



Family Planning Victoria
Annual Report
2015-16





Annual Report 2015-16

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For more information contact Family Planning Victoria on:
T/ 03 9257 0100 or visit www.fpv.org.au

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

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



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About

Family Planning Victoria has a focus on reproductive and sexual health care, education and advocacy.

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

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

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

Our vital role in the reproductive and sexual health status of Victorians is underscored by investment in service development,

information provision and the delivery of training and education.

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

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

Chair of the Board Report

In my final year as Chair of Family Planning Victoria (FPV), I am delighted to report that 2015/16 has been a year of strong performance and many achievements. We are particularly proud of the expansion of our suite of clinical education services to include Medical Termination of Pregnancy (MTP) and the significant increase in our service provision to the most marginalised and disadvantaged communities in the state.

We have also worked hard this year to ensure that we have set a very clear course for the future. Our new strategic plan is focused, measurable and summarised on one page. It is designed to make it easy for our partners, employees and funding bodies to understand exactly what we have set out to achieve, and to readily gauge our performance against specific measures and targets.

2015/16 has also been a year of considerable change for our organisation. After 16 years of committed service, our CEO Lynne Jordan left FPV. Over that time, Lynne has made a strong contribution to our organisation and has left an enduring legacy, including;

Increasing our range of clinical and education services

Generating the levels of funding needed to deliver these services

Advocating for change in sexual and reproductive health, including Abortion Law Reform and Safe Access Zones

Re-focussing our service delivery to the most marginalised communities, by developing strong partnerships with agencies located in rural and regional Victoria.

We would like to take this opportunity to thank Lynne for her tireless effort over many years, her commitment to generating real improvements in sexual and reproductive health for all Victorians





Jane Stuchberry
Chair of the Board

and for creating an organisation that is financially strong and sustainable.

Such a significant change in leadership is always challenging for any organisation, and we are fortunate to have had the support of an extremely able and committed team of senior executives who have provided strong and effective leadership through this time of transition. I would particularly like to take the opportunity to thank our acting CEO, Sarah Thistle, and interim COO, Tina Dimitriadis, for their leadership and support over the course of the past six months. I would also like to extend a huge thank you to all of our staff, who have needed to go above and beyond

in order to ensure that we achieved all of our objectives – on time and within budget.

We are delighted to announce that we have appointed a new CEO, Claire Vissenga, who will be joining us at the beginning of November. Claire is a highly experienced CEO with a strong track record of success in the community health sector in Australia. She holds a Masters degree in Clinical Psychology and has moved into senior management roles after a successful career in child, adolescent and forensic psychology, and in drug, alcohol and disability services. Having held CEO roles at both e.motion21 and Aspire, Claire brings a wealth of experience in mental health and disability, along with a strong background in influencing health policy and advocating for change. We are thrilled that Claire will be joining us, and feel confident that she brings the skills and experience necessary to lead our organisation through its next stage of growth and development.

Finally, we say good-bye to one of our most valued directors, Garry Roach, who has served on our Board for five years. Garry has made an outstanding contribution in his roles as a member of the Finance and Audit Committee, and the Remuneration and Nominations Committee. His wealth of experience in the health sector, his understanding of the LGBTI community and his background in government have been huge assets for our Board, and his particular mix of skill sets will be extremely difficult to replace. We wish Garry all the very best for the future, and thank him for his hard work and commitment over the past five years.

It has been a privilege to have had the opportunity to chair our organisation for the past 3 years. I am immensely proud of the leading role that we play in the sexual and reproductive health sector, and the important contribution that we make to the health and well-being of the people of Victoria. I wish all of our members, staff, partners, and the Victorian Department of Health and Human Services all the very best for the future, and thank them for all of their hard work and support for our organisation. Finally, I would like to thank all of the members of our Board for their fantastic engagement, commitment and passion for FPV. I know that I leave the organisation in extremely capable hands!

CEO Report

Sarah Thistle was appointed Acting CEO at the beginning of May 2016 following the departure of Lynne Jordan. Sarah's substantive position in the organisation is General Manager, Education & Training. She has brought with her a wealth of experience and knowledge from the UK where she worked in education and health partnerships for over 25 years. Sarah is looking forward to working with Claire Vissenga, the new CEO, when she hands over the role at the beginning of November 2016.

At Family Planning Victoria (FPV) we are very pleased to once again report a highly successful year of achievement and outstanding results. We have seen significant improvements and developments in all our service areas and strategic partnerships which have been both broadened and strengthened. At FPV we are aware that strengthened partnerships and a collaborative approach, whether in relation to our advocacy work, our clinical services or our education and training provision, are pivotal to FPV's continued success in improving the reproductive and sexual health of all Victorians.

During 2015-16, through our core service provision we continued to provide the highest standard of service in the areas of: clinical services to more than 8,000 clients; education sessions to over 12,000 school students; training to over 3,400 health and education professionals and specialised counselling to clients with a cognitive disability who display sexualised behaviours of concern as a result of gaps in their knowledge about relationships and sexuality.

One of FPV's flagship contributions to the reproductive health sector has been the handbook on contraception which has undergone full revision in preparation for publication of the fourth edition towards the end of 2016. The *Contraception: an Australian clinical practice handbook* is an

authoritative and practical national resource developed from a successful collaboration between FPV, FPNSW and True and has been in print for ten years. FPV acknowledges the expertise and dedication of Medical Director, Dr Kathleen McNamee, in the inception and continual development of this outstanding resource.

Another area of outstanding accomplishment has been the enhancement of our media capability with the redevelopment of our website which was launched at the end of June 2016. During the year 2015-16 we had 191,972 unique visits to our website. With the launch of our new website we are anticipating a growth in numbers in the coming year.

Also, a critical area of achievement has been our contribution to the national advocacy agenda, including through our affiliation with the Family Planning Alliance Australia and the development of a further two key position statements on Abortion and Relationships and Sexuality Education, building on the LARC position statement work of the previous year.

FPV's leadership role in innovative service provision was further strengthened this year with the implementation of the medication termination of pregnancy (MTOP) service and associated training opportunities for doctors and nurses. Evaluation data on this service has shown that the model is highly accessible, equitable and effective in meeting the needs of women and in building the capacity of the health sector to deliver safe and timely abortion services.

FPV IT infrastructure has been significantly upgraded with the migration to cloud computing that will improve efficiencies and increase functionality across the organisation. In addition, we are very pleased to have achieved both QIP and Disability accreditation.

In addition to our current core work this year, we have also:

expanded our Focusing Effort strategy to increase access to the full suite of reproductive and sexual health services and comprehensive relationships and sexuality education in areas of highest need

successfully advocated, in partnership with other key stakeholders, for Safe Access Zone legislation which came into force on 2 May 2016 and ensures women and staff who are entering or leaving premises providing abortions can do so safely and privately, without harassment, or obstruction, and in a manner that respects their dignity

contributed to the development and implementation of a new national Aboriginal and Torres Strait Islander sexual and reproductive health action plan in partnership with other Family Planning Organisations (FPOs), Aboriginal Medical Services and Aboriginal Community Controlled Health Services (ACCHS)

established a new partnership with Women's Health Victoria to increase access to reproductive and sexual health data through the Women's Health Atlas

procured a grant from the Victorian Nurse Practitioner Program funding round, developed a Nurse Practitioner model for reproductive and sexual health and appointed a Nurse Practitioner Candidate

continued to build the evidence-base of best practice approaches to reproductive and sexual health promotion to guide the work of the organisation and the wider RSH promotion sector through the publication of three key resources

launched our brand new website portal for schools providing a wealth of materials, mapped to the Victorian Curriculum, to support a whole school approach to relationships & sexuality education

developed a new curriculum resource for relationships and sexuality education in special schools and implemented an accompanying professional learning program across the state.

I invite you to explore further these exciting developments, and the collaborative partnerships that enabled this progress in 2015-16, in the body of this annual report.

In closing I would like to thank the members of FPV's voluntary Board of Directors who have worked tirelessly this year to guide the organisation in meeting its strategic vision of improved reproductive and sexual health and wellbeing for everyone in Victoria and beyond. I would also like to thank all of our members, staff and volunteers who demonstrate such passion and commitment to the reproductive and sexual health agenda of FPV and finally thanks to the Victorian Government for both the financial support and the role they play as critical friends in the monitoring and development of our programs.



Sarah Thistle
Acting Chief Executive Officer





Achieving Our Strategic Intent

Medication Termination of Pregnancy

Women's Health Data Atlas

National Aboriginal & Torres Strait Islander Action Plan

A New Direction in Digital

Medication Termination of Pregnancy

Achieving Our Strategic Intent

Medication termination of pregnancy (MTO) involves taking two sets of tablets to induce a miscarriage.

It has been available in a number of countries including France since the late 1980s. The first MTO in Australia was undertaken in 2006 and availability of the service initially grew slowly. Access and the potential for primary care provision of MTO greatly improved after the MTO medications were added to the Pharmaceutical Benefits Scheme in 2013, meaning the cost of the medications to the consumer was capped, currently \$38.20 or \$6.20 for health care card holders.

In November 2015, MTO was added to the range of clinical services offered at Family Planning Victoria (FPV). Considerable effort and thought went into developing a service model that would best suit the needs of our female clients and one that could be adapted to other primary care settings. Although it was acknowledged that FPV's provision of MTOs would make a small contribution to availability, it was considered very important that provision of this service would be seen to be part of routine reproductive and sexual health care.

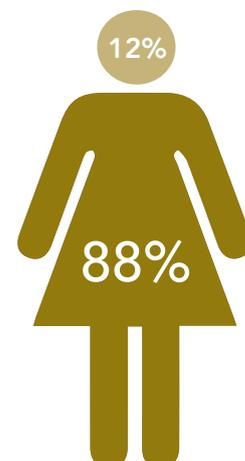
Family Planning Victoria initially anticipated the service would be restricted to women living in the Eastern Health catchment and a memorandum of understanding was set up with Box Hill and The Angliss Hospitals for the management of complications requiring specialist input. It soon became apparent that enforcing this geographical restriction would cause the build-up of the service to be extremely slow and women from other areas would be denied access to a moderately priced service. The service was expanded to include women who could access emergency services within an hour of their home. To date, the care provided by hospitals when needed has been excellent.

The service utilises telephone consultations and a single initial visit where all necessary tests are performed and the medications are given. Women are offered the option of insertion of a long acting reversible contraceptive (LARC), e.g. an intrauterine device or contraceptive implant, at the follow up visit with no additional insertion fees. Around 25% of women have had insertion of a LARC.

To date, 104 women have been booked into the service with 88% rating the service as excellent and 12% rating it as very good. Ongoing evaluation has helped streamline information provision and minimise attendance time. Protocols and letter templates have also been reviewed which will be of benefit to other primary care providers.

The provision of MTO has provided staff with valuable experience which has enabled the provision of 3 rural seminars and teaching of MTO in our doctors' and nurses' courses. It is hoped our role in training and education will expand over the next financial year.

FPV has a long and proud history of abortion rights advocacy and our staff have shown great pride in delivering this service which with time will become part of routine primary care in reproductive and sexual health.



To date, 104 women have been booked into the service with **88% rating the service as excellent** and **12% rating it as very good.**

The Victorian Women's Health Atlas

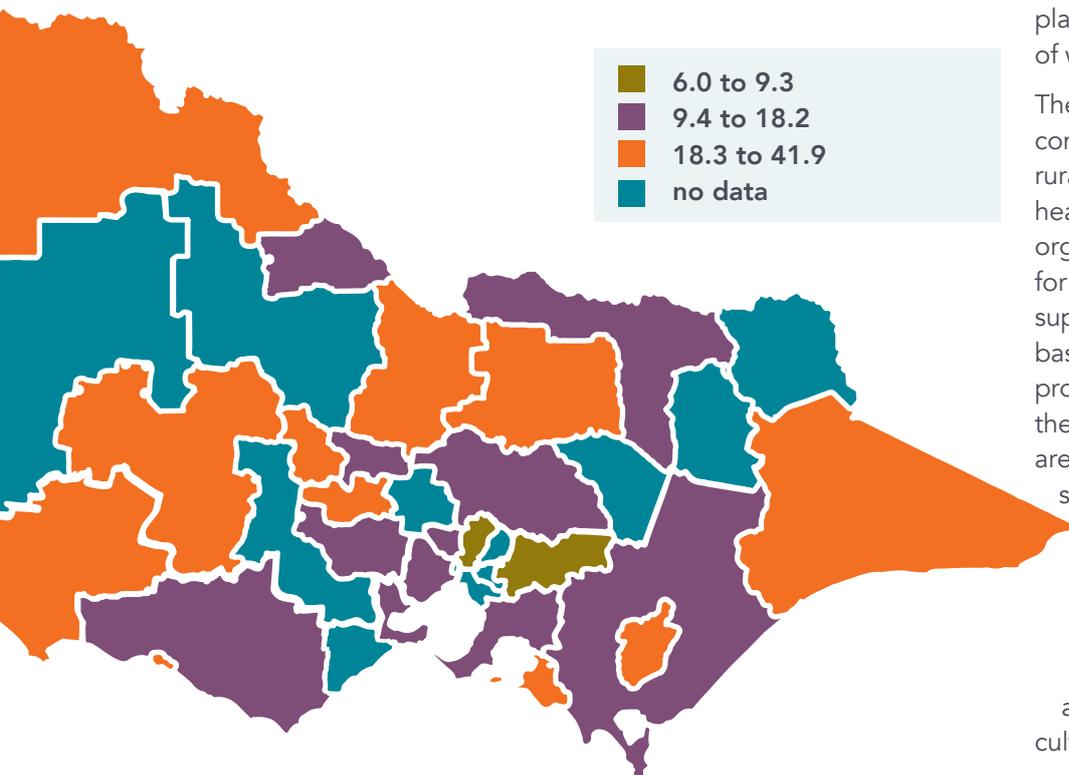
Achieving Our Strategic Intent

Access to up-to-date, reliable, gendered data, is critical to improving reproductive and sexual health outcomes and is an important tool in program and policy design and evaluation. Until now it has not been possible to easily access gender-specific data on key health issues. The Victorian Women's Health Atlas,

against Women, Mental Health and Gendered Demographics. There are over 48 individual measures relating to these priority health areas. The Atlas was launched on 26 October 2015 by the Hon Jill Hennessy MP, Minister for Health, where she announced that "The Victorian Women's Health Atlas is a spectacular achievement – an engaging platform that reflects the reality of women in Victoria".

The Atlas enables over 130 community health services, small rural health services, women's health services and state-wide organisations that receive funding for health promotion activities to support local delivery of evidence-based prevention and health promotion initiatives that reflect the individual needs of their local areas. To achieve the highest standard of health, health initiatives and programs have to recognize that women's health is affected not only by their biological differences from men, but also by gender-based social, cultural, and economic inequities.

Since its launch, the Atlas has received an average of 430 views per month. About a third of Atlas users are returning to the Atlas more than once, suggesting that health planners are integrating use of the Atlas into their work. By understanding and being aware of the differences between health outcomes and the local context in each Local Government Area (LGA), health planners are able to direct resources and programs that are specifically targeted, and ensure that the gap is narrowed between men and women. Health promotion, disease prevention and early intervention specific to women can bring about substantial changes in reproductive and sexual health outcomes.



Number of live births to women aged under 19 yrs (per 1,000 women in this age group) in the year period 2014.

In line with Family Planning Victoria's strategic focus in strengthening the primary and community-based service system, we have formed a joint partnership with Women's Health Victoria to support the Victorian Women's Health Atlas.

The Victorian Women's Health Atlas is the first of its kind to provide user-friendly, up-to-date, reliable, gendered data. This highly successful joint initiative further consolidates our leadership role in the promotion of evidence informed policy and practice and in increasing accessibility to reproductive and sexual health data.

which is publicly available, makes visible the differing experiences of women and men and provides an evidence base for planning and monitoring, service design, and identification of emerging priorities which will contribute to lasting improvements in women's health.

The Victorian Women's Health Atlas was developed to assist in the identification of gender impacts on key health areas. These are Sexual and Reproductive Health, Violence

National Aboriginal & Torres Strait Islander Action Plan

Achieving Our Strategic Intent

For the purpose of this report, the term Aboriginal refers to persons of Aboriginal and/or Torres Strait Islander descent.

Family Planning Victoria (FPV) is strongly committed to working in partnership with Aboriginal and Torres Strait Islander communities to build both the community and health sector capacity to meet the sexual and reproductive needs of Aboriginal people.

In 2015 a National Aboriginal & Torres Strait Islander Sexual and Reproductive Health Forum was held. The forum aimed to develop cross-cultural and cross-sectoral networks, create collaborative and shared goals for future action whilst strengthening the capacity of the sector to deliver services tailored to the identified needs of the Aboriginal Community.

Delegates at the forum included Family Planning Organisations (FPOs), Aboriginal Medical Services and Aboriginal Community Controlled Health Services (ACCHS) from all states and territories. Delegates reviewed progress against the 2012 action plan and agreed upon a framework and actions for the 2016-19 Action Plan.

FPV has committed in the 2016-19 action plan to deliver in the four key areas of community, health promotion, partnerships

and workforce development. FPV holds a significant advisory role through representation in the high level reference groups of Victorian Aboriginal Community Controlled Health Organisation's (VACCHO) Sexy Health sector reference group and The Ilbijerri reference committee. In addition FPV will assist in augmenting a national level partnership between Family Planning Alliance Australia (FPAA) and National Aboriginal Community Controlled Health Organisation (NACCHO).

.....
Specific work has already been completed on a number of initiatives in the 2016-19 action plan such as:

- ✓ the provision of a Contraception Guide
- ✓ the development and dissemination of the Service Co-ordination Guide for Primary Health Care Professionals
- ✓ the adoption of a 'Cultural Safety Tool'.

.....
The Contraception Guide that was developed by FPV is a comprehensive information resource on contraception options. The guide was provided to VACCHO who adapted

the resource using culturally appropriate design and imagery with information on Aboriginal organizations across Victoria as well as clinical referral information. It is now available on the VACCHO website facilitating statewide, targeted dissemination.

FPV is also committed to building the internal cultural capacity of the organisation. To assist in this process FPV has adopted a 'cultural audit tool' that has assessed the level of cultural knowledge of FPV staff, evaluated organisational receptiveness to Aboriginal people and will assist in mapping internal processes to meet the needs of Aboriginal peoples. The results of this 'whole of organisation' audit will form the basis of a 'cultural safety action plan' for FPV.

In addition, FPV has a leading role in building the workforce capacity of VACCHO through the provision of tailored education programs. There is also commitment to collaborate in social media initiatives and joint funding submissions. Lastly, FPV is committed to equitable provision of services to regional areas through the organisation's Focusing Effort initiative.



A New Direction in Digital

Achieving Our Strategic Intent

This year Family Planning Victoria (FPV) took a new direction in digital launching two new websites including the updated Family Planning Victoria website www.fpv.org.au, and the brand new Relationships & Sexuality Education portal for schools, rse.fpv.org.au.



191,972 visitors to the website **600,642** total page views



73 fact sheets now available on fpv.org.au were also viewed **1,276,174** times on betterhealth.vic.gov.au

www.fpv.org.au

The new site aims to provide easy access to reproductive & sexual health (RSH) information for everyone through the identification of five personas: Professionals, Schools & Teachers, Parents & Carers, Community Organisations, and For You. The use of these personas has made the site more user friendly for visitors searching for information specific to their needs.

In addition to providing a suite of professional development courses, the Professionals persona features clinical support including clinical protocols, integrated health promotion information, publications and research.

Schools and teachers are supported with a variety of services and resources, including through a link to the new schools web portal. A dedicated persona

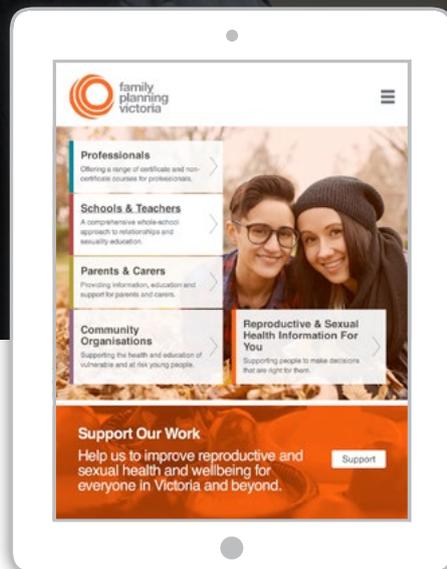
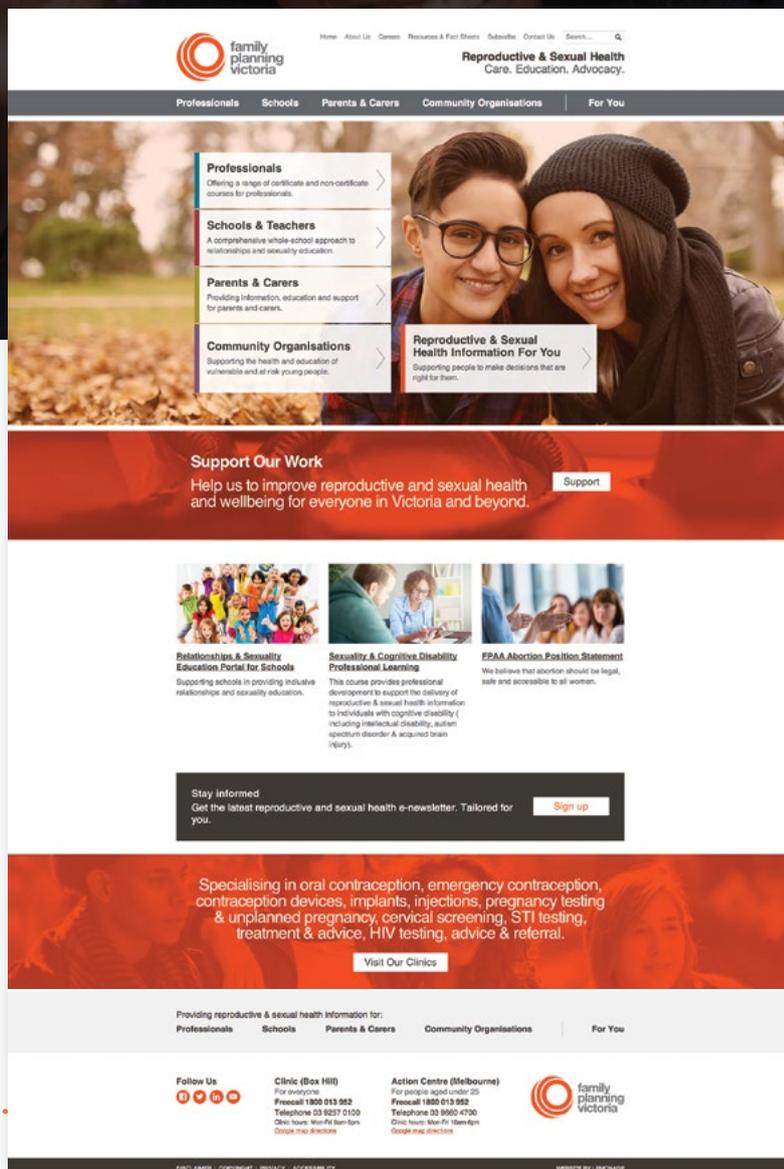
has been created for parents and carers, providing information, support and advice in the areas of sexuality support and cognitive disability.

The Community Organisations persona provides a variety of resources designed to support the health and education of vulnerable and at risk young people.

The For You persona is of tremendous value, showcasing over 60 RSH fact sheets from contraception to sexually transmissible infections and blood borne viruses.

Easily accessible from all personas, Our Clinics outlines our specialist RSH services and hyperlinks them directly to the relevant RSH fact sheets, making it even easier for visitors to source information, including specific patient information, prior to their clinic appointment.

Attracting nearly 200,000 visitors annually, **fpv.org.au** is the leading specialist site for reproductive and sexual health (RSH) in Victoria.



- Professionals
- Schools & Teachers
- Parents & Carers
- Community Organisations
- Reproductive & Sexual Health Information For You

A New Direction in Digital cont.

Achieving Our Strategic Intent

Home The Program Resources Contact & Support Visit FPV Site Search this site.

RELATIONSHIPS & SEXUALITY EDUCATION

A Whole School Approach

Welcome to Family Planning Victoria's Relationships & Sexuality Education web portal for schools!

The design of this portal reflects Family Planning Victoria's strong belief that Relationships and Sexuality Education is a shared responsibility between school, home and community. We understand that a comprehensive program, which starts early and builds progressively throughout the primary and secondary schools years, will help prepare students for puberty and support them in developing the knowledge, skills and attitudes to:

- enjoy healthy, respectful relationships
- maintain their reproductive and sexual health throughout life.

The contents of the portal are aligned with the guidelines and principles of the Victorian Government in relation to health and education, including those of the Healthy Together Victoria Achievement Program.

Getting Started

You will find a range of tools across the site to support school community in implementing a whole school approach to Relationships & Sexuality Education.

Sections 1-4 will help you review or establish the firm foundations required for a high quality, sustainable program which meets the needs of your students and addresses the context within which they are growing up.

Section 5 provides primary, secondary and special schools with a suggested core curriculum, mapped to the Victorian Curriculum, together with downloadable classroom activities and materials. Additional curriculum materials are available through the Resources section.

Section 6 contains a number of tools to help you review the quality and impact of your program in consultation with the whole school community.

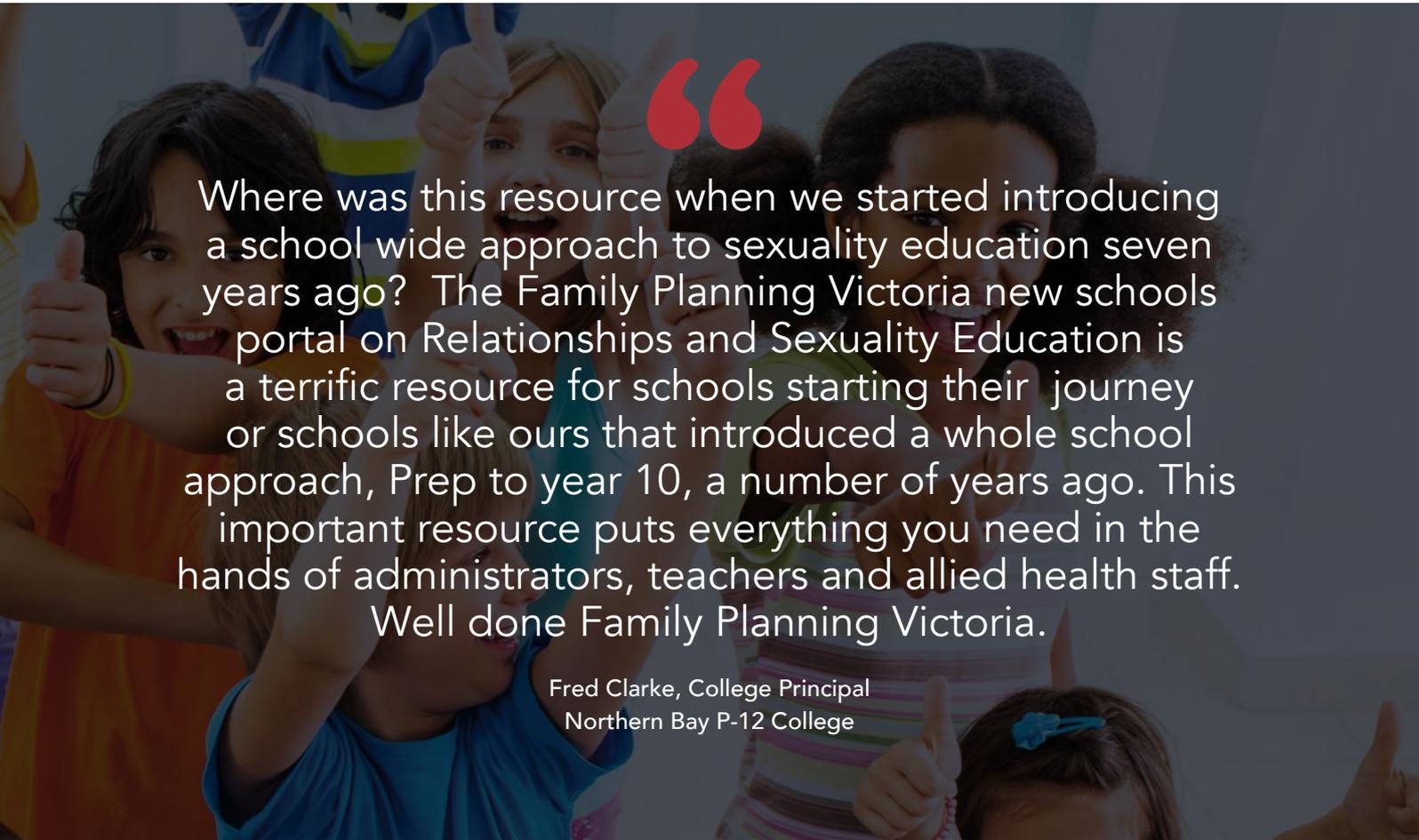


Click below to download a progress report which can be used to collate information about your program, monitor your progress and act as a hand-over document. It can also be used to provide evidence of where your school meets the Sexual Health & Wellbeing benchmarks of the Victorian Government's Healthy Together Victoria Achievement Program.

[Download Progress Report](#)
(Editable docx)

FPV - We're here to help!

[View our menu of services here](#)



Where was this resource when we started introducing a school wide approach to sexuality education seven years ago? The Family Planning Victoria new schools portal on Relationships and Sexuality Education is a terrific resource for schools starting their journey or schools like ours that introduced a whole school approach, Prep to year 10, a number of years ago. This important resource puts everything you need in the hands of administrators, teachers and allied health staff. Well done Family Planning Victoria.

Fred Clarke, College Principal
Northern Bay P-12 College

rse.fpv.org.au

The new web portal developed for schools and teachers 'Relationships & Sexuality Education, A Whole School Approach' (rse.fpv.org.au), is designed to assist schools in developing a comprehensive, whole school approach to relationships & sexuality education (RSE) which starts early and builds progressively throughout the primary and secondary school years.

Aligned with guidelines and principles of the Victorian Government in relation to health and education, including those of the Healthy Together Achievement Program, the portal provides a core curriculum for primary and secondary schools with downloadable classroom materials for RSE mapped to the new Victorian Curriculum. There are also specific resources for special schools as well as links to a range of additional useful websites, providing a

one stop shop for schools reviewing and developing their RSE provision.

For schools keen to lead the way in relationship & sexuality education, integration of the new portal is further supported by a range of FPV programs including in class professional learning, consultancy and professional learning workshops.

Sarah Thistle, Acting CEO Family Planning Victoria commented

“Ultimately, a whole-school approach to relationships and sexuality education leads to improved outcomes for students throughout their lives.”

The two new websites are a major step forward in our digital strategy, reinforcing our vision of improved reproductive and sexual health and wellbeing for everyone in Victoria and beyond.



Focusing Effort

Achieving Our Strategic Intent

Family Planning Victoria (FPV) is committed to strengthening the primary care and community-based service system to deliver reproductive and sexual health services. With this in mind, it provided the impetus for the development and implementation of an equity focused health promotion initiative called Focusing Effort (FE).

Results

In 2015-16 FPV achieved outstanding results in the delivery of a planned, area-based, capacity building project in collaboration with primary care and education providers in the three identified regions.

The Schools Education team at FPV achieved significant results in building the capacity of schools within these three regions to deliver best practice relationships and sexuality education to students. The team were successful in developing high level collaborations within the regional educational and health networks. A key outcome of these collaborations was the completion of the 'In-class Professional Learning Program' (ICPL) by

sixteen teachers. The Relationships & Sexuality Education (RSE) ICPL program builds the knowledge, skills and confidence of individual teachers to teach relationships and sexuality education. The ICPL program is aligned to the Victorian Curriculum and has been designed to support schools to drive a whole-school approach to RSE.

In addition, the team delivered three Relationships and Sexuality Education professional learning workshops.

Relationships and Sexuality Education is defined as learning that begins at birth and continues throughout life, concerning the physical, emotional, mental and social aspects of sexuality and relationships.

Background

In 2013 FPV embarked on a four year project to deliver reproductive and sexual health information, resources and services to areas of greater disadvantage in Victoria, as core business across all program areas of the organisation.

Areas of greatest need were identified using indicators of: socio-economic disadvantage, identification of high risk populations, and health outcomes data inclusive of cervical screening rates and sexually transmitted infection (STI) notifications.

Subsequently, the following regions are the target areas of the FE project: Grampians Health Region, Gippsland Health Region and North of North & West Health Region.

A key focus of FE is in addressing the disparity in access to RSE and services in regional areas of Victoria as compared to metropolitan areas.

To meet this need the Clinical and Community Education Unit achieved outstanding results in building specialised knowledge and skills of health practitioners in all three regions. The targeted training was delivered in a range of formats such as workshops (16 workshops), all day education sessions (8 all day sessions) and short sessions covering an extensive range of RSH topics. The broad program included: pregnancy testing and unintended pregnancy options, medication termination of pregnancy (MTO), contraception (with an emphasis on

long acting reversible contraception), sexually transmitted infections and pap screening. Evaluation data indicated significant positive shifts in knowledge, confidence and intention to incorporate learnings into practice.

Another important outcome of this project was the awarding of scholarships for doctors and nurses to complete highly valued FPV courses. A total of eleven scholarships were awarded across the three regions to health professionals. The outstanding outcomes achieved in the FE project, in the areas of collaboration and capacity building in RSH in 2015-16, will be sustained and augmented in 2016-17.

• Grampians

• Northern Metro
• Western Metro

• Gippsland



Continuing Excellence in Core Work

Policy & Health Promotion

Individual Care Services

School Education

Clinical & Community Education

Disability Services

People Services

Continuous Quality Improvement

Business Support Services

Research, Publications, Conferences & Posters

Advocacy, Partnerships & Collaboration



Policy & Health Promotion

Continuing Excellence in Core Work

Family Planning Victoria (FPV) has achieved a range of important health promotion outcomes in 2015-16, in line with the strategic aims of the organisation. A primary focus for this year has been building the capacity of the reproductive & sexual health (RSH) sector to deliver best practice and effective health promotion initiatives to marginalised population groups.

Building the evidence on best practice approaches for RSH health promotion

FPV has contributed to the evidence-base of best practice approaches to RSH health promotion through the development of two evidence-based reports and a service coordination guide that will support RSH initiatives across the organisation as well as the wider RSH health promotion sector. The first report provides a high level systematic review of reviews on interventions to improve the RSH of young people. The second report provided evidence on effective digital RSH approaches for marginalised youth. The third resource was a RSH service coordination guide for primary health care providers in Victoria. All three resources will be available on the FPV website.

1 Effective approaches to improving the RSH of young people

Whilst it is clear that young people experience disproportionately high rates of RSH issues, there is a lack of evidence to guide the health promotion sector on effective approaches relating to the development of interventions. To meet this need, FPV worked with the Burnet Institute to conduct a systematic review to assess

the evidence related to reducing the risk of young people engaging in risky sexual behaviour and associated outcomes.

The final report found that multi-level interventions implemented in more than one setting which involved a variety of approaches are likely to be more effective. In addition, the report concluded that education targeting knowledge alone is ineffective, and that RSH education should also teach appropriate skills such as the use of condoms and communication about sex and relationships. This evidence provides useful guidance for health promotion practitioners and funders when developing and supporting future interventions to improve the RSH of young people in Australia and builds the capacity of the RSH sector in effective and evidence-based health promotion.

2 Digital RSH resources for youth

This report undertaken by Rooftop Social, in partnership with FPV, informs the development of digital RSH resources for organisations that work with marginalised young people. An extensive literature review of effective digital strategies for young marginalised people was undertaken drawing on both international and national literature. The report also provides an up-to-date list of RSH resources for young people. This report will guide best practice approaches towards the co-development of effective RSH digital resources for youth.

3 Improving access to reproductive and sexual health services for young people

The third resource is a service coordination guide for primary health care providers in Victoria. This is a practical guide to implementing a service coordination approach to providing RSH services for young people that is built on a service delivery and referral pathway as reflected within the Victorian Service Coordination framework. The resource also provides service mapping guidance aimed at improving service coordination.

Individual Care Services

Continuing Excellence in Core Work

Individual Care Services (ICS) have had a busy year, with the addition of a medication abortion service to our range of services (November 2015) and an increase in clinical teaching capacity in IUD insertions.

Over 100 medication abortion appointments were booked and nearly 450 IUD insertion appointments, 75% of which were designated IUD training clinic appointments.

One of the most exciting innovations has been the appointment of a Nurse Practitioner Candidate. Nurse Practitioners make up a small but rapidly expanding component of the health care workforce in Australia. A Nurse Practitioner's scope of practice allows them to function with greater levels of clinical independence in specialist areas and in a wide variety of clinical practice environments. Family Planning Victoria's (FPV's)

clinical service training model is well suited to the extended role of a Nurse Practitioner. The Nurse Practitioner model has great potential to influence expansion of the Nurse Practitioner role in the primary care sector, particularly in areas where access to reproductive and sexual healthcare services is limited. It is hoped that the Nurse Practitioner will provide a mix of quality clinical services including insertion of long acting reversible contraceptives (LARC) i.e. intrauterine devices (IUDs) and contraceptive implants, and management of sexually transmitted infections. Whilst the provision of medication abortion currently sits with medical practitioners, it is hoped this can extend to a Nurse Practitioner role in the future.

The role of the clinic in education and training has continued to expand. Placements are available to doctors undertaking Sexual Health Physician training. Time is credited towards their completion of training. This is of value to both the trainee and FPV.

For many years FPV has produced fact sheets for clients. A review was undertaken with a view to

simplifying information and using gender neutral language where possible. Further review was undertaken to ensure that FPV fact sheets are available on areas of our expertise and provide a link to well written information from other services.

ICS will continue on its path of continuous improvement of services and will expand client feedback and response opportunities over the coming year.

School Education

Continuing Excellence in Core Work

In 2015-16, Family Planning Victoria (FPV) continued its efforts to address the strategic aim of increasing the reach and impact of our work with schools and alternative educational settings.

Secondary Consults Provided to:



A major achievement towards this aim was the launch of the Relationships & Sexuality Education (RSE) online portal. The Schools team invested time and effort into reviewing and updating existing resources, developing new ones and cross mapping a suggested core curriculum to the new Victorian Curriculum. The time invested by FPV has reduced the need for schools to duplicate this activity in bringing their RSE curriculum into line with the new requirements, saving many hours of individual teachers' time. In addition to the

“What a great resource! It was easy to use for time-poor educators in helping coordinate their respectful relationships programs, not only at a classroom level but whole school and community level too! Thanks for developing an important tool.” Melissa - Subject Coordinator at Croydon Community School

Another strategy which has gained momentum over the last year, and is aimed at increasing the reach and impact of our work with schools, has been a planned shift from focusing almost exclusively

This year, the Schools team worked in the three Focusing Effort regions of North of North and West Health Region, Grampians Health Region and Gippsland Health Region. Close to 300 hours of capacity building was conducted in these regions including eight professional learning days for teachers, school nurses and allied health staff and 'In Class Professional Learning' for 13 teachers.

Our innovative work with special schools is part of the Strategic Partnership Program funded by the Department of Education and Training. In the last year we have provided 10 professional learning days to clusters of schools across Victoria exploring a fantastic new FPV resource designed specifically for schools working with students with a cognitive disability.

Our direct delivery to students remains an important vehicle for increasing the reproductive and sexual health literacy of the young people we reach as well as providing a model of effective classroom delivery for teachers observing these sessions with their students. This year we have taught over 12,000 students. Our direct delivery to students also enables our school educators to maintain currency in their teaching practice and continually test out new resources and approaches, thereby providing a highly credible and informed basis for our professional learning programs.

“This is the sort of sex ed I have always wanted 'permission' to teach. Now I see that it is essential for the wellbeing of my students... they deserve all the facts.”

“To other schools I'd say go for it... it has improved the level of confidence of our teachers and the process has been great. The program is at a deeper level... The teachers were able to pick up a lot from the role model.”

classroom activities, the portal provides tools that will support schools to engage the whole school community and to review, plan, implement and evaluate their own comprehensive RSE programs. Every stage of the portal development process was guided by consultation with schools and the end result is an excellent single point of access to a wealth of high quality materials for primary, secondary and special schools across Victoria at no cost to schools.

on direct delivery to students to an increasing volume of professional learning programs for school staff. This has enabled FPV to contribute to increasing the capacity of schools state-wide to provide a comprehensive, whole school approach to RSE. Most notable in 2015-16 has been the implementation of our 'In Class Professional Learning' programs, particularly in Focusing Effort regions, and our Department of Education & Training funded program for special schools.

Clinical and Community Education

Continuing Excellence in Core Work

In 2015-16, the Clinical Education Unit and the Blood Borne Viruses (BBVs)/ Sexually Transmissible Infections (STIs) program merged to become one program area called Clinical and Community Education (CCEU) to provide education & training to health and allied health professionals, marginalised young people at risk of BBVs and STIs, and the professionals who work with them.

Family Planning Victoria's (FPV's) courses for nurses and doctors are designed to increase the capacity and confidence of primary care providers to manage reproductive and sexual health care in the workplace. Courses which include learning in the clinical environment have continued to demonstrate their importance and popularity, consistently reaching full capacity.

With Family Planning Victoria focusing on Long Acting Reversible Contraception (LARC), the demand for Intrauterine Device (IUD) insertion training has continued to grow. This has resulted in seven training courses being held in 2015-16, the largest number of IUD insertion training courses ever held in a 12 month period. Theory courses were run in Box Hill, Geelong, Shepparton and Rosebud. In

rural areas, FPV partnered with local IUD insertion training doctors to provide clinical training. In partnership with Family Planning NSW, a new course, Implanon NXT® insertion and removal was developed for registered nurses and midwives, further expanding our work.

This year we co-ordinated a national LARC seminar for doctors and nurses, successfully delivered in Victoria by Family Planning Victoria and interstate by other FPAA member organisations. Nationally, a total of 14 seminars were delivered. In Victoria, FPV delivered three seminars to a total of 79 attendees across Box Hill, Epping (in partnership with The Northern Hospital) and Traralgon (in partnership with Gippsland Primary Health Network and Gippsland Women's Health).

In continuing to expand our reach and impact by maximising opportunities for local and national collaboration, FPV partnered with Jean Hailes for Women's Health to deliver a Contraception webinar for health professionals. The webinar was attended by 240 participants, of whom over 60% were professionals working in regional, rural or remote locations. Over 95% of participants reported improved confidence to use the knowledge gained. The webcast has since been viewed over 400 times.

Partnering with The City of Greater Dandenong, FPV developed a contraceptive resource titled "Contraceptive Options. Which one is best for me?". The need for

this resource was identified by the Greater Dandenong Young Mum's Playgroup. It incorporates key information about all contraceptive methods with easy to understand and attractive graphics, packaged into a handy pocket sized booklet.

The BBV/STI program has continued to focus on prevention, testing, management, care and support of vulnerable young people in Victoria. The program's main target population groups are young people outside mainstream school and LGBTI young people. Through improved prevention, increased early detection, early access to treatment, care and support, FPV has sought to reduce the burden of disease in these population groups.

.....
Over the year a total of 59 BBV/STI information sessions were delivered to 700 at risk young people.
.....

The program also delivered 21 work force development sessions, attracting over 400 participants from organisations that address the needs of vulnerable young people.

In March 2016, FPV delivered a sexual diversity awareness workforce development session to 15 Victorian Police Officers in the Grampians Health Region. In addition to positive attendee feedback, participants also identified a number of positive measures that could be incorporated into their work moving forward.



“Brilliant week overall. Thought provoking and an amazing update on all things sexual health/family planning.”

“Fantastic course that I will recommend to my colleagues.”

“Knowledgeable & approachable staff with current experience are key to the success of this course.”

“Excellent two day training - my skills and knowledge have increased significantly.”

2016 participant, FPA National Certificate in Reproductive & Sexual Health for Doctors

2015 participant, Comprehensive Sexual & Reproductive Health Nursing Course

2016 participant, Cervical Screening and Introduction to Sexual Health Nursing course

2016 participant, Sexual & Reproductive Health - First Aid RTO unit of study

^ 683%

GPs who attended IUD training

196

Drs, Nurses & Allied Health and Community Workers who attended courses

^ 19%

5445

Hours of Clinical Education and Training delivered

^ 21%



Disability Services

Continuing Excellence in Core Work

The Disability Services team undertook a number of new initiatives whilst continuing to provide sexuality and relationships information, education and counselling to people with a cognitive disability in 2015-16.

Currently registered under the NDIS funding line items 'Improved Relationships' and 'Behaviour and Therapeutic Supports', work over the last 12 months has aimed to validate and address each participant's right to access positive relationships and sexuality education and counselling. Engagement with the NDIS trial site in Barwon provided an opportunity to develop and expand our service delivery within the disability sector. Through this service, NDIS participants were given the opportunity to choose which services best met the goals outlined in their funded plans. Whilst this process aims to increase service user involvement in actively managing

their reproductive & sexual health (RSH) needs, we became aware that planners often do not consider RSH as a priority for participants. Subsequently, Family Planning Victoria (FPV) identified the need for increased advocacy to raise the profile of RSH within the disability sector.

In addition, FPV continued to provide structured education and training for the disability sector. In 2015-16 we facilitated the 'Sexuality & Cognitive Disability' accredited training course for all staff at a youth residential care facility. Delivered externally over two days, the course provided participants with knowledge and skills to inform and assist young people around RSH. In conjunction with information provision and discussion, course participants undertook a range of activities to consolidate their learning. Course evaluations revealed that participants found it relevant, interesting, challenged their values and attitudes around sexuality and cognitive disability

and increased their confidence and willingness to engage their clients in discussions around RSH.

In partnership with Forensicare, FPV provided training for staff and education sessions for patients at Thomas Embling Hospital. Combining education and policy development, this unique partnership sought to prioritise the RSH needs of patients through the development of a resource toolkit, patient intake and transition planning documents for health care team members in addition to the training and education element. This project was a great opportunity for our Family Planning Victoria team to provide a mixture of sexuality and relationship information to patients with a cognitive disability. Patient feedback indicated they were pleased to have had the opportunity to talk about RSH and obtain information representative of that which is available to the broader community.

People Services

Continuing Excellence in Core Work

Family Planning Victoria (FPV) was very proud to be selected as one of only seven finalists for the Best Workplace Flexibility Program in the 2016 Australian HR Awards.

This award recognises excellence and innovation in workplace flexibility and initiatives. Being nominated in the presence of the other finalists is a testament to what FPV does extremely well. We are proud to be supporting our staff in maintaining their work/

life balance whilst still making a meaningful and rewarding contribution to our organisation and most importantly to our clients.

People Services Strategic Plan

With a Strategic Plan objective of attracting, developing and maintaining a high performing workforce, FPV recognises the essential contribution that

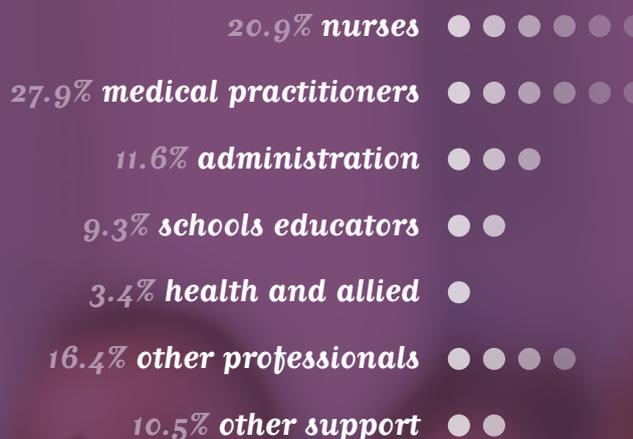
employees make in the delivery of programs and services. Ensuring that our workforce has the capabilities to meet client needs is critical in ensuring that our services are delivered effectively, efficiently and to a high standard.

FPV has invested in staff across the organisation, through professional development opportunities ranging from general computer skills to supporting the completion of Post Graduate qualifications.

Turnover



Employment Groups



Breakdown of Employment Type





Continuous Quality Improvement

Continuing Excellence in Core Work

As a leader in reproductive and sexual health, Family Planning Victoria (FPV) has maintained and improved on its quality framework through a commitment to continuous improvement. This has been done via ongoing evaluation of our services and continuous monitoring of feedback from clients of the organisation leading to improved practice and care. In 2015-16, continuous quality improvement included the following:

Risk Management

During the course of the year, we have continued to take a proactive approach to risk management including aligning risk management activities with our strategic planning process. As the first line of defence, business unit activities and projects have been integrated into the risk framework and a clinical governance framework was developed, underpinning clinical policies and procedures. Understanding that everyone has an important part to play, we continue to develop and embrace a good risk culture within FPV.

Accreditation

In December 2015, the organisation completed an extensive audit to achieve accreditation against the Department of Health and Human Services Standards as well as the Quality Improvement Council Health and Community Services Standards. The outcome resulted in the organisation gaining accreditation for both standards.

Data Reform

The organisation has continued to enhance its Data Management Guidelines, applying a systematic framework to how data is collected and measured to inform future planning, ensure accountability and ensure the evaluation of outcomes.

Clinical Governance Management Committee

In 2015-16 the organisation established a Clinical Governance Management Committee to provide oversight of management processes and systems, ensuring effective Clinical Governance and improved outcomes for clients and staff within clinical services.

An important area where a review was undertaken was infection

control. Following the review, FPV transitioned to single use instruments, greatly reducing the small but significant risk to clients. Our expertise in sourcing single use IUD equipment has now been utilised by many general practices providing the service.

Business Support Services

Continuing Excellence in Core Work

During the 2015-16 year Family Planning Victoria (FPV) continued to use technology as an enabler of change, assisting the organisation in increasing reach and building capacity.

With an IT strategic vision to develop a vibrant and successful digital environment to support FPV's ability to expand our reach, lower costs, innovate and improve accessibility, the organisation has invested in an enterprise resource planning (ERP) system. This system has provided the organisation with the tools and the technology to gather unprecedented amounts of real time data from various



IT systems. This has enhanced our ability to create solutions that fundamentally change the organisation’s analysis and reporting capabilities.

Our migration into the private cloud commenced part way through 2016, positioning the organisation with the ability to adopt new technologies as they emerge as well as enabling FPV to operate more effectively and innovatively.

With a view to implementing the latest technology, an IT audit was also undertaken to inform IT needs and a standard operating environment (SOE) was created.

Social media also became a new focus for promoting reproductive and sexual health within the community. This increased site visits to our website and the interest in our health and educational articles, both nationally and internationally.

Our new Relationships & Sexuality Educational portal and FPV website were also launched.

During the transition periods FPV’s project management and risk framework formed the

vital foundation of the change agendas to successfully mitigate any risks.

As we continue on our journey towards a digital business, stage three of our IT strategic vision will propel the organisation

towards collaboration technologies and help us maintain agility within the sector.

.....
This will enable Family Planning Victoria to create highly personalised experiences that engage our clients, strengthen our digital footprint and further develop our collaborative partnerships, all of which will assist in expanding our reach and impact.
.....

Research, Publications, Conferences and Posters

Continuing Excellence in Core Work

Research

Elucidating the increasing demand for genital cosmetic surgery among girls and women in Australia, in partnership with Monash University, Jean Hailes Research Unit, Monash Health and Women's Health Victoria.

Improving Rural Women's Access to MTOP (Medical termination of pregnancy), in partnership with Centre for Excellence in Rural Sexual Health.

Female Genital Cosmetic Surgery Project, in partnership with Monash University.

Impact project - National HPV Genotype Surveillance Program, in conjunction with Department of Microbiology and Infectious Diseases, The Royal Women's Hospital, Melbourne.

Victorian Primary Care Network for Sentinel Surveillance on BBVs and STIs, in partnership with Burnet Institute.

The ACCESS project (The Australian Collaboration for Coordinated Enhanced Sentinel Surveillance of STIs and BBVs), in partnership with the Burnet and Kirby Institutes and the National Reference Laboratory.

COMPASS HPV (Human Papilloma Virus) Trial, in partnership with the Victorian Cytology Service (VCS) and The Cancer Council NSW.

Medical termination of pregnancy (MTOP) Evaluation, an internal evaluation monitoring the effectiveness of the MTOP model.

Publications

Holton S, Rowe H, Kirkman M, Jordan L, McNamee K, Bayly C, McBain J, Sinnott V and Fisher J 2016, "*Barriers to managing fertility: findings from the Understanding Fertility Management in Contemporary Australia Facebook Discussion Group*", *Interactive Journal of Medical Research*, vol. 5, no. 1, p. e7.

Holton S, Rowe H, Kirkman M, Jordan L, McNamee K, Bayly C, McBain J, Sinnott V and Fisher J 2016, "*Long-acting reversible contraception: findings from the Understanding Fertility Management in Contemporary Australia survey*", *European Journal of Contraception and Reproductive Health Care*, vol. 21, no. 2, pp. 116-31.

Rowe H, Holton S, Kirkman M, Bayly, C, Jordan L, McNamee K, McBain J, Sinnott V and Fisher J 2016, "*Prevalence and distribution of unintended pregnancy: the Understanding Fertility Management in Australia National Survey*", *Australian and New Zealand Journal of Public Health*, vol. 40, no. 2, pp. 104-9.

Henzell H and Berzins K 2015, "*Localized provoked vestibulodynia (vulvodynia): assessment and management*", *Australian Family Physician*, vol. 44, no. 7, pp. 460-66.

Costello S, Quinn M, Tatchell A, Jordan L and Neophytou K 2015, "*In the best interests of the child: preventing female genital cutting (FGC)*", *British Journal of Social Work*, vol. 45, no. 4, pp. 1259-1276.

Bateson D, McNamee K 2016. *Intrauterine contraception: A best practice approach across the reproductive lifespan*, *Medicine Today*, vol.17, no.3, pp.55-61.

Bateson D, McNamee K 2016, *Ulipristal acetate: a new oral emergency contraceptive option*, *Medicine Today*, vol.17, no.6, pp.63-6.

Conferences

Arrow K, Whelan K. NDS Disability & Diversity Conference, October 2015, *In the Know: A reproductive and sexual health course for peer educators with an intellectual disability*

Arrow K, Whelan K. Australia Forum on Sexuality, Education and Health Conference, November 2015, *In the Know: A reproductive and sexual health course for peer educators with an intellectual disability*

Thistle S, Kokonis A. Australia Forum on Sexuality, Education and Health Conference, November 2015, *Increasing equity in relationships and sexuality education: The contribution of inclusive conception education*

Rowe H, Holton S, Kirkman M, Bayly C, Jordan L, McBain J, McNamee K, Sinnott V, Fisher J. (July 2015) *Awareness and Attitudes of Women and Men Regarding*

Medication Abortion in Australia: Findings from the Understanding fertility management in contemporary Australia Study. Oral presentation at, Australian Society for Psychosocial Obstetrics and Gynaecology, 41st Annual Scientific Meeting. Melbourne Australia

McNamee K, Pearson S, Inness C, Johnson M. *Improving Access to Effective Contraception through Innovative Systems for Implant Insertion and Pregnancy Test Follow up*. (July 2015) Oral presentation at the Centre for Excellence in Rural Health, SeXrurality conference, Bendigo, Australia.

Machalek D, Cornell A, Garland S, Marin Poljak, Fengyi J, Bateson D, McNamee K, Stewart M, Edney L, Beverley A, Johnson M, Tabriz S. *Ongoing Decline in Human Papillomavirus Prevalence Nine Years Following Implementation of Vaccination*. (June 2015). Oral presentation at the 15th National Immunisation Conference. Brisbane, Australia.

Posters

Machalek D, Cornell A, Garland S, Marin Poljak, Fengyi J, Bateson D, McNamee K, Stewart M, Edney L, Beverley A, Johnson M, Tabriz S. (September 2015) *Monitoring Human Papillomavirus Prevalence in Urine Samples*. Poster session presented at the 30th International Papilloma Virus Conference Lisbon

Moreira C, van Gemert C, Hocking JS, Lim MS, Bateson D, McNamee KT, Tabrizi SN, Guy RJ, Hellard ME and El-Hayek C on behalf of the ACCESS collaboration. (September 2015) *Screening for chlamydia concurrently with a routine pap test in primary care: could cervical screening changes impact on chlamydia testing?* International Union of Sexually Transmissible Infections. World STI & HIV Congress. Brisbane, Australia.

Holton S, Rowe H, Kirkman, M Bayly, C Jordan L, McBain J, McNamee K, Sinnott V, Fisher J. *Health behaviours to optimise conception among Australian women and men: findings from the Understanding fertility management in contemporary Australia survey*. (July 2015) Poster session presented at Australian Society for Psychosocial Obstetrics and Gynaecology, 41st Annual Scientific Meeting. Melbourne

Holton S, Hammarberg K, Rowe H, Kirkman M, Bayly C, Jordan L, McBain J, McNamee K, Sinnott V, Fisher J. *Attitudes to Long-Acting Reversible Contraception: Findings from the*

Understanding Fertility Management in Contemporary Australia Survey. (October 2015). Poster session presented at Alfred Health Research Week. Melbourne, Australia.

Ampt F, El Hayek C, Bartnik N, van Gemert C, Agius P, Bradshaw C, McNamee K, Hamilton R, Hellard M. (September 2015). *Can chlamydia rectal swab testing be used as a marker for male-to-male sex in STI surveillance where enhanced behavioural data are not available?* Poster session presented at International Union of Sexually Transmissible Infections. World STI & HIV Congress. Brisbane, Australia.

Advocacy, Partnerships & Collaboration

Continuing Excellence in Core Work

Advocacy

Submission to the *Senate Education and Employment References Committee - Inquiry into current levels of access and attainment for students with disability in the school system, and the impact on students and families associated with inadequate levels of support*, August 2015.

Submission to the *Medicare Benefits Schedule Review Taskforce Consultation*, November 2015.

Submission to *Senate Community Affairs References Committee - Response to Questions for Stage 2 of the inquiry into violence, abuse and neglect against people with disability in institutional and residential settings, including the gender and age related dimensions, and the particular situation of Aboriginal and Torres Strait Islander people with disability, and culturally and linguistically diverse people with disability*, November 2015.

Submission to *The Education State, Schools Conversation Workbook*, July 2015.

Submission to *The Treasury in Response to Exposure Draft of Tax & Superannuation Laws Amendment Bill 2015*, August 2015.

Submission to *Abortion Law Reform (Woman's Right to Choose) Amendment Bill 2016*, June 2016

In collaboration with the Family Planning Alliance Australian (FPAA) the following advocacy outputs were achieved:

- National Position Statement - *Access to Abortion Services in Australia*
- National Position Statement - *Relationships and Sexuality Education*
- A clinical practice tool – *Guidance for management of troublesome vaginal bleeding with progestogen-only long-active reversible contraception (LARC)*, November 2015.

Partnerships & Collaboration

In an effort to maximise outcomes for individuals and communities, one of the key strategies has been to work in partnership with other organisations. In 2015-16, FPV continued to partner with many other organisations to improve the reproductive and sexual health of Victorians and expand our reach including:

- The Australia Forum On Sexuality, Education and Health
- Angliss Hospital
- Austin Health
- Australian College of Rural and Remote Medicine
- Ballarat Community Health
- Box Hill Hospital
- Burnet Institute
- Cancer Council Victoria
- Centre for Excellence in Rural Sexual Health
- City of Greater Dandenong
- Department of Education and Training – Regional Officers
- Department of Education and Training South Western Victorian Region Secondary School Nursing Program
- Family Planning Alliance Australia
- Family Planning NSW
- Family Planning Tasmania
- Family Planning Welfare Association of Northern Territory Inc.
- Forensicare
- Gateway Health
- Jean Hailes
- Kardinia Health Geelong
- Marie Stopes
- Membership organisations of the Service Capacity Review – contraception, pregnancy advice and abortion services in Victoria
- Melbourne Sexual Health Centre
- Melbourne University
- Monash University
- Northern Health
- PapScreen Victoria
- Plenty Valley Community Health
- Primary Health Networks (Western Victoria, Gippsland and North)
- Rainbow network
- Royal Australian College of General Practitioners
- Sexual Health and Family Planning ACT
- SHine South Australia
- School Focused Youth Services
- Shepparton Hospital
- SHQ (Sexual Health Quarters)
- The Royal Women's Hospital
- True Relationships and Reproductive Health
- Victoria Police
- Victoria University
- Victorian Aboriginal Community Controlled Health Organisation
- Victorian Preceptorship Program
- Victorian Principals Network
- Women's Health Organisations (Grampians, Gippsland, North Metro)
- Women's Health Victoria

Board Director Profiles

The members of the Board present their report on the Association for the financial year ended 30 June 2016.

Board members have been in office since the start of the financial year to the date of this report unless otherwise stated.

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

Governance & Financials

Board of Director Profiles

Financials

2015-18 Strategic Plan Priorities



Jane Stuchberry

BA (Hons), MA Organisational Psychology Melbourne University

CHAIRMAN

Experience & expertise

Appointed to the Board as a non-executive director in 2010 and elected as Chair in 2013.

Jane is an organisational psychologist and management consultant with experience in governance, board evaluation, reward, people strategy and change management. She has had a long career as a Practice Leader and Principal in large global professional service firms such as Ernst and Young, Andersen and Mercer.

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

Special responsibilities

Board Chair (current)

Member, Remuneration and Nominations Committee (current)



Nick Chipman

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

DEPUTY CHAIRMAN

Experience & expertise

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

Nick has 30 years' experience in industry and professional services. His early business career was in functional roles and functional leadership, then general management across diversified industrial, financial services and resources sectors.

In 1998, Nick joined PricewaterhouseCoopers Australia (PwC) and was elected by his peers onto the PwC Board of Partners in 2008 and concluded his second four year term on June 30, 2016. His role has included strategy, economics, risk management and transactions practices at a local and global level. As a partner he has served on numerous committees and undertaken special reviews for the Board.

Special responsibilities

Board Deputy Chairman (current)

Member, Quality and Risk Committee (current)

Member, Finance and Audit Committee (current)



Anne Howells

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

CHAIR FINANCE & AUDIT COMMITTEE

Experience & expertise

Appointed to the Board as a non-executive director in 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 of CP Solutions Pty Ltd providing interim executive support to medium sized businesses experiencing growth or other changes. She is passionate about excellence in customer service and corporate governance.

Special responsibilities

Chair, Finance and Audit Committee (current)



Jane Martin

BA (Hons), University Western Australia, MPH, Monash

CHAIR QUALITY & RISK COMMITTEE

Experience & expertise

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

Jane is an expert in public health policy, research and advocacy with a focus on alcohol harm reduction and obesity prevention at the Cancer Council Victoria. She previously worked in tobacco control, including many years with Quit Victoria. She is a practiced communicator of population health science with twenty years of experience in disseminating health information and messages via news and other media.

Jane sits on a number of state and national government advisory committees and is Vice-President of the Australia New Zealand Obesity Society. She holds positions as an Honorary Fellow at Deakin University and a Senior Fellow at Melbourne University.

Special responsibilities

Chair, Quality and Risk Committee (current)



Garry Roach

BA, Monash, Dip Ed,
LaTrobe, MAICD

DIRECTOR

Experience & expertise

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

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

Garry is President of the Board of Court Network.

Special responsibilities

Member, Finance and Audit Committee (current)

Member, Remuneration and Nominations Committee (current)

Paddy Moore

FRANZCOG

DIRECTOR

Experience & expertise

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

Dr Paddy (Patricia) Moore is a gynaecologist holding Fellowship with the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG). Paddy has a long term interest in young women’s reproductive and sexual health and has also worked in these areas in the UK and New Zealand.

Paddy is currently Head of Unit of Abortion and Family Planning services at the Royal Women’s Hospital and Austin Health. She also holds a position as a sessional gynaecologist at the Royal Children’s Hospital.

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

Special responsibilities

Member, Quality & Risk Committee (current)

Hannah Evans-Barns

BBiomedSc, Bond University

DIRECTOR

Experience & expertise

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

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

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

She has knowledge in the core business areas of Family Planning Victoria, including young people’s health and research. Hannah is currently the elected Australian Youth Representative to the International Planned Parenthood Federation.

Special responsibilities

Member, Remuneration and Nominations Committee (current)

Keith McLachlan

CPA, FFin, Diploma of Industrial Accounting

EX CHAIR FINANCE & AUDIT COMMITTEE

In keeping with Family Planning Victoria’s (FPV’s) statement of purpose & rules, clause 13, subclause 5 Keith McLachlan resigned in October 2015.

Experience & expertise

Keith’s background is as a financial accountant working in Australia and offshore in a variety of manufacturing and wholesale businesses, and in not-for profit enterprises.



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Family Planning Victoria Inc. Board Members' Report

Principal activities

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

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

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

Family Planning Victoria Inc. is also able to generate income from the provision of medical services, education and training, the sale of resources and literature on sexual and reproductive health and allied subjects and donations. This discretionary income is used to improve and expand the Association's services.

Significant Changes

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

Review of operations

Total revenue for the financial year 2015/16 was \$5,956,650 compared to the 2014/15 revenue of \$5,437,879. The surplus for the year 2015/16 was \$23,691 compared to a surplus of \$49,009 for 2014/15.

Significant financial variations for 2015/16 compared to 2014/15 were:

Increase in Government grants	\$426,733*
Increase in employee benefits	\$310,800
Increase in project expenses	\$283,129*
Decrease in asset write offs	\$ 77,539
Decrease in depreciation & amortisation	\$ 72,449
Increase in computer expenses	\$ 55,054
Increase in consultancy expenses	\$ 48,969

* Note: Government grants are allocated over a three year period and includes project grants which are brought to account when the project is completed. The increase in Government grants is partially offset by the increase in project expenses.

Events after the reporting date

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

Future development, prospects & business strategies

Family Planning Victoria Inc. has commenced the implementation of the 2015/18 Strategic Plan. During the 2015/16 financial year we:-

- expanded our reach into the Victorian areas where reproductive and sexual health status was poorest;
- undertook a significant IT reform;
- launched our new e-Magazine;
- developed new e-Learning courses;
- introduced medical terminations; and
- maximised our service delivery to make the most of our asset base.

In 2016/17 Family Planning Victoria will continue implementing our IT strategy so we can maximise the benefits from IT innovations; respond effectively to the evolving technology landscape and put in place an infrastructure that will enable the sharing of information securely and collaboration locally and globally.

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

Environmental regulation

The Association's operations are not regulated by any significant environmental regulation under a law of the Commonwealth or of a state or territory. The disposal of the clinical bio hazard materials is managed under a commercial arrangement with Sterihealth.

Directors' benefits

Since 30 June 2016, no director of Family Planning Victoria Inc. has received or become entitled to receive any material benefit by reason of a contract made by the organisation with the member or with a firm of which she/he is a member or with a company in which she/he has a substantial financial interest.

Proceedings on behalf of Company

No person has applied for leave of a Court to bring proceedings on behalf of the Association or intervene in any proceedings to which the Association is a party for the purpose of taking responsibility on behalf of the Association for all or any part of those proceedings.

The Association was not a party to any such proceedings during the year.

Auditor's Independence Declaration

A copy of the Auditor's Independence Declaration as required under section 307C of the Corporations Act 2001 is set out on page 39 and forms part of this Directors' Report.

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



Jane Stuchberry
Chair
Dated: 13/9/2016



Anne Howells
Chair - Finance &
Audit Committee
Dated: 13/9/2016

The Rialto, Level 30
525 Collins St
Melbourne Victoria 3000

Correspondence to:
GPO Box 4736
Melbourne Victoria 3001

T +61 3 8320 2222
F +61 3 8320 2200
E info.vic@au.gt.com
W www.grantthornton.com.au

**Auditor's Independence Declaration
To the Directors of Family Planning Victoria Inc.**

In accordance with the requirements of section 60-40 of the Australian Charities and Not-for-profits Commission Act 2012, as lead auditor for the audit of Family Planning Victoria Inc. for the year ended 30 June 2016, I declare that, to the best of my knowledge and belief, there have been 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, 13 September 2016

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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 2016

	Notes	2016 \$	2015 \$
Revenue	2	5,956,650	5,437,879
Employee benefits expense		(4,286,960)	(3,976,160)
Rent & lease expense		(127,821)	(126,519)
Depreciation & amortisation expense		(95,652)	(168,101)
Asset write offs		(108,404)	(185,943)
Rental property expense		(102,234)	(105,229)
Project expense		(312,723)	(29,594)
Stock & consumables used		(89,800)	(102,128)
Computer expenses		(222,010)	(166,956)
Cleaning		(56,274)	(50,747)
Electricity & water		(34,324)	(30,485)
Consultancy expenses		(58,527)	(9,558)
Repairs & maintenance		(29,362)	(21,005)
Other expenses		(407,993)	(415,846)
Finance costs		(875)	(599)
Net current year surplus	3	23,691	49,009
Other Comprehensive Income		-	-
Total Comprehensive Income for the year		23,691	49,009

Statement of Financial Position

As at 30 June 2016

	Notes	2016 \$	2015 \$
Current assets			
Cash and cash equivalents	4	667,288	679,350
Financial assets	5	2,351,162	1,796,966
Trade and other receivables	6	40,100	28,942
Inventories	7	16,396	52,469
Other current assets	8	16,811	11,871
Total current assets		3,091,757	2,569,598
Non-current assets			
Property, plant & equipment	9	1,547,244	1,745,968
Intangible assets		-	5,333
Total non-current assets		1,547,244	1,751,301
Total assets		4,639,001	4,320,899
Current liabilities			
Trade and other payables	10	783,776	661,837
Employee benefits	11	1,031,123	839,441
Total current liabilities		1,814,899	1,501,278
Non-current liabilities			
Employee benefits	11	43,034	62,244
Total non-current liabilities		43,034	62,244
Total liabilities		1,857,933	1,563,522
Net assets		2,781,068	2,757,377
Equity			
Reserves		5,827	5,827
Retained earnings		2,775,241	2,751,550
Total Equity		2,781,068	2,757,377

These statements should be read in conjunction with the notes to the financial statements.

Statement of Changes in Equity

For the year ended 30 June 2016

	Retained surplus \$	Reserves \$	Total \$
Balance at 1 July 2014	2,702,541	26,827	2,729,368
Comprehensive Income			
Surplus/(Deficit) for the year attributable to members of the entity	49,009	-	49,009
Total comprehensive income attributable to members of the equity	49,009	-	49,009
Transfer (to)/from retained earnings	-	(21,000)	(21,000)
Balance at 30 June 2015	2,751,550	5,827	2,757,377
Comprehensive Income			
Surplus/(Deficit) for the year attributable to members of the entity	23,691	-	23,691
Total comprehensive income attributable to members of the equity	23,691	-	23,691
Balance at 30 June 2016	2,775,241	5,827	2,781,068

Statement of Cash Flows

For the year ended 30 June 2016

	Note	2016 \$	2015 \$
Cash flows from operating activities			
Grant receipts (inclusive of GST)		4,893,931	4,597,284
Non-grant receipts (inclusive of GST)		1,477,012	1,484,086
		6,370,943	6,081,370
Payment to suppliers & employees (inclusive GST)		(5,545,231)	(5,101,077)
		825,712	980,293
Interest received		66,473	71,410
Finance costs		(875)	(599)
Goods services tax (remitted to)/refunded from ATO		(353,579)	(360,154)
Net cash provided by operating activities	13b	537,731	690,950
Cash flows from investing activities			
Proceeds from sale of property, plant & equipment		4,403	-
Purchase of property, plant & equipment & intangible assets		-	(176,777)
Purchase of financial assets		(554,196)	(100,042)
Net cash (used in) investing activities		(549,793)	(276,819)
Net change in cash and cash equivalents held		(12,062)	414,131
Cash and cash equivalents at beginning of financial year		679,350	265,219
Cash and cash equivalents at end of financial year	13a	667,288	679,350

These statements should be read in conjunction with the notes to the financial statements.

Notes to the Financial Statements

For the year ended 30 June 2016

1. STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES

This financial report is a special purpose financial report prepared in order 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 is not a reporting entity.

1.1 Basis of preparation

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

1.2 Significant accounting policies

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

a. Income Tax

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

b. Property, Plant and Equipment

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

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

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

Class of Fixed Asset & Depreciation Rate

Buildings	2% to 20%
Fit-out Costs	5% to 20%
Plant & Equipment	10% to 33%

c. Impairment of Assets

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

d. Leases

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

e. Inventories

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

f. Employee Benefits

Provision is made for the Association's liability for

employee benefits arising from services rendered by employees to balance date. Employee benefits that are expected to be settled within one year have been measured at the amounts expected to be paid when the liability is settled, plus related on-costs.

The Association adopts the policy of accruing a long service leave liability for all employees applying a probability percentage for those employees with less than 7 year service. Long service leave is measured at its nominal amount.

g. Revenue

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

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

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

Sale of goods

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

Government grants

A number of the Association's programs are supported by grants received from the federal and state governments.

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

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

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

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

Client contributions

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

Donations

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

Interest income

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

h. Cash and Cash Equivalents

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

i. Goods and Services Tax (GST)

Revenues, expenses and assets are recognized net of the amount of GST, except where the amount of GST incurred is not recoverable from the Australian Tax Office. In these circumstances the GST is recognized as part of the cost of acquisition of the asset or as part of an item of the expense. Receivables and payables in the balance sheet are shown inclusive of GST.

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

j. Provisions

Provisions are recognized when the Association has a legal or constructive obligation, as a result of past events, for which it is probable that an outflow of economic benefits will result and that outflow can be reliably measured. Provisions are measured at the best estimate of the amounts required to settle the obligation at reporting date.

k. Comparative Figures

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

l. Critical Accounting Estimates and Judgments

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

m. Accounting standards issued but not yet effective

The following are the accounting standards issued but not yet effective as at 30 June 2016. The impact of Family Planning Victoria Inc's financial statements is provided below:

Relevant standard reference	Overview	Reporting impact
AASB 9 Financial Instruments (December 2014)	<p>AASB 9 introduces new requirements for the classification and measurement of financial assets and liabilities and includes a forward-looking 'expected loss' impairment model and a substantially-changed approach to hedge accounting.</p> <p>These requirements improve and simplify the approach for classification and measurement of financial assets compared with the requirements of AASB 139.</p>	<p>The entity is yet to undertake a detailed assessment of the impact of AASB 9. However, based on the entity's preliminary assessment, the Standard is not expected to have a material impact on the transactions and balances recognised in the financial statements when it is first adopted for the year ending 30 June 2019.</p>
AASB 15 Revenue from Contracts with Customers	<p>AASB 15 replaces AASB 118 Revenue, AASB 111 Construction Contracts and some revenue-related Interpretations:</p> <ul style="list-style-type: none"> establishes a new revenue recognition model changes the basis for deciding whether revenue is to be recognised over time or at a point in time provides new and more detailed guidance on specific topics (e.g. multiple element arrangements, variable pricing, rights of return, warranties and licensing) expands and improves disclosures about revenue <p>In May 2015, the AASB issued ED 260 Income of Not-for-Profit Entities, proposing to replace the income recognition requirements of AASB 1004 Contributions and provide guidance to assist not-for-profit entities to apply the principles of AASB 15. The ED was open for comment until 14 August 2015 and the AASB is currently in the process of redeliberating its proposals with the aim of releasing the final amendments in late 2016.</p>	<p>The entity is yet to undertake a detailed assessment of the impact of AASB 15. However, based on the entity's preliminary assessment, the Standard is not expected to have a material impact on the transactions and balances recognised in the financial statements when it is first adopted for the year ending 30 June 2019.</p>
AASB 16 Leases	<p>AASB 16:</p> <ul style="list-style-type: none"> replaces AASB 117 Leases and some lease-related Interpretations requires all leases to be accounted for 'on-balance sheet' by lessees, other than short-term and low value asset leases provides new guidance on the application of the definition of lease and on sale and lease back accounting largely retains the existing lessor accounting requirements in AASB 117 requires new and different disclosures about leases 	<p>The entity is yet to undertake a detailed assessment of the impact of AASB 16. However, based on the entity's preliminary assessment, the Standard is not expected to have a material impact on the transactions and balances recognised in the financial statements when it is first adopted for the year ending 30 June 2020.</p>

2. REVENUE

	2016 \$	2015 \$
Operating activities		
• Grants received	4,436,374	4,009,641
• Clinical services revenue	612,295	599,979
• Education services revenue	426,617	389,354
• Rental income	232,823	222,915
• Resource sales & subscriptions revenue	47,119	90,084
• Interest	66,473	71,410
• Donations received	25,295	1,245
• Miscellaneous income	32,680	5,301
• National alliance income	70,851	46,335
• Members subscriptions	1,720	1,615
• Profit on sale of asset	4,403	-
Total Revenue	5,956,650	5,437,879

3. PROFIT

Results from ordinary activities have been determined after charging:

Expenses		
Depreciation & amortisation of assets	95,652	168,101
Asset write offs	108,404	185,943
Cost of sales - medical	21,581	18,493
Cost of sales - resources	25,789	51,273
Finance costs	875	599
Loss of disposal of asset	-	5,918
Remuneration of auditor – audit or review services	12,761	12,690
Total Remuneration	12,761	12,690
Rental expense on operating leases:		
• Computer, office equipment & motor vehicles	44,895	45,197
• Rent external	82,926	81,322
Total	127,821	126,519

4. CASH AND CASH EQUIVALENTS

	2016 \$	2015 \$
Cash on hand	1,850	1,650
Cash at bank	665,438	677,700
	667,288	679,350

5. FINANCIAL ASSETS

	2016 \$	2015 \$
Term deposit	2,351,162	1,796,966
	2,351,162	1,796,966

6. TRADE AND OTHER RECEIVABLES

Current		
Trade receivables	34,757	22,328
Other receivables	5,343	6,614
Less: Provision for impairment of receivables	-	-
	40,100	28,942

7. INVENTORIES

Current		
Resources – at cost	44,155	66,176
Medical supplies – at cost	7,516	10,451
Less: Provision for slow moving and obsolete stock	(35,275)	(24,158)
	16,396	52,469

8. OTHER CURRENT ASSETS

Current		
Prepayments	16,811	11,871
	16,811	11,871

9. PROPERTY, PLANT & EQUIPMENT

	2016 \$	2015 \$
Freehold land – at cost	493,113	493,113
Building – at cost	1,770,224	1,770,224
Less: Accumulated depreciation	(716,093)	(674,096)
	1,054,131	1,096,128
Fit out costs – at cost	696,582	696,582
Less: Accumulated depreciation	(696,582)	(696,582)
	-	-
Plant & equipment – at cost	1,959,342	1,276,670
Less: Accumulated depreciation	(1,959,342)	(1,119,943)
	-	156,727
Total – at cost	4,919,261	4,236,589
Less: Accumulated depreciation	(3,372,017)	(2,490,621)
	1,547,244	1,745,968

a. Movements in carrying amounts

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

	Land & buildings	Fit out costs	Plant & equipment	Total
Balance at 1 July 2014	1,626,294	110,124	190,072	1,926,490
Additions	-	2,732	174,045	176,777
Disposals	-	-	(5,918)	(5,918)
Asset writeoff	-	(101,778)	(84,165)	(185,943)
Depreciation expense*	(37,053)	(11,078)	(117,307)	(165,438)
Balance at 30 June 2015	1,589,241	-	156,727	1,745,968
Additions	-	-	-	-
Disposals	-	-	-	-
Asset writeoff	-	-	(108,404)	(108,404)
Depreciation expense*	(41,997)	-	(48,323)	(90,320)
Balance at 30 June 2016	1,547,244	-	-	1,547,244

Note: Depreciation expenses excludes the amortisation amount 2016: \$5,332 (2015: \$2,663)

10. TRADE AND OTHER PAYABLES

	2016 \$	2015 \$
Current		
Trade payables	137,599	105,172
Other payables and accruals	262,457	179,000
Revenue received in advance	42,538	58,782
Grants received in advance	260,043	247,389
Course income received in advance	81,139	71,494
	783,776	661,837

11. EMPLOYEE BENEFITS

	2016 \$	2015 \$
Current		
Other provisions	26,080	-
Long service leave	614,098	520,179
Annual leave	389,724	316,511
Fringe benefits tax	1,221	2,751
	1,031,123	839,441
Non-Current		
Long service leave	43,034	62,244
	43,034	62,244

12. COMMITMENTS

Non-cancellable operating leases

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

	2016 \$	2015 \$
Payable – minimum lease payments		
Not later than 12 months	224,193	81,640
Between 12 months and five years	362,700	56,618
	586,893	138,258

13. CASH FLOW INFORMATION

a. Reconciliation of cash

	2016 \$	2015 \$
Cash on hand	1,850	1,650
Cash at bank	665,438	677,700
	667,288	679,350

b. Reconciliation of net cash provided by operating activities to profit/(loss) from ordinary activities

	2016 \$	2015 \$
Profit from ordinary activities	23,691	49,009
Non cash flow in profit from ordinary activities		
Depreciation and amortisation expense	95,652	168,101
Asset write-offs	108,404	185,943
Slow moving stock provision expense	21,552	12,247
(Gain)/loss on disposal of assets	(4,403)	5,918
Change in assets and liabilities		
(Increase)/decrease in trade and other receivables	(11,157)	8,809
(Increase)/decrease in inventories	14,521	19,942
(Increase)/decrease in other current assets	(4,940)	6,895
Increase/(decrease) in trade and other payables	121,939	185,814
Increase/(decrease) in employee benefits	172,472	48,272
Net cash provided by operating activities	537,731	690,950

14. SUPERANNUATION

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

The details of the funds are as follows:

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% (2015: 9.5%) to the employee's salary. The amount paid to all Superannuation Funds, including employee after tax contributions during the year was \$344,295 (2015: \$326,838). The amount of contributions outstanding at the end of the year was \$1,246 (2015: \$908)

15. ASSOCIATION DETAILS

The registered office and principal place of business of the Association is:

901 Whitehorse Road, Box Hill, Victoria, 3128

16. CONTINGENT LIABILITIES

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

17. FINANCING FACILITIES, MORTGAGES, CHARGES & SECURITIES

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

At 30 June 2016, the following facilities were as follows:

	Note	Available \$	Amount drawn
Online facility	CBA	Unlimited	0
Online facility	ANZ	70,000	0
Credit card	ANZ	25,000	3,685
Indemnity guarantee	ANZ	17b	40,000

a. The carrying amounts of non-current assets pledged as security are:

	Note	Amount
First mortgage		
Freehold land and buildings	9	1,589,241

b. Indemnity guarantee

The indemnity guarantee is payable to Competitive Retail Australia P/L as a rental bond on the Action Centre property and is currently for the life of the lease.

18. EVENTS AFTER THE REPORTING DATE

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

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, as set out on pages 40-46 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 2016 and of its performance for the financial year ended on that date; and
 - b) complying with Australian Accounting Standards (including Australian Accounting Interpretations) and the Australian Charities and Not-for-profits Commission Regulation 2013.
2. In the Directors' opinion there are reasonable grounds to believe that the Company will be able to pay its debts as and when they become due and payable.

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



Jane Stuchberry
Chair

Dated: 13/9/2016



Anne Howells
Chair - Finance & Audit Committee

Dated: 13/9/2016

The Rialto, Level 30
525 Collins St
Melbourne Victoria 3000

Correspondence to:
GPO Box 4736
Melbourne Victoria 3001

T +61 3 8320 2222
F +61 3 8320 2200
E info.vic@au.gt.com
W www.grantthornton.com.au

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

We have audited the accompanying financial report, being a special purpose financial report, of Family Planning Victoria Inc. (the "Association"), which comprises the statement of financial position as at 30 June 2016, 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, notes comprising a summary of significant accounting policies and other explanatory information to the financial report and the statement by the Directors.

Responsibility of the Directors for the financial report

The Directors of the Association are responsible for the preparation and fair presentation of the financial report and have determined that the accounting policies used and described in Note 1 to the financial report, which form part of the financial report, are appropriate to meet the needs of the Members and meet the requirements of the Associations Incorporation Reform Act 2012 (VIC), the Australian Charities and Not-for-profits Commission Act 2012. This responsibility includes such internal controls as the Directors determine are necessary to enable the preparation of the financial report to be free from material misstatement, whether due to fraud or error.

Auditor's responsibility

Our responsibility is to express an opinion on the financial report based on our audit. We conducted our audit in accordance with Australian Auditing Standards which require us to comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance whether the financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error.

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In making those risk assessments, the auditor considers internal control relevant to the Association's preparation and fair presentation of the financial report in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Association's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the Directors, as well as evaluating the overall presentation of the financial report.

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

Independence

In conducting our audit, we have complied with the applicable independence requirements of the Accounting Professional and Ethical Standards Board and the Australian Charities and Not-for-profits Commission Act 2012.

Auditor's Opinion

In our opinion, the financial report of Family Planning Victoria Inc.:

- a presents fairly, in all material respects, the Association's financial position as at 30 June 2016 and of its performance and cash flows for the year then ended in accordance with the accounting policies described in Note 1; and
- b complies with and the Australian Charities and Not-for-profits Commission Act 2012.

Basis of accounting

Without modifying our opinion, we draw attention to Note 1 to the financial report, which describes the basis of accounting. The financial report has been prepared for the purpose of meeting the needs of the Members and meeting the requirements of the Associations Incorporation Reform Act 2012 (VIC), the Australian Charities and Not-for-profits Commission Act 2012. As a result, the financial report may not be suitable for another purpose.



GRANT THORNTON AUDIT PTY LTD
Chartered Accountants



B.A. Mackenzie
Partner - Audit & Assurance

Melbourne, 13 September 2016

Our priorities

1. Expand our **reach** and **impact**

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

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

2. Provide **quality professional learning** programs

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

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

3. Provide a mix of **quality clinical services**

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

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

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

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

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

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

6. Strengthen organisational **infrastructure, systems** and **processes**

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

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