

# FAMILY PLANNING VICTORIA ANNUAL REPORT 2016-17



**family  
planning  
victoria**

Reproductive & Sexual Health  
Care. Education. Advocacy.



Annual Report 2016-17

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OUR VISION  
IS IMPROVED  
REPRODUCTIVE AND  
SEXUAL HEALTH  
AND WELLBEING  
FOR EVERYONE IN  
VICTORIA AND  
BEYOND.

OUR PURPOSE IS TO  
STRENGTHEN THE  
PRIMARY CARE AND  
COMMUNITY-BASED  
SERVICE SYSTEM TO  
DELIVER REPRODUCTIVE  
AND SEXUAL HEALTH  
SERVICES AND SUPPORT  
PEOPLE TO MAKE  
DECISIONS ABOUT THEIR  
REPRODUCTIVE AND  
SEXUAL HEALTH AND  
WELLBEING THAT ARE  
RIGHT FOR THEM.



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# ACRONYMS

- CEU** – Clinical Education Unit
- CST** – Community Services Team
- DHHS** – Department of Health and Human Services
- FPAA** – Family Planning Alliance Australia
- FPNSW** – Family Planning NSW
- FPV** – Family Planning Victoria
- HSS** – Health and Community Service Standards
- ICT** – information and communication technology
- IHP** – Integrated Health Promotion
- IPPF** – International Planned Parenthood Federation
- IUD** – intrauterine device
- LARC** – long acting reversible contraception
- LGBTI** – lesbian, gay, bisexual, transgender and intersex
- LMS** – learning management system
- MCWH** – Multicultural Centre for Women’s Health
- MTOP** – medication termination of pregnancy
- NDIS** – National Disability Insurance Scheme
- QIC** – Quality Improvement Council
- RSE** – relationships and sexuality education
- RSH** – reproductive and sexual health
- RTO** – Registered Training Organisation
- SEO** – Service Engine Optimisation
- STIs** – sexually transmissible infections





# FAMILY PLANNING VICTORIA

## ABOUT

Family Planning Victoria's focus is reproductive and sexual health care, education and advocacy.

Our vision is improved reproductive and sexual health and wellbeing for everyone in Victoria and beyond.

Our purpose is to strengthen the primary care and community-based service system to deliver reproductive and sexual health services and support people to make decisions about their reproductive and sexual health and wellbeing that are right for them.

Governed by a voluntary board of directors, Family Planning Victoria has been providing services to the Victorian community for over 40 years and remains an independent, not-for-profit, all-choice organisation.

Our vital role in the reproductive and sexual health status of Victorians is underscored by investment in service development, information provision and the delivery of training and clinical services.

Whilst partially funded by the Victorian Government, Family Planning Victoria also generates revenue through fee-based education and training programs and the sale of resources. These funds are used to improve our services.

Family Planning Victoria works in partnership with a range of local, regional and national organisations, including universities, Women's Health Centres and other Family Planning Organisations, and is associated with International Planned Parenthood Federation (IPPF) and Family Planning Alliance Australia (FPAA).



**Our vision is improved reproductive and sexual health and wellbeing for everyone in Victoria and beyond.**



# CHAIR OF THE BOARD REPORT



**Jane Stuchberry**  
Chair of the Board

**I write this Chairman's Report with mixed feelings, as I'm excited about this new chapter in FPV's history but sad as this is my last year as Chairman and I won't be there to help guide the way.**

Last year the Board made the decision that after more than four decades of operation, it was time for a shift in focus if we were to truly realise our vision of reproductive and sexual health for all Victorians. In particular, we decided that for us to maintain our position as the partner of choice in the reproductive and sexual health sector, we needed to invest in the future – in our leadership, our people, our technology and our facilities.

At last year's AGM, I was delighted to announce the appointment of our new CEO, Claire Vissenga, who has embraced the exciting challenge of leading FPV's next chapter. In her first year in the role, Claire has introduced some significant new initiatives, strengthened key partnerships and

provided a leadership environment for our people to excel.

We are excited and encouraged by the direction that Claire has taken our organisation in her first year, and look forward to seeing these new initiatives come to fruition.

In recent years, FPV has recognised the importance of utilising digital technology to support our programs and to engage with those we help. As a first step, we needed to upgrade our IT platforms and systems to enable the use of such technology, and now with the fundamental infrastructure in place, we are in a position to build applications which will directly benefit our communities. This year, we have made a substantial investment in our on-line learning technology, which will enable those in remote locations and those who need the flexibility to complete educational modules outside of normal business hours to participate in our programs.



**In this final address in my role as Chairman, I would like to take the opportunity to wish all of you the very best for the years to come – I'm confident that FPV will continue to make a real difference to the communities it serves.**

Finally, we have invested this year in a total refurbishment of our city clinic, the Action Centre, which will be formally opened on October 24. The newly renovated space will enable us to provide the full suite of reproductive and sexual health services and to conduct training programs at the Centre. I encourage those of you attending the AGM to take the opportunity to tour the Centre and speak to our staff about the new facilities.

As my last year as Chairman, I wish to thank my Board colleagues for their support, insights, thoughts and ideas as we've worked with management to chart this new direction for FPV. They are all very busy people and give their time voluntarily to govern our organisation, and I am very grateful for their contribution and engagement. I would particularly like to thank those Directors who will be retiring at this year's AGM for their expertise and hard work over several

years - Deputy Chairman, Nick Chipman, and Directors Jane Martin and Hannah Evans-Barnes.

I would also like to thank the entire FPV team for all of their hard work and commitment throughout the year. I know that it has been an extremely busy year for all of you, and on behalf of the Board, want you to know that your work is valued and appreciated.

In addition, I wish to thank all of our members, partners and other stakeholders for their support during the year. In particular, I would like to thank the Minister and the Department of Health and Human Services for their continuing support of the work of FPV.

In this final address in my role as Chairman, I would like to take the opportunity to wish all of you the very best for the years to come – I'm confident that FPV will continue to make a real difference to the communities it serves.



# CEO REPORT

**It is my pleasure to present to you the 48th Annual Report for Family Planning Victoria. This report represents the activities of the 2016 – 2017 financial year. FPV has achieved an exceptional year with a range of our services increasing capacity and reach for the benefit of our clients.**

The FPV Strategic Plan is at the half way point and we are well on track to achieve and in many cases exceed the targets set, particularly with respect to services to disadvantaged clients, training to health professionals in regional areas and education to students.

In March this year, the Minister for Health, The Hon. Jill Hennessy launched the first Women's Sexual and Reproductive Health Key Priorities Plan for the State. FPV activities are well aligned with the priorities and are engaged in and contributing to the rollout of associated services and training.

Careful and prudent financial stewardship has resulted in a modest surplus with a commensurate increase in financial assets. Given the significant investment in infrastructure and services this is an excellent result.

FPV has satisfied all contractual, reporting and compliance requirements and met all accreditation standards including renewal of our RTO status.

This financial year has been one of renewal, refocus and investment in our facilities, people and services. FPV is actively and intentionally moving to a more agile and dynamic integration of service activities where health promotion and reproductive and sexual health advocacy are part of all clinical, educational and community services.

We continuously review our service delivery to



**Claire Vissenga**  
CEO

inform service development and increase capacity building for the wider sector and benefit of the community. Consequently, whilst reported as discrete activities, they are better understood as interdependent and complimentary.

**Overall, FPV has provided over 12000 episodes of clinical care, education sessions to over 12000 youth in schools, 1500 hours of clinical placements and has been actively engaged in and contributed to over 40 partnerships.**

We continue to be represented in local, state and national arenas to inform, influence and lead in the reproductive and sexual health sector. This includes ongoing membership and contribution to the Family Planning Association of Australia and numerous government advisory committees. Our staff have published widely and presented nationally and internationally at conferences.

Two major projects commenced in the reporting period; the refurbishment of the CBD based Action Centre and the next stage in the implementation of the online learning management system.



**This financial year has been one of renewal, refocus and investment in our facilities, people and services.**

The Action Centre refurbishment, due for completion in late September 2017 will not only provide a state of the art clinical and learning space but also facilitate a significant increase in the scope of services available and hours of operation.

The learning management system once completely implemented will provide a fully integrated, flexible, accessible platform for education and training. This will significantly increase our capacity to deliver training and education utilising the latest information technology.

I joined FPV in early November 2016. I would like to acknowledge and thank Sarah Thistle and Tina Dimitriadis for their stewardship and leadership in the months prior to my commencement. I would also like to acknowledge the hard work and dedication of all FPV staff who

work tirelessly and with tenacity, professionalism and good humour to ensure the best services and outcomes for our clients and the community.

This year some of our long standing Board Directors will retire. I would like to thank them all for their contribution and guidance. In particular, Jane Stuchberry has generously given seven years as a Director and has led as Chair for the last few years. FPV has been honoured to have such esteemed expertise to guide our work.

Finally I would like to thank our many partners, stakeholders, colleagues and clients. Without all of them our work would not be possible.

I recommend this Annual Report to you that has contributions from across the organisation and showcases our work.



# ACHIEVING OUR STRATEGIC INTENT

CONTINUING OUR DIGITAL  
JOURNEY

THE ACTION CENTRE

SERVICE DEVELOPMENT  
CAPACITY BUILDING

- DISABILITY RESOURCE
- YAK REVIEW
- IMPLANON COURSE





# CONTINUING OUR DIGITAL JOURNEY

Since the launch of our website in July 2016 we have increased accessibility for our clients. Clients can now easily find relevant and accurate RSH information. This was achieved by implementing a successful SEO strategy to improve our organic referrals from Google searches. The 'Your Health' section of the website attracted more than 380,000 page views with contraception being the most commonly viewed RSH topic, followed by abortion and STIs.

With the new website, we have also transitioned to a mobile friendly interface which has improved accessibility for mobile users looking for information, services and resources, with a 38% increase in usage from the previous year.

In addition to the developments on our website, there has been a lot of background work going on at FPV to enable us to move confidently into the online learning space. Advances in technology together with changes in educational methodologies have seen many educational institutions around the world invest in implementing a learning management system (LMS) to support the teaching and learning process. An LMS provides a unified platform for content delivery, communication, assessment, and course management. It also helps to improve engagement in online learning activities and communication, and, importantly, increases access to our courses for professionals living and working outside the Melbourne Metropolitan area. This in turn has the potential to increase access for all Victorians to comprehensive RSH services in their own geographical areas.

With the new LMS framework in place, administration and education staff trained and integration with our upgraded student management system implemented, we are ready to launch the brand new Implanon NXT training course for nurses and midwives at the start of the new financial year. Throughout the year further courses will be added to our online offering.

Online learning will make a significant contribution to all areas of education and training within FPV. Some of the main benefits it will deliver include:

- An 'anytime, anywhere' ethos, which better meets the needs of regional, rural and diverse communities of learners
- Increasing the range of options for our team in terms of teaching and learning approaches, which in turn better support the diversity of end users
- Facilitating online learning experiences which encourage student-centred learning, flexibility and choice
- Creating online communities which can provide a supportive environment through peer-to-peer interaction
- Supporting learning through an increased provision of, and access to, study materials
- Developing an integrated information system, providing enhanced user functionality and resulting in increased efficiency
- Standardising protocols resulting in a consistent, high quality approach to learning materials
- Giving a single access point for information, content, resources and discussion
- Reducing the organisation's carbon footprint.

**The implementation of our new LMS will assist FPV to achieve its core aim of 'Improved reproductive and sexual health and wellbeing for everyone in Victoria and beyond' by contributing significantly to our key priorities of 'Expanding our reach and impact,' and, 'Providing quality professional learning programs.'**



**FACT SHEETS PAGE VIEWS**

**383,319**

---

**CONTRACEPTION**  
**248,651**  
views

**ABORTION**  
**53,718**  
views

**STIs**  
**11,737**  
views

**TOP 3**



# THE ACTION CENTRE

FPV's Action Centre has been delivering youth friendly clinical training services from a CBD site for over 40 years. In the 1970s it was staffed by a nurse and a social worker, and patients were invited to use the ANZ bank toilets upstairs to collect their specimens! The current site does have its own toilet but is however no longer fit for purpose. FPV's Board has committed significant capital expenditure for a major refurbishment of the site. The redevelopment of the Action Centre will deliver a state of the art facility allowing for an expansion of clinical services operating across a more flexible and comprehensive service model.

The site closed its doors on 28th July 2017 and the internal demolition will begin on 10th August. The brand new site will offer more private reception and waiting areas. WiFi and device charge points will sit alongside a TV screen promoting visual

RSH messages and ambient music will play in the background in the waiting room. Three consulting rooms will host clinicians delivering the full range of FPV clinical services across expanded service hours. A multipurpose room, to be known as the Beehive, will accommodate FPV's new LGBTI youth groups. FPV will also reintroduce information sessions for school groups onsite. This versatile meeting and learning space will have full interactive connectivity to the FPV IT system. The Beehive will also be available to staff and stakeholders for meetings and professional education.

The brand new Action Centre will retain its name and is expected to re-open in late September to clients of all ages in the morning, with a dedicated youth friendly service operating in the afternoon.





# SERVICE DEVELOPMENT CAPACITY BUILDING

## DISABILITY RESOURCE

For the past few years, educators from FPV's Schools Team have been developing a comprehensive, age and developmentally appropriate set of classroom materials to support teachers working with students with intellectual disability. The Relationships and Sexuality Education for Students with Disability resource is intended to help schools plan, design and implement RSE or review and update their current RSE programs.

The resource acknowledges the rights of students with intellectual disability to access information and to be supported to develop skills so that they can make informed decisions about the relationships they engage in and their reproductive and sexual health throughout their lives.

A strong evidence base in curriculum design has been employed to provide practical and authentic learning activities that scaffold learning from Towards Foundation Level (Levels A-D) through to Levels 9-10 of the Victorian Curriculum. The resource also utilises Boardmaker® images, which are the preferred pictorial images used within the disability sector, to support student comprehension.

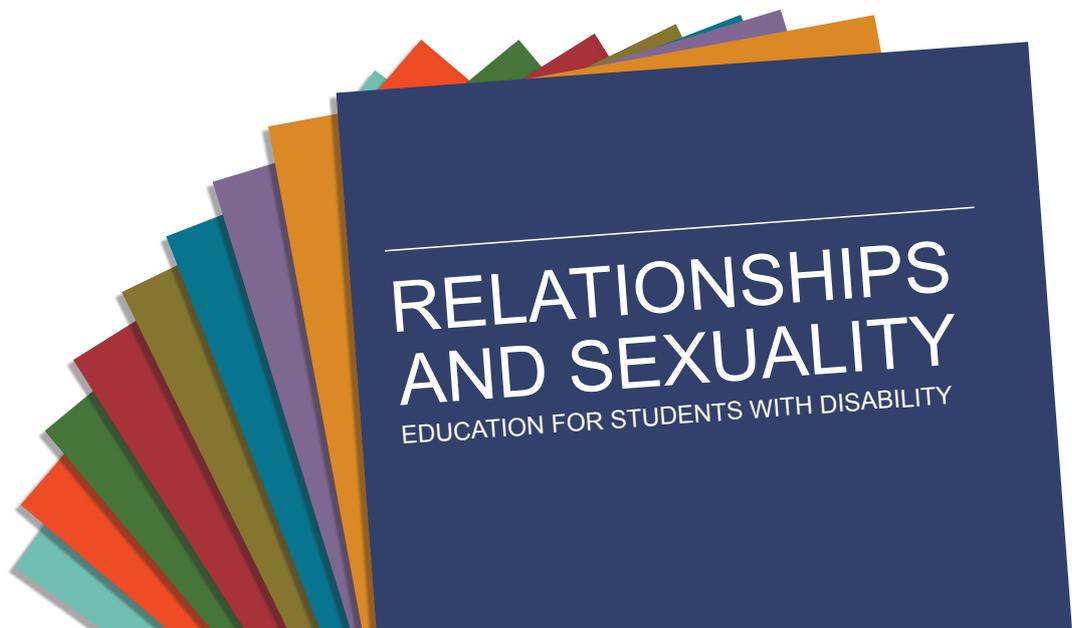
Consultation processes used during the development of the resource have seen FPV forge strong partnerships with specialists in the field including specialist RSH disability counsellors and specialist school teachers and principals from across the state. FPV is now partnering with the Victorian Principal's Association of Specialist Schools, which

boasts representation from 88 Specialist Schools from across the state, to launch and distribute the resource to its members in August.

To support teachers in their use of the resource, Professional Development sessions for specialist school staff across Victoria have been conducted. The aim of the sessions has been to support teachers to deliver RSE in the classroom by focusing on increasing teacher knowledge, comfort and skills and providing instruction on how to implement the new resource using models of best practice. Over 2016-17, 9 Professional Development sessions have been offered across the state. These sessions have seen 155 participants from 41 schools and community health organisations attend and become trained in the use of the resource.

***"An amazing resource that is scaffolded and provides a great insight into the topic. A good array of progressive lessons to work through on a range of levels."***  
**(Secondary teacher,  
Bulleen Heights School)**

***"Our students absolutely need to focus on this. The fact that there are lots of visuals in the resource means that students of a wide variety of abilities can access the content."***  
**(Leading Teacher,  
Melton Specialist School)**





## YAK REVIEW

The Community Services Team has been running YAK, a social support group for LGBTI young people, for nearly 15 years, making it one of the longest running groups of its kind in Victoria.

It was timely to review the current needs of young LGBTI Victorians to ensure that we continue to provide relevant and meaningful support. The review process included a review of published literature, a survey of 24 groups and programs for LGBTI young people in Victoria, and consultation with past and current 'Yakkers'.

The review identified that LGBTI young people are not receiving adequate and appropriate RSH information and education; however, it also identified that community organisations can play an important role in empowering LGBTI young people and providing RSH information and education that is inclusive and relevant to their specific needs.

**An additional finding from the review was that LGBTI young people experience significantly higher rates of mental health issues than heterosexual/ cis-gendered young people due to the discrimination and stigma they experience. Group programs, particularly where they include empowering social action activities, can help to buffer the negative impacts of discrimination and stigma and to promote emotional wellbeing and resilience.**

The survey of Victorian groups and programs currently operating highlighted an opportunity for a group program to specifically address improving the RSH of LGBTI young people while also providing opportunities for social support and skill building to improve emotional health, empowerment and resilience, particularly within the inner areas of Melbourne. The findings from this review have informed the re-development of FPV's social support group for LGBTI young people, to be launched in 2017-18.

## IMPLANON COURSE

This course was originally piloted at FPV as an Implanon NXT insertion course 4 years ago and then, in partnership with FPNSW, was further developed as a nationally available Implanon NXT insertion and removal course. It is now being run independently through FPV's LMS.

The rationale for designing the course for nurses and midwives was because of an identified need as Merck Sharp Dohme (MSD – the manufacturer and brand owner of Implanon NXT) were only offering training to doctors. The MSD training alone was identified as being inadequate for nurses and midwives as many had no experience in administering local anaesthetic or adequate background knowledge in contraception options such as LARC.

The course development included feedback from nurses and midwives wanting to be provided with high quality supervised training on actual patients rather than a theoretical component only. The opportunity to train alongside clinicians in a designated Implanon insertion and removal clinic at FPV has been created to support this learning need. Flexible learning opportunities are also available for participants to train in their own workplaces, which increases reach to rural and remote clinicians and their clients.

**The main aim of training more nurses and midwives in Implanon insertion and removal is to increase access to LARC options for women and to prevent unintended pregnancies.**

The course is due to launch in July 2017 with over 100 nurses and midwives already expressing interest in completing the course.

# CORE WORK

HEALTH PROMOTION &  
RESEARCH

CLINICAL SERVICES

CLINICAL EDUCATION

SCHOOL EDUCATION

COMMUNITY SERVICES  
TEAM

OUR PEOPLE

CONTINUOUS QUALITY  
IMPROVEMENT

BUSINESS SUPPORT  
SERVICES



# HEALTH PROMOTION & RESEARCH

FPV is committed to increasing the reproductive and sexual health of all Victorians. To achieve this the organisation works across the health promotion continuum of prevention and health information, supporting and strengthening community action, screening and diagnosis, clinical management and support, surveillance and research and workforce training and development.

## Health promotion and research

FPV is very proud of the significant outcomes achieved in 2016-17, both within the Health Promotion and Marketing, Media and Communications Teams, across FPV program areas and in partnership with aligned organisations. Our work in prevention is focused on promoting positive reproductive, sexual health and wellbeing and reducing inequalities. We do this through the direct delivery of projects, programs and activities and, importantly, through building the capacity of the sector to focus on the priority of reproductive and sexual health.

## Advocacy and media

FPV is uniquely placed to advocate for equitable access to RSH services and information across the population. In 2016-17 FPV initiated and supported a range of advocacy efforts both in the national and international spheres. Of particular significance was raising awareness of the needs of women in developing countries and the implications of policy changes in the United States of America. In addition, FPV advocated for the continuation of the respectful relationships education program in schools. The media campaign aimed to promote awareness of sexual diversity and the need to reduce stigma and discrimination experienced by same-sex attracted young people. FPV also delivered media campaigns on a range of RSH issues.

## Research

The health promotion unit supports the research agenda of FPV. One of the significant research projects currently being undertaken is focused on the RSH needs of international students. FPV became aware of the need to support this

population group through an internal evaluation process. The recognition of this need led to the formation of an important partnership with Deakin University and the development of a research project aimed at investigating the current gaps in meeting the RSH needs of international students. The project is currently in the data collection phase and will report findings in the second half of 2017.

## Tailored health consumer resources

The Health Promotion and Marketing, Media and Communications Teams have commenced a significant quality improvement project relating to the health information resources on FPV's website. The health consumer component of the website is currently being redeveloped to enhance the end-user experience through the use of best practice approaches. The website will host a range of multimedia resources using video, audio and narrative based content tailored to the health literacy needs of the wider community.

## Pleasure Seminar

Consistent with FPV's role in raising awareness of service, practice and information gaps in reproductive and sexual health, the organisation auspiced the 'Pleasure Agenda' seminar in partnership with the Australia Forum on Sexuality Education and Health. This important event was attended by thought leaders representing a range of sectors such as education, health, Government and academia. The seminar identified policy, practice and health information gaps in the inclusion of pleasure and desire in RSH. Significantly, the seminar generated a research, policy, health and education agenda aimed at promoting collaborative efforts towards embedding pleasure within contemporary approaches to RSH.

## Partnerships

We have seen many important partnerships between FPV and aligned organisations developed and enhanced in 2016-17. One example is a significant body of work that has commenced between FPV and MCWH. This project is focused on the development of a range of culturally appropriate resources for culturally and linguistically



diverse women. The resources have been developed to optimise uptake by newly arrived, overseas born women with an emphasis on visual, audio and narrative based formats.

FPV has also worked with many of the women's health services such as Women's Health Victoria, Women's Health Barwon, Women's Health Grampians and Women's Health Gippsland. Two successful health professional education events were conducted in partnership with Women's Health in the North and Shared Vision in the North. These attracted large numbers of health professionals and enhanced their capacity to deliver evidence-based, best practice RSH services.

## Women's Health Priorities

The release by the Victorian Government of the Women's sexual and reproductive health: key priorities 2017-2020 plan, was one of the most significant policy directives for FPV and the RSH sector this year. This plan aims to improve the reproductive and sexual health of all Victorian women and supports FPV's vision of improving women's health literacy, building capacity in health professionals and ensuring health services better meet women's reproductive health needs. Importantly, the plan includes under-recognised conditions such as polycystic ovary syndrome and endometriosis. The plan will guide and inform the health promotion work of FPV over the life of the next iteration of FPV's Integrated Health Promotion Plan (2017-2020).

**FPV is uniquely placed to advocate for equitable access to RSH services and information across the population.**





# CLINICAL SERVICES

Clinical service delivery at FPV is changing. Much of the work undertaken this year has involved preparing for this change.

The redevelopment of the 'Action Centre' and the introduction of a new fee structure across the full range of clinical services – providing bulk billed healthcare to the most economically disadvantaged Victorians – will assist FPV to achieve a key priority action area in the Victorian Government's first ever Women's Sexual and Reproductive Health Strategy – 'Victorians have improved access to reproductive choices'. In particular, these initiatives will increase access to information and the provision of all forms of contraception, as well as to termination of pregnancy options. Together with the expansion of FPV's repertoire of services these initiatives will build internal capacity, improve access to clinical training opportunities (in turn building external capacity) and help achieve FPV's Strategic Plan to provide a mix of quality services and to expand our reach and impact.

FPV's MTOP service which commenced in November 2015, has been embedded over the last year and new models of MTOP service delivery are being explored so that expanded access and training opportunities can be facilitated.

This year FPV Clinical Services delivered over 12,000 medical and nursing RSH clinical consultations. Over 200 of these consultations

involved MTOP, over 500 IUDs were placed, and over 600 initial implants inserted. Almost 1600 hours of clinical training were delivered to 164 medical and nursing clinical trainees who had undertaken an educational course delivered by FPV clinical educators.

**Our first ever electronic patient survey indicated extremely high satisfaction rates amongst clients accessing FPV clinical services (99.8% very satisfied or satisfied).**

The formation of a new Clinical Governance Management Committee has ensured safe, responsive, contemporary and best practice oversight of clinical services and is driving our continuous improvement agenda. Our Nurse Practitioner Candidate has achieved significant headway both academically and with clinical competencies and is now approaching the endorsement phase. Service model developments have improved efficiency and expanded access to our suite of services, in particular single visit IUD insertions and a new implant training clinic – specifically designed to train nurses and midwives in this procedure. The establishment of online appointments and plans to make our online information more engaging and interactive will augment our digital impact.

HELLO!

**12277**  
CONSULTATIONS



**3774**  
NEW  
PATIENTS



**3894**  
NURSE  
CONSULTATIONS



**8383**  
DOCTOR  
CONSULTATIONS

# SERVICES

MTOP  
BOOKINGS  
**227**

IUD  
INSERTIONS  
**504**

FIRST TIME  
IMPLANON  
INSERTIONS  
**628**



**99.8%**

PERCENTAGE OF CLIENTS  
SATISFIED WITH THEIR  
EXPERIENCE (n = 437)



# CLINICAL EDUCATION

The Clinical Education Unit (CEU) works with health and allied health professionals, including doctors, nurses, midwives, social workers, youth workers and clinical researchers.

Most FPV courses for nurses and doctors include a component of learning in the clinical environment with the aim of increasing the capacity of primary care providers to be up to date and confident in RSH management in their own workplace. Courses have been very popular in 2016-17 with 164 participants with 100% reporting a good to very good learning experience at FPV.

Online learning is an important development with the CEU preparing to launch FPV's first online course 'Implanon NXT insertion and removal course for registered nurses and midwives'. This course has all the theoretical learning being delivered online through our new LMS, followed by clinical training and competency assessment. In the coming year, all our existing courses will move to the LMS, where students will be able to manage their learning journey more easily whether it is through a fully online, blended or face to face course. Online learning will provide greater access to our courses for regional and rural health practitioners. New courses are in development which will improve our reach.

Our focusing effort work provides education for health professionals working with those from geographical areas and population groups in greatest need. Funded through a DHHS Integrated Health Promotion (IHP) grant. This year we had high demand for contraception education and delivered, at no cost, in the North/West Melbourne area, as well as rural and regional centres such as

Traralgon, Shepparton, Hamilton, Geelong, Swan Hill and Horsham.

LARC education and training is an important focus as an evidence-based strategy to reduce unintended pregnancy. The IUD insertion course has run with practical training occurring at our Box Hill clinic, as well as in partnerships with clinics in Geelong and The Austin Hospital where 32 doctors were trained. We are pleased to be developing a new partnership with Western Health with training planned to commence soon at Sunshine Hospital. We also delivered contraceptive implant education and training for doctors and nurses.

***"Great course. I feel now that I know a lot about sexual/reproductive health and I can manage more confidently. I think everyone should do this course."***  
(2016/17 participant, FPA National Certificate in Reproductive & Sexual Health for Doctors)

***"Excellent facilitators and speakers in a supportive learning environment"***  
(2016/17 participant, Cervical Screening and Introduction to Sexual Health Nursing course)

***"Loved it. Would advise anyone to do it for knowledge base, to feel prepared and up to date"***  
(2016/17 participant, Course in Health: HIV & Hepatitis C Test Advisor, RTO unit of study)

NUMBER OF  
DRS, NURSES,  
ALLIED HEALTH &  
COMMUNITY WORKERS  
WHO ATTENDED  
COURSES

164

EXTERNAL  
PRESENTATIONS TO

1176

INDIVIDUALS

FPV CLINICAL  
PLACEMENTS

1576

HOURS

GP IUD  
TRAINING

32

PARTICIPANTS



# SCHOOL EDUCATION

During 2016-17 FPV worked collaboratively with members of FPAA to support the development of a position statement on RSE in schools. The FPAA position statement outlines the importance of:

- comprehensive age and developmentally appropriate RSE programs for all schools
- the provision of opportunities for regular professional development in order to increase teacher competence and confidence in the delivery of RSE
- the development of curriculum standards and materials to ensure teachers are able to deliver RSE in structured and appropriate ways

- support for a whole school approach to RSE
- support for parent and carer programs to foster the shared responsibility of home and school in the provision of RSE for young people
- strengthening connections between service providers and classroom teachers in delivering comprehensive RSE programs.

Throughout 2016-17, the Schools Team at FPV worked towards providing services that addressed each of the areas of importance as outlined in the FPAA position statement.





The In-Class Professional Development program which aims to promote the knowledge, skills, confidence and tools needed to drive a whole school approach to RSE, saw FPV educators providing 10 professional learning workshops across the State. These workshops saw 63 hours of capacity building provided to over 110 teachers. In addition to this, 30 teachers from across the state were mentored by FPV educators in the delivery of RSE so that those teachers could 'champion' RSE within their individual schools. For those who received the intensive mentoring, the levels of teacher confidence in delivering the program increased from 38% to 88%. In regard to impact more broadly across the school, 75% of participants indicated that they have applied their knowledge in providing professional support to others within their school. Additionally 87% of teachers have identified that they have been able to influence change within their schools in relation to RSE.

***"It has provided me with rich resources and the confidence to deliver a well thought out and wide health curriculum."***  
(ICPL participant, 30/11/2016)

***"It was a great opportunity for learning in an area I originally didn't feel comfortable in. I have now created a unit based around all the great resources on the RSE portal that our students are really enjoying and learning from."***  
(ICPL participant, 6/6/2017)

***"It has been fantastic across the board. Even the teachers who did not want to teach it at the beginning are now enjoying teaching it and the students are getting lots out of it."***  
(ICPL participant, 8/6/2017)

FPV conducted a review of its Relationships and Sexuality Education Portal (<https://rse.fpv.org.au>). Over the last 12 months the site has had over 19,000 unique visitors from a range of geographical locations across the globe including Melbourne, Geelong, Ballarat, Bendigo, Adelaide, Hobart, Sydney, Brisbane, Perth, Gold Coast, Ausburn (USA), Boston (USA) and London (UK). The portal review found that 88% of users accessed the portal to utilise the free RSE curriculum resources that FPV offers and 100% of users said that they would recommend using the portal to others.

***"It's very easy to navigate."***  
(Portal survey respondent, 29/6/2017)

***"The lesson plans are done in a fantastic/ logical order."***  
(Portal survey respondent, 22/5/2017)

***"Significant improvement from safe landing box, can locate information easily."***  
(Portal survey respondent, 17/5/2017)

***"Activities are easily available and clear to understand and deliver."***  
(Portal survey respondent, 15/5/2017)

The 2016-17 year saw FPV Schools Educators visit over 110 schools, providing educational sessions to 6559 Primary students, 8849 Secondary students and 671 students with a disability.

317 teachers engaged in professional development opportunities provided by FPV's Schools Team.

A total of 16,798 people engaged with the Schools Team over the course of the year including students, teachers, parents, secondary school nurses and other health professionals.





Focusing Effort (In Class Professional Learning)	Strategic Partnerships Project (Relationships and Sexuality Education for Students with Disability)
Airly	Leongatha
Bundalagwah	Officer
Rawson	Hamilton
Paynesville	Sunshine West
St Arnaud	Cobram
Nhill	Invermay
Dimboola	Springvale
Edenhope	Warracknabeal
Mickleham	Ballarat
Roxburgh Park	
Sunbury	
Whittlesea	
Epping	
South Morang	
Traralgon	
Moe	
Leongatha	
Sebastopol	



# COMMUNITY SERVICES

This year has seen FPV's Community Outreach Service (previously called the Blood Borne Viruses/ Sexually Transmissible Infections Program) and FPV's Disability Service join to form the Community Services Team. The formation of the Community Services Team (CST) allows for a more integrated approach to our core work and will create opportunities for a broader range of new products and services that build capacity within the community sector to improve the reproductive and sexual health outcomes of some of the most marginalised people in Victoria.

CST shared their knowledge and expertise at several international, national and local meetings including sector forums, the Australasian Society for Intellectual Disability Conference held in New Zealand, the Victorian Autism Conference, and the inaugural SexED Up! Expo. CST also presented to health services staff and community representatives from Indonesia, China and the Philippines as part of the Community Conducted HIV Testing, PrEP and Self-Testing for Adolescents Professional Development Seminar hosted by Burnet Institute, UNICEF and ASHM. CST provided the international delegates with information about engaging adolescents in their reproductive and sexual health and increasing access to testing and prevention through policy development, health promotion initiatives and service delivery models targeting adolescents. The session was very well received and the feedback from the international delegates was extremely positive.

CST has delivered 37 professional learning sessions to a wide range of audiences in diverse settings

within the community sector. This has included staff in supported employment, adult training and support service organisations, secondary school nurses, youth worker students and housing and residential care staff working with marginalised youth and people with mental health issues and/ or cognitive disability. This professional learning aims to provide community professionals with the knowledge and confidence to have conversations regarding sex and relationships and the prevention, screening and treatment of blood borne viruses and STIs. The sessions are also designed to help reduce the stigma and discrimination faced by LGBTI people. Of particular note, CST has established a strong relationship with Victoria Police's Gay and Lesbian Liaison Officers (GLLOs) in both regional and metropolitan locations, which has led to 70 GLLOs receiving training on service mapping, referral pathways and working with LGBTI clients who may require specific support.

Our accredited training 'Sexuality & Cognitive Disability' has continued to be popular, with 17 disability professionals attending the course during 2016-17. Completion of this unit of study requires pre-reading, two full days of attendance, and assessment which, particularly in a sector such as community services that has multiple competing priorities, shows a strong dedication by the professionals and their organisations to improving the RSH outcomes of people with cognitive disability. CST was proud to provide a participant from Barwon with a scholarship to attend this important training.

**PROFESSIONAL  
LEARNING  
SESSIONS**

**37**

**DISABILITY  
GROUP  
EDUCATION  
SESSIONS**

**17**

**YAK SOCIAL  
SUPPORT  
GROUP  
SESSIONS**

**18**

**YOUNG  
PEOPLE  
INFORMATION  
SESSIONS**

**50**



The CST has delivered information sessions to parents and carers, including foster and kinship carers on puberty, respectful relationships, age appropriate information and behaviour, engaging young people in their reproductive and sexual health, and supporting LGBTI young people to access support services. FPV has also been running Yak, a social support group for LGBTI young people for nearly 15 years, making it one of the longest running groups of its kind in Victoria. It was therefore timely to review the current needs of young LGBTI Victorians to ensure that we can continue to provide relevant and meaningful support. This process included a review of published literature, an audit of other group supports available to young LGBTI people in Victoria and consultation with past and current 'Yakkers'. The findings from this review informed the redevelopment of FPV's social support group for LGBTI young people, which will be re-launched in 2017-18. The CST continues to provide young LGBTI people and young people outside the mainstream school system with vital information about the prevention, screening and treatment of BBV/STIs including how to access appropriate reproductive and sexual health care. The team also provide information sessions on sexual and gender diversity aimed at reducing the stigma and discrimination faced by LGBTI people in Victoria.

For adults with cognitive disability we provide group education on a broad range of RSH topics such as laws about sex, contraception, BBV/STIs and healthy relationships. In addition to group education, the team also provide individual education programs to address sexual behaviours of concern.

The disability sector is undergoing significant reform with the phased roll out of the National Disability Insurance Scheme (NDIS). FPV is a registered service provider and is actively engaging with participants to meet their individually tailored goals. The CST will continue to build on opportunities created by the ongoing implementation of the NDIS. FPV secured funding through the safeguarding initiative of the DHHS to undertake the Navigating Respectful Relationships and Sexuality Education project, which aims to create a better understanding of the resources and services available regarding respectful relationships and sexuality education (RRSE) for adults with cognitive disability. The project will be completed in 2017-18 and will provide DHHS with information on service availability across Victoria, as well as a best practice criteria checklist that adults with cognitive disability, their parents and carers and disability professionals can use when seeking these services.



# OUR PEOPLE

Family Planning Victoria was very proud to be selected as one of only seven finalists for the Best Workplace Flexibility Program in the 2017 Australian HR Awards.

## Continuous Improvement

Employee engagement remains a priority for FPV. With a strategic objective of attracting, developing and maintaining a high performing workforce, FPV has over the last twelve months continued our investment in our people. FPV has a well-established process and ongoing commitment to provide timely, discipline specific and general supervision through group and one on one activities. Further to this, staff are engaged in various ways to contribute to projects, give input on proposed changes and inform service development. All these activities, as individuals, groups of staff and those who come together with shared interests, assist FPV to work towards continuous improvements.

## Learning and Development

Employee development is key to keeping employees engaged, skilled and motivated and at FPV in 2016-17 we have provided opportunities across many levels through involvement in key projects, through formal learning programs, ongoing coaching and utilising our subject matter experts.

## Employee Relations

52% of FPV's workforce is employed on enterprise agreements. In 2016, FPV in consultation with our nursing workforce, renegotiated a new enterprise

agreement, the FPV and ANMF Enterprise Agreement 2016. 48% of staff are on either Modern Award or Common Law Contracts.

## Workplace Benefits

At FPV we recognise that the impact that we make as an organisation could not be made without the dedication and commitment of our highly valued employees and subsequently we have made the commitment to ensuring that our employees are recognised, rewarded and have access to opportunities that allow them to maximise their personal/family and work obligations.

To assist in providing these opportunities for our employees, some of the Employee Benefits on offer include:

- Salary packaging
- Personal leave entitlements above Fair Work requirements
- Paid parental leave
- Job Share arrangements
- Compressed or extended working hours
- Time in lieu and flexi time
- Paid study and professional development leave
- Discounted Health Insurance programs
- Free Employee Assistance Program
- Online self-paced learning programs



**22%**  
**FULL TIME**



**56%**  
**PART TIME**



**22%**  
**CASUAL**



**22%**  
**NURSES**



**26%**  
**DOCTORS**



**9%**  
**SCHOOL  
EDUCATORS**



**3%**  
**ALLIED  
HEALTH**



**18%**  
**PROFESSIONAL**



**19%**  
**ADMINISTRATION  
AND OTHER**

Employee development is key to keeping employees engaged, skilled and motivated and at FPV in 2016-17 we have provided opportunities across many levels through involvement in key projects, through formal learning programs, ongoing coaching and utilising our subject matter experts.



# CONTINUOUS QUALITY IMPROVEMENT

In maintaining our status as a leader in Reproductive and Sexual Health, FPV has maintained its focus on improving its quality framework through embedding continuous improvement practices in our everyday work.

Through evaluating our services and by monitoring both employee and client feedback, we have continued to create opportunities for continuous improvement across the organisation. In the course of the year, the organisation received direct feedback from clients of our clinics and participants in our professional development sessions which resulted in the implementation of improvement initiatives driving further service improvements.

We have maintained a feedback register and corrective actions log as part of our quality management systems. By better understanding our clients' experiences and expectations, FPV has been able to be innovative and responsive.

The creation of a Clinical Governance Management Committee, which meets bi-monthly, ensured safe, responsive, contemporary and best practice oversight of clinical services and is driving our clinical continuous improvement agenda.

FPV currently holds accreditation against the Quality Improvement Council (QIC) Health and Community Service Standards (HSS). These standards recognise the organisation for its whole of organisation continuous quality improvement approach and ability to build organisational capacity to assist in delivering a high standard of services to our clients.

With our accreditation renewal due in December 2018, FPV is currently mid cycle and will shortly be undertaking a mid cycle review.

FPV is also a Registered Training Organisation (RTO) and in 2016 successfully completed a re-registration audit with the Victorian Registrations and Qualifications Authority as well as successfully completing an Extension to Scope Audit.

Over the next 12 months FPV will continue to build upon our continuous improvement initiatives with particular focus on the completion of our current Continuous Improvement Plan in preparation for our re-accreditation audit in 2018. Furthermore, FPV will continue to build and develop the internal capacity of our employee base through proactively monitoring, supporting and minimising risk program areas.



**By better understanding our clients' experiences and expectations FPV has been able to be innovative and responsive.**

# BUSINESS SUPPORT SERVICES



## **FPV continued to invest in its ICT systems throughout the year to ensure a scalable, supportable and sustainable operating environment across all areas.**

In 2016-17, FPV completed its migration to a private ICT cloud enabling the organisation to adopt new technologies, monitor its ICT, and allow for the ability to adapt to changing internal and external environments. The migration to external hosting of FPV's ICT environment has allowed for the implementation of an extensive disaster recovery plan and the introduction of a higher level of security for FPV's IT infrastructure through contemporary solutions, protecting the organisation from spam, viruses and malware.

A key component of the upgrade of the ICT systems was the investment and roll out of new hardware across the organisation. This has

allowed the organisation to be more agile in its work practices, allowing connectivity to FPV's IT environment from anywhere in the world.

The next step in our ICT journey is to integrate collaborative platforms ultimately allowing for interconnectivity between our software and applications. This will include our new online learning management system, our clinical software and the online shopping cart on our website.

With clinical appointments and our new LMS now available online through our website the next stage in our journey will be working towards ensuring our staff, clients, students and stakeholders have access to information and services as and when needed and all with ease.



## Publications:

Newton D, Bayly C, McNamee K, Hardiman A, Bismark M, Webster A, et al. How do women seeking abortion choose between surgical and medical abortion? Perspectives from abortion service providers. *Australian and New Zealand Journal of Obstetrics and Gynaecology*. 2016;10.1111/ajo.12506.

Bateson D, Stewart S, McNamee K. An update on combined hormonal contraceptive pills. *Medicine Today*. 2017; 18(7):51-55.

Pearson S, Stewart M, Bateson D. Implanon NXT: Expert tips for best-practice insertion and removal. *Australian Family Physician*. 2017; 46(3):104-108.

Wilkinson AL, McNamee K, El-Hayek C, Chow EP, Bradshaw CS, Roth N, et al. Utility of risk-based chlamydia testing in primary care: analysis of retrospective surveillance data among women in Melbourne, Australia. *Sexual Health*. 2017;10.1071/SH16202.

Kirkman M, Stubber C, Rowe H, Holton S, Bayly C, Jordan L, et al. Subjective meanings of 'unintended' pregnancy: interviews from understanding fertility management in contemporary Australia. *Culture, Health and Sexuality*. 2017;19(2):179-93.

Keogh LA, Newton D, Bayly C, McNamee K, Hardiman A, Webster A, et al. Intended and unintended consequences of abortion law reform: perspectives of abortion experts in Victoria, Australia. *Journal of Family Planning and Reproductive Health Care*. 2017;43(1):18-24.

Rowe H, Holton S, Kirkman M, Bayly C, Jordan L, McNamee K, et al. Abortion: findings from women and men participating in the Understanding Fertility Management in Contemporary Australia national survey. *Sexual Health*. 2017;10.1071/SH17004.

Freilich K, Holton S, Rowe H, Kirkman M, Jordan L, McNamee K, et al. Sociodemographic characteristics associated with the use of effective and less effective contraceptive methods: findings from the Understanding Fertility Management in Contemporary Australia survey. *European Journal of Contraception and Reproductive Health Care*. 2017;22(3):212-21.

Ellawela Y, Nilaweera I, Holton S, Rowe H, Kirkman M, Jordan L, et al. Contraceptive use and contraceptive health care needs among Sri Lankan migrants living in Australia: Findings

from the understanding fertility management in contemporary Australia survey. *Sexual and Reproductive Healthcare*. 2017;12:70-5.

Bateson D, McNamee K. Perimenopausal contraception: A practice-based approach. *Australian Family Physician*. 2017;46(6):372-7.

## Conferences:

Wellby T. Victorian Autism Conference, September 2016, Positive practical tips for relationships and sexuality education for people with cognitive disability.

Wellby, T. Australasian Society for Intellectual Disability (ASID) Conference, November 2016, Wellington, Looking beyond because relationships for people with an intellectual disability matter.

McNamee K, Inness C, Powell S, Johnson M. Sexual Health Conference, November 2016, MTOP ONE STOP SHOP - Implementing a Medication Abortion Training Model in a Community Based Reproductive and Sexual Health Service.

Kokonis, A. ACHPER Victoria Annual Conference on Relationships and Sexuality Education for Secondary Schools and Relationships and Sexuality Education for Primary Schools, December 2016.

Whelan, K. SexEd Up! Expo, February 2017, Melbourne, Relationships and Sexuality Information at Family Planning Victoria for People with Cognitive Disability.

Nguyen P, Osborne A, Powell S, McNamee K, Garad R. Unplanned pregnancy and abortion in Australia conference, August 2017, Transferability of a Family Planning MTOP clinic model to other primary care settings in Victoria.

Osborne A, Nguyen P, Powell S, McNamee K, Garad R. Unplanned pregnancy and abortion in Australia conference, August 2017, Introduction of an abortion service at a Family Planning Clinic in Victoria: a process evaluation.

## Posters:

Machalek D, Garland S, Brotherton J, Bateson D, McNamee K, Stewart M, Edney L, Beverley A, Johnson M, Skinner S, Liu B, Cornall A, Kaldor J, Tabrizi S. (March 2017). Ongoing Decline in Cervical HPV Infections Nine Years Following Implementation of Vaccination. Poster session at the International Papillomavirus Conference, Cape Town, South Africa.



## Advocacy

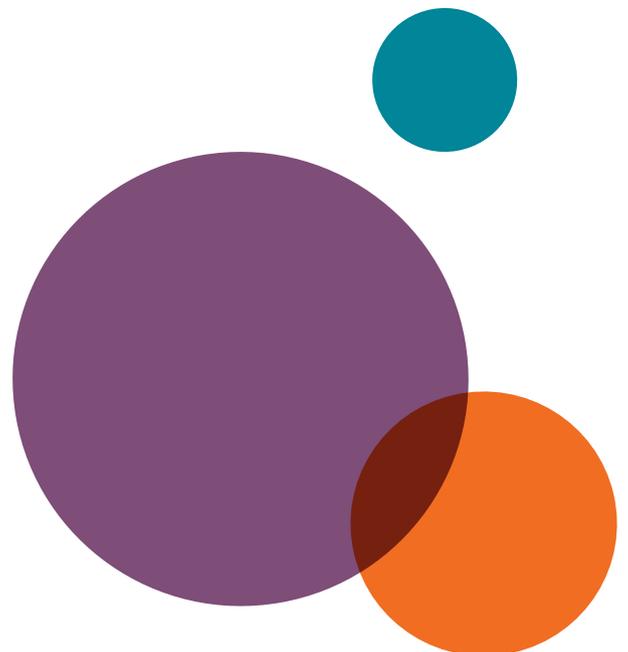
Letter of support for consultation submission by MS Health Pty Ltd to Australian Department of Health – Therapeutic Goods Administration for inclusion of EllaOne® (ulipristal) in appendix H of the Poisons Standard, February 2017.

Letter of petition to all Victorian MPs opposing the US imposed Global Gag Rule, March 2017 – in conjunction with FPAA.

## Partnerships and Collaborations

In 2016-2017, FPV continued to partner with many other organisations to improve the reproductive and sexual health of Victorians and expand our reach, including:

- The Australia Forum on Sexuality, Education & Health
- Ansell
- Austin Health
- Australian Healthcare & Hospitals Association
- Australian Research Centre in Sex, Health & Society
- Bayer
- Burnet Institute
- Cancer Council Victoria
- Centre for Excellence In Rural Sexual Health
- City of Greater Dandenong
- cohealth
- Department of Education and Training
- Department of Health & Human Services
- Eastern Health
- Family Planning Alliance Australia
- Family Planning NSW
- Family Planning Tasmania
- Family Planning Welfare Association of Northern Territory Inc.
- Forensicare
- Jean Hailes
- Marie Stopes International
- Melbourne Sexual Health Centre
- Merck Sharp & Dohme (MSD)
- Monash University
- Multicultural Centre for Women’s Health
- North Western Melbourne Primary Health Network
- PapScreen Victoria
- Principal’s Association of Specialist Schools Victoria
- Rainbow Network
- Royal Australian College of General Practitioners (RACGP)
- Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG)
- Sexual Health and Family Planning ACT
- Shine South Australia
- SHQ (Sexual Health Quarters)
- Western Health
- The Royal Women’s Hospital
- The University of Melbourne
- True Relationships and Reproductive Health
- Victorian Aids Councilw
- Victorian Assisted Reproductive Treatment Authority
- Victoria Police
- Victorian Principals Network
- Women’s Health Organisations
- Women’s Health Victoria







# GOVERNANCE & FINANCIALS

BOARD OF DIRECTORS  
PROFILES

FINANCIALS

OUR PRIORITIES





## 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 2017.

### Directors

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



### Jane Stuchberry, BA (Hons), MA (Organisational Psychology) Melbourne University - Chair

#### Experience & expertise

Appointed to the Board as a non-executive director in 2010 and elected as Chair in 2013. Jane is an organisational psychologist and management consultant with experience in governance, board evaluation, reward, people strategy and change management. She has had a long career as a Practice Leader and Principal in large global professional service firms such as Ernst and Young, Andersen and Mercer.

Jane previously served as a Director of the private media company, Goulburn Valley Broadcasting, and of Fairley Leadership Program, an organisation that provides opportunities for people to develop leadership skills across the Goulburn Murray region.

#### Special responsibilities

Board Chair (current) Member, Remuneration and Nominations Committee (current)



### 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, AICAA – Deputy Chair

#### Experience & expertise

Appointed to the Board as a non-executive director in 2013 and elected as Vice Chair in 2014.

Nick has 30 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 two 4-year terms on June 30, 2016. His role has included strategy, economics, risk management and transactions practices at a local and global level. As a partner, he has served on numerous committees and undertaken special reviews for the Board.

#### Special responsibilities

Board Deputy Chair (current) Member, Quality and Risk Committee (current) Member, Finance and Audit Committee (current)

### **Fred Clarke, Dip Teaching - Director**

#### **Experience & expertise**

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

Fred has over 45 years' experience in Education as a class room teacher, a regional Senior Education Officer and school principal. His early teaching was in a variety of settings and locations both in the country Victoria and in Melbourne. He has been principal of six different primary schools and more recently principal of a large P-12 school with over 2,000 students.

Fred is passionate about ensuring all children get the same opportunity to thrive and grow no matter where they live or what obstacles confront them. His current work is around trying to shape and influence child development prior to school entry. His current school has a sexuality program that has been running for over seven years from Prep to Year Ten.



Fred is also a non-executive director of Bethany Community Services Inc. and Bethany Kindergarten Services in Geelong. Bethany offers a range of support services to children, families and individuals including disability support services, family violence support, family relationships counselling, parenting programs, supported playgroup and housing services.

#### **Special responsibilities**

Member, Quality & Risk Committee (current)



### **Hannah Evans-Barns, BBiomedSc, Bond University - Director**

#### **Experience & expertise**

Appointed to the Board as a non-executive director in 2014

Hannah previously completed a Bachelor of Biomedical Science at Bond University. She is currently undertaking a Doctor of Medicine at the University of Melbourne, concurrently with a Master of Bioethics.

In addition to her background in health and medicine, Hannah has experience in Business Development, including the delivery of customer focused products and services.

She has knowledge in the core business areas of Family Planning Victoria, including young people's health and research.

#### **Special responsibilities**

Member, Remuneration and Nominations Committee (current)



**Anne Howells, BCom, University of Tasmania, CA, MB (Corporate Governance) RMIT, GAICD - Chair Finance & Audit Committee**



**Experience & expertise**

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

Anne is 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. Anne is a Director of CP Solutions Pty Ltd providing interim executive support to medium sized businesses experiencing growth or other changes. She is passionate about excellence in customer service and corporate governance.

**Special responsibilities**

Chair, Finance and Audit Committee (current)

**Jane Martin, BA (Hons), University Western Australia, MPH, Monash – Chair Quality & Risk Committee**

**Experience & expertise**

Appointed to the Board as a non-executive director in 2011

Jane is an expert in public health policy, research and advocacy with a focus on alcohol harm reduction and obesity prevention at the Cancer Council Victoria. She previously worked in tobacco control, including many years with Quit Victoria. She is a practiced communicator of population health science with twenty years of experience in disseminating health information and messages via news and other media. Jane sits on a number of state and national government advisory committees and is Vice-President of the Australia New Zealand Obesity Society. She holds positions as an Honorary Fellow at Deakin University and a Senior Fellow at Melbourne University.

**Special responsibilities**

Chair, Quality and Risk Committee (current)





**Diana Nestorovska, BA, LLB (Hons),  
Grad Dip Legal Practice (University of  
Wollongong) – Director**

**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 practice with a focus on commercial and regulatory matters, and government practice with a focus on administrative law and litigation. Diana has advised many clients in the health sector.

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 recently completed a Master of Laws at the University of Melbourne. Diana previously served on the board of the University of Wollongong and has taught commercial law at Monash University.

**Special responsibilities**

Member, Finance & Audit Committee (current)

**Dr Paddy Moore, FRANZCOG – Director**

**Experience & expertise**

Appointed to the Board as a non-executive director in 2013

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 Family Planning services at the Royal Women’s Hospital and Austin Health. She also holds a position as a sessional gynaecologist at the Royal Children’s Hospital.

Paddy is a past chair of and served on the RANZCOG regional committee.

**Special responsibilities**

Member, Quality & Risk Committee (current)



**Garry Roach, BA, Monash, Dip Ed, LaTrobe, MAICD  
- Ex - Director**

Garry Roach resigned as a Director in October 2016. Garry is Director and Principal Consultant of Garry Roach & Co, a business that has been providing management consultancy to the public and community sectors for the last 10 years. Garry previously worked as a senior public sector manager at the Departments of Justice and Human Services. He is experienced in the areas of advocacy, disability, drug and alcohol, homelessness and mental health services.

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Family Planning Victoria Inc.

## Board Members' Report

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### Principal activities

In pursuance of the aims and objectives of the Association, the core business of Family Planning Victoria Inc. is:

- the provision of sexual and reproductive health clinical services to members of the community most at risk, in particular to people who are disadvantaged or marginalised and experience difficulty accessing health care;
- the provision of counselling services in the areas of sexual and reproductive health and related issues;
- the education and training of those who have a role in providing and promoting sexual and reproductive health, including those working with disadvantaged and marginalised members of communities; and
- the provision of leadership and working collaboratively to assist communities to enhance the health and wellbeing of their members, particularly in relation to sexual and reproductive health issues.

Family Planning Victoria Inc. received funding for the above activities from the Victorian Government.

Family Planning Victoria Inc. is also able to generate income from the provision of medical services, education and training, the sale of resources and literature on sexual and reproductive health and allied subjects and 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 2016/17 was \$6,013,457 compared to 2015/16 revenue of \$5,956,650. The surplus for the year 2016/17 was \$19,481 compared to a surplus of \$23,691 for 2015/16.

Significant financial variations for 2016/17 compared to 2015/16 were:

Increase in IT related costs	\$158,978
Increase in grants received	\$125,469
Decrease in asset write offs	\$108,404
Increase in rent & lease expenses	\$ 64,246
Decrease in depreciation & amortisation	\$ 56,731
Decrease in project expenses	\$ 36,537

### Events after the reporting date

No 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

Family Planning Victoria Inc. continues to work towards the goals articulated in the 2015/18 Strategic Plan. During the 2016/17 financial year we:-

- Have focussed our capacity building efforts to areas of highest need
- Expanded our capacity to provide professional learning programs through an increase in the number of courses and online access
- Reviewed our scope of clinical practice to ensure the full suite of reproductive and sexual health services are consistently available to all clients



Family Planning Victoria Inc.

## Board Members' Report

### Future development, prospects & business strategies continued

- Have worked closely with our partners and stakeholders to advocate for the rights of all Victorians to access and enjoy good reproductive and sexual health
- Have developed our workforce capability to consistently ensure a fit for purpose staff resource, and
- Invested in our organisational infrastructure, systems and processes to support and facilitate our work.

In 2017/18 Family Planning Victoria will continue implementing our IT strategy particularly focussing on the transition of professional training to mixed mode education with a contemporary online option. This will expand our reach, further develop and confirm our reputation as sector leaders and provide an alternative competitive environment for the national and international sector education market.

We will complete the redevelopment of our city site to ensure the full scope of clinical services are accessible to those of high need in the CBD and surrounds. This will increase our capacity building capabilities for the health and allied health professions. Further to this, the refurbished site will reintroduce information sessions for young people to improve their familiarity and understanding of reproductive and sexual health services.

We will continue to collaborate and strengthen partnerships which are central to our strategy because they will enable the development of a stronger organisation, help us expand our reach within the health and education sectors and better support client outcomes whilst delivering long-term financial sustainability.

### 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 bio hazard materials is managed under a commercial arrangement with Daniels Health Services Pty Ltd.

### Directors' benefits

Since 30 June 2017, no director of Family Planning Victoria Inc. 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 set out on page 19 and forms part of this Directors' Report.

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

Jane Stuchberry  
Chair

Dated: 12-9-17

Anne Howells  
Chair – Finance & Audit Committee

Dated: 12.9.17



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## Auditor's Independence Declaration To the Directors 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 2017, I declare that, to the best of my knowledge and belief, there have been:

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



GRANT THORNTON  
Chartered Accountants



Brock Mackenzie  
Partner

Melbourne, 12 September 2017

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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 2017

	Note	2017 \$	2016 \$
Revenue	2	6,013,457	5,956,650
Employee benefits expense		(4,315,200)	(4,286,960)
IT related expenses		(380,988)	(222,010)
Project expenses		(276,186)	(312,723)
Rent & lease expenses		(192,067)	(127,821)
Rental property expenses		(115,696)	(102,234)
Stock & consumables used		(73,442)	(89,800)
Communications		(65,138)	(57,487)
Cleaning		(63,551)	(56,274)
Travel & transport		(51,751)	(44,286)
Course expenses		(48,357)	(47,327)
Depreciation & amortisation expenses		(38,920)	(95,651)
Asset write-offs		-	(108,404)
Other expenses		(371,140)	(381,107)
Finance costs		(1,540)	(875)
Net current year surplus	3	19,481	23,691
Other Comprehensive Income		-	-
<b>Total Comprehensive Income for the year</b>		<b>19,481</b>	<b>23,691</b>

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 2017

	Note	2017 \$	2016 \$
<b>Cash flows from operating activities</b>			
Grant receipts (inclusive of GST)		4,968,227	4,893,931
Non-grant receipts (inclusive of GST)		1,396,952	1,477,012
Payments to suppliers and employees (inclusive of GST)		(6,172,675)	(5,545,231)
Cash generated from operations		192,504	825,712
Interest received		65,639	66,473
Finance costs		(1,540)	(875)
GST (remitted to/refunded from) ATO		(322,661)	(353,579)
<b>Net cash used in operating activities</b>	13b	<b>(66,058)</b>	537,731
<b>Cash flows from investing activities</b>			
Proceeds from sale of property, plant & equipment			4,403
Purchase of property, plant & equipment and intangible assets		(96,730)	-
Purchase of financial assets		(60,462)	(554,196)
<b>Net cash used in investing activities</b>		<b>(157,192)</b>	(549,793)
Net change in cash and cash equivalents held		(223,250)	(12,062)
Cash and cash equivalents at beginning of financial year		667,288	679,350
<b>Cash and cash equivalents at end of financial year</b>	13a	<b>444,038</b>	667,288

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 2017

	Note	2017 \$	2016 \$
<b>Current assets</b>			
Cash and cash equivalents	4	444,038	667,288
Financial assets	5	2,411,624	2,351,162
Trade and other receivables	6	41,922	40,100
Inventories	7	17,877	16,396
Other current assets	8	14,921	16,811
<b>Total current assets</b>		<b>2,930,382</b>	<b>3,091,757</b>
<b>Non-current assets</b>			
Property, plant and equipment	9	1,605,054	1,547,244
<b>Total non-current assets</b>		<b>1,605,054</b>	<b>1,547,244</b>
<b>Total assets</b>		<b>4,535,436</b>	<b>4,639,001</b>
<b>Current liabilities</b>			
Trade and other payables	10	811,923	783,776
Employee benefits	11	863,317	1,031,123
<b>Total current liabilities</b>		<b>1,675,240</b>	<b>1,814,899</b>
<b>Non-current liabilities</b>			
Employee benefits	11	59,647	43,034
<b>Total non-current liabilities</b>		<b>59,647</b>	<b>43,034</b>
<b>Total liabilities</b>		<b>1,734,887</b>	<b>1,857,933</b>
<b>Net assets</b>		<b>2,800,549</b>	<b>2,781,068</b>
<b>Equity</b>			
Reserves		5,827	5,827
Retained earnings		2,794,722	2,775,241
<b>Total equity</b>		<b>2,800,549</b>	<b>2,781,068</b>

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 2017

	Retained Surplus \$	Reserves \$	TOTAL \$
<b>Balance at 1 July 2015</b>	<b>2,751,550</b>	<b>5,827</b>	<b>2,757,377</b>
<b>Comprehensive Income</b>			
Surplus/(Deficit) for the year attributable to members of the entity	23,691	-	23,691
Total comprehensive income attributable to members of the entity	23,691	-	23,691
Transfer (to)/from retained earnings	-		-
<b>Balance at 30 June 2016</b>	<b>2,775,241</b>	<b>5,827</b>	<b>2,781,068</b>
<b>Comprehensive Income</b>			
Surplus/(Deficit) for the year attributable to members of the entity	19,481	-	19,481
Total comprehensive income attributable to members of the entity	19,481	-	19,481
<b>Balance at 30 June 2017</b>	<b>2,794,722</b>	<b>5,827</b>	<b>2,800,549</b>

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



# Financial Statements

## Notes to the Financial Statements

For the year ended 30 June 2017

### 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 and is based on historic costs and does not take into account 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 are carried at cost or fair value less, where applicable, any accumulated depreciation and impairment losses.

The depreciable amount 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%

##### 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. Leases

Lease payments for operating leases, where substantially all the risks and benefits remain with the lessor, are charged as expenses in the periods in which they are incurred.

##### e. Inventories

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



## Financial Statements

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### **f. 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.

The Association adopts the policy of accruing a long service leave liability for all employees applying a probability percentage for those employees with less than 7 years' service.

### **g. Revenue**

Revenue comprises revenue from the sale of goods, government grants, fundraising activities and client contributions. Revenue from major products and services is shown in Note 2.

Revenue is measured by reference to the fair value of consideration received or receivable for goods supplied and services provided, excluding goods and services tax (GST), rebates, and trade discounts.

Revenue is recognised when the amount of revenue can be measured reliably, collection is probable, the costs incurred or to be incurred can be measured reliably, and when the criteria for each of the Association's different activities have been met. Details of the activity-specific recognition criteria are described below.

#### ***Sale of goods***

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

#### ***Government grants***

Several of the Association's programs are supported by grants received from the federal, state and local governments.

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

Where a grant is received on the condition that specified services are delivered to the grantor, this is considered a reciprocal transaction. Revenue is recognised as services are performed and at year end a liability is recognised until the service is delivered.

Revenue from a non-reciprocal grant that is not subject to conditions is recognised when the Association obtains control of the funds, economic benefits are probable and the amount can be measured reliably. Where a grant may be required to be repaid if certain conditions are not satisfied, a liability is recognised at year end to the extent that conditions remain unsatisfied.

Where the Association receives a non-reciprocal contribution of an asset from a government or other party for no or nominal consideration, the asset is recognised at fair value and a corresponding amount of revenue is recognised.

#### ***Client contributions***

Fees charged for care or services provided to clients are recognised when the service is provided.

#### ***Donations***

Donations collected, including cash and goods for resale, are recognised as revenue when the Association gains control, economic benefits are probable and the amount of the donation can be measured reliably.

#### ***Interest income***

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



## Financial Statements

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### **h. 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.

### **i. Goods and Services Tax (GST)**

Revenues, expenses and assets are recognized 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 recognized 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.

### **j. Provisions**

Provisions are recognized 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 at the best estimate of the amounts required to settle the obligation at reporting date.

### **k. Comparative Figures**

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

### **l. Critical Accounting Estimates and Judgments**

The Board of Directors evaluates estimates and judgments 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.

### **m. Accounting standards issued but not yet effective**

At the date of authorisation of these financial statements, certain new standards, amendments and interpretations to existing standards have been published but are not yet effective, and other than where noted elsewhere in the financial report, have not been adopted early by the Association.

Management anticipates that all the relevant pronouncements will be adopted in the Association's accounting policies for the first period beginning after the effective date of the pronouncement.

The Association is in the process of considering the impact of these new standards, amendments and interpretations.



Family Planning Victoria Inc.

**Financial Statements****2017****2016****\$****\$****2. REVENUE**

<b>Operating activities</b>		
Grants received	4,561,843	4,436,374
Clinical services revenue	633,059	612,295
Education services revenue	443,773	426,617
Rental income	216,222	232,823
Resource sales & subscriptions revenue	49,413	47,119
Interest	65,639	66,473
Donations received	11,486	25,295
Miscellaneous income	31,127	32,680
National alliance income	-	70,851
Members subscriptions	895	1,720
Profit on sale of asset	-	4,403
<b>Total Revenue</b>	<b>6,013,457</b>	<b>5,956,650</b>

**3. PROFIT**

Results from ordinary activities has been determined after charging:

<b>Expenses</b>		
Depreciation & amortisation of property, plant and equipment	38,920	95,651
Asset write-offs	-	108,404
Cost of sales - medical	18,251	21,581
Cost of sales - resources	14,803	25,789
Finance costs	1,540	875
Remuneration of auditor - audit or review services	12,500	12,761
Rental expense on operating leases:		
Computer, office equipment & motor vehicles	104,553	44,895
Rent external	87,514	82,926
<b>Total</b>	<b>192,067</b>	<b>127,821</b>

**4. CASH AND CASH EQUIVALENTS**

Cash on hand	1,750	1,850
Cash at bank	442,288	665,438
<b>Total</b>	<b>444,038</b>	<b>667,288</b>

**5. FINANCIAL ASSETS**

Term deposit	2,411,624	2,351,162
<b>Total</b>	<b>2,411,624</b>	<b>2,351,162</b>

**6. TRADE AND OTHER RECEIVABLES**

<b>Current</b>		
Trade receivables	40,206	34,757
Other receivables	1,716	5,343
<b>Total</b>	<b>41,922</b>	<b>40,100</b>



Family Planning Victoria Inc.

**Financial Statements**

2017

2016

\$

\$

**7. INVENTORIES**

Current		
Resources - at cost	15,721	44,155
Medical supplies - at cost	5,055	7,516
Less: Provision for slow moving and obsolete stock	(2,899)	(35,275)
<b>Total</b>	<b>17,877</b>	<b>16,396</b>

**8. OTHER CURRENT ASSETS**

Current		
Prepayments	14,921	16,811
<b>Total</b>	<b>14,921</b>	<b>16,811</b>

**9. PROPERTY, PLANT AND EQUIPMENT**

Freehold land - at cost	493,113	493,113
	<b>493,113</b>	<b>493,113</b>
Buildings - at cost	1,770,224	1,770,224
Less: Accumulated depreciation	(751,230)	(716,093)
	<b>1,018,994</b>	<b>1,054,131</b>
Fit-out costs - at cost	696,582	696,582
Less: Accumulated depreciation	(696,582)	(696,582)
	-	-
Plant & equipment - at cost	1,999,310	1,959,342
Less: Accumulated depreciation	(1,963,125)	(1,959,342)
	<b>36,185</b>	-
Capital work in progress	56,762	-
	<b>56,762</b>	-
Total - at cost	5,015,991	4,919,261
Less: Accumulated depreciation	(3,410,937)	(3,372,017)
<b>Total</b>	<b>1,605,054</b>	<b>1,547,244</b>

**a. Movements in carrying amounts**

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

	Land & buildings	Capital work in progress	Plant & equipment	Total
<b>Balance at 1 July 2015</b>	<b>1,589,242</b>	<b>0</b>	<b>156,727</b>	<b>1,745,969</b>
Additions	-	-	-	-
Disposals	-	-	-	-
Asset write-off	-	-	(108,404)	(108,404)
Depreciation expense	(41,998)	-	(48,323)	(90,321)
<b>Balance at 30 June 2016</b>	<b>1,547,244</b>	<b>0</b>	<b>0</b>	<b>1,547,244</b>
Additions	-	56,762	39,968	96,730
Disposals	-	-	-	-
Asset write-off	-	-	-	-
Depreciation expense	(35,137)	-	(3,783)	(38,920)
<b>Balance at 30 June 2017</b>	<b>1,512,107</b>	<b>56,762</b>	<b>36,185</b>	<b>1,605,054</b>

**Financial Statements**

2017

2016

\$

\$

**10. TRADE AND OTHER PAYABLES**

<b>Current</b>		
Trade payables	176,771	137,599
Other payables and accruals	303,647	262,457
Revenue received in advance	47,569	42,538
Grants received in advance	209,740	260,043
Course income received in advance	74,196	81,139
<b>Total</b>	<b>811,923</b>	<b>783,776</b>

**11. EMPLOYEE BENEFITS**

<b>Current</b>		
Other provisions	7,391	26,080
Long service leave	512,657	614,098
Annual leave	343,269	389,724
Fringe benefits tax	-	1,221
<b>Total</b>	<b>863,317</b>	<b>1,031,123</b>
<b>Non-current</b>		
Long service leave	59,647	43,034
<b>Total</b>	<b>59,647</b>	<b>43,034</b>

**12. COMMITMENTS**

Non-cancellable operating leases contracted for rental of Action Centre premises, motor vehicles and IT equipment but not capitalised in the financial statement.

<b>Payable - minimum lease payments</b>		
Not later than 12 months	146,614	224,193
Between 12 months and five years	433,803	362,700
<b>Total</b>	<b>580,417</b>	<b>586,893</b>

**13. CASH FLOW INFORMATION****a. Reconciliation of cash and cash equivalents**

Cash on hand	1,750	1,850
Cash at bank	442,288	665,438
<b>Total</b>	<b>444,038</b>	<b>667,288</b>

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

Profit from ordinary activities	19,481	23,691
Non cash flows in profit from ordinary activities:		
Depreciation & amortisation expense	38,920	95,651
Asset write-offs	-	108,404
Slow moving stock provision expense	(32,376)	21,552
(Gain)/loss on disposal of assets	-	(4,403)
Changes in assets and liabilities:		
(Increase)/decrease in trade and other receivables	(1,822)	(11,157)
(Increase)/decrease in inventories	30,895	14,521
(Increase)/decrease in other current assets	1,890	(4,940)
Increase/(decrease) in trade and other payables	28,147	121,939
Increase/(decrease) in employee benefits	(151,193)	172,473
<b>Net cash used by operating activities</b>	<b>(66,058)</b>	<b>537,731</b>



## Financial Statements

### 14. 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% (2016: 9.5%) of the employees' salary.

The amount paid to all Superannuation Funds, including employee after tax contributions, during the year was \$364,996 (2016: \$344,295). The amount of contributions outstanding at the end of the year was nil (2016: \$1,246).

### 15. ASSOCIATION DETAILS

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

### 16. CONTINGENT LIABILITIES

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

### 17. FINANCING FACILITIES, MORTGAGES, CHARGES & SECURITIES

Family Planning Victoria has the following financial facilities in place with the CBA & ANZ Bank, all of which are secured by a First Registered Standard Mortgage by Family Planning Victoria property situated at 901-907 Whitehorse Road Box Hill.

At the 30th June 2017, the facilities were as follows:

		Note	Available \$	Amount Drawn
Online Facility	CBA		Account Balance at 30/6/2017	Nil
Online Facility	ANZ		70,000	Nil
Credit Card	ANZ		25,000	7,878
Indemnity Guarantee	ANZ	17(b)	40,000	Nil

#### (a) The carrying amounts of non-current assets pledged as security are:

First mortgage			
Freehold land and buildings	9	1,512,107	1,547,244

#### (b) Indemnity Guarantee

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

### 18. EVENTS AFTER THE REPORTING DATE

No 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

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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, as set out on pages 7 to 17 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 2017 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.

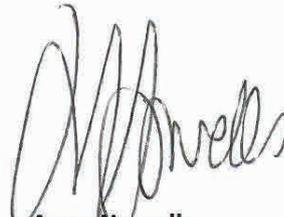
This declaration is made in accordance with a resolution of the Board of Directors.



**Jane Stuchberry**

Chair

Dated: 12-9-17



**Anne Howells**

Chair – Finance & Audit Committee

Dated: 12.9.17



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## Independent Auditor's Report To the Members of Family Planning Victoria Inc.

### Auditor's Opinion

We have audited the financial report of Family Planning Victoria Inc. (the Registered Entity), which comprises the statement of financial position as at 30 June 2017, and the statement of other comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, and comprising notes to the financial statements, including a summary of significant accounting policies and the statement by the Directors.

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

- a giving a true and fair view of the Registered Entity's financial position as at 30 June 2017 and of its financial performance for the year then ended; and
- b complying with Australian Accounting Standards and Division 60 of the *Australian Charities and Not-for-profits Commission Regulation 2013*.

### Basis for Auditor's 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 believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### Emphasis of Matter – Basis of Accounting

We draw attention to Note 1 to the financial report, which describes the basis of accounting. The financial report has been prepared to meet the needs of the Members and Australian Charities and Not-for-profits Commission Act 2012. As a result, the financial report may not be suitable for another purpose. Our opinion has not been modified in respect of this matter.

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Liability limited by a scheme approved under Professional Standards Legislation.

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

The Directors of the Registered Entity are responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards and the Australian Charities and Not-for-profits Commission Act 2012, and for such internal control as the Directors determine 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 Directors are responsible for assessing the Registered Entity's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Directors either intend to liquidate the Registered Entity or to cease operations, or have no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the Registered Entity'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/ar3.pdf](http://www.auasb.gov.au/auditors_responsibilities/ar3.pdf). This description forms part of our auditor's report.



GRANT THORNTON AUDIT PTY LTD  
Chartered Accountants



B A Mackenzie  
Partner - Audit & Assurance

Melbourne, 12 September 2017



# OUR PRIORITIES

## 1. Expand our reach and impact

We will change our models of clinical service and professional learning to focus effort, expand reach and increase impact. In partnership we will:

- implement a planned, area based approach to addressing reproductive and sexual health in areas of disadvantage.
- reduce unnecessary duplication of effort across the sector.
- maximise opportunities for local and national collaboration.

## 2. Provide quality professional learning programs

We will build the capacity of the sector to deliver evidence-based, quality reproductive and sexual health services by:

- continuing to provide accredited and non-accredited professional learning programs for medical practitioners, nurses, allied health professionals and school staff.
- expanding tailored programs to better meet the needs of participants and professionals in the sector.

## 3. Provide a mix of quality clinical services

We will provide leadership in evidence-based clinical reproductive and sexual health primary care practice. We will do this by developing and piloting innovative, cost effective service models, including clinical practice resources. Evidence-based clinical care will be the foundation of our clinical education and training.

## 4. Advocate for the prioritisation of reproductive & sexual health

We will promote reproductive and sexual health in the community, working with stakeholders, service providers and governments. Our expertise, knowledge and partnerships will influence policy, funding and reform that focuses on improving access and affordability, and better equips people to make decisions about their reproductive and sexual health.

## 5. Attract, develop and maintain a high performing workforce

We will develop workforce capability to deliver organisational objectives in a changing environment whilst allowing the organisation to be agile and adapt to both internal and external environments by:

- creating a competitive employee value proposition that fosters engagement, innovation and loyalty.
- defining our point of difference as an organisation, supporting our ability to make a statewide impact.
- maintaining an agile workforce to deliver on organisational objectives through effective workforce planning.

## 6. Strengthen organisational infrastructure, systems and processes

Maintain our strong financial performance by improving business intelligence, broadening revenue sources, and optimising funding.

- Integrate our ICT infrastructure with our business activities and build an innovative, dynamic cost effective and transparent work
- environment that makes it easy to do business with us.
- Forge sustainable strategic partnerships and alliances to expand our reach and strengthen our brand.
- Ensure our physical facilities and resources are fit for purpose and support the efficient delivery of services.
- Strengthen service and program data intelligence to inform our decision making.

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