

50
YEARS

family
planning
victoria

Reproductive & Sexual Health
Care. Education. Advocacy.



FAMILY PLANNING VICTORIA
Annual Report 2018-2019

50 family planning victoria CELEBRATING 50 YEARS

Annual Report 2018–2019

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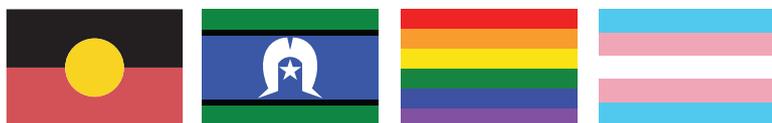
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Family Planning Victoria acknowledges the support of the Victorian Government.



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 all forms of discrimination in the provision of reproductive and sexual health services, we welcome all people irrespective of cultural or linguistic background, sexual orientation, gender identity, intersex status, religion or spiritual beliefs, socio economic status, age or abilities.



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OUR VISION

*is for everyone to enjoy
reproductive and sexual health*



OUR AMBITION

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

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



GLOSSARY

ACHPER	The Australian Council for Health, Physical Education and Recreation
AFSEH	Australia Forum on Sexuality, Education and Health
BBV	Blood Borne Virus
CALD	Culturally and Linguistically Diverse
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
FPV	Family Planning Victoria
GP	General Practitioner
HIV	Human Immunodeficiency Virus
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
MCWH	Multicultural Centre for Women's Health
MTOP	Medication Termination of Pregnancy
NDIS	National Disability Insurance Scheme
QIC	Quality Improvement Council
QIP	Quality Innovation Performance Limited
RACGP	Royal Australian College of General Practitioners
RSE	Relationships and Sexuality Education
RSH	Reproductive and Sexual Health
STI	Sexually Transmissible Infection
VARTA	Victorian Assisted Reproductive Treatment Authority



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FAMILY PLANNING VICTORIA

About

Family Planning Victoria (FPV) is a state-wide, independent, not-for-profit, all-choice organisation focussed on reproductive and sexual health care, education and advocacy. The publication of this Annual Report coincides with our 50th anniversary of providing services to the community.

The organisation is governed by a voluntary Board of Directors and whilst partially funded by the Victorian Government, FPV also generates revenue through fee-based education and training programs and the sale of resources. These funds are used to improve and expand our services.

Our VISION is for everyone to enjoy reproductive and sexual health.

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

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

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



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.

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 for the 2018–2019 financial year.

This is a momentous occasion for Family Planning Victoria (FPV) as we celebrate 50 years of service to the community in Victoria.

FPV was formed in October 1969 by a small yet dedicated group of doctors and interested community advocates for women's health. The first clinic was provided at the Queen Victoria Hospital for Women and Babies in 1970. Over the next few years and with some generous donations, the clinic expanded to a community house in Richmond and education services commenced.

Over 50 years, the organisation has gone from strength to strength. Today we are proud to offer a suite of education and clinical services across the state to all Victorians. We continue to advocate for reproductive and sexual health rights and access to clinical services and education for all.

With an annual budget of over six million and around 75 staff, FPV is recognised for its excellent standard of clinical care and the provision of reproductive and sexual health education and training to thousands of Victorians annually.

Our 50th year has been one of celebration and also considerable work.

In December 2018, the accreditation audit was undertaken by Quality Innovation Performance (QIP). FPV was awarded full accreditation against all criteria for the Human Services Standards and QIC Health and Community Services Standards (7th Ed). This was an excellent result and a credit to the staff. The status of full accreditation gives comfort to the Board that the checks and balances are in place to ensure good governance through quality assurance, risk management, financial oversight, staff and client care and asset protection.

After nearly a year of consultation and collaboration, the Strategic Plan 2019–2023 was launched in February. The new Plan confirms the commitment of the organisation to the reproductive and sexual health sector and sets the direction for FPV for the coming years. Whilst ambitious, the Plan will guide service developments and improvements as well as ensure good governance of our assets and monitoring of performance.

The year has also required investment in the organisation to bring about some necessary structural and functional changes in how staff and services were organised. This resulted in a small financial deficit.

FPV is part of the thriving, energetic and committed reproductive and sexual health sector in Australia. We intend to be here for another 50 years and will continue to provide excellence in all services to the community.



The achievements of FPV would not be possible without the hard work and dedication of all concerned. I would like to acknowledge and thank the Board of Directors who give their time and expertise voluntarily to steer the organisation with diligence and care. My thanks also to our CEO, Claire and her Executive Team who translate our vision and strategy into action. Their leadership this year has influenced positive changes across the organisation.

Of course, none of this work would be possible without the wonderful staff, a significant number of whom have been with FPV for many years. Each and every day they make a difference in the community. FPV is part of the thriving, energetic and committed reproductive and sexual health sector in Australia. We intend to be here for another 50 years and will continue to provide excellence in all services to the community.

CEO REPORT



Claire Vissenga
CEO
Family Planning Victoria

It is my pleasure to present the 50th Annual Report of Family Planning Victoria (FPV). The 2018–2019 financial year has been one of reflection and celebration to mark our 50 years of service to the community of Victoria as well as a year of significant achievements and service improvements.

In December, FPV was audited by Quality Innovation Performance (QIP) for accreditation against the Human Services Standards and QIC Health and Community Services Standards. We were awarded full accreditation against all criteria. This significant achievement assures the organisation, our stakeholders, funders and the broader community of the quality of our services and the systems in place to guide our decisions.

In February, FPV launched its 2019–2023 Strategic Plan. The Plan was developed over many months of consultation and planning with the Board, staff and stakeholders. FPV now has a clear direction for the future with articulated goals. The Plan is ambitious, achievable and most importantly, measurable.

To ensure we have the resources in place to achieve our Strategic Plan, FPV undertook a stocktake of our current technology, systems, equipment and facilities and considered our future needs. We also reviewed our organisational structure to identify ways to facilitate improvements in communication, decision making and workplace collaboration. These projects resulted in two important documents. The first is a planned approach to the short, medium and long term renewal, upgrade or

replacement of the tools needed to do our work. The second is a new organisational staff structure that removes top heavy management, dissolves the siloed arrangement of staff groups and increases the number of staff delivering services to our community. With these changes made and improvements in place, we are confident our Plan will be successful.

FPV is now well positioned as a leading provider of reproductive and sexual health education and healthcare in Australia. Over the reporting period, FPV has increased service delivery in every area of our work. The Schools & Community Team has visited 55% more schools. This has resulted in more teachers receiving training and improved reproductive and sexual health literacy for more students.

The Community Education Team has reached new community groups and connected with more young people than in any other year.

The Clinical Education Unit has delivered 17% more training to medical and nursing staff than in the previous year and the majority of all clinic sessions are now utilised for training. The Women's Sexual and Reproductive Health Strategy launched in 2017 provided for the development of Reproductive and Sexual Health Hubs across Victoria. FPV has played a significant role in this strategy at many levels, but most importantly in providing scholarships to medical and nursing staff associated with the Hubs. This workforce development and capacity building are core services of FPV and illustrate our role as educators in the health sector.



The Community Education Team has reached new community groups and connected with more young people than in any other year.

Clinic activity has also increased thanks to strategies to increase appointment access and availability. A three-month trial of bulk billing all clients under 25 or on a Health Care Card was a success with increased access and no negative impact on income; the changes to billing are now permanent. A concerted effort to attract new business to our clinics has also been positive with a 17% increase in the number of new clients seen.

Some of the demographic data of clients accessing our clinics has not changed significantly with the average age being in the late 20's and the majority living within 50kms of our clinics. The number of people who identify as male has now increased to over 10% of all clients. It is a pleasing result to see an increase in the number of clients under 25 or on a Health Care Card. Whilst we continue to make gains, there remains more to be done to significantly increase access for other priority populations in Victoria.

In the last Annual Report, we highlighted the work undertaken to develop and implement our online learning system. Whilst still gearing up to full capacity over the last year, the online learning modules have been very popular and are highly regarded. The projected return on the investment in this system, based on current income, is 13%.

FPV has an excellent reputation as the trusted source of information on reproductive and sexual health. No better example of this is the traffic to our website and downloads of factsheets.

In 2018–2019, there were over 1.2 million page

views of the website representing over 600,000 individual users; this is a 43% increase on the previous year. As well as a continuous review and improvement plan for our website content to ensure the information is accurate, current and accessible, we have also made changes to improve usability on mobile devices such as smart phones. The more user-friendly format is clearly making a significant difference with around 73% of all access being via a mobile device.

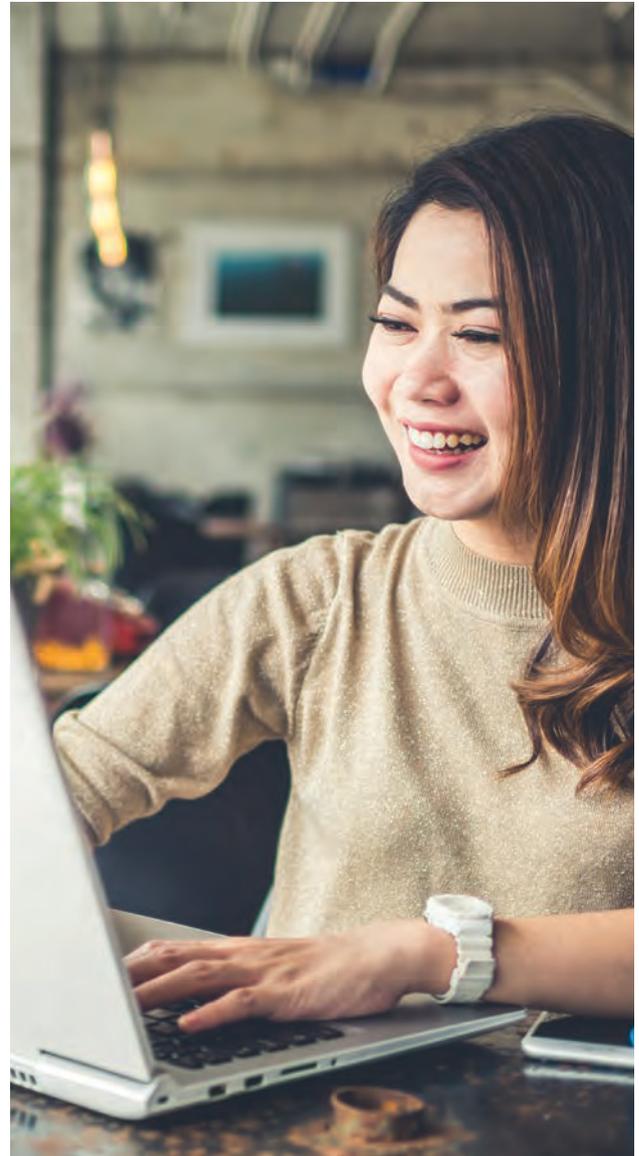
As I have articulated in this report, FPV has continued to increase its reach and impact. This is a reflection of the dedication and hard work of staff and Board Directors; to all of them I offer my gratitude and respect. In particular I would like to thank my Executive Team, Sarah Thistle, Deputy CEO and Service Delivery Director, Kathleen McNamee, Medical Director and Lisa Manby who so ably runs the Office of the CEO. As I reflect on the last 50 years that FPV has offered services, I realise that we stand on the shoulders of giants who had the foresight and tenacity to set us in the right direction. It has been an honour over the last year to meet with so many people who were instrumental in establishing the community service we are today and it is my privilege to lead the organisation into the future.

ACHIEVING OUR STRATEGIC INTENT

Utilising Technology to Improve the Client Experience

Implementing our New Strategic Plan

Podcasts for Parents and Carers



UTILISING TECHNOLOGY TO IMPROVE THE CLIENT EXPERIENCE

This year we have built on the success of the initial implementation of our online booking platform for clinic appointments. Although all references to a drop-in service were removed from our website, our nurses have continued to triage any clients who arrive without a pre-booked appointment. Any drop-in client deemed to require an urgent medical review is seen by a doctor on duty that day.

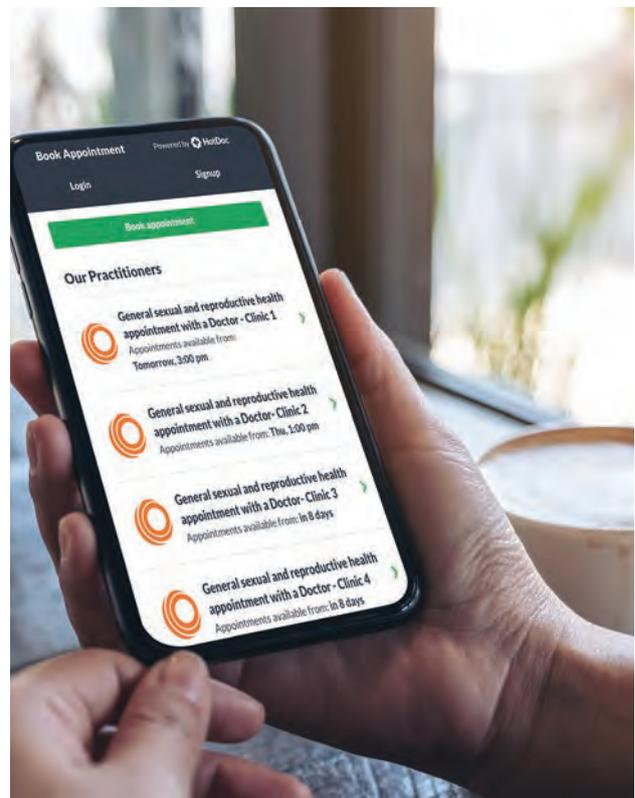
The feedback regarding our online booking service has continued to be extremely positive with clients remarking on the benefits of the option to book an appointment outside of clinic opening times and their experience of shorter waiting times. Since expanding the online booking option to all clinical services, FPV has seen an increase in male clients.

At the end of this year, and following a further comprehensive review of available options, we have begun the transition to a new online clinic booking platform which better integrates with our medical records software. This transition is set to improve the client experience, clinical governance and the effectiveness and efficiency of our administrative processes across both clinics. Some of the benefits of the new system are:

- New online client registration which allows individuals to complete and submit the registration form in their own time prior to their appointment. Once submitted, the information is directly embedded into a new client file. This saves time and reduces transcription errors.
- SMS reminders for patients to book an appointment with a direct link within the text to schedule an appointment. For example, an SMS reminder that the client's contraceptive implant is due for removal and re-insertion. This reduces manual handling and risk of errors whilst also providing an automated audit trail within client files.

- Automated provision of links to information when certain types of appointments are booked. For example, if a client is booked to discuss IUD insertion, they will automatically be sent an SMS that has links to online information about IUDs.
- SMS booked appointment reminders sent 24 hours prior to a client's appointment, enabling the individual to click on a link to confirm, cancel or reschedule that appointment. If they choose to cancel or reschedule, the appointment is immediately freed up on the online system for another person to book.
- Self check-in allowing clients to check-in upon arrival at the clinic without the need to do this with reception staff.

We anticipate that the impact of these technological improvements will be reflected in increased numbers of clients we are able to see, as well as improvements in the experience of the client journey through our clinics.



IMPLEMENTING OUR NEW STRATEGIC PLAN

In February we launched FPV's Strategic Plan 2019–2023. We then began work on an organisational review to ensure we have the right resources in the right places to fully implement the Plan.

Staff from across the organisation were interviewed by an external management consultant who gathered their insights into the existing resources and what we would need to change or build upon to effectively and efficiently implement the new Strategic Plan.

A thematic analysis of the feedback was conducted and then utilised to develop a set of recommendations. These recommendations were then discussed by the Board and the Executive Team before being shared with all staff and translated into actions for the organisation. A summary of some of the feedback and resulting actions follows.

Strategic Plan Implementation

Staff were pleased that they could see their ideas and feedback reflected in the new, extended high-level document which will guide services, research and advocacy for the next five years. They remarked on the importance of more detailed planning that would provide further clarity on how their own work could contribute towards achieving the goals and demonstrating the impact of our collective

efforts. More detailed planning is underway with the development of our annual business plans for 2019–2020, integrating the measurables from our new Outcomes Framework.

Our Name and Brand

The importance of good marketing to promote our services was seen as crucial for the success of our Strategic Plan. The current name of the organisation, Family Planning Victoria, was seen to be outdated and one which doesn't reflect the range of services we offer and clients we aim to reach. The proposal to change the organisation's name was strongly supported and therefore we have commenced a process to change our name whilst preserving our brand and reputation.

Leadership Development

The importance of strong, supported and valued leadership was cited by a number of staff. Although several examples were given where effective leadership contributes to the workplace, it was noted that more could be done to nurture leadership skills in new and aspiring leaders within the organisation. This recommendation from staff was consistent with the Leadership Development Plan already identified by the Executive Team for implementation in 2019–2020.

Staff were pleased that they could see their ideas and feedback reflected in the new, extended high-level document which will guide services, research and advocacy for the next five years.



Broader Professional Development

There was acknowledgement that FPV provides opportunities for professional development for staff through a range of pathways, yet there was still room for improvement.

In response to specific feedback, and with the focus on our role in education, we will ensure our clinical staff have increased access to ongoing professional development in clinical supervision and training, in addition to their ongoing professional development in clinical practice.

Communication

Communication within teams and across some teams was complimented and appreciated. Some staff expressed that in order for staff to be fully informed and responsive to decisions, there was a need for better communication across the whole organisation. In response, we reviewed and adapted our organisational structure to further reduce internal silos and improve communication across teams. This included bringing clinical services and education and training together under the new position at executive level of Service Delivery Director. We will also be implementing an updated Communication Strategy which will include our new intranet as a first point of information and communication with staff.

Information and Communication Technology (ICT)

Whilst staff acknowledged that FPV has good ICT equipment and good processes in place to protect and store information, the timeliness and nature of ICT support was flagged for improvement. Additionally, staff remarked that the range of applications used across the organisation could be further integrated and supplemented to better support their work. We have therefore renegotiated the way our ICT support is provided and will undertake a more in-depth review of how to improve the integration between the existing applications or replace them with better alternatives.

Facilities

The Box Hill office is no longer fit for purpose, although it remains an important asset which has the potential to contribute significantly to the long-term financial sustainability of the organisation. We will continue to look at options for the long-term use of the Box Hill site to optimise its value. In the short term the Board has given the green light for a modest refurbishment in the coming financial year which will improve facilities for clients, trainees and staff.



PODCASTS FOR PARENTS AND CARERS

FPV strongly advocates for effective home-school-community partnerships when delivering Relationships and Sexuality Education (RSE). Young people are constantly engaging with their home, school and community environments, so it is important for RSE to draw from all these contexts in relevant and meaningful ways.

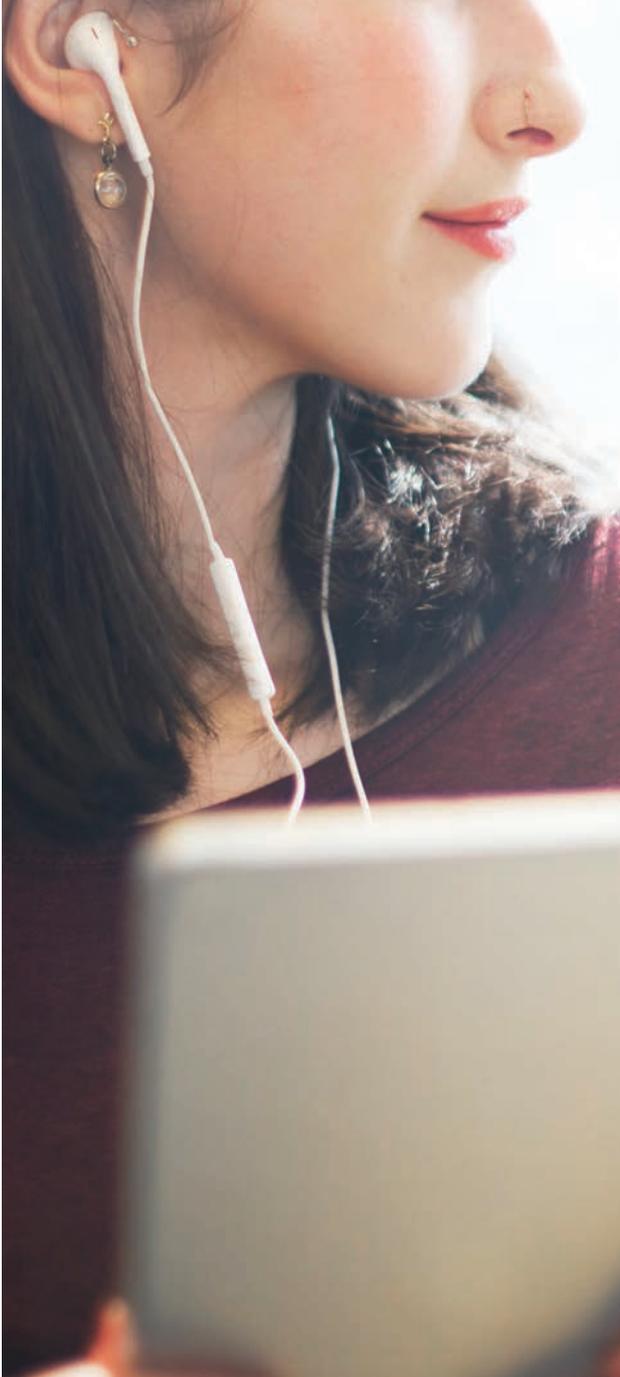
Parents and carers are often considered to be the primary educators when it comes to RSE. However, many parents and carers feel reluctant to engage with their children in these important conversations. Whilst research suggests that parents and carers don't require specialist sexual health knowledge to be effective educators in this space, this perceived lack of knowledge and information is often cited as a barrier when initiating discussions with their children. Research into parent and carer effectiveness as RSE educators also highlights the importance of families fostering environments which allow for these conversations to take place.

In order to support parents and carers in their role as RSE educators, the Schools and Community Team have produced a series of podcasts called Doing 'IT'. The podcasts discuss all aspects of sexuality and relationships, providing tips and tricks on navigating conversations and insights into how to answer questions with confidence.

The title of the podcast series, Doing 'IT', draws together questions that are often asked by young people such as, how to 'do it' as in sex, and also by parents, carers and teachers who want to know how we 'do it' as in talk about bodies, relationships and sexuality.

Episodes cover a wide range of topics including bodies, growing up, being safe, puberty, sex, identity, relationships, sexuality and sexual health. FPV has drawn from expertise within the organisation, as well as from other experts within the field, including:

- Associate Professor Christopher Fisher, Australian Research Centre in Sex, Health and Society
- Jenny Walsh, Relationships and Sexuality Education
- Dr Fida Sanjakdar, Monash University
- Miller Sodding, Minus18
- Holly-Ann Martin, Safe4Kids
- Jayneen Saunders, Educate2Empower
- Vanessa Hamilton, Talking the Talk
- Fiona Katauskas, The Amazing True Story of How Babies are Made



doing 'IT'

fpv.org.au/schools/podcasts

Since Doing 'It' launch in May 2019, there have been 355 downloads of the podcasts, with 261 in Australia (62% from Victoria and 24% from other states and territories). Internationally the podcasts were accessed by people from the United States, Spain, the United Kingdom and France.

The podcasts have been very well received and they provide an avenue for FPV to speak directly to the parent and carer community, particularly those that are unable to attend face-to-face sessions. They offer accurate information about RSE topics whilst modelling the language that could be used with young people.

Doing 'IT' has also proven to be popular amongst teachers, providing them with professional development in this space and allowing them to hear how FPV educators model these discussions and answer student questions in age and developmentally appropriate ways.

Internally, Doing 'IT' has proven to be a popular method of professional learning for FPV staff. The

podcasts allow for different streams within the organisation to learn from and with one another. They have also supported the development of common and shared approaches and language when discussing RSE topics.

Since Doing 'It' launched in May 2019, there have been 355 downloads of the podcasts, with 261 in Australia (62% from Victoria and 24% from other states and territories). Internationally the podcasts were accessed by people from the United States, Spain, the United Kingdom and France.

This exciting production from the Schools and Community team aligns well with the 2019–2023 Strategic Plan. It supports the strengthening of FPV's digital presence as a vehicle for improving accessibility for priority populations and sees FPV working in collaboration with other leaders in the field to strengthen the message.



CORE WORK

Health Promotion

Research

Clinical Services

Clinical Education

**School & Community
Education**

**Continuous Quality
Improvement**

Our People

Media & communications

**Publications,
Conferences**

**Advocacy, Partnerships
& Collaboration**



HEALTH PROMOTION

An extension of the multi-lingual resources is the translation of animated videos into Auslan (Australian Sign Language). The videos cover the topics of menstruation, conception and contraception.

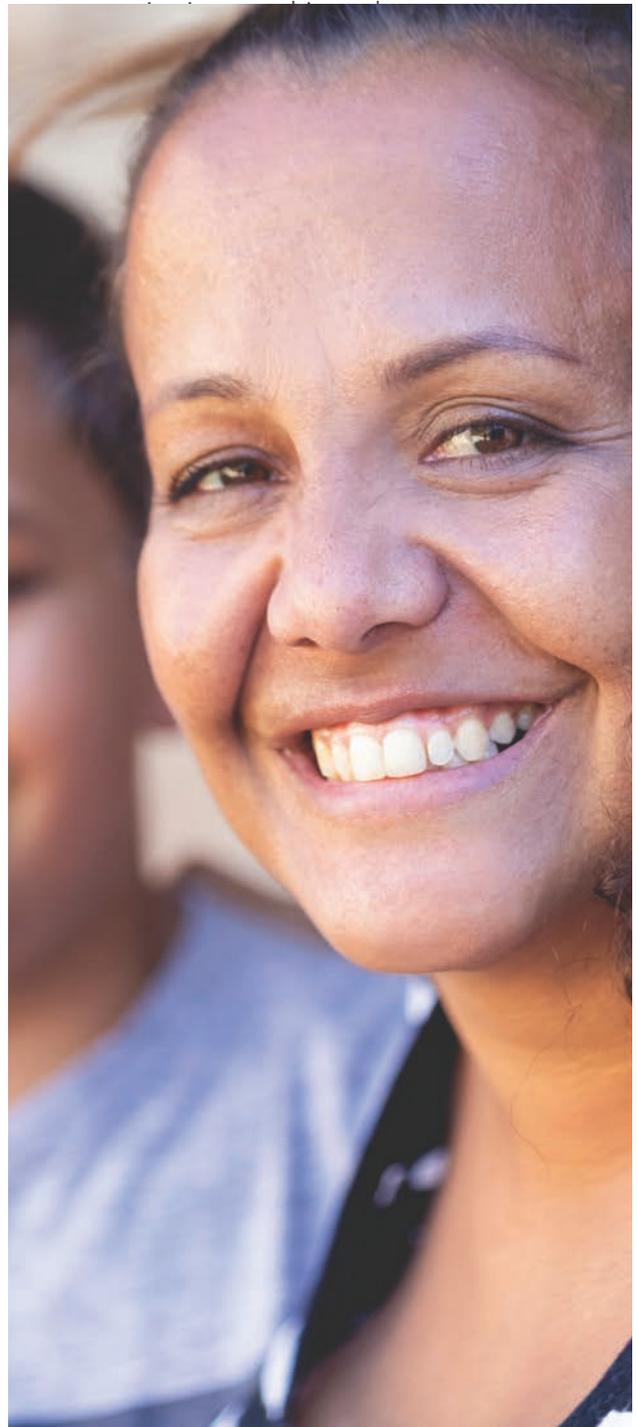
FPV continues to expand the evidence-based resources available to improve people's reproductive and sexual health. We celebrated the official launch of our multi-language factsheets and animations at an event in Melbourne co-hosted with the Multicultural Centre for Women's Health (MCWH) on 2 May 2018.

The materials have been translated from English into a total of 12 other languages - Arabic, Chinese Traditional, Dari, Karen, Punjabi, Somali, Tamil, Vietnamese, Hakha Chin, Dari, Somali and Urdu.

Available through FPV and MCWH's websites, as well as on the Health Translations website (<http://healthtranslations.vic.gov.au/>), the materials are a valuable reproductive and sexual health resource for group facilitators and group leaders working with women from migrant communities, as well as the wider population.

An extension of the multi-lingual resources is the translation of animated videos into Auslan (Australian Sign Language). The videos cover the topics of menstruation, conception and contraception. The Schools & Community Team will use these videos when delivering relationships and sexuality education to students with hearing impairment. The videos are also available via our website for broader access by the Deaf community.

During the year, FPV launched two new position statements on Abortion and Long Acting Reversible Contraception (LARC) as part of our ongoing commitment to advocacy. Each statement clearly outlines our position and the actions we will take.



RESEARCH

In October 2018, we launched our Research Strategy. The Research Strategy focusses on developing evidence-based knowledge that can be applied to service delivery, education, policy and advocacy to enhance reproductive and sexual health outcomes. A component of the Strategy is the formation of FPV's Research Advisory Committee. The Committee provides strategic direction, oversight and governance for the development, management and sustainability of research at FPV.

The Research Advisory Committee held its first meeting in November 2018, under the guidance of an independent chair, Professor Peter Aggleton. The Committee is comprised of both internal staff members and academics from local and interstate universities.

Among the first projects supported by the Research Advisory Committee is a collaboration between FPV and the University of Melbourne. The research project, led by FPV, aims to learn more about healthcare practitioners' views on how contraceptive decision making might be influenced by how contraceptives affect sexual experiences and practitioners' views on routinely discussing sexual wellbeing in the contraceptive consultation. Data collection for this project finished at the end of the financial year.

We also continue to build on previous research. For example, FPV successfully applied for funding for a Victorian State Government International Student Welfare Program grant. The grant application drew on insights gained from an FPV and Deakin University research project interviewing international students about their understanding of their health insurance, their reproductive and sexual health knowledge and access to reproductive and sexual health services. In the interviews, international students voiced key recommendations for enhancing their health and wellbeing, including providing students with access to reproductive and sexual health information via multiple media throughout their degree. With the grant funding,

FPV will collaborate with international students and Northern Centre Against Sexual Assault (CASA) to create a reproductive and sexual health education course for students to access through the university's online learning platform.

A summary of research publications and presentations for this year can be found on page 28.



CLINICAL SERVICES

This year we have continued to provide a broad range of reproductive and sexual health services, with one of our key focus areas being LARC.

In 2018–2019, we upskilled more of our own doctors to provide intra-uterine device (IUD) insertions and IUD training, including facilitating the important pre-IUD and post-IUD clinical appointments to provide a safe and supportive service. High demand for IUD insertions across Victoria has seen us increasing our IUD training clinics and through those clinics providing greater access to IUD insertions for clients as well as training for clinicians. Our specialised training clinics enable GPs and nurses in the community to do the clinical placement component of the FPV IUD insertion course.

For those clients seeking IUD insertion who are not local to FPV's clinical services, we provide a list on our website of the IUD course graduates who would like to welcome new bookings at their own clinics.

The joint efforts of the Clinical Services team and the Clinical Education Unit (CEU) has seen a 38% increase from last year in the number of IUD trainees. The move to online theory training, together with the ability to book consecutive training sessions, has also increased access for rural trainees.

As well as dedicated IUD training sessions we have continued to provide dedicated clinical contraceptive implant training sessions. This training, offering hands on experience, has proven particularly popular among rural nurses.

There were a total of 739 implant insertions across our dedicated training and general clinic sessions.

Our medical termination of pregnancy (MTOP) services continue to meet the needs of our clients.

We have been able to provide an MTOP service to all 176 eligible clients who contacted our clinics whilst also providing MTOP clinical training and support to a number of organisations.

For several years, FPV has bulk billed all those with a Health Care Card and provided support for those in financial hardship. Our commitment to young people saw the introduction of a trial extending bulk billing to all those aged under 25 years. The success of the trial has enabled us to continue to bulk bill young people under 25 years on an ongoing basis.

This year also saw our first full year of online bookings. This has been very popular with our clients and has freed up a considerable amount of our receptionists' time. Over the following year we plan to further streamline processes in our clinical services to enhance the experience for our clients and clinical education trainees.

CONSULTATIONS



13,708

▲
up
4%

NEW PATIENTS



4579

▲
up
17%

IUD INSERTIONS



1052

▲
up
54%



CLINICAL EDUCATION

FPV is a leading provider of reproductive and sexual health education and training, with the Clinical Education Unit (CEU) providing learning opportunities for doctors, nurses, midwives, youth workers and community workers. Education and training are offered in a variety of formats including online, face-to-face and via clinical skills workshops and clinical placements.

FPV has continued to have strong attendance at courses for doctors, nurses and midwives. Our highly-regarded, established courses have increased capacity to provide education and training to larger numbers than ever before. For example, by moving the theory element of the IUD insertion course from face-to-face to fully online, together with increased clinical placement sessions at FPV and through partnerships with clinics in Heidelberg (Austin Health), Geelong and Werribee, we have increased the number of doctors trained from 36 last year to 50 this year.

This training enables doctors to provide IUD insertions for their patients locally, including at regional and rural practices in Bacchus Marsh, Broadford, Wodonga, Geelong and the Mornington Peninsula. IUD insertion course graduates are being followed up with a survey six months after completing the course to enable us to further

understand the impact of their new skill within their practice and to assist us as we strive for further improvement in our course.

The FPAA Certificate in Reproductive Health for doctors has continued to be popular, with 76 registrations across the year. Implanon NXT Education & Simulation Practice was delivered to 178 trainees, a 9% increase on the previous year with more than a third from rural and regional areas.

Clinical education for nurses and midwives continues to be a strength and includes our broad course, 'Comprehensive Sexual & Reproductive Health', as well as more specific courses such as cervical screening provider training and 'Let's talk about sex: Addressing the needs of young people'. The latter is also available to youth workers and community workers who work with young people.

New face-to-face, online and mixed mode delivery courses have been developed this year, including the launch of two online modules for doctors, nurses and midwives, 'Contraception' and 'Vulvovaginal Health'. Also a two-day face-to-face course for doctors on Women's Reproductive &

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

 513

UP 19%

INTRAUTERINE
DEVICE (IUD)
INSERTION
TRAINING

 50
TRAINEES

UP 39%

IMPLANON NXT
EDUCATION &
SIMULATION
PRACTICE

/178
TRAINEES

UP 9%



One of the benefits of nurse educators providing these sessions is that they are often approached for more individual information, advice and signposting at the end of the outreach sessions and are particularly well positioned to provide this information.



Sexual Health was delivered twice, with a focus on communication and sensitive examination skills. These courses have joined our suite of RACGP accredited programs for GPs.

This year the blood-borne virus and sexually transmissible infections (BBV/STI) grant funded work has been incorporated into the CEU, with nurse educators providing no-cost community outreach sessions. These sessions are for young people outside the mainstream secondary school system and community staff who support them. The target group of young people are typically from priority populations and therefore may be lesbian, gay, bisexual, transgender, intersex (LGBTI), culturally and linguistically diverse (CALD), Aboriginal and/or Torres Strait Islander, homeless, experiencing poor mental health, from low socio-economic backgrounds and/or from regional Victoria. One of the benefits of nurse educators providing these sessions is that they are often approached for more individual information, advice and signposting at the end of the outreach sessions and are particularly well positioned to provide this information.

Two main themes underpinned all community outreach sessions; prevention of BBV and STI in young people, and sexual & gender diversity awareness and inclusivity for young people. Direct delivery of 50 young people's sessions reached 815 young people from priority populations.

The 14 professionals' sessions were delivered to 318 workers with 92% of those who completed surveys reporting their confidence to provide BBV/STI information had increased and 76% reporting their confidence to provide information about sexual and gender diversity had increased. The community outreach program also provided seven regional/rural and eight metropolitan one day training events to 329 professionals. The regional/rural sessions were held in Ballarat, Swan Hill, Bendigo and Traralgon.

A consultative needs analysis identified that professionals working with marginalised young people wanted training to improve their capacity to support young people's ability to access sexual health services.

The team responded to the consultation feedback with the development of a new no-cost 1.5-hour interactive online learning course which can be done at the learner's own pace without having to travel. It supports professionals to understand relevant laws, young people's rights, the Medicare system in relation to independent access by young people and how they can help address myths and misconceptions that can act as barriers to young people's access.

- **Delivery of 50 young people's sessions reached 815 young people from priority populations**
- **The 14 professionals' sessions were delivered to 318 workers**
- **The community outreach program also provided seven regional/rural and eight metropolitan one day training events to 329 professionals.**



SCHOOL AND COMMUNITY EDUCATION

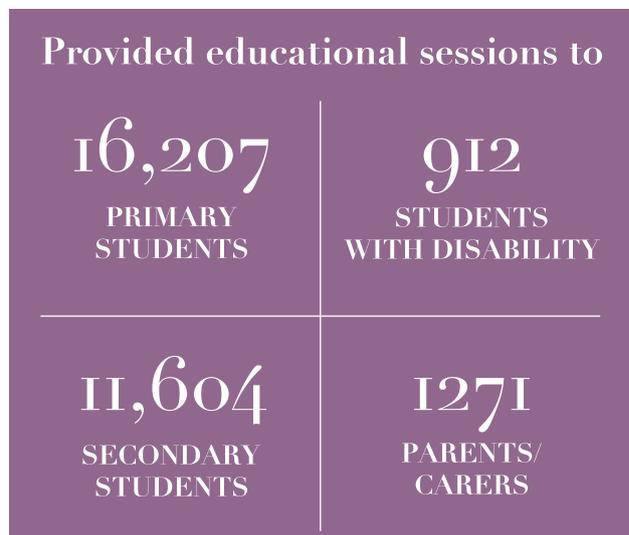
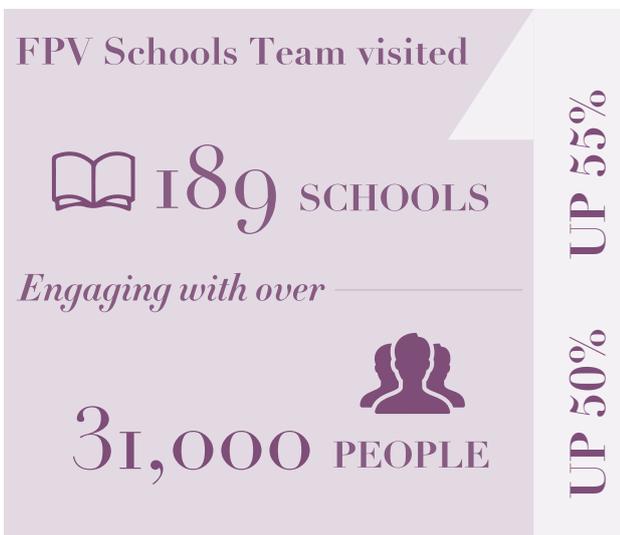
Following a review of FPV supports and services that sought to optimise the implementation of the Strategic Plan, it became evident that clear synergies between the work of the Schools Team and Disability Services existed. Subsequently, the two areas merged later in the year to become the Schools & Community Team. The integration of skills, expertise and resources from both areas has allowed for a reimagining of the suite of services that can be provided by the Schools and Community Team to improve the reproductive and sexual health literacy of the population.

The 2018–2019 year saw FPV Schools Educators engage with over 31,000 people including students, teachers, parents, secondary school nurses and other health professionals. The Schools Team expanded its reach by visiting 189 schools, including 31 new schools, and by providing educational sessions to 16,207 Primary students, 11,604 Secondary students, 912 students with disability and 1,271 parents/carers.

Throughout the year, FPV Disability Educators worked in partnership with Amaze and Cottons to produce autism-friendly menstruation resources. FPV provided expert guidance on the technical drawings and terminology used within the resources, which include flipbooks and social scripts around the use of both pads and tampons.

FPV has had a long and ongoing partnership with the Victorian Assisted Reproductive Treatment Authority (VARTA) and YourFertility. Through this partnership a resource to support the teaching of fertility and assisted reproduction within school settings had previously been developed to enable teachers to provide accurate and appropriate information on fertility and different forms of conception.

During 2018–2019, the resource underwent a robust review that drew from expertise across the field of education. Following the review, an update to the resource was completed and a complementary eLearning module was created, both of which are now free for government schools to download via the website. Promotion of the revised suite of resources took place at five education conferences and via a targeted social media campaign across Twitter and Facebook, reaching an audience of 3,300 individuals. The re-launch of the resource also sparked interest with media outlets including The Age, the Herald Sun, 3AW and ABC Radio. The revised resource has been downloaded by school educators, as well as Australian and international universities, health organisations and education departments. The eLearning module saw 111 users enrol into the course by the end of the year.





“Thank-you it has been an amazing learning opportunity and very valuable professional development. Reproductive and sexual health can be a difficult topic to present, but I now have the confidence to deliver the content and to answer difficult questions and be the best educator I can be.”

Secondary teacher

“Observing a teacher with expert knowledge answer a large number of questions competently, age appropriately, culturally appropriate and engaging. Students found the lessons rewarding and they have learnt from the experience... It was valuable to see the students engaged in learning about their bodies and consent.”

Secondary teacher

“Having the FPV educator there along the way to help with questions, and how to answer difficult questions. It was great to have her model how to discuss and teach topics. It was also great to get up in the last session and do it myself. Although very nerve-wracking it was great to get stuck into it.”

Primary teacher

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

Primary teacher

During 2018–2019, Disability Educators also proudly launched their suite of Easy English factsheets to support people with cognitive disability to enhance their sexual health literacy. A suite of 13 factsheets was produced through consultation with the disability community covering a range of topics such as safer sex, sex and the law, contraception, STIs and BBVs and diversity. The resources have been well received amongst community organisations that support people with cognitive disability.

FPV’s reputation for providing expert coaching and mentoring through its ‘In-Class Professional Learning’ program has continued to grow. This year has seen 19 schools and 53 educators accessing the program, with 86% of participants reporting that their confidence in teaching RSE had significantly increased.

Another exciting training opportunity facilitated by FPV this year was ‘Talking ‘bout iGeneration: sexual citizenship among diverse sex, sexuality and gender youth.’ This forum, in partnership with the Australian Forum on Sexuality, Education and Health (AFSEH) and Swinburne University, saw 43 champions and change-makers from across Victoria come together to develop confidence and capacity among education and health professionals working on sexuality and gender issues with young people. They explored how recent research outcomes inform practice and identified ways less experienced colleagues could be supported to engage with these agendas.

CONTINUOUS QUALITY IMPROVEMENT

In late 2018, we underwent an independent assessment of our services' performance against Human Service Standards and QIP Health and Community Services Standards 7th Ed. The outcome of the assessment was that we fully met all 36 standards and 163 indicators. This is a significant achievement for FPV and one which will provide a level of reassurance to clients and funders alike about the embedded quality of our services. The following is an extract from the feedback provided by the auditors:

"FPV has been a leader in inclusive-practice to the diverse community it serves. The feedback from clients and stakeholders showed a very high regard for FPV's leadership team and its staff, particularly for the inclusiveness of services being provided and their willingness to support other organisations for the benefit of their communities. The staff demonstrated a strong value focus and commitment towards inclusive practice, meeting the individual needs of each client in a non-judgemental approach. The staff are considered highly skilled by stakeholders and are seen as professionals who won't give up on clients. In addition to provision of high quality, inclusive services for clients, FPV's leadership also strives to provide an inclusive workplace for its staff. A workplace that supports staff to develop great skills and to make the best contribution they can."

Our quality journey continues through:

- Ongoing management of a Centralised Document Register, with a standardised review and update process rolled out. These are soon to be integrated into our newly developed intranet.
- An Integrated Quality Improvement Plan, which documents and centralises all our business improvement initiatives and allows us to plan and manage our priorities, continually improve our standard of service, deliver and report on our projects and celebrate our successes.
- Process improvement, through analysing our core business systems, processes and outputs we continue to focus on optimising our service offering.

The foundations for significant improvements in our online booking and communication systems for clinical clients have also been laid towards the end of the year. We look forward to reporting on the impact of these improvements in next year's Annual Report.



OUR PEOPLE

FPV has a highly talented and engaged workforce, with many staff acknowledging that flexible work arrangements have been a key factor in their ongoing commitment to the organisation.

Underpinning the support of flexible work arrangements is an authentic, pro-active approach to the health and wellbeing of staff, together with an understanding that business goals can best be achieved by adopting work design that attracts and retains a wider pool of talent.

Our flexibility initiatives are designed to provide offerings to all, whether the employee is a parent or carer, recovering from an injury or illness, managing a long-term illness, transitioning to retirement, has a disability, is studying or purely looking for balance between work and life. The following are some of the flexible working arrangements accessed by our staff in 2018–2019:

- Part time working hours
- Job share arrangements
- Compressed working hours
- Extended working hours
- Casual working arrangements
- Flexi time
- Time in lieu
- Working from home and other remote locations
- Short term study leave
- Paid professional development leave
- Personal leave entitlements in excess of Fair Work Standards
- Flexed professional development days
- Flexed staff forum days

By supporting work-life integration, FPV is continuing to build an innovative and agile workplace that is increasingly diverse, adaptive and high performing.

Doctors	29%	EMPLOYMENT CATEGORIES
Nurses	20%	
School & Community Educators	18%	
Other professional	19%	
Administration	14%	

Full time	20%	CATEGORY TYPES
Part Time	65%	
Casual	15%	

0 to 5 years	60%	TENURE
6 to 10 years	7%	
11 to 20 years	21%	
20 years plus	12%	



MEDIA AND COMMUNICATIONS

Website

FPV's website is the primary marketing and communication channel for our organisation. It is where people access reproductive and sexual health information, download resources for use in clinical and educational settings, register for FPV education and training courses and book clinic appointments. In 2018–2019, over 605,000 people visited fpv.org.au.

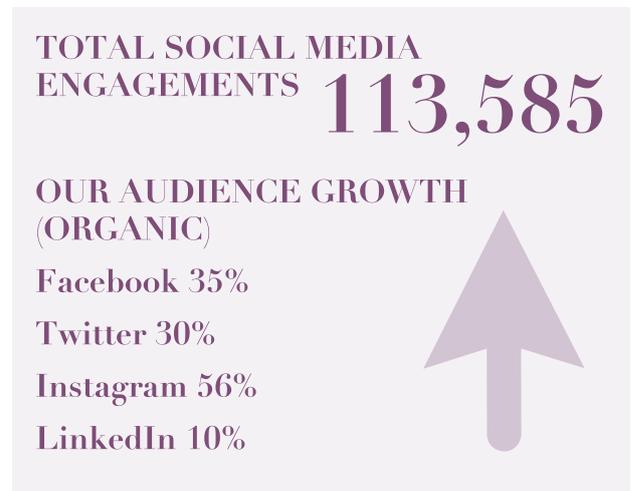
Significant content enhancements throughout the year included the addition of Easy English resources, new translated versions for a range of factsheets, a suite of translated videos and enhancements to streamline online clinic appointment bookings.

To better understand the needs of our website users, FPV conducted an online survey asking website visitors their main reasons for visiting fpv.org.au. The 330 responses received provided valuable insights that are helping to inform ongoing website projects across content, design and navigation.

Social Media

Social media plays an important role in building our brand and connecting with our audiences.

During 2018–2019, FPV's active social media channels of Twitter, Facebook, Instagram and LinkedIn all experienced organic growth in terms of follower numbers and content reach. Our publishing efforts focused on driving awareness of our clinical and school education programs, promoting clinic services, strengthening our advocacy position and showcasing our expertise as reproductive and sexual health experts.



FPV in the media

FPV experts were interviewed by journalists from national media outlets about contraception, relationships and sexuality education, and access to abortion. Articles featuring commentary from FPV experts appeared on:

- The Age
- ABC
- ABC Gippsland
- ABC Life
- Leader Newspapers
- Sydney Morning Herald
- NT News



Family Planning Victoria

In early 2019 FPV's Board announced a decision to change the name of our organisation, reasoning that 'Family Planning Victoria' no longer reflected our full suite of services or held meaning with today's audiences.

Family Planning Victoria was formed and named in 1969 (originally as The Family Planning Association of Victoria, later shortened to Family Planning Victoria). In 2019, the term 'Family Planning' no longer describes the broad range of reproductive and sexual health services provided by our organisation, nor does it hold the same meaning it did 50 years ago when the term was more widely understood as contraception and educational services to help people determine if, when and how many children to have.

Now, in our 50th year and with a new five-year strategic plan and vision, the opportunity to change our name is timely and relevant.

Following the Board announcement, a rebrand project commenced with the aim of refreshing our image and ensuring our brand appeals to our audiences, reflects our services and is aligned with our new vision and strategy. The outcome of the project will be announced next year.

In 2019, the term 'Family Planning' no longer describes the broad range of reproductive and sexual health services provided by our organisation, nor does it hold the same meaning it did 50 years ago.



PUBLICATIONS & CONFERENCES

Publications:

McNamee K., Harvey C., Stewart M., & Bateson D. (2018). An updated guide to contraception. Part 1: Short-acting methods. *Medicine Today*, 19(10), 10-24.

Harvey C., McNamee K., Bateson D., & Stewart M. (2018). An updated guide to contraception Part 2: Long-acting reversible methods. *Medicine Today*, 19(11), 20-33.

Stewart M., McNamee K., Harvey C., & Bateson D. (2018). An updated guide to contraception. Part 3: Permanent methods, traditional methods and emergency contraception. *Medicine Today*, 19(12), 36-45.

Keogh L.A., Gillam L., Bismark M., McNamee K., Webster A., Bayly C., & Newton D. (2019). Conscientious objection to abortion, the law and its implementation in Victoria, Australia: Perspectives of abortion service providers. *BMC Medical Ethics*, 20, 11. doi: 10.1186/s12910-019-0346-1

Taft A.J., Powell R.L., Watson L.F., Lucke J.C., Mazza D., & McNamee K. (2019). Factors associated with induced abortion over time: Secondary data analysis of five waves of the Australian Longitudinal Study on Women's Health. *Australian and New Zealand Journal of Public Health*, 43(2), 137-142. doi: 10.1111/1753-6405.12874

Bateson D., McNamee K. (2019). Contraception and the age of consent. The role of the GP. *Medicine Today*, 20(6): 49-50.

Conferences:

Hudson, L. (2018, August). Keep calm and talk about sex. Presented at the Australian Youth Alcohol other Drugs (AOD) Conference, Melbourne, VIC.

Machalek, D.A., Shilling, H., Cornall, A.M., Atchison, S., Brotherton, J.M., Bateson, D., McNamee, K., Hocking, J., Kaldor, J.M., Chen, M., Fairley, .C, Tabrizi, S.N., & Garland, S. (2018, October). Prevalence of vaccine and non-vaccine HPV types among Australian women aged 18-24 years, a decade after program implementation. Presented at the International Papillomavirus Conference, Sydney, NSW.

Lee, B. & Tronerud, J. (2018, November). Relationships and sexuality education – A practical approach. Presented at Home Economics Victoria, Melbourne, VIC.

Lee, B. (2018, November). Fertility and assisted reproduction. Presented at Home Economics Victoria, Melbourne, VIC.

Kain, K. & Lee, B. (2018, November). Fertility and assisted reproduction. Presented at Science Teachers Association of Victoria, Melbourne, VIC.

Lee, B. & Moreira, S. (2018, November). Relationships and Sexuality Education – A practical approach. Presented at Australian Council for Health, Physical Education and Recreation, Melbourne, VIC.

Read, S. (2018, November). Future directions for health for young people of diverse sex, sexuality and gender. Presented at Talking 'bout iGeneration: Sexual Citizenship among Diverse Sex, Sexuality and Gender Youth, North Melbourne, VIC.

Vissenga, C. (2018, November). Beyond the classroom: Pleasure in sex education. Presented at the International Union again Sexually Transmitted Infections Asia Pacific Health Congress, Auckland, New Zealand.

Mountford, J. (2018, November). My cervix. My choice. Improving screening rates in LGBTIQ community. Presented at the International Union again Sexually Transmitted Infections Asia Pacific Health Congress, Auckland, New Zealand.

Mazza, D., Watson, C., Black, K., Taft, A., Lucke, J., McGeechan, K., Haas, K., McNamee, K., & Peipert, J. (2018, November). The Australian Contraceptive ChOice pRoject (ACCORd): Results of a cluster randomised controlled trial aimed at increasing long acting reversible contraceptive (LARC) uptake. Presented at the International Conference on Family Planning, Kigali, Rwanda.

Moreira, S. & Kain, K. (2018, December). How to teach gender diversity and using inclusive language when teaching sexual health. Presented at Gippsland Sexual Health Forum, Traralgon East, VIC.

Moreira, S. (2019, May). Gender diversity and the use of inclusive language. Presented at Let's Talk About Good Health Down South: A Sexual and Reproductive Health Forum, Dandenong, VIC.



ADVOCACY, PARTNERSHIPS & COLLABORATION

The impact and reach of our work is strengthened by partnerships and collaboration with other organisations. In 2019-19, our partners included:

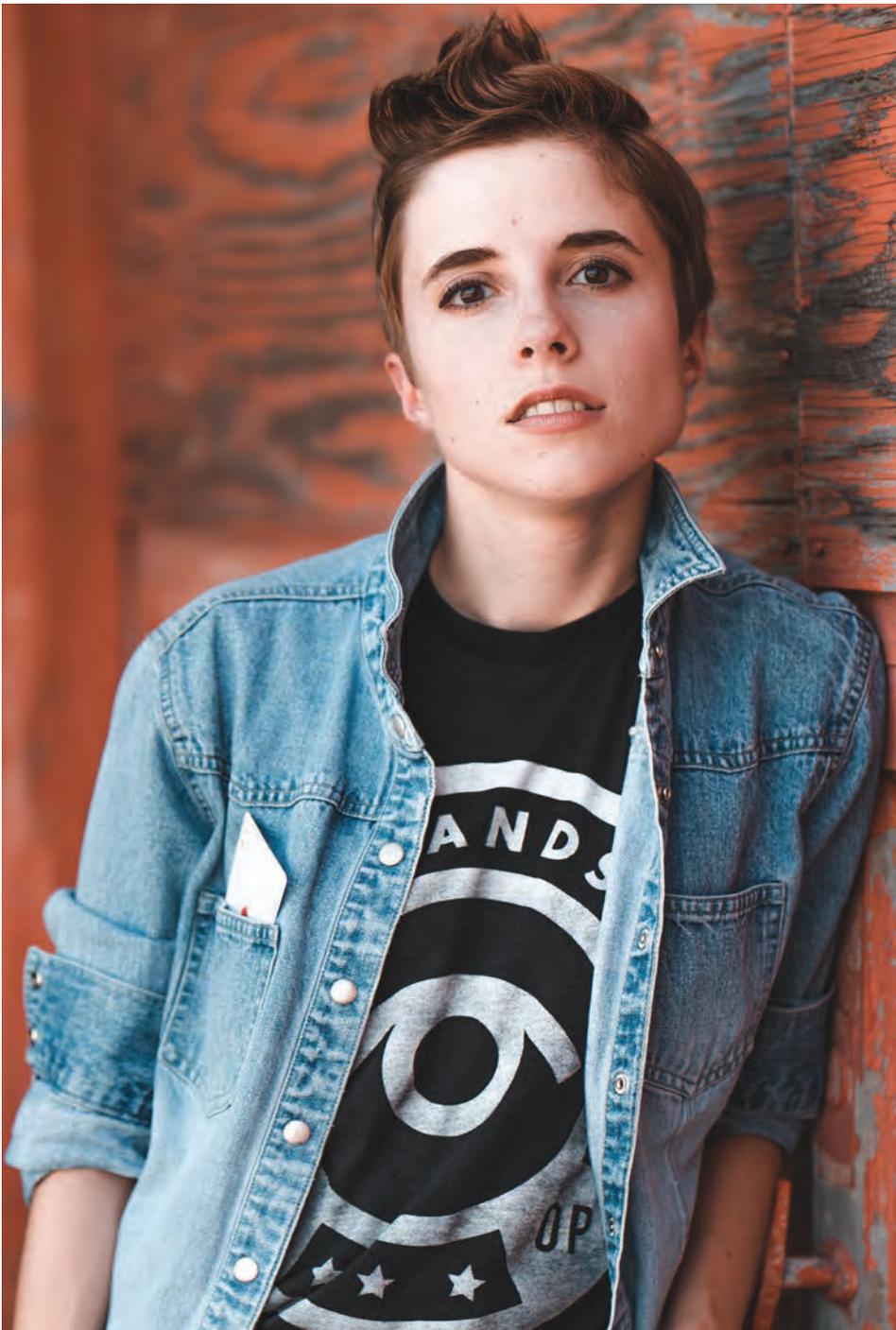
- Amazing True Story of How Babies are Made
- The Australia Forum on Sexuality, Education & Health
- Achievement Program
- All Good
- Amaze
- Ansell
- Austin Health
- Australian Research Centre in Sex, Health & Society
- Ballarat Community Health Centre
- Bayer
- Bendigo Community Health Services
- Cancer Council Victoria
- CASA – Victorian Centres Against Sexual Assault
- Central Victoria Sexual and Reproductive Health Network
- Centre for Ethnicity and Health
- Centre for Excellence In Rural Sexual Health
- City of Greater Dandenong
- CJZ Productions
- Cohealth
- Cottons
- Department of Education and Training
- Department of Health & Human Services
- Doctors in Schools
- EACH
- Eastern Health
- Eastern Metropolitan Sexual and Reproductive Health Strategic Reference Group
- Educate2Empower Publishing
- EV GP Training
- Family Planning Alliance Australia
- Family Planning NSW
- Family Planning Tasmania
- Family Planning Welfare Association of Northern Territory Inc.
- Gateway Health Wodonga
- Gen Vic
- Gippsland Lakes Community Health
- Gippsland Sexual and Reproductive Health Alliance
- Gippsland Women's Health
- Holmesglen Tafe
- Jean Hailes
- Knox Youth Services/Headspace
- Mallee Sexual and Reproductive Health Alliance
- Marie Stopes International
- MCCC (Murray City Country Coast GP Training)
- Melbourne Sexual Health Centre
- Mercy Hospital for Women
- Merck Sharp & Dohme (MSD)
- Minus 18
- Monash University
- Monash Health
- Multicultural Centre for Women's Health
- North Western Melbourne Primary Health Network
- Principal's Association of Specialist Schools Victoria
- Peninsula Health
- Rainbow Network
- Royal Australian College of General Practitioners (RACGP)
- Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG)
- Safe 4 Kids
- School Nursing DET
- Sexual Health and Family Planning ACT
- Shared Vision for the North – Sexual and Reproductive Health Reference Group
- Shine South Australia
- SHQ (Sexual Health Quarters)
- Swinburne University
- Talking The Talk
- Whitehorse Council
- Women's Health in The North
- 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 Preceptorship Program
- Victorian Principals Network
- Women's Health Victoria
- Your Fertility

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, FGIA

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.

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

Special responsibilities

Board Chair (appointed 2018)

Chair, Finance and Audit Committee

Chair, Remuneration and Governance 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 Contraceptive service 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



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



Sandie de Wolf AM, Director

BA (Hons) Masters in Social Work, Fellow of the AICD and AIM

Experience & expertise

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

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

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

Sandie serves on the Board of Kilfinan, is Chair of the Western Integrated Family Violence Committee, Deputy chair of the Victorian Children's Council, a member of the DHHS Suitability Panel and two Education panels and is also a mentor

Special responsibilities

Member, Remuneration and Governance 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 is currently working towards a Master of Business Administration (part time) at Melbourne Business School. She has previously served on the University of Wollongong's University Council.

Special responsibilities

Member, Finance & Audit Committee
Member, Remuneration and Governance Committee



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

Special responsibilities

Member, Quality and Risk Committee



Carolyn Morris, Director

MBA, Australian Graduate School of Management, BCom, University of Melbourne

Experience & expertise

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

Commencing in August 2018 as Chief Operating Officer at YMCA Victoria, Carolyn is now Chief Executive Officer. Since joining, Carolyn has been strategically overseeing the organisation's 150 locations across Camps, Recreation, Children's Programs, Youth Services, Kingswim, Retirement Living and Disability.

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

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

Special responsibilities

Member, Quality and Risk Committee



Dr Sarah White, Director

BSc (Hons) Melbourne University, PhD (paediatrics) Melbourne University

Experience & expertise

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

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

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

Special responsibilities

Member, Finance & Audit Committee



Fred Clarke, Director

Dip. Teaching

Fred retired as a Director in September 2018.

Fred has over 45 years' experience in Education as a classroom 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 most recently was principal of a large P-12 school with over 2,000 students.



Marion Webster OAM, Director

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

Marion retired as a Director in April 2019.

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.



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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;
- 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; and
- 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. also generates income from

- providing medical services
- education and training
- rental income derived from excess office space at the Box Hill premises
- selling resources on 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 2018/19 was \$6,375,529 compared to 2017/18 revenue of \$6,189,751. The deficit for the year 2018/19 was \$56,708 compared to a surplus of \$125,244 for 2017/18.

Significant financial variations for 2018/19 compared to 2017/18 were:

- | | |
|---|-----------|
| • increase in payroll payments | \$483,837 |
| • decrease in grants received | \$270,650 |
| • increase in education services revenue | \$206,176 |
| • increase in clinic services revenue | \$190,086 |
| • decrease in project expenses | \$146,620 |
| • increase in rental income | \$ 62,931 |
| • increase in depreciation and amortisation | \$ 62,222 |

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

In February 2019, Family Planning Victoria Inc. launched a new Strategic Plan for 2019 – 2023. The newly adopted strategy maintains the key areas of focus in education and clinical services in reproductive and sexual health. The strategy also sets an agenda to:

- increase our capacity to provide services to priority populations through both professional education and clinical services
- increase our activity and profile as a leading advocate for reproductive and sexual health services
- fully utilise technology to improve efficiency
- develop an asset management strategy to realise the full value of Family Planning Victoria Inc property to ensure the long-term viability of the organisation
- diversify income to reduce reliance on government funding
- diversify services in both depth and breadth to reflect the changing needs and expectations of the community
- invest in our staff to maintain contemporary practice in all areas
- invest in our facilities to provide a fit for purpose environment for our staff, clients and the community.

2019 is the 50th anniversary of the organisation. It is timely to reflect on achievements and review our current position and future direction. This will include consideration of a name change in the next financial year.

As part of the launch of the new strategic plan, a project was undertaken in 2018 – 2019 financial year to identify current resources across all parts of the organisation and identify what is needed to achieve our strategic plan. This resulted in a restructure of management and rationalisation of some surplus staff positions. This coincided with a change to funding in the disability sector as the state fully transitioned to the NDIS. This change led to the loss of core disability funding and subsequent closure of one component of disability services and loss of staff.

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 biohazard materials is managed under a commercial arrangement with Daniels Health Services Pty Ltd.

Directors' benefits

During 2018, Marion Webster, Director was engaged as an independent consultant to support the Board with succession planning and mentoring new Board members.

Since 1st July 2018, 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 included and forms part of this Directors' Report.

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

Anne Howells
Board Chair
Chair – Finance & Audit Committee

Dated: 27.8.19



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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 2019, 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, 27 August 2019

Grant Thornton Audit Pty Ltd ACN 130 913 594
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Family Planning Victoria Inc.

Financial Statements

Statement of Profit or Loss and Other Comprehensive Income

For the year ending 30 June 2019

	Note	2019 \$	2018 \$
Revenue	2	6,375,529	6,189,751
Employee benefits expense		(4,837,341)	(4,353,504)
IT related expenses		(436,033)	(460,656)
Rent & lease expenses		(174,061)	(145,134)
Depreciation & amortisation expenses		(154,344)	(92,122)
Rental property expenses		(142,398)	(102,367)
Stock & consumables used		(92,594)	(85,667)
Communications		(68,932)	(66,489)
Travel & transport		(62,183)	(68,121)
Cleaning		(61,178)	(60,560)
Legal expenses		(44,691)	(11,300)
Training course expenses		(44,126)	(38,915)
Utilities		(40,684)	(36,452)
Other expenses		(273,672)	(543,220)
Net current year surplus	3	(56,708)	125,244
Other Comprehensive Income		0	0
Total Comprehensive Income for the year		(56,708)	125,244

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 2019

	Note	2019 \$	2018 \$
Current assets			
Cash and cash equivalents	4	331,669	638,159
Financial assets	5	1,845,870	1,862,435
Trade and other receivables	6	52,862	60,990
Inventories	7	10,451	14,104
Other current assets	8	54,068	35,566
Total current assets		2,294,920	2,611,254
Non-current assets			
Property, plant and equipment	9	1,778,934	1,851,611
Intangible assets	10	302,298	175,734
Total non-current assets		2,081,232	2,027,345
Total assets		4,376,152	4,638,599
Current liabilities			
Trade and other payables	11	524,667	734,617
Employee benefits	12	948,598	953,932
Total current liabilities		1,473,265	1,688,549
Non-current liabilities			
Employee benefits	12	33,801	24,256
Total non-current liabilities		33,801	24,256
Total liabilities		1,507,066	1,712,805
Net assets		2,869,086	2,925,794
Equity			
Reserves		5,827	5,827
Retained earnings		2,863,259	2,919,967
Total equity		2,869,086	2,925,794

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



Family Planning Victoria Inc.

Financial Statements

Statement of Cash Flows

For the year ending 30 June 2019

	Note	2019 \$	2018 \$
Cash flows from operating activities			
Grant receipts (inclusive of GST)		4,892,079	4,979,144
Non-grant receipts (inclusive of GST)		1,927,801	1,402,352
Payments to suppliers and employees (inclusive of GST)		(6,669,902)	(5,997,433)
Cash generated from operations		149,978	384,063
Interest received		48,031	53,655
Finance costs		(1,144)	(1,445)
GST (remitted to/refunded from) ATO		(311,689)	(276,929)
Net cash used in operating activities	14b	(114,824)	159,344
Cash flows from investing activities			
Proceeds from sale of property, plant & equipment		-	-
Purchase of property, plant & equipment and intangible assets		(208,231)	(514,412)
Purchase of financial assets		16,565	549,189
Net cash used in investing activities		(191,666)	34,777
Net change in cash and cash equivalents held		(306,490)	194,121
Cash and cash equivalents at beginning of financial year		638,159	444,038
Cash and cash equivalents at end of financial year	14a	331,669	638,159

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 2019

	Retained Surplus \$	Reserves \$	TOTAL \$
Balance at 1 July 2017	2,794,723	5,827	2,800,550
Comprehensive Income			
Surplus for the year attributable to members of the entity	125,244	0	125,244
Total comprehensive income attributable to members of the entity	125,244	0	125,244
Transfer (to)/from retained earnings	0	0	0
Balance at 30 June 2018	2,919,967	5,827	2,925,794
Comprehensive Income			
Surplus for the year attributable to members of the entity	(56,708)	0	(56,708)
Total comprehensive income attributable to members of the entity	(56,708)	0	(56,708)
Balance at 30 June 2019	2,863,259	5,827	2,869,086

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



Family Planning Victoria Inc.

Financial Statements

Notes to the Financial Statements

For the year ended 30 June 2019

1. STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES

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

1.1 Basis of preparation

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

1.2 Significant accounting policies

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

a. Income Tax

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

b. Property, Plant and Equipment

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

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

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

Class of Fixed Asset & Depreciation Rate

Buildings 2 to 20%

Fit-out Costs 5 to 20%

Plant & Equipment 10 to 33%

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

c. Impairment of Assets

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

d. 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.



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 and are recorded as a current liability.

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

g. Revenue

Revenue comprises revenue from the sale of goods, government grants, fundraising activities and client contributions for clinical, education and training services. 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 purchased for resale. Sales revenue is recognised when the control of goods passes to the customer.

Government grants

The Association's programs are supported by grants received from the state government. 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.

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

The effective dates of the new accounting standards

- AASB 15 *Revenue from Contracts with Customers*
- AASB 16 *Leases*
- AASB 1058 *Income of Not-for-Profit Entities*

are reporting periods beginning on or after 1 January 2019.

These new standards will be adopted by the Association in FY 2019-20 and the Association is in the process of assessing the impact of these standards.

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**2019****2018**

\$

\$

2. REVENUE**Operating activities**

Grants received	4,463,439	4,734,089
Clinical services revenue	805,618	615,532
Education services revenue	752,636	546,460
Rental income	264,348	201,417
Interest	48,031	53,655
Resource sales & subscriptions revenue	13,185	19,532
Miscellaneous income	18,020	14,461
Donations received	9,587	3,625
Members subscriptions	665	980
Total Revenue	6,375,529	6,189,751

3. PROFIT

Results from ordinary activities has been determined after charging:

Expenses

Depreciation & amortisation of property, plant and equipment	154,344	92,122
Cost of sales - medical	19,904	23,002
Cost of sales - resources	5,563	8,771
Finance costs	1,144	1,445
Remuneration of auditor - audit or review services	13,616	13,114
Rental expense on operating leases:		
Computer, office equipment & motor vehicles	81,946	80,158
Rent external	92,115	64,976
Total	174,061	145,134

4. CASH AND CASH EQUIVALENTS

Cash on hand	1,500	1,750
Cash at bank	330,169	636,409
Total	331,669	638,159

5. FINANCIAL ASSETS

Term deposit	1,845,870	1,862,435
Total	1,845,870	1,862,435

6. TRADE AND OTHER RECEIVABLES**Current**

Trade receivables	48,924	55,761
Other receivables	3,938	5,229
Total	52,862	60,990



Family Planning Victoria Inc.

Financial Statements**2019****2018**

\$

\$

7. INVENTORIES

Current		
Resources - at cost	4,583	8,587
Medical supplies - at cost	7,521	8,416
Less: Provision for slow moving and obsolete stock	(1,653)	(2,899)
Total	10,451	14,104

8. OTHER CURRENT ASSETS

Current		
Prepayments	54,068	35,566
Total	54,068	35,566

9. PROPERTY, PLANT AND EQUIPMENT

Freehold land - at cost	493,113	493,113
	493,113	493,113
Buildings - at cost	1,770,224	1,770,224
Less: Accumulated depreciation	(821,504)	(786,368)
	948,720	983,856
Fit-out costs (Action Centre) - at cost	359,687	359,687
Less: Accumulated depreciation	(78,469)	(33,505)
	281,218	326,182
Plant & equipment - at cost	1,274,263	1,247,927
Less: Accumulated depreciation	(1,218,380)	(1,199,467)
	55,883	48,460
Total - at cost	3,897,287	3,870,951
Less: Accumulated depreciation	(2,118,353)	(2,019,340)
Total	1,778,934	1,851,611

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

	Land & buildings	Fit -out costs	Plant & equipment	Total
Balance at 1 July 2017	1,512,107	0	36,185	1,548,292
Additions		359,687	25,833	385,520
Disposals				0
Asset write-off				0
Depreciation expense	(35,138)	(33,505)	(13,558)	(82,201)
Balance at 30 June 2018	1,476,969	326,182	48,460	1,851,611
Additions			26,337	26,337
Disposals				0
Asset write-off				0
Depreciation expense	(35,136)	(44,964)	(18,914)	(99,014)
Balance at 30 June 2019	1,441,833	281,218	55,883	1,778,934

10. INTANGIBLES

	2019	2018
Intangibles - Learning Management System at cost	367,550	185,655
Less: Amortisation	(65,252)	(9,921)
	302,298	175,734



Family Planning Victoria Inc.	2019	2018
Financial Statements	\$	\$
11. TRADE AND OTHER PAYABLES		
Current		
Trade payables	88,658	343,651
Other payables and accruals	296,119	268,616
Revenue received in advance	12,120	44,077
Grants received in advance	21,499	5,637
Course income received in advance	106,271	72,636
Total	524,667	734,617
12. EMPLOYEE BENEFITS		
Current		
Other provisions	16,571	11,209
Long service leave	584,431	593,171
Annual leave	347,596	349,552
Total	948,598	953,932
Non-current		
Long service leave	33,801	24,256
Total	33,801	24,256
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.		
Payable - minimum lease payments		
Not later than 12 months	188,546	179,986
Between 12 months and five years	196,955	285,259
Total	385,501	465,245
14. CASH FLOW INFORMATION		
a. Reconciliation of cash and cash equivalents		
Cash on hand	1,500	1,750
Cash at bank	330,169	636,409
	331,669	638,159
b. Reconciliation of net cash provided by operating activities to profit from ordinary activities		
Profit from ordinary activities	(56,708)	125,244
Non cash flows in profit from ordinary activities:		
Depreciation & amortisation expense	154,344	92,122
Slow moving stock provision expense	(1,246)	0
Changes in assets and liabilities:		
(Increase)/decrease in trade and other receivables	8,128	(19,068)
(Increase)/decrease in inventories	4,899	3,773
(Increase)/decrease in other current assets	(18,502)	(20,645)
Increase/(decrease) in trade and other payables	(209,950)	(77,306)
Increase/(decrease) in employee benefits	4,211	55,224
Net cash used by operating activities	(114,824)	159,344



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% (2018: 9.5%) of the employees' salary.

The amount paid to all Superannuation Funds, including employee after tax contributions, during the year was \$413,884 (2018: \$368,656). The amount of contributions outstanding at the end of the year was nil (2018: 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 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 2019, the facilities were as follows:

		Note	Available \$	Amount Drawn
Online Facility	CBA		Account Balance at 30/6/2019	Nil
Credit Card	CBA		30,000	Nil
Credit Card	ANZ		25,000	11,410
Indemnity Guarantee	CBA	18(a)	40,000	Nil

(a) 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. It is secured by a term deposit.

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.

Post financial year end, Family Planning Victoria has committed to a refurbishment of the Box Hill site to the value of \$350k.



Family Planning Victoria Inc.

Directors' Declaration

The Directors have determined that Family Planning Victoria Inc is not a reporting entity and that this special purpose financial report should be prepared in accordance with the accounting policies described in Note 1 to the Financial Statements.

The Directors of Family Planning Victoria Inc. declare that:

- 1 The Financial Statements and Notes have been prepared in accordance with the Australian Charities and Not-for-profits Commission Act 2012, including:
 - a) giving a true and fair view of the Association's financial position as at 30 June 2019 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

27.8.19



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Independent Auditor's Report

To the Members of Family Planning Victoria Inc.

Report on the audit of the financial report

Opinion

We have audited the accompanying financial report of Family Planning Victoria Inc. (the "Association"), which comprises the statement of financial position as at 30 June 2019, and the statement of profit or loss and other comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies and the Directors' Declaration.

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

- a giving a true and fair view of the Association's financial position as at 30 June 2019 and of its financial performance for the year then ended; and
- b complying with Australian Accounting Standards, the Associations Incorporation Reform Act 2012 and Division 60 of the *Australian Charities and Not-for-profits Commission Regulation 2013*.

Basis for opinion

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

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

Information other than the Financial Report and Auditor's Report

The Committee are responsible for the other information. The other information comprises the information included in the Board Members' Report for the year ended 30 June 2019, but does not include the financial report and our auditor's report thereon.

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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.

Responsibilities of the Committee for the financial report

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

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

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

Auditor's responsibilities for the audit of the financial report

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

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

Grant Thornton Audit Pty Ltd
Chartered Accountants

B A Mackenzie
Partner – Audit & Assurance

Melbourne, 27 August 2019

STRATEGIC PLAN GOALS

Goal 1

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

Goal 2

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

Goal 3

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

Goal 4

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

Goal 5

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

Goal 6

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

Goal 7

Embed continuous improvement practice across the organisation

Goal 8

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

Goal 9

Realise the full potential of the Box Hill property



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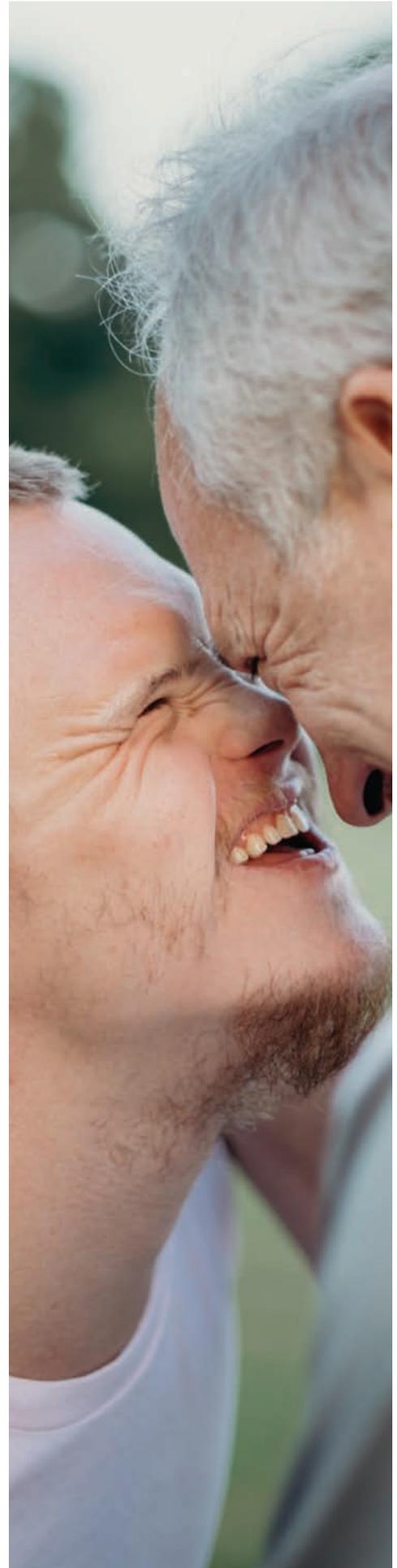
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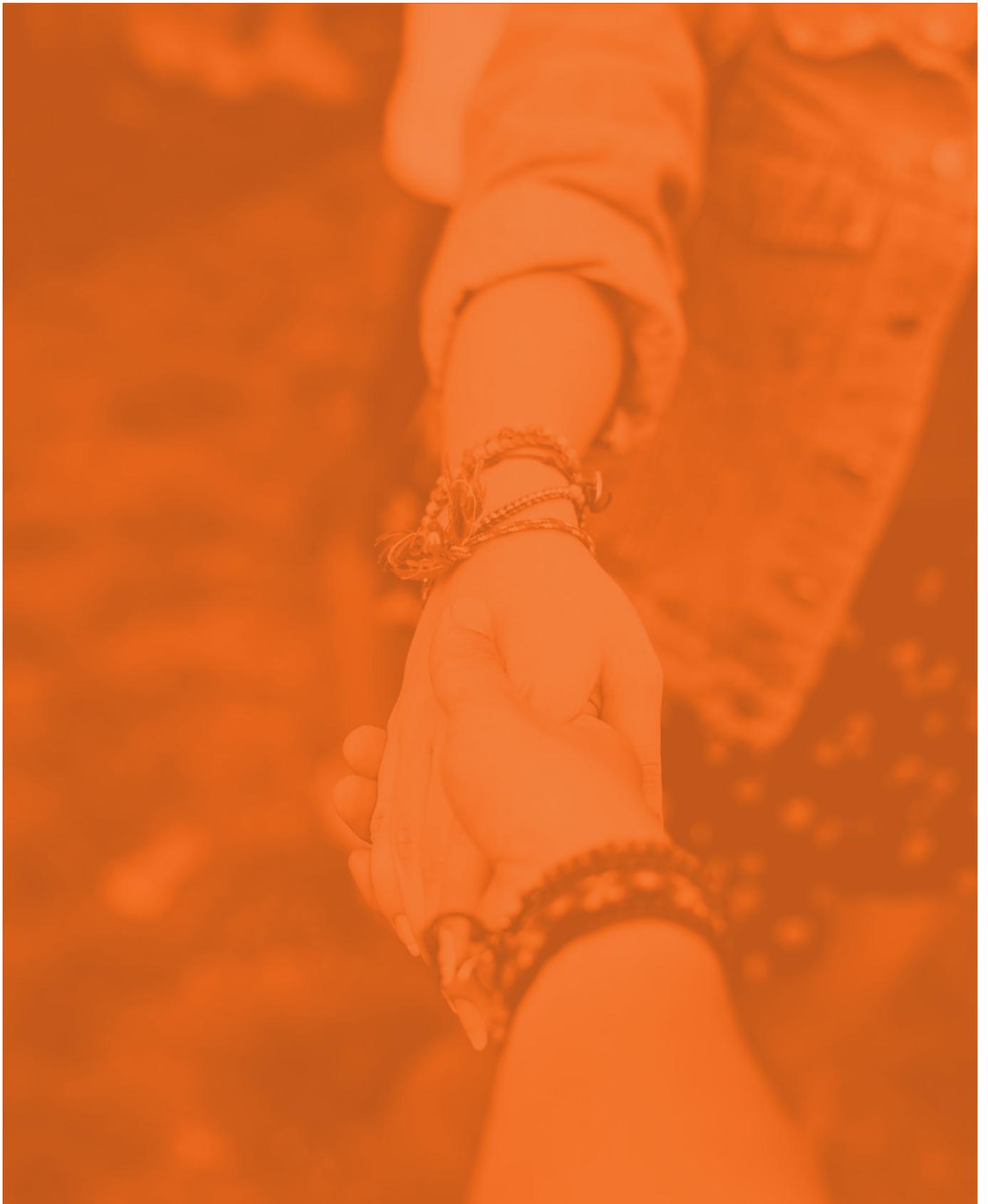


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