



**family  
planning  
victoria**

Reproductive & Sexual Health  
Care. Education. Advocacy.



**FAMILY  
PLANNING  
VICTORIA**

**ANNUAL  
REPORT  
2017-18**



Annual Report 2017-18

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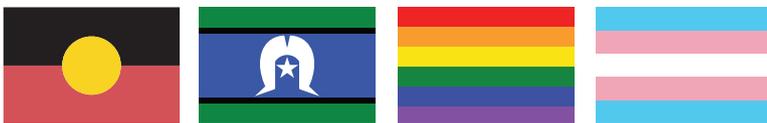
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Family Planning Victoria acknowledges the support of the Victorian Government.



Family Planning Victoria acknowledge the Aboriginal and Torres Strait Islander people as the Traditional Custodians of the land on which our offices stand and in the regions in which we provide our services. We pay our respects to Elders past, present and future.

Family Planning Victoria is committed to providing respectful and inclusive services and work environments where all individuals feel accepted, safe, affirmed and celebrated. With our commitment to embracing diversity and eliminating forms of discrimination in the provision of reproductive and sexual health services, we welcome all people irrespective of cultural or linguistic background, sexual orientation, gender identity, intersex status, religion or spiritual beliefs, socio economic status, age or abilities.



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## OUR VISION IS

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.





# GLOSSARY

**ACHPER** – The Australian Council for Health, Physical Education and Recreation

**AFSEH** – Australia Forum on Sexuality, Education and Health

**AGM** – Annual General Meeting

**AHPRA** – The Australian Health Practitioner Regulation Agency

**CERSH** – Centre for Excellence in Rural Sexual Health

**CEU** – Clinical Education Unit

**CST** – Community Services Team

**DHHS** – Department of Health and Human Services

**FPAA** – Family Planning Alliance Australia

**FPNSW** – Family Planning New South Wales

**FPV** – Family Planning Victoria

**GP** – General Practitioner

**HIV** – Human Immunodeficiency Virus

**HSS** – Health and Community Service Standards

**HSW** – Health, Safety and Wellbeing

**ICPL** – In Class Professional Learning

**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

**PrEP** – Pre-HIV Exposure Prophylaxis

**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

**VARTA** – Victorian Assisted Reproductive Treatment Authority



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# FAMILY PLANNING VICTORIA

## ABOUT US

Family Planning Victoria has a focus on 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 skilled voluntary board of directors, Family Planning Victoria has been providing services to the Victorian community for nearly 50 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 information.

Whilst partially funded by the Victorian Government, Family Planning Victoria also generates revenue through fee-based education and training programs, clinical services and the sale of resources. These funds are used to provide, strengthen and 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. Family Planning Victoria is a founding member of the Family Planning Alliance Australia (FPAA) and associated with International Planned Parenthood Federation (IPPF).



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 information.





# CHAIR OF THE BOARD REPORT



Anne Howells  
Chair of the Board  
Family Planning Victoria

It is my pleasure to provide the Chair of the Board Report to you for the 2017 – 2018 financial year. Family Planning Victoria (FPV) is a leading provider of reproductive and sexual health care, education and advocacy in Victoria. To ensure this is the enduring position for the organisation, this year has been one of reflection, renewal and setting the course for the future.

There are many important fiduciary responsibilities of the Board including review of the Rules (or Constitution), setting the strategic direction, ensuring legislative and regulatory compliance, confident fiscal accountability and the governance of risk. None of this can be successfully implemented, monitored and achieved without a strong relationship with the CEO and Executive Team. We have worked on all of these areas over the last year.

**In June, the membership of FPV present at the General Meeting unanimously accepted the new Rules. We now have a modern, compliant and fit for purpose contract between the organisation and the membership.**

Our 2017 AGM was held at the newly refurbished Action Centre in the CBD. The new facility is a major achievement for FPV. I would like

to acknowledge the contribution of Victorian Government to this project as part of its commitment to Women's Sexual and Reproductive Health Key Priorities 2017 – 2020. Our staff, clients and stakeholders now enjoy a clinic space suitable for the full suite of FPV's clinical services and training. This is augmented by a multipurpose meeting and education space. It is an important priority of the Board to have the right facilities and resources for our staff and clients to ensure the provision of consistently high quality services.

Another example of the right resources to achieve our vision is the excellent ICT system that is now fully implemented. With this technology FPV has launched an interactive online learning system and significantly increased our reach.

The Board has also given considerable attention to the Box Hill site seeking to balance the best interests of FPV in the long term with the needs of our organisation today. This is a complex issue with property attracting considerable interest in the area however there are restrictions on the land use. FPV is committed to working with the local council, other local stakeholders and the Victorian Government to remove the barriers and fully realise the land's potential in due course.



A new risk framework has been implemented that provides regular and accessible reports for the Board and staff. This assists the Board in making risk assessments, setting the risk appetite and contributes to fulfilling legislative and regulatory compliance.

**FPV finished the year with a strong financial result and modest surplus. The surplus will contribute to the ongoing renewal and improvement program of the organisation. This again contributes to our capacity to provide the resources and facilities needed to support our services.**

Our current Strategic Plan comes to an end this year. The new Strategic Plan is in development. The Board adopted a novel approach to the planning process by engaging the XYX Lab consultants to work with the Board, staff and stakeholders to design a plan that is more than business as usual and sets a focussed path to the future. The new plan will be presented to the membership later this year.

Without our CEO, Claire, the Executive Team and our dedicated staff we could not have achieved all that FPV has in the last year. I would like to thank them for their hard work, tenacity and dedication to the organisation. They have worked diligently to engage new partners, augment collaborations and expand our networks. Of course, the success of

FPV's work requires the confidence and trust of our clients, partners, stakeholders and funders – I thank them for their ongoing support

I would also like to acknowledge the contribution of the Board members who retired at the 2017 AGM. In particular, I would like to thank Jane Stuchberry. Jane was a Board member from 2010 and Chair from 2013. Jane's commitment to FPV was unwavering with dedicated attention to the Board and various committees. Her expertise in governance made a significant difference to the organisation. We also bid farewell and thank you to Jane Martin. Jane contributed generously with her expertise in public health policy. During the year, Hannah Evans-Barnes resigned as a Board member. Hannah was our youth voice at the table and contributed a valuable perspective to our discussions. Hannah left to fulfil her work commitments as a medical resident at the Austin Hospital.

Finally, I would like to thank all current Board members. They all give their time voluntarily and work together with dedication and commitment to FPV.

**Anne Howells**  
Chair of the Board  
Family Planning Victoria





# CEO REPORT



Claire Vissenga  
CEO  
Family Planning Victoria

The 2017 – 2018 financial year has been one of review, collaboration and some significant change; those changes are ongoing and are already showing promising results for the organisation. It is my pleasure to provide the 49th Annual Report of Family Planning Victoria to you and to describe the highlights.

A major focus of attention has been the first Women's Sexual and Reproductive Health initiative from the State Government. FPV has provided the specialist training to medical, nursing and administrative staff in the health hubs; has advised and informed the establishment of the 1800 My Options phone service; and significantly increased our provision of medication termination of pregnancy (MTO) and long acting reversible contraception (LARC) through the refurbishment of the Action Centre. We look forward to continuing to advocate for these initiatives receiving ongoing funding and support.

The FPV website is an important medium to communicate with and educate our community. Through a process of optimisation our website is more relevant, accessible and informative. These changes have resulted in a 70% increase in site visits. Activity in the next financial year will see a complete review of website materials and how they are organised to give even greater service to our community.

Integrated Health Promotion (IHP) is an important funding stream and supports activity at FPV. In the last year the previous IHP Strategic Plan was completed and the next four-year plan prepared. The new plan better reflects the intersection of our service delivery with health promotion, research and data and how best to utilise this for the priority populations we target our service to. We look forward to reporting progress of this over coming years.

The clinical service has shown a significant increase in clients and expanded the suite of services; this is in spite of a period of shutdown at the Action Centre for refurbishment. This result reflects smarter approaches to appointment scheduling; increased hours of operation and a greater emphasis on training opportunities for medical and nursing professionals; a change in culture, approach and willingness to work flexibly and is a credit to our staff who have embraced the changes.

The Clinical Education Unit has enjoyed a highly successful year with the introduction of a range of online and mixed mode professional training. In the reporting period the team has educated more professionals who work with more diverse communities with many from regional and rural areas.



Our Schools Team has continued to exceed expectations with nearly 20,000 school students receiving FPV reproductive and sexual health education! Access to high quality, relevant and accessible education for the young people of our state is a priority for FPV; it is their right to be informed, supported in their choices and respected for who they are.

The Community Services Team has continued to provide high quality, responsive support, counselling and education to priority populations including those with disabilities. The introduction of the NDIS has seen some challenges for this area of our work however it is a crucial service in the state and one that we shall strongly advocate for now and into the future.

**FPV employs around 80 staff; those staff work across sites and service areas. Approximately half are part time. We are pleased to offer a range of flexible work place options and benefits to staff; this has contributed to a positive work place culture and attitude as measured in recent staff surveys.**

A crucial part of the work of FPV is more involvement in and contribution to the body of knowledge in the reproductive and sexual health sector. To this end, many staff have published research, presented at conferences and contributed to specialist advisory groups at both a state and national level. This will continue in the next financial year and beyond with a concerted focus on expanding our research efforts and collaboration.

The services we deliver could not happen without good management, financial prudence and systems to guide the validity and reliability of our work. Our approach to this is one of continuous review and improvement. It involves rigorous governance, strong risk management and roles and responsibilities being well understood. This financial

year has been no exception. We have returned a modest surplus; this will be used to build on the improvements achieved to date and plan for the future success of FPV.

This was the final year of the current Strategic Plan 2015 – 2018. Many of the strategies were fully implemented and the targets achieved; some of the strategies are ongoing. Next year will be one of setting the new direction of FPV. We have commenced the process of developing our 2019 – 2023 Strategic Plan with the full engagement of our staff, Board and stakeholders; this plan will be launched soon. Next year will be the 50th anniversary of the founding of the organisation; we are planning our celebrations and look forward to engaging with you all as we showcase the achievements over those years.

This is an exciting time for FPV. The future is bright, our independence is strong and our message is clear. I would like to take this opportunity to acknowledge and thank our amazing staff for their dedication to colleagues, clients and the organisation. In particular, I would like to mention the efforts of the Executive Team who work closely with me to achieve our goals; your professionalism, tenacity and good humour are greatly appreciated. Our Chair and Board of Directors have been a tremendous support and have with generosity and wisdom steered us through the last 12 months.

Finally, I would like to acknowledge and thank our stakeholders and clients. Without you we cannot do what we do. In true collaboration there is a synergy between us that this year is exemplified in our results and the impact of our services. I very much look forward to the next 12 months and beyond and what can be achieved by FPV for our community.



# ACHIEVING OUR STRATEGIC INTENT

- THE ACTION CENTRE
- A CRITICAL PARTNER IN THE VICTORIAN WOMEN'S SEXUAL AND REPRODUCTIVE HEALTH STRATEGY
- EMBRACING DIGITAL TRANSFORMATION



# THE ACTION CENTRE

Last year's annual report broke news that the Board had committed funds for a total refurbishment of the Action Centre in the heart of Melbourne's CBD. This funding, together with a grant from the Department of Health and Human Services (DHHS), meant that work could get underway at the beginning of the financial year.

**Completed on time, on budget and with staff consultation the Action Centre was officially re-opened by the honourable Jill Hennessy, Victorian Minister of Health, on 24th October 2017.**

The new centre now offers a contemporary and dynamic space where clients are welcomed into a bright, colourful and private reception area before proceeding to a comfortable waiting room where audio-visual health messages are complemented with WIFI, cool water and ambient music. Four clinical rooms are spacious and sleek and have been designed to enable the delivery of a full suite of reproductive and sexual health (RSH) clinical services. A recovery room offers a low lit and comfortable space for clients to recover after a procedure before stepping out onto busy Elizabeth Street. Two flexible new meeting spaces – the Beehive rooms - are fully utilised for stakeholder

meetings, welcoming visitors, hosting our re-established school group information sessions, delivering a new practice nurse sexual health educational program and for Board meetings. Two counselling rooms can be used for a variety of consultations and a number of hot-desks are available for staff working in the city.

The six-week closure period offered the opportunity to conduct a program of training for Action Centre staff so that upon re-opening service model provision at the refurbished site mirrored that of our Box Hill clinical service. This has led to all clinical staff across both sites being able to deliver the full suite of RSH services in a service model that now allows unprecedented flexibility and staff mobility.

Expanded business hours (8am to 6pm) offer access to all services in and outside of office hours. Procedure based training clinics take place in the morning and general appointment services in the afternoon and early evening. Young people under the age of 25 remain the focus of service provision during the afternoon and early evening sessions.

The refurbishment of the Action Centre has offered a great opportunity for FPV to build capacity in service delivery, clinical training and education.



# SUPPORTING IMPLEMENTATION OF THE VICTORIAN WOMEN'S SEXUAL AND REPRODUCTIVE HEALTH STRATEGY

The Victorian Government's first Women's Sexual and Reproductive Health Key Priorities and Strategy 2017 - 2020, launched in March 2017, named FPV as one of the key partners with a role to play in increasing access to sexual and reproductive health services across Victoria.

FPV has embraced this role at a number of levels over the past year. At a strategic level, our CEO Claire Vissenga sits on the Government's strategic advisory group and members of the Leadership Team have been actively involved in a number of DHHS workshops which aimed to support implementation planning.

At an operational level, much of our existing work already aligned well with the strategy but we knew there was more that we could do to both enhance our existing service provision and to contribute to new work in the sector.

The refurbishment of the Action Centre, together with the reconfiguration of clinical services at both

sites and the rapid expansion of online learning and clinical placement opportunities, has positioned us well to extend our education and training reach and impact across Victoria.

Government funding has also enabled us to offer targeted clinical education scholarships to doctors and nurses working within the new RSH hubs identified through the Strategy. We have worked with the leadership teams in each of these hubs to identify the training that would best support their efforts to provide the full suite of RSH services.

A collaboration with the Centre for Excellence in Rural Sexual Health (CERSH) saw FPV contributing to a Pregnancy Choices workshop in Mildura and delivering contraceptive implant insertion and removal training to a large group of eager rural nurses in Bendigo. It is anticipated that this work will provide a model for further collaboration in the coming year thereby providing more women with access to RSH services in rural and regional areas of Victoria.



The Victorian Government's first Women's Sexual and Reproductive Health Key Priorities and Strategy 2017 - 2020, launched in March 2017, named FPV as one of the key partners with a role to play in increasing access to sexual and reproductive health services across Victoria.

In addition to expanding our own core training provision and offering scholarships to RSH hub staff and rural nurses, we have also been integral to the development of other key aspects of the Strategy. The complementary wealth of knowledge and experience of our Clinic Practice Manager and our Clinical Education Unit (CEU) Co-Manager/ Senior Nurse Educator were put to good use in developing and delivering a bespoke series of workshops to develop the capacity of the newly formed 1800 My Options team at Women's Health Victoria (WHV). Together they explored some of the more challenging scenarios front line staff may be faced with, policies and procedures which needed to be in place, legislation which must be complied with as well as useful tools and potential partners. The workshops also covered up to date RSH topic content and service provision.

In tandem with the training, our General Manager of Clinical Services worked with WHV staff to establish a soft referral process to enable urgent referrals from the 1800 My Options line directly to

FPV clinical staff. He continued to meet with the team on a monthly basis throughout the rest of the year to help ensure the smooth implementation of the service.

**Other areas of the organisation have also been working on the priority action areas of the Strategy. The Schools Team have conducted a comprehensive review and update of the Fertility and Assisted Reproduction classroom materials for primary and secondary schools in collaboration with Victorian Assisted Reproductive Treatment Authority (VARTA).**

These are now available on our website at no cost to Victorian teachers. The team have also been working hard, in consultation with active classroom teachers, to develop an accompanying online learning module which aims to develop the confidence and capacity of teachers to deliver this area of the curriculum. It will include model answers to some of the trickier questions children and young people ask and will be available via our website in the coming year.



# EMBRACING DIGITAL TRANSFORMATION

Digital transformation continues to occur across FPV as we embrace new platforms, technologies and online communication activities.

We have worked with our ICT providers to ensure that high level security remains both a priority and a reality across our existing and new digital platforms to protect both client and organisational information.

Our digital content is a central pillar in our ability to connect with people, expand our reach, inform and educate, enable understanding of what FPV does, provide resources and offer access to career opportunities.

## Website

With more people accessing the FPV website over the last 12 months, we have seen website visits increase by 70% on the previous year's figure, bringing the number of visitors for 2017-18 to 420,000.

Visitors to the website are predominately seeking RSH information, in particular relating to abortion, Implanon and emergency contraception. Other pages with a high number of views included 'Our Clinics' and 'Contraception Choices'.

Mobile users now account for 70% of FPV's website traffic and therefore we have adopted a 'mobile

first' approach in relation to content and design. FPV's 'Your Health' section, which has enhanced multi-device access, demonstrates the redesign of a mobile friendly interface supported by more accessible and user-friendly content. This includes the use of visual tools such as icons, illustrations and videos.

## Social Media

Social media has also continued to play an important role in building and driving awareness of our services and the FPV brand, all whilst providing increased opportunities in relation to advocacy and customer engagement.

Using our four active social media channels, Facebook, Instagram, LinkedIn and Twitter, FPV is steadily growing its online presence. We are doing this through the production of targeted relevant content that is easily sharable across all social media platforms.

## Online Learning

In 2017-18, FPV moved firmly into the online learning space with all courses now administered through our integrated learning management system (LMS) and many having elements of the learning program converted to online modules.



A web-based course enrolment system has replaced manual enrolments, enabling students to register and pay securely for a course online via the FPV website at a time that is convenient to them. The online enrolment system integrates with a digital student management system reducing manual processing and potential for associated errors.

With the infrastructure in place, subject experts in each of the education and training areas have been busy building online learning content this year. The choice of software utilised to build this content means that our online learning modules are mobile phone and tablet friendly increasing the flexibility of how and when learners engage with our courses.

Implanon Insertion & Removal Training Course for Nurses and Midwives was the first course launched online in July 2017 with our first student graduating in November 2017. As with many of our online learning options, this course also has face-to-face training elements and clinical practice placements with competency assessment.

Another 18 courses across clinical, schools and community education were launched online in 2017-18. Course participants reported a high level of satisfaction with the online learning system both from a technical and course content perspective.

## Clinic Technology

This year has seen clinic appointments moved to an online booking system through our partnership with Health Engine. Since the introduction of this service in July 2017, over 1,150 appointments have been booked online. Approximately half of these were made after-hours demonstrating the added convenience of an online booking option for clients. The introduction of this confidential and secure system has also seen an increased level of engagement from a more diverse client population.

FPV also introduced smart devices at reception to capture patient satisfaction data on a regular basis. Feedback both informs continuous improvement activities and gives clients a chance to say what works well at FPV.

## TOP 3 TOPICS

EMERGENCY  
CONTRACEPTION  
**176,500**

CONTRACEPTIVE IMPLANT  
(IMPLANON)  
**155,580**

CONTRACEPTION  
**46,670**



**421,847**  
NUMBER OF VISITORS



**778,625**  
HEALTH INFORMATION  
PAGE VIEWS



**1,150**  
ONLINE APPOINTMENT  
BOOKINGS PAGE VISITS



**70% MOBILE VIEWS**



**26% DESKTOP VIEWS**



**4% TABLET VIEWS**



## CORE WORK

- HEALTH PROMOTION DATA & RESEARCH
- CLINICAL SERVICES
- CLINICAL EDUCATION
- SCHOOL EDUCATION
- COMMUNITY SERVICES
- OUR PEOPLE
- CONTINUOUS IMPROVEMENT
- PUBLICATIONS & CONFERENCES
- PARTNERSHIPS & COLLABORATION



# HEALTH PROMOTION, DATA AND RESEARCH

In July 2017, FPV commenced a new four-year Integrated Health Promotion (IHP) Strategic Plan cycle for 2017-2021. This plan guides FPV's work funded by the IHP program of the DHHS. A significant change has been the broadening of our IHP goals from targeting the single population group of 'young people', as it was in the previous four-year plan, to 'priority populations.' This move to a 'priority populations' focus better reflects the diversity of our community and aligns with both national and state government policy guidelines on RSH.

**This year the Health Promotion, Data and Research Team worked across the organisation to support and coordinate health promotion activity, data collection, analysis and reporting, evaluation and research.**

## Consumer Health Information

In collaboration with our Marketing, Media and Communications Team and content experts from across FPV, a number of resources were updated or developed.

For example, staff reviewed and updated key consumer health information on the FPV website to improve user experience and meet the needs of those with low literacy. We also reviewed and reprinted our 'Contraceptive Options: Which one is best for me?' booklet and undertook reviews and updates to Better Health Channel website factsheets.

A partnership with the Multicultural Centre for Women's Health (MCWH) resulted in the development of three animated videos on

menstruation, pregnancy and contraception. Each has been translated into five community languages. This partnership also developed four factsheets in eight community languages.

## Evaluation

The Health Promotion, Data and Research Team continued to support evaluation activity across FPV. An updated organisation-wide evaluation strategy has been drafted in 2017-18. The evaluation activity aims to assist in FPV making evidence-based, strategic decisions and undertaking continuous quality improvement of our programs and services.

## Research

Significant planning has been undertaken this year to refine FPV's approach to establishing the organisation's research agenda and to develop processes and tools to support this work.

This has included planning and preparation for the launch of a revitalised research advisory committee with internal and external membership. The planned appointment of an independent chair of the committee signals FPV's commitment to a more proactive approach to contributing to collaborative research which builds knowledge and understanding and an evidence base for effective practice both internally and within the broader RSH sector.

A summary of research publications and presentations for this year can be found on page 29.



# CLINICAL SERVICES

Clinical services at FPV have experienced significant change in the last year. The refurbishment of the Action Centre provided an enabling platform for much of this change to take place.

**Over the last year, for the first time in our long history, we have achieved a parity of service models across our two clinical training sites. Amongst other things, this means for the first time we have been able to offer an intrauterine device (IUD) insertion service at the Action Centre.**

A new 'GP model' of medication termination of pregnancy (MToP) has also been integrated into general training clinic appointments and has almost doubled our MToP service and training capacity.

The implementation of a Pre-HIV Exposure Prophylaxis (PrEP) prescribing protocol at FPV is paving the way for FPV to contribute to a national, evidence-based 'Treatment as Prevention' strategy to reduce Human Immunodeficiency Virus (HIV) infection in Australia.

A recent shift from drop-in to an appointment-based service model is offering more consistent activity levels, a more predictable clinical trainee experience and more predictable

income generation. Almost all our general RSH appointments, cervical screening and Implanon removal and re-insertion appointments are now available online. New dedicated contraceptive implant and cervical screening training clinics have been initiated at both clinical sites which are also contributing to an improved clinical trainee experience.

A decision to double our medical registrar intake next year will impact external capacity building as these final term general practitioners take their new RSH skills into general practice.

We have celebrated APHRA endorsement of our first Nurse Practitioner who is now delivering a flexible service model across the full suite of RSH services to FPV clients. Our Nurse Practitioner is the first in Victoria to independently insert IUDs and is leading a professional development program for our RSH nurses.

This year we published many of our clinical resources and equipment sourcing information online for the first time. Our online resources are made available to external clinicians to download into their own medical software to assist with the implementation of RSH service delivery in their own practice environments.



UP 7%

**13,166**  
CONSULTATIONS

UP 4%

**3,925**  
NEW PATIENTS



PERCENTAGE OF  
CLIENTS SATISFIED  
WITH THEIR  
EXPERIENCE (OF 437)

**99.8%**

## SERVICES

MTOP  
APPOINTMENT  
AVAILABILITY

**up 80%**



IUD  
INSERTIONS **683**



IMPLANON  
INSERTIONS **744**



# CLINICAL EDUCATION

FPV continues to be a leading provider of RSH education and training in Victoria. The Clinical Education Unit (CEU) works with health and allied professionals including doctors, nurses, midwives, youth workers and community workers.

Clinical education has continued to be well attended in 2017-18 with 433 participants attending FPV courses and external presentations delivered to 998 health and allied health professionals.

**Most courses for nurses and doctors include a clinical practice component at FPV. In 2017-18, FPV provided 1,304 hours of clinical placement. This opportunity allowed trainees to observe and be mentored by expert RSH practitioners.**

Online learning has provided our participants improved access to courses and course materials. A significant development this year has been the adaption of our highly popular IUD insertion course to allow all the theoretical learning and assessment to be completed online prior to attending clinical placements. This gives busy GPs the flexibility to be able to learn when and where it suits them and reduces travel for rural GPs. This year we have also increased the number of IUD insertion clinics, providing increased clinical placement opportunities. Two nurse practitioners have completed the IUD insertion course which expands their scope of practice.

In 2018, FPV has been the lead provider of contraception implant insertion and removal training in Victoria. The standard two-hour training session which provides education and simulation practice for doctors, nurses and midwives has been delivered in 14 sessions over the first six months of 2018, training over 170 participants. Evaluations indicate that 98.6% of participants had their learning needs for the session entirely met with 85% of participants rating their confidence to translate insertion and removal skills learned to their patients as either confident, very confident or extremely confident. FPV also offered a more in-depth course for nurses and midwives for implant insertion and removal with clinical practice and assessment. Doctors undertook clinical practice in implant insertion and removal as part of the FPAA Certificate in Reproductive and Sexual Health for Doctors' course in FPV clinics.

Our IHP funding enabled us to continue to provide targeted, tailored education at no cost to health professionals working with priority populations. This included education and support with clinical resources for primary health practitioners to provide MToP in their clinics. Other education delivered included the topics of long-acting reversible contraception LARC, unintended pregnancy options and sexually transmissible infections (STIs).

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

**433** 

NO OF DOCTORS, NURSES &  
MIDWIVES WHO ATTENDED IMPLANT  
INSERTION & REMOVAL TRAINING

**170** /



EXTERNAL PRESENTATIONS TO

**998**  
INDIVIDUALS



NUMBER OF HRS OF  
CLINICAL PLACEMENTS

**1,304**



NO OF GP'S WHO  
ATTENDED IUD TRAINING

**38**



This year the CEU and Schools Team worked collaboratively to introduce a new course entitled 'Let's Talk About Sex: addressing the needs of young people.' This two-day course provides up-to-date, evidence-based information on the physical, emotional, mental and social aspects of RSH. The course content is delivered by a nurse educator and a member of the schools team. Participating in this course enables health professionals to provide RSH health information to young people in clinical, community and educational settings. The course is timely considering the new Victorian Government 'Doctors in Secondary Schools' initiative.

The CEU are now a lead provider of the updated HIV and viral hepatitis pre and post-test discussion training. This training is for health professionals and peer workers employed in settings where testing for HIV and viral hepatitis is discussed or carried out. The training aims to assist in the provision of stigma-free care, information and services to those undergoing testing for HIV and viral hepatitis. On successful completion of this training participants become a person of prescribed class under the Victorian Public Health and Wellbeing Regulations 2009 and the Public Health and Wellbeing Act 2008. A person of prescribed class is authorised to deliver a positive HIV test result and provide the prescribed information as defined in the regulations. The training is unique in that it brings together a diverse group of health professionals and those living with HIV and/or viral hepatitis to share and learn from each other. This year, trainees have reported that as a result of participation in the course they have made significant policy change in their organisations leading to improved access to testing.

***"Great slides! Great speaker! All my questions were answered very well, which was really helpful, and this was a great opportunity to practice."***

**2018 participant, Implanon Education & Simulation Practice**

***"After completing the IUD insertion training course with FPV, I feel well equipped to perform this vital skill within the community. Not only was the training professional, friendly and detailed; the ongoing support from the organisation has allowed me to move forward confidently."***

**2018 participant, IUD insertion course**

***"This course was incredible, I have learned so much that I can use in my daily nursing practise. This course appealed to a broad spectrum of nursing backgrounds from School Nursing to GP Clinics, IVF nurses, Maternity, ED and beyond. The scope of the course was wide reaching and the quality of the speakers was exceptional."***

**2018 participant, Comprehensive Sexual & Reproductive Health (Nursing) course**

***"I loved this course. It was really interactive and gave me take home ideas to put into practice in the schools I work in."***

**2018 participant, Let's Talk About Sex course**



# SCHOOL EDUCATION

During 2017-18, FPV worked towards providing schools across the state with opportunities to align with the recommendations contained in the joint FPAA and Australia Forum on Sexuality, Education and Health (AFSEH) position statement launched the previous year.

The following are examples of how the Schools Team supported implementation of these evidence-informed recommendations for Relationships and Sexuality Education (RSE).

## Comprehensive age and developmentally appropriate RSE programs for all schools

The past year saw FPV Schools Educators engage with a total of 20,876 people, including students, teachers, parents, secondary school nurses and other health professionals.

FPV expanded its reach by visiting 122 schools, including 22 new schools, and through this providing educational sessions to 8871 primary students, 10,001 secondary students and 1080 students with disability.

The materials which underpin and support this work are part of the comprehensive, age and developmentally appropriate suite of teaching and learning resources developed and updated by the team and available to schools through our website.

## The provision of opportunities for regular professional development in order to increase teacher competence and confidence in the delivery of RSE

A total of 413 educational professionals engaged in professional development opportunities provided by FPV's Schools Team. Professional development opportunities included professional learning workshops held at FPV, professional development

sessions run within schools, In-Class Professional Learning programs (ICPL), presentations at the ACHPER conference and collaborations between FPV and Professor Kath Albury from Swinburne University. All professional learning opportunities provided by FPV throughout 2017-18 included elements of online learning to further engage and support professionals in their overall learning experience.

100% of respondents found the sessions 'extremely useful' in updating their knowledge and skills in delivering RSH.

70% of respondents found that the sessions had 'significantly increased' their level of confidence in delivering RSE within their schools.

100% of respondents were 'extremely satisfied' with their overall learning experience.

*"I found the training highly informative, I particularly liked the aids/games/boardmaker pictographs designed to increase understanding in our community. The trainer was highly motivating and interesting, so it was easy to stay involved and engaged in the sessions."*

**Relationships and Sexuality Education for Students with Special Needs participant**

*"The resources FPV provide are exceptional and very guiding the way in which each year level has age appropriate conversations and content."*

**Relationships and Sexuality Education – Primary participant**

*"The overall approach to answering difficult questions and making the content feel manageable. I especially took to heart that if we don't teach it they may never receive this information. It was also significant the impact on child safety."*

**Relationships and Sexuality Education – Primary participant**



## The development of curriculum standards and materials to ensure teachers are able to deliver RSE in structured and appropriate ways

Throughout 2017-18, FPV received 244 requests to download the extensive 'Relationships and Sexuality Education for Students with Disability' resource.

FPV has worked in partnership with VARTA to update the 'Fertility and Assisted Reproduction: Teaching Module for Primary and Secondary schools'. Over the course of the year, there have been 41 downloads of the resource across both FPV's and VARTA's websites.

## Support for a whole school approach to RSE

A total of 57 educational professionals attended professional learning workshops that focussed on a whole-school approach within regional areas across Victoria.

**100% of respondents found the sessions 'extremely useful' in updating their knowledge and skills in delivering RSH.**

100% of respondents were 'extremely satisfied' with their learning experience.

Support continued for parent and carer programs to foster the shared responsibility of home and school in the provision of RSE for young people. A total of 751 parents/carers attended information and education sessions conducted by FPV Educators across the 2017-18 year.

## Strengthening connections between service providers and classroom teachers in delivering comprehensive RSE programs

Throughout 2017-18 FPV continued to offer its ICPL, whereby classroom teachers are coached and mentored by FPV Educators within their own school settings.

A total of 37 teachers participated in the program, allowing them to then champion RSE within their school settings and contexts.

100% of respondents found that the sessions had increased their level of confidence in delivering RSE in their schools - 80% stating that their confidence had 'significantly increased.'

*"The firsthand experience of watching my facilitator deliver the lesson with such an ease was an eye-opening experience for me. It has really developed my confidence to deliver the program."*

5/6 ICPL participant

*"Observing a teacher with expert knowledge answer a large number of questions competently, age appropriate, culturally appropriate and engaging. It is my style of teaching and I aim to deliver this more competently now that my knowledge has been increased. Students found the lessons definitely rewarding and they have learnt from the experience. After the sessions had finished the students were asking when more lessons would be conducted again. It was valuable to see the students engaged and learning about their bodies and consent."*

Secondary ICPL participant



**19,952**

STUDENTS WHO ATTENDED EDUCATIONAL SESSIONS

**UP 24%**



**413**

EDUCATIONAL PROFESSIONALS WHO ATTENDED PROFESSIONAL LEARNING PROGRAMS

**UP 23%**



**122**

SCHOOLS VISITED

**UP 11%**



# COMMUNITY SERVICES TEAM

The Community Services Team (CST) focuses on priority populations in community settings and includes:

- disability services - providing a range of RSE and counselling opportunities for people with cognitive disability, their parents and carers and the professionals who support them
- community outreach service - providing information and training on blood borne viruses and sexually transmissible infections (BBV/STIs) primarily to young people who do not attend mainstream school and the professionals who support them.

Throughout 2017-18, the CST shared their combined and separate knowledge and expertise in a variety of formats, including at the Carers Victoria Women's Health forum, the Heatherwood School Futures Expo and via education sessions for organisations such as Yooralla, Ceres, Cancer Council, cohealth, DHHS, VALID, Launch Housing and Holmesglen TAFE.

The educators from both service areas of the CST collaborated this year on a number of projects including the development and delivery of:

- professional learning workshops for staff at a forensic mental health facility
- a presentation made in April 2018 at the Health in Difference conference entitled 'Supporting LGBTI People Living with Cognitive Disability in Sexual Health and Education'

The team also commenced development of a number of online learning modules, with plans to offer both mixed-mode professional learning modules as well as short learning 'bites' for youth participants.

## Disability Services

Eighty-six counselling sessions were provided in 2017/2018 to 33 individuals with cognitive disability, including 21 sessions to eight individuals using their National Disability Insurance Scheme (NDIS) plans to fund the sessions. As the NDIS continues to roll out, the CST continues to work to address the challenges it presents to a highly specialised service.

The team also facilitated 20 community group sessions for individuals with cognitive disability, 20 professional learning sessions for staff who support them and four sessions for parents and carers of people with cognitive disability.

This year saw the development and delivery of a significant relationships and sexuality education program for hearing impaired students with cognitive disability at the Victorian College for the Deaf. A total of 58 educational sessions were delivered over 10 weeks throughout Term Two.

A series of 12 fact sheets were completed in Easy English on topics ranging from 'Sex and the law' and 'Unplanned pregnancy' to 'STI & BBV – The facts' and 'What is sex'. The fact sheets will be available on the FPV website in September 2018.

Team members were actively involved in a number of advocacy activities including through participation in the following reference groups:

- Speak up and be Safe (Scope)
- Victorian Safeguarding Group
- Amaze Menstruation project



**counselling sessions to individuals with cognitive disability**

**86**

**relationships and sexuality education program for hearing impaired students with cognitive disability**

**58**

**professional learning sessions on sexual & gender diversity & BBV/STI harm reduction for professionals**

**35**



## Community Services

In early 2018, FPV reviewed the BBV/STI grant funded work and submitted a proposal for changes to the existing program that would provide a greater focus on capacity building for professionals. The proposal was approved by DHHS and more detailed planning and preparation began in earnest so that sessions could be booked by community organisations for the year ahead. The revised program allows for the delivery of 30 information sessions on BBV/STIs and anti-discrimination short workshops for young people as well as 35 professional learning sessions on sexual and gender diversity and BBV/STI harm reduction for professionals across the state in the next financial year.

As part of the BBV/STI program, FPV's social group 'YAK' also underwent significant review.

The program was relaunched as 'Splash', however, as many more young people are able to come out and be proud and welcomed by the wider community, attendance at Splash declined. The decline in attendance was also attributed to the many social groups for LGBTIQ youth that now exist throughout metropolitan Melbourne – a significant contrast to the few that were running when Yak first began in 1993. In early 2018, the decision was made to cease Splash operations. FPV is proud to say that Splash/YAK is no longer needed.

FPV worked with cohealth to present and facilitate the 'Sacred Sistas' program, a series of four sessions for Aboriginal young women. The sessions covered topics such as anatomy, the menstrual cycle, sex and the law, BBV/STIs, contraception, unplanned pregnancy and respectful relationships.



# OUR PEOPLE

Ensuring that our workforce has the capabilities to meet client needs is critical to the provision of services that are delivered effectively, efficiently and at a high standard. We have therefore further refined our strategy this year to recruit, retain and develop our staff and support their health, safety and wellbeing.

## Health, safety and wellbeing

Over the last twelve months, FPV has reinforced its commitment to a culture which supports health, safety and wellbeing (HSW) through the review, update and addition of wellbeing to what was our Occupational Health and Safety Policy.

**The implementation of our new Health, Safety and Wellbeing Policy is being led by a new Health, Safety and Wellbeing Committee, providing a joint consultative forum for managers and employees to meet regularly and work co-operatively to plan and develop initiatives that improve HSW outcomes.**

The addition of new HSW resources available to all employees has been one aspect of this work. For example, the introduction of a more user-friendly hazard, incident, accident and near miss reporting mechanism this year has seen an increase in reporting of risks enabling proactive preventative action.

This year also saw FPV staff reviewing a number of benchmarking frameworks that could support us in strengthening our overall HSW performance. By the end of 2017-18, the Leadership Team had agreed that the best fit for the organisation would be the framework provided by the workplace 'Achievement Program.' This program is based on the World Health Organisation's Healthy Workplace model and is managed by the Cancer Council Victoria on behalf of the DHHS. The HSW Committee are looking forward to leading our participation in the Achievement Program in the coming year.

## Australian HR Awards

Work undertaken in 2017-18 has seen FPV recognised as a leader in the 2018 Australia HR Awards. FPV has been recognised as a finalist in the following categories:

Best Workplace Flexibility Initiatives

Employer of Choice – NFP/Public Sector

HR Rising Star – Melanie Kleinhoth

Australian Champion of Change – Claire Vissenga

The Awards take place early next financial year and we look forward to reporting the outcome to staff and stakeholders alike.



## TENURE

0 - 5 years

60%

6 - 10 years

15%

11 - 20 years

15%

20 years +

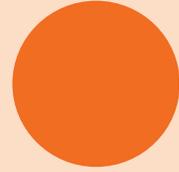
10%

## CATEGORY

### TYPES

22%

FULL TIME



56%

PART TIME



22%

CASUAL





# CONTINUOUS IMPROVEMENT

FPV maintains its status as a leader in reproductive and sexual health by continuing to build a culture and practice of continuous improvement.

Over the last 12 months we have utilised a range of quality standards to review and improve our service provision. We have also encouraged all staff to contribute their ideas for improvement and innovation through staff surveys, team meetings, working groups, feedback on new proposals and via their line managers.

We continue to hold accreditation against both the national QIC Health and Community Services Standards and the Victorian Human Services Standards.

The QIC Standards and accreditation program provide a framework to review organisational systems across areas such as governance, management systems, consumer and community engagement, diversity and cultural appropriateness and service delivery.

The Human Services Standards aim to ensure that people experience the same quality of service regardless of which service provider they access through the assessment of four service delivery standards:

- Empowerment
- Access and Engagement
- Wellbeing
- Participation

The work of FPV's Clinical Governance Committee continued to oversee the delivery of a safe and high-quality clinical service. Complaints, feedback, hazards, incidents, adverse events and near misses are reviewed, considered and addressed in these meetings together with other assurances of quality and risk. Our clinical governance framework ensured that risks were identified through appropriate mechanisms and responded to effectively.

The range of quality review processes undertaken helped us prioritise a number of areas for improvement this year including:

## Internal consolidation and centralisation of all policies and procedures

All our policies and procedures are now centrally accessible with a new quality control process overlay.

## Staff Supervision and Feedback

Further review and refinement of the clinical staff supervision process was completed to support the delivery of services with improved quality of care.

## Risk Management Framework

In collaboration with the Board, we reviewed and updated our Risk Management Framework and began work to roll out the new approach across the organisation. It will provide enhanced visibility and pro-active management of risk at both an operational and governance level.

## Diversity and Inclusion

Our continuing commitment to providing respectful and inclusive services and work environments where all individuals feel accepted, safe, affirmed and celebrated led to us making a number of changes to both our clinical and educational services.

One aspect of this has been a closer working relationship with Transgender Victoria and the implementation of gender-neutral language in both clinical and educational contexts. The refurbishment of the Action Centre also provided an opportunity for us to reflect on how welcoming our reception areas were for all clients. This led to highly visible improvements at both sites which we will build upon in the coming year at Box Hill, the Action Centre and on our website.



# PUBLICATIONS & CONFERENCES

## Publications:

- McNamee, K., Bateson, D., & Pearson, S. (2017). Combined oral contraceptives: The GP consultation. *Medicine Today*, 18(8), 51-56.
- Machalek, D. A., Garland, S. M., Brotherton, J. M. L., Bateson, D., McNamee, K., Stewart, M., ... Tabrizi, S. N. (2018). Very low prevalence of vaccine human papillomavirus types among 18- to 35-year old Australian women 9 years following implementation of vaccination. *The Journal of Infectious Diseases*, 21(10), 1590-600. doi: 10.1093/infdis/jiy075
- Holton, S., Thananjeyan, A., Rowe, H., Kirkman, M., Jordan, L., McNamee, K., ... Fisher, J. (2018). The fertility management experiences of Australian women with a non-communicable chronic disease: Findings from the Understanding Fertility Management in Contemporary Australia Survey. *Maternal and Child Health Journal*, 22(6), 830-840. doi: 10.1007/s10995-018-2454-9
- Holton, S., Papanikolaou, V., Hammarberg, K., Rowe, H., Kirkman, M., Jordan, L., ... Fisher, J. (2018). Fertility management experiences of women with polycystic ovary syndrome in Australia. *The European Journal of Contraception and Reproductive Health Care*. doi:10.1080/13625187.2018.1483020

## Conferences:

- Dimitriadis, T. (2017, March). Engaging senior management to be a workplace champion. Presented at the Government Workplace Diversity Summit, Canberra, VIC.
- Dimitriadis, T. (2017, July). What is the right balance between commercialism and integrity? Presented at the HR Summit, Melbourne, VIC.
- Nguyen, J., Williams, H., McNamee, K., Shafeeu, N., & Hocking, J. S. (2017, November). Condom use among hormonal contraceptive users. Presented at the Australasian Sexual Health Conference, Canberra, ACT.
- Nguyen, P., Osborne, A., Inness, C., McNamee, K., Powell, S., & Johnson, M. (2017, November). Single visits for IUD insertions and medical abortions in primary care. Presented at the Australasian Sexual Health Conference, Canberra, ACT.
- Vissenga, C. (2017, November). Something missing: The pleasure agenda in sexual health. Presented at the Australasian Sexual Health Conference, Canberra, ACT.
- Moreira, S. (2017, November). Relationships and sexuality education: A practical approach. Presented at the Australian Council for Health, Physical Education and Recreation Victoria Conference, Melbourne, VIC.
- Thistle, S. (2017, November). From principles to practice: Supporting schools to implement comprehensive relationships and sexuality education. Presented at the Asia Pacific Conference on Reproductive and Sexual Health and Rights, Halong Bay, Vietnam.
- Wellby, T. (2018, April). Supporting LGBTIQ people living with cognitive disability in sexual health and education. Presented at the Health in Difference Conference, Sydney, NSW.



# PARTNERSHIPS & COLLABORATIONS

In 2017-2018, FPV continued to partner with many other organisations to improve the reproductive and sexual health of Victorians and expand our reach. Our partners included:

- The Australia Forum on Sexuality, Education & Health
- Amaze
- Ansell
- Austin Health
- Australian Healthcare & Hospitals Association
- Australian Research Centre in Sex, Health & Society
- Bayer
- Burnet Institute
- Cancer Council Victoria
- Centre for Ethnicity and Health
- Centre for Excellence In Rural Sexual Health
- City of Greater Dandenong
- Cohealth
- Cottons
- Department of Education and Training
- Department of Health & Human Services
- Doctors in Secondary Schools
- Eastern Health
- Eastern Health Primary Health Network
- Eastern Metropolitan Sexual and Reproductive Health Strategic Reference Group
- Family Planning Alliance Australia
- Family Planning NSW
- Family Planning Tasmania
- Family Planning Welfare Association of Northern Territory Inc.
- Forensicare
- Gen Vic
- Gippsland Women's Health
- Gippsland Sexual and Reproductive Health Alliance
- International Student Sexual Health Network
- Jean Hailes
- Marie Stopes International
- Mercy Hospital for Women
- Melbourne Sexual Health Centre
- Merck Sharp & Dohme (MSD)
- Monash University
- Multicultural Centre for Women's Health
- North Western Melbourne Primary Health Network
- 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
- Shared Vision for the North – Sexual and Reproductive Health Reference Group
- Shine South Australia
- SHQ (Sexual Health Quarters)
- Swinburne University
- Western Health
- The Royal Women's Hospital
- The University of Melbourne
- Thorne Harbour Health
- True Relationships and Reproductive Health
- Victorian Assisted Reproductive Treatment Authority
- Victoria Cytology Service
- Victorian Infectious Diseases Reference Laboratory (VIDRL)
- Victorian Preceptorship Program
- Victoria Police
- Victorian Principals Network
- Women's Health Victoria



# GOVERNANCE & FINANCIALS

- BOARD OF DIRECTORS PROFILES
- BOARD MEMBERS REPORT
- FINANCIALS





# 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 2018.

### Directors

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



#### Anne Howells, Chair

BCom, University of Tasmania, CA, MB (Corporate Governance) RMIT, GAICD

#### Experience & expertise

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

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

Ms Howells is the General Manager of a Nursing Agency, a Director and Committee Chair of Alfred Health, and the Director of CP Solutions Pty Ltd (a private company providing interim executive support to medium sized businesses experiencing growth or other changes). She is passionate about excellence in customer service, ease of access to high quality healthcare and corporate governance.

#### Special responsibilities

Board Chair (appointed 2018)  
Chair, Finance and Audit Committee

#### Fred Clarke, Director

Dip. Teaching

#### 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 and in the city. 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 eight years from Prep to Year Ten.

Fred is also a Board member of Bethany 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, Remuneration & Nominations Committee





### **Marion Webster OAM, Director**

BA, Dip Soc Stud, Senior Fellow Community Foundations, CUNY

#### **Experience & expertise**

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

Marion Webster has a long involvement in the not-for-profit and philanthropic sectors, both in Australia and internationally. Founding director of Philanthropy Australia, a founding trustee and Chair of Australian Communities Foundation, CEO of the Community Foundation Network in the UK, a founding trustee of Auckland Communities Foundation, a founder and Chair of Fitted for Work and the founding Executive Director of Kilfinan Australia. Marion currently is on the boards of The Funding Network Australia Ltd and the progressive, independent think tank Per Capita.

#### **Special responsibilities**

Chair, Remuneration & Nominations Committee

### **Dr Paddy Moore, Director**

FRANZCOG, MBioethics

#### **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.

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

#### **Special responsibilities**

Member, Quality & Risk Committee



### **Anna Wilkinson, Director**

BNursing, Griffith University, MPH, University of Melbourne, PhD, Monash University

#### **Experience & expertise**

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

Anna is a Research Fellow with Cancer Council Victoria focussing on the impact of public health policy. She completed her PhD in 2016 at the Burnet Institute and Monash University, which examined the epidemiology and prevention of HIV and other sexually transmissible infections. Anna has an extensive clinical background, including work in rural and remote Australia and in the UK. She is passionate about public health and use of quantitative data to inform policy.

#### **Special responsibilities**

Member, Quality and Risk Committee



### **Diana Nestorovska, Director**

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

#### **Experience & expertise**

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

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

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

Diana is a graduate of the Australian Institute of Company Directors and has previously served on the University of Wollongong's University Council.

#### **Special responsibilities**

Member, Finance & Audit Committee



### **Nick Chipman, Director**

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

#### **Experience & expertise**

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

Nick has 35 years' experience in industry and professional services. His early business career was in functional roles and functional leadership, then general management across diversified industrial, financial services and resources sectors.

In 1998, Nick joined PricewaterhouseCoopers Australia (PwC) and was elected by his peers onto the PwC Board of Partners in 2008 and concluded his 2, 4-year terms on June 30, 2016. His role included strategy, economics, risk management and transactions practices at a local and global level. Nick retired as a partner from PwC in July 2017 and has been retained as special adviser and Director by the firm.

#### **Special responsibilities**

Chair, Quality and Risk Committee

Member, Finance and Audit Committee



### Hannah Evans-Barns

MD (University of Melbourne), MBeth (University of Sydney), BBiomedSc (Bond University) – Ex-Director

Hannah retired as Director in October 2017.

Hannah completed a Doctor of Medicine at the University of Melbourne, commencing as a junior doctor in 2018. She undertook a Master of Bioethics concurrently with her medical education, and has a strong interest in health ethics, particularly relating to young people's health and well-being.

In addition to her medical background, Hannah has experience in business development, including the delivery of customer focused products and services.

### Jane Martin

BA (Hons), University Western Australia, MPH, Monash, Hon. D. Deakin, CF – Ex-Director

Jane retired as a Director in October 2017. 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.



### Jane Stuchberry

BA (Hons), MA (Organisational Psychology) Melbourne University, MAICD – Ex-Director

Jane retired as a Director in October 2017.

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. She now runs her own board consulting firm. 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.





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Family Planning Victoria Inc.

## Board Members' Report

### Principal activities

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

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

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

- provision of medical services
- education and training
- rental income derived from excess office space at the Box Hill premises
- sale of resources on sexual and reproductive health and allied subjects
- donations

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

### Significant changes

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

### Review of operations

Total revenue for the financial year 2017/18 was \$6,189,751 compared to 2016/17 revenue of \$6,013,457. The surplus for the year 2017/18 was \$125,244 compared to a surplus of \$19,481 for 2016/17.

Significant financial variations for 2017/18 compared to 2016/17 were:

- |   |           |
|---|-----------|
| • increase in grants received               | \$172,246 |
| • increase in education services revenue    | \$102,687 |
| • decrease in project expenses              | \$99,751  |
| • increase in IT related expenses           | \$79,668  |
| • increase in depreciation and amortisation | \$53,202  |

### 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 2017/18 financial year we:-

- 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

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

The Strategic Plan expires in 2018. A major focus of the Board has been the development of the next Strategic Plan. The process has been supported by the XYX Lab of Monash University and has included engagement and consultation with staff, partners, stakeholders and funders. The final product will be published in the 18 / 19 financial year.

Family Planning Victoria Inc now has a contemporary ICT system. The technology is being harnessed to increase online learning options. The online learning system will continue to be expanded throughout the next financial year. This will significantly increase our reach and generate income.

The refurbishment of the Action Centre has been completed and new services introduced. The full suite of clinical services are now available and a multipurpose training and education space is available and fully utilised. An aspect of the next strategic plan will be to address the use of the Box Hill site in a way that best supports the purpose of the Association.

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

During 2018, Marion Webster, Director has been engaged as an independent consultant and will be paid \$15,000 to support the Board with succession planning and mentoring new Board members.

Since 1<sup>st</sup> July 2017, no other 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 3 and forms part of this Directors' Report.

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



Anne Howells  
Board Chair  
Chair – Finance & Audit Committee

Dated: 11.9.18



## Auditor's Independence Declaration

### To the Committee of Family Planning Victoria Inc

In accordance with the requirements of section 60-40 of the *Australian Charities and Not-for profits Commission Act 2012*, as lead auditor for the audit of Family Planning Victoria Inc. for the year ended 30 June 2018, I declare that, to the best of my knowledge and belief, there have been:

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



Grant Thornton Audit Pty Ltd  
Chartered Accountants



B A Mackenzie  
Partner - Audit & Assurance

Melbourne, 11 September 2018



Family Planning Victoria Inc.

## Financial Statements

### Statement of Profit or Loss and Other Comprehensive Income

For the year ending 30 June 2018

	Note	2018 \$	2017 \$
Revenue	2	6,189,751	6,013,457
Employee benefits expense		(4,353,504)	(4,315,200)
IT related expenses		(460,656)	(380,988)
Project expenses		(176,435)	(276,186)
Rent & lease expenses		(145,134)	(192,067)
Rental property expenses		(102,367)	(115,696)
Depreciation & amortisation expenses		(92,122)	(38,920)
Stock & consumables used		(85,667)	(73,442)
Travel & transport		(68,121)	(51,751)
Communications		(66,489)	(65,138)
Cleaning		(60,560)	(63,551)
Consultancy fees		(56,826)	(19,188)
Office equipment		(52,502)	(8,964)
Other expenses		(344,124)	(392,885)
Net current year surplus	3	125,244	19,481
Other Comprehensive Income		-	-
<b>Total Comprehensive Income for the year</b>		<b>125,244</b>	<b>19,481</b>

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 2018

	Note	2018 \$	2017 \$
<b>Current assets</b>			
Cash and cash equivalents	4	638,159	444,038
Financial assets	5	1,862,435	2,411,624
Trade and other receivables	6	60,990	41,922
Inventories	7	14,104	17,877
Other current assets	8	35,566	14,921
<b>Total current assets</b>		<b>2,611,254</b>	<b>2,930,382</b>
<b>Non-current assets</b>			
Property, plant and equipment	9	1,851,611	1,548,292
Intangible assets	10	175,734	56,762
<b>Total non-current assets</b>		<b>2,027,345</b>	<b>1,605,054</b>
<b>Total assets</b>		<b>4,638,599</b>	<b>4,535,436</b>
<b>Current liabilities</b>			
Trade and other payables	11	734,617	811,923
Employee benefits	12	953,932	863,317
<b>Total current liabilities</b>		<b>1,688,549</b>	<b>1,675,240</b>
<b>Non-current liabilities</b>			
Employee benefits	12	24,256	59,647
<b>Total non-current liabilities</b>		<b>24,256</b>	<b>59,647</b>
<b>Total liabilities</b>		<b>1,712,805</b>	<b>1,734,887</b>
<b>Net assets</b>		<b>2,925,794</b>	<b>2,800,549</b>
<b>Equity</b>			
Reserves		5,827	5,827
Retained earnings		2,919,967	2,794,722
<b>Total equity</b>		<b>2,925,794</b>	<b>2,800,549</b>

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

**Financial Statements****Statement of Cash Flows**

For the year ending 30 June 2018

	Note	2018 \$	2017 \$
<b>Cash flows from operating activities</b>			
Grant receipts (inclusive of GST)		4,979,144	4,968,227
Non-grant receipts (inclusive of GST)		1,402,352	1,396,952
Payments to suppliers and employees (inclusive of GST)		(5,997,433)	(6,172,675)
Cash generated from operations		384,063	192,504
Interest received		53,655	65,639
Finance costs		(1,445)	(1,540)
GST remitted to ATO		(276,929)	(322,661)
<b>Net cash used in operating activities</b>	<b>14b</b>	<b>159,344</b>	<b>(66,058)</b>
<b>Cash flows from investing activities</b>			
Proceeds from sale of property, plant & equipment			
Purchase of property, plant & equipment and intangible assets		(514,412)	(96,730)
Purchase of financial assets		549,189	(60,462)
<b>Net cash used in investing activities</b>		<b>34,777</b>	<b>(157,192)</b>
Net change in cash and cash equivalents held		194,121	(223,250)
Cash and cash equivalents at beginning of financial year		444,038	667,288
<b>Cash and cash equivalents at end of financial year</b>	<b>14a</b>	<b>638,159</b>	<b>444,038</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 2018

	Retained Surplus \$	Reserves \$	TOTAL \$
<b>Balance at 1 July 2016</b>	<b>2,775,242</b>	<b>5,827</b>	<b>2,781,069</b>
<b>Comprehensive Income</b>			
Surplus 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
Transfer (to)/from retained earnings	-		-
<b>Balance at 30 June 2017</b>	<b>2,794,723</b>	<b>5,827</b>	<b>2,800,550</b>
<b>Comprehensive Income</b>			
Surplus for the year attributable to members of the entity	125,244	-	125,244
Total comprehensive income attributable to members of the entity	125,244	-	125,244
<b>Balance at 30 June 2018</b>	<b>2,919,967</b>	<b>5,827</b>	<b>2,925,794</b>

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



## Financial Statements

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### Notes to the Financial Statements

For the year ended 30 June 2018

#### 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 consider changing money values or, except where specifically stated, current valuations of non-current assets.

All amounts shown in the financial statements are in whole dollars. Minor discrepancies in tables, between totals and sum of components are due to rounding.

##### 1.2 Significant accounting policies

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

###### a. Income Tax

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

###### b. Property, Plant and Equipment

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

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

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

Class of Fixed Asset & Depreciation Rate

Buildings	2 to 20%
Fit-out Costs	12.5%
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 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.

### **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.



## Financial Statements

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### **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 Judgements**

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

### **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

### **n. Intangible assets**

#### *Internally Developed Software*

Expenditure on the research phase of projects to develop new customised software is recognised as an expense as incurred. Costs that are directly attributable to a project's development phase are recognised as intangible assets, provided they meet the recognition requirements of AASB 138. Costs that are directly attributable include employees' costs incurred on software development.

#### *Subsequent measurement*

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

The following useful lives are applied:

Learning Management System Online Courses: 5 years

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



Family Planning Victoria Inc.

**Financial Statements****2018****2017**

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**2. REVENUE****Operating activities**

Grants received	4,734,089	4,561,843
Clinical services revenue	615,532	633,059
Education services revenue	546,460	443,773
Rental income	201,417	216,222
Interest	53,655	65,639
Resource sales & subscriptions revenue	19,532	49,413
Miscellaneous income	14,461	31,127
Donations received	3,625	11,486
Members subscriptions	980	895
<b>Total Revenue</b>	<b>6,189,751</b>	<b>6,013,457</b>

**3. PROFIT**

Results from ordinary activities has been determined after charging:

**Expenses**

Depreciation & amortisation of property, plant and equipment	92,122	38,920
Cost of sales - medical	23,002	18,251
Cost of sales - resources	8,771	14,803
Finance costs	1,445	1,540
Remuneration of auditor - audit or review services	13,114	12,761

**Rental expense on operating leases:**

Computer, office equipment & motor vehicles	80,158	104,553
Rent external	64,976	87,514
<b>Total</b>	<b>145,134</b>	<b>192,067</b>

**4. CASH AND CASH EQUIVALENTS**

Cash on hand	1,750	1,750
Cash at bank	636,409	442,288
<b>Total</b>	<b>638,159</b>	<b>444,038</b>

**5. FINANCIAL ASSETS**

Term deposit	1,862,435	2,411,624
<b>Total</b>	<b>1,862,435</b>	<b>2,411,624</b>

**6. TRADE AND OTHER RECEIVABLES****Current**

Trade receivables	55,761	40,206
Other receivables	5,229	1,716
<b>Total</b>	<b>60,990</b>	<b>41,922</b>



Family Planning Victoria Inc.

## Financial Statements

2018

2017

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### 7. INVENTORIES

#### Current

Resources - at cost	8,587	15,721
Medical supplies - at cost	8,416	5,055
Less: Provision for slow moving and obsolete stock	(2,899)	(2,899)
<b>Total</b>	<b>14,104</b>	<b>17,877</b>

### 8. OTHER CURRENT ASSETS

#### Current

Prepayments	35,566	14,921
<b>Total</b>	<b>35,566</b>	<b>14,921</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	(786,368)	(751,230)
	<b>983,856</b>	<b>1,018,994</b>
Fit-out costs - at cost *	359,687	-
Less: Accumulated depreciation *	(33,505)	-
	<b>326,182</b>	<b>-</b>
Plant & equipment - at cost	1,247,927	1,999,310
Less: Accumulated depreciation	(1,199,467)	(1,963,125)
	<b>48,460</b>	<b>36,185</b>
Total - at cost	3,870,951	4,262,647
Less: Accumulated depreciation	(2,019,340)	(2,714,355)
<b>Total</b>	<b>1,851,611</b>	<b>1,548,292</b>

\*Differs to FY2017 reported amount as \$696,582 was incorrectly duplicated in cost and accumulated depreciation totals in both fitout costs and plant & equipment. This was a disclosure error only and had no impact on the written down value of the property, plant and equipment held in the balance sheet.

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

	Land & buildings	Fit -out costs	Plant & equipment	Total
<b>Balance at 1 July 2016</b>	<b>1,547,244</b>	<b>0</b>	<b>0</b>	<b>1,547,244</b>
Additions	-	-	39,968	39,968
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>0</b>	<b>36,185</b>	<b>1,548,292</b>
Additions	-	359,687	25,833	385,520
Disposals	-	-	-	-
Asset write-off **	-	-	-	-
Depreciation expense	(35,138)	(33,505)	(13,558)	(82,201)
<b>Balance at 30 June 2018</b>	<b>1,476,969</b>	<b>326,182</b>	<b>48,460</b>	<b>1,851,611</b>

\*\* Plant & equipment with zero written down value and a total cost and accumulated depreciation amount of \$777,216 was removed from the asset register

### 10. INTANGIBLES

Intangibles - Learning Management System at cost	185,655	56,762
Less: Amortisation	(9,921)	-
	<b>175,734</b>	<b>56,762</b>



Family Planning Victoria Inc.

**Financial Statements****2018****2017**

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**11. TRADE AND OTHER PAYABLES**

<b>Current</b>		
Trade payables	343,651	176,771
Other payables and accruals	268,616	303,647
Revenue received in advance	44,077	47,569
Grants received in advance	5,637	209,740
Course income received in advance	72,636	74,196
<b>Total</b>	<b>734,617</b>	<b>811,923</b>

**12. EMPLOYEE BENEFITS**

<b>Current</b>		
Other provisions	11,209	7,391
Long service leave	593,171	512,657
Annual leave	349,552	343,269
<b>Total</b>	<b>953,932</b>	<b>863,317</b>
<b>Non-current</b>		
Long service leave	24,256	59,647
<b>Total</b>	<b>24,256</b>	<b>59,647</b>

**13. 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	179,986	146,614
Between 12 months and five years	285,259	433,803
<b>Total</b>	<b>465,245</b>	<b>580,417</b>

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

Cash on hand	1,750	1,750
Cash at bank	636,409	442,288
	<b>638,159</b>	<b>444,038</b>

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

Profit from ordinary activities	125,244	19,481
Non cash flows in profit from ordinary activities:		
Depreciation & amortisation expense	92,122	38,920
Slow moving stock provision expense	-	(32,376)
Changes in assets and liabilities:		
(Increase)/decrease in trade and other receivables	(19,068)	(1,822)
(Increase)/decrease in inventories	3,773	30,895
(Increase)/decrease in other current assets	(20,645)	1,890
Increase/(decrease) in trade and other payables	(77,306)	28,147
Increase/(decrease) in employee benefits	55,224	(151,193)
<b>Net cash used by operating activities</b>	<b>159,344</b>	<b>(66,058)</b>



Family Planning Victoria Inc.

## Financial Statements

### 15. 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% (2017: 9.5%) of the employees' salary.

The amount paid to all Superannuation Funds, including employee after tax contributions, during the year was \$368,656 (2017: \$364,996). The amount of contributions outstanding at the end of the year was nil (2017: nil).

### 16. ASSOCIATION DETAILS

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

### 17. 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.

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

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

At the 30th June 2018, the facilities were as follows:

		Note	Available \$	Amount Drawn
Online Facility	CBA		636,409	Nil
Online Facility	ANZ *		70,000	Nil
Credit Card	ANZ *		25,000	20,497
Indemnity Guarantee	ANZ *	18(b)	40,000	Nil

\* Secured by a First Registered Standard Mortgage by Family Planning Victoria property situated at 901-907 Whitehorse Road Box Hill

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

First mortgage			
Freehold land and buildings	9	1,476,969	1,512,107

#### (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.

### 19. 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 4 to 14 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 2018 and of its performance for the financial year ended on that date; and
  - b) complying with Australian Accounting Standards (including Australian Accounting Interpretations) and the Australian Charities and Not-for-profits Commission Regulation 2013.
- 2 In the Directors' opinion there are reasonable grounds to believe that the Company will be able to pay its debts as and when they become due and payable.

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

Anne Howells  
Board Chair

Chair – Finance & Audit Committee

Dated 11.9.18



## Independent Auditor's Report

To the Members of Family Planning Victoria Inc.

### Report on the audit of the financial report

#### Opinion

We have audited the financial report of Family Planning Victoria Inc. (the Association), which comprises the statement of financial position as at 30 June 2018, and the statement of profit or loss and other comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, and comprising notes to the financial statements, including a summary of significant accounting policies and the statement by the Committee.

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

- a giving a true and fair view of the Association's financial position as at 30 June 2018 and of its financial performance for the year then ended; and
- b complying with Australian Accounting Standards, the Associations Incorporation Reform Act 2012 and Division 60 of the Australian Charities and Not-for-profits Commission Regulation 2013.

#### Basis for opinion

We conducted our audit in accordance with Australian Auditing Standards. Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Report* section of our report. We are independent of the Association in accordance with the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 Code of Ethics for Professional Accountants (the Code) and the Australian Charities and Not-for-profits Commission Act 2012 that are relevant to our audit of the financial report in Australia. We have also fulfilled our other ethical responsibilities in accordance with the Code.

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



### **Information other than the Financial Report and Auditor's Report**

The Committee are responsible for the other information. The other information obtained at the date of this auditor's report is information included in the Committee's Report for the year ended 30 June 2018, but does not include the financial report and our auditor's report thereon.

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

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

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

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

The Committee of the Association are responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards, the Australian Charities and Not for Profits Commissions Act 2012 and the Associations Incorporation Reform Act 2012. This responsibility includes such internal controls as the Committee determines are necessary to enable the preparation of the financial report to be free from material misstatement, whether due to fraud or error.

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

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

### **Auditor's Responsibilities for the Audit of the Financial Report**

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

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



Grant Thornton Audit Pty Ltd  
Chartered Accountants



B A Mackenzie  
Partner – Audit & Assurance

Melbourne, 11 September 2018





# 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.



# CONTACT

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Care. Education. Advocacy.