2019

\$

\$

2. REVENUE AND INCOME

Operating activities		
Grant revenue	4,470,754	4,463,439
Clinical services revenue	983,041	805,618
Education services revenue	674,985	752,636
Rental income	284,929	264,348
Interest income	24,768	48,031
Miscellaneous income	22,407	18,020
Donation income	8,092	9,587
Resource sales revenue	6,659	13,185
Members subscriptions revenue	615	665
Total revenue	6,476,250	6,375,529

3. PROFIT

Results from ordinary activities has been determined after charging:

Expenses		
Depreciation & amortisation of property, plant and equipment	321,673	154,344
Cost of sales - medical	15,455	19,904
Cost of sales - resources	4,145	5,563
Finance costs	33,529	1,144
(Gain)/loss on disposal of property, plant and equipment	1,746	-
Remuneration of auditor - audit or review services	14,100	13,616
Rental expense on operating leases:		
Computer & office equipment	55,057	81,946
Rent external	-	92,115
Total	55,057	174,061

4. OTHER REVENUE AND INCOME

JobKeeper income	577,500	-
Government stimulus revenue	50,000	-
Total	627,500	-

5. CASH AND CASH EQUIVALENTS

Cash on hand	1,500	1,500
Cash at bank	599,584	330,169
Total	601,084	331,669

6. FINANCIAL ASSETS

Term deposit	1,618,688	1,845,870
Total	1,618,688	1,845,870

7. TRADE AND OTHER RECEIVABLES

Current		
Trade receivables	1,650	48,924
Other receivables	-	3,938
JobKeeper	246,000	-
Total	247,650	52,862



Financial Statements

	2020	2019
	\$	\$
8. INVENTORIES		
Current		
Resources - at cost	3,848	4,583
Medical supplies - at cost	5,087	7,521
Less: Provision for slow moving and obsolete stock	(1,653)	(1,653)
Total	7,282	10,451

9. OTHER CURRENT ASSETS

Current		
Prepayments	39,964	54,068
Total	39,964	54,068

10. PROPERTY, PLANT AND EQUIPMENT

Freehold land - at cost	493,113	493,113
	493,113	493,113
Buildings - at cost	1,770,224	1,770,224
Less: Accumulated depreciation	(856,642)	(821,504)
	913,582	948,720
Fit-out costs - at cost	750,236	359,687
Less: Accumulated depreciation	(162,107)	(78,469)
	588,129	281,218
Plant & equipment - at cost	622,111	1,274,263
Less: Accumulated depreciation	(573,319)	(1,218,380)
	48,792	55,883
Total - at cost	3,635,684	3,897,287
Less: Accumulated depreciation	(1,592,068)	(2,118,353)
Total	2,043,616	1,778,934

a. Movements in carrying amounts for each class of property, plant and equipment between the beginning and the end of the current financial year

	Land & buildings	Fit -out costs	Plant & equipment	Total
Balance at 1 July 2018	1,476,969	326,182	48,460	1,851,611
Additions	-	-	26,337	26,337
Depreciation expense	(35,136)	(44,964)	(18,914)	(99,014)
Balance at 30 June 2019	1,441,833	281,218	55,883	1,778,934
Additions	-	390,549	21,230	411,779
Asset write-off **	-	-	(7,836)	(7,836)
Depreciation expense	(35,138)	(83,638)	(20,485)	(139,261)
Balance at 30 June 2020	1,406,695	588,129	48,792	2,043,616

** Plant & equipment with a total cost \$673,382 and accumulated depreciation amount of \$665,546 was removed from the asset register

11. INTANGIBLES

	2020	2019
Intangibles - Learning Management System at cost	367,550	367,550
Less: Amortisation	(138,752)	(65,252)
Total	228,798	302,298



Financial Statements

2020

2019

\$

\$

12. RIGHT OF USE ASSETS

Buildings	417,964	-
Motor Vehicles	76,497	-
Total	494,461	-

13. TRADE AND OTHER PAYABLES

Current		
Trade payables	63,000	88,658
Other payables and accruals	248,594	296,119
Revenue received in advance	4,428	12,120
Grants received in advance	-	21,499
Course revenue received in advance	132,107	106,271
Total	448,129	524,667
Non-current		
Make good provision	20,000	-
Total	20,000	-

14. EMPLOYEE BENEFITS

Current		
Other provisions	945	16,571
Long service leave	602,267	584,431
Annual leave	385,023	347,596
Fringe benefits tax	880	-
Total	989,115	948,598
Non-current		
Long service leave	38,072	33,801
Total	38,072	33,801

15. LEASE LIABILITIES

Current		
Lease liabilities	101,214	-
Total	101,214	-
Non-current		
Lease liabilities	390,224	-
Total	390,224	-

16. LEASE RECONCILIATION

Reconciliation of operating lease commitments to lease liabilities

Operating lease commitments disclosed as at 30 June 2019	739,509
(Less): short-term leases not recognised as a liability	(67,997)
(Less): low-value leases not recognised as a liability	(1,334)
Discounted using the lessee's incremental borrowing rate at the date of initial application	(107,799)
Lease liability recognised as at 1 July 2019	562,379
Of which are:	
Current lease liabilities	87,162
Non-current lease liabilities	475,217
Total	562,379



Financial Statements

2020**2019****\$****\$**

17. CASH FLOW INFORMATION

a. Reconciliation of cash and cash equivalents

Cash on hand	1,500	1,500
Cash at bank	599,584	330,169
Total	601,084	331,669

b. Reconciliation of net cash provided by operating activities to profit from ordinary activities

Profit from ordinary activities	425,703	(56,708)
Non cash flows in profit from ordinary activities:		
Depreciation & amortisation expense	321,673	154,344
Slow moving stock provision expense	-	(1,246)
(Gain)/loss on disposal of assets	1,746	-
Changes in assets and liabilities:		
(Increase)/decrease in trade and other receivables	(194,787)	8,128
(Increase)/decrease in inventories	3,169	4,899
(Increase)/decrease in other current assets	14,104	(18,502)
Increase/(decrease) in trade and other payables	(76,538)	(209,950)
Increase/(decrease) in employee benefits	44,788	4,211
Net cash provided by (used in) operating activities	539,858	(114,824)

18. SUPERANNUATION

All employees of the Association are entitled to benefits on retirement, disability or death from First State Super Fund or from such fund as nominated by the employee.

Contributions are calculated in accordance with the Trust Deeds of the Superannuation Funds. Employer's contributions to all superannuation schemes are calculated at 9.5% (2019: 9.5%) of the employees' salary.

The amount paid to all Superannuation Funds, including employee after tax contributions, during the year was \$424,429 (2019: \$413,884). The amount of contributions outstanding at the end of the year was nil (2019: nil).

19. ASSOCIATION DETAILS

The registered office and principal place of business of the Association is:
901 Whitehorse Road, Box Hill, Victoria.

20. CONTINGENT LIABILITIES

A bank guarantee of \$40,000 has been provided to Competitive Retail Australia P/L as security for the property at the Action Centre, 94 Elizabeth Street, Melbourne.



Financial Statements

21. FINANCING FACILITIES, MORTGAGES, CHARGES & SECURITIES

Family Planning Victoria has the following financial facilities in place with the CBA.

At the 30th June 2020, the facilities were as follows:

		Note	Available \$	Amount Drawn
Online Facility	CBA		Account Balance at 30/6/2020	Nil
Credit Card	CBA		30,000	3,796
Indemnity Guarantee	CBA	21(a)	40,000	Nil

(a) Indemnity Guarantee

The Indemnity Guarantee is payable to Competitive Retail Australia P/L as a rental bond for the property at the Action Centre 94 Elizabeth St Melbourne and is current for the life of the lease. It is secured by a term deposit.

22. EVENTS AFTER THE REPORTING DATE

In March 2020, the World Health Organization declared novel coronavirus a global pandemic. Local and global economies have been affected in different ways and government responses have varied. Due to the significant uncertainty about the breadth and duration of business disruption related to the pandemic, as well as its impact on Australian and international economies, the Association is unable to determine if the on-going pandemic will have a material impact to its operations.

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



Family Planning Victoria Inc.

Directors' Declaration

The Directors have determined that Family Planning Victoria Inc 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.

The Directors of Family Planning Victoria Inc. declare that:

- 1 The Financial Statements and Notes have been prepared in accordance with the Australian Charities and Not-for-profits Commission Act 2012, including:
 - a) giving a true and fair view of the Association's financial position as at 30 June 2020 and of its performance for the financial year ended on that date; and
 - b) complying with Australian Accounting Standards (including Australian Accounting Interpretations) and the Australian Charities and Not-for-profits Commission Regulation 2013.
- 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.

Anne Howells
Board Chair
Chair – Finance & Audit Committee
Dated 25/08/20



Independent Auditor's Report

To the Members of Family Planning Victoria Inc.

Report on the audit of the financial report

Opinion

We have audited the accompanying financial report of Family Planning Victoria Inc. (the "Association"), which comprises the statement of financial position as at 30 June 2020, and the statement of profit or loss and other comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies and the Directors' Declaration.

In our opinion, the financial report of Family Planning Victoria Inc. has been prepared in accordance with the Associations Incorporation Reform Act 2012 and Division 60 of the *Australian Charities and Not-for-profits Commission Act 2012* (the "ACNC Act"), including:

- a giving a true and fair view of the Association's financial position as at 30 June 2020 and of its financial performance for the year then ended; and
- b complying with Australian Accounting Standards, the Associations Incorporation Reform Act 2012 and Division 60 of the *Australian Charities and Not-for-profits Commission Regulation 2013*.

Basis for opinion

We conducted our audit in accordance with Australian Auditing Standards. Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Report* section of our report. We are independent of the Association in accordance with the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants* (the Code) that are relevant to our audit of the financial report in Australia. We have also fulfilled our other ethical responsibilities in accordance with the Code.

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

Information other than the Financial Report and Auditor's Report

The Committee are responsible for the other information. The other information comprises the information included in the Board Members' Report for the year ended 30 June 2020, but does not include the financial report and our auditor's report thereon.

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

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

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

Responsibilities of the Committee for the financial report

The Committee of the Association are responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards, the ACNC Act and the Associations Incorporation Reform Act 2012, and for such internal control as the Committee determines is necessary to enable the preparation of the financial report that is free from material misstatement, whether due to fraud or error.

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

The Committee are responsible for overseeing the Association's financial reporting process.

Auditor's responsibilities for the audit of the financial report

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

A further description of our responsibilities for the audit of the financial report is located at the Auditing and Assurance Standards Board website at: http://www.auasb.gov.au/auditors_responsibilities/ar4.pdf. This description forms part of our auditor's report.



Grant Thornton Audit Pty Ltd
Chartered Accountants



B A Mackenzie
Partner – Audit & Assurance

Melbourne, 25 August 2020



STRATEGIC PLAN GOALS

Goal 1

Improve the reproductive and sexual health literacy of the population, focusing on priority populations

Goal 2

Provide primary care and community health providers with expert advice, consultancy services and support regarding reproductive and sexual health

Goal 3

Build the evidence base for reproductive and sexual health services and health promotion

Goal 4

Provide a balanced suite of quality, client-centred, clinical services that are evidence-based and demonstrate best practice in clinical placement training

Goal 5

Advocate for changes in legislation/policy/practice that increase access to reproductive and sexual health services and uphold the rights of all people

Goal 6

Attract, develop, maintain and organise high performing teams to optimise implementation of our strategic plan

Goal 7

Embed continuous improvement practice across the organisation

Goal 8

Develop a growth strategy to ensure the long-term value and financial sustainability of the organisation

Goal 9

Realise the full potential of the Box Hill property



CONTACT

Box Hill
901 Whitehorse Rd,
Box Hill VIC 3128
T/ 03 9257 0100

Action Centre
Level 1, 94 Elizabeth St,
Melbourne VIC 3000
T/ 03 9660 4700

www.fpv.org.au
Freecall 1800 013 952



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