



## **Family Planning Welfare Association of the Northern Territory Incorporated Annual Report**

# **2017-2018**

*Providing quality service that promotes reproductive and sexual health.*

**FPWNT**

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## Acknowledgements

Family Planning Welfare Association NT acknowledges the Traditional Owners and Elders, past, present and future of the lands on which we meet, Larrakia Nation.

We wish to gratefully acknowledge its members as well as thank the following organisations and individuals for their continued support and financial assistance during 2017–2018: Northern Territory Government -Departments of Health, Business, Education and Gaming and Licensing, Ansell International, NT Primary Health Network, Territory Technology Solutions, NTCOSS, What RU4NT, Intercharge Insurance, NTAHC.



Photo: Coconut Grove Head Office



Photo: Palmerston Clinic DOOR follow the PINK DOTS

Family Planning Welfare Association of the NT Inc. Annual Report 2017– 2018 was presented at the AGM held on October 29<sup>th</sup> 2018 in Darwin on behalf of its members, staff and board.

## Family Planning Welfare NT Overview

Family Planning Welfare Association NT is a non-government organisation (NGO) responsible to a governing board of volunteers.

In 1973 the Family Planning Association of the Northern Territory Inc. (FPANT) delivered family planning services through established NGOs. Because of operational and administration advantages, FPANT, which later changed its name to Family Planning Welfare Association of the Northern Territory Incorporation (FPWANT), commenced the devolution of its services to FPWNT. This process was completed in September 1997.

Each Australian state and territory has a lead family planning organisation and together they constitute the primary membership of Family Planning Alliance Australia (FPAA). FPAA is the nation's peak body in reproductive and sexual health. It promotes advances in public health through policy, insight and advocacy. FPAA does not provide clinical or education services. FPAA is a member of the International Planned Parenthood Federation (IPPF). IPPF, FPAA and FPWNT are guided by the outcomes of the 1994 UN Population Fund (UNFPA) International Conference on Population and Development (ICPD). FPWNT is a member of the Asia Pacific Alliance.

The 1994 ICPD was a milestone in the history of population and development, as well as women's rights. At the conference, 179 countries agreed to a 20-year programme of action, focusing on individuals' needs and rights, including concrete goals such as providing universal education and ensuring universal access by 2015 to reproductive health care, including family planning, assisted childbirth and prevention of sexually transmitted infections.

UNFPA website, [www.unfpa.org](http://www.unfpa.org)

On 1<sup>st</sup> January 2016, the 17 Sustainable Development Goals (SDGs) of the 2013 Agenda for Sustainable Development – adopted by world leaders in September 2015 at an historic United Nations summit – officially came into force. Over the next fifteen years, with these Goals that universally apply to all, countries will mobilize efforts to end all forms of poverty, fight inequalities and tackle climate change, while ensuring that no one is left behind. Countries have the primary responsibility for follow-up and review of the progress made in implementing the Goals, which will require quality, accessible and timely data collection.

The four Goals that relate to Family Planning Welfare NT:



**Goal 3: Ensure healthy lives and promote well-being for all at all ages.**

**3.4** By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and

promote mental health and well-being.

**3.7** By 2030, ensure universal access to sexual and reproductive health care services, including for family planning, information and education and the integration of reproductive health into national strategies and programmes.

**3.8** Achieve universal health coverage, including financial risk protection, access to quality essential health care services and access to safe effective quality and affordable essential medicines and vaccines for all.

**Goal 4: Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all.**

**4.5** By 2030, eliminate gender disparities in education and ensure equal access to all levels of education and vocational training for the vulnerable, including persons with disabilities, indigenous peoples and children in vulnerable situations.

**Goal 5: Achieve gender equality and empower all women and girls.**

**5.1** End all forms of discrimination against all women and girls everywhere.

**5.2** Eliminate all forms of violence against all women and girls in the public and private spheres, including

trafficking and sexual and other types of exploitation.

**5.3** Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation.

**5.6** Ensure universal access to sexual and reproductive health rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences.

**Goal 17: Revitalize the global partnership for sustainable development.**

**17.1** Strengthen domestic resource mobilization.

**17.2** Developed countries to implement fully their development assistance commitments

**17.4** Assist countries attaining debt sustainability.

FPWNT is governed by a voluntary Board of Management (BoM) who is elected by general members at an Annual General Meeting. The BoM meets regularly to determine FPWNT policy, and is responsible for the governance of FPWNT. All operational matters are the responsibility of the Chief Executive Officer (CEO). The Public Officer for

the Association is appointed by the Board of Management.

**Funding**

FPWNT receives support funding from the NTG Department of Health. FPWNT generates its own income from training fees, donations, project grants and Medicare.

Photo: Health Promotion. Defence Force Expo  
Welcome to the NT February 2018



## Board of Management 2017 – 2018

### Board Attendance List:

Board Member	June	Sept & SGM	AGM	Nov	Jan	March	May
President Suzanne Belton		✓	✓	✓	✓	✓	✓
Vice Pres/Treasurer Shelly Holland	✓	✓	✓	✓	✓		✓
Secretary Anne Davis	✓	✓	✓	✓	✓	✓	✓
Board Member Amy Williams	✓	✓		✓	✓		✓
Board Member Sally Bolton	✓	Resigned					
Board Member Kim McKenzie		✓	Resigned				
Board Member Kevin Wrigley					✓	✓	✓
Board Member Caroline Hastie				✓			Resigned
Board Member Jan Holt					✓	✓	Resigned
CEO Robyn Wardle	✓	✓	✓	✓	✓	✓	✓
Total Meetings x 7	✓	✓	✓	✓	✓	✓	✓

## Family Planning NT Board of Management

**Associate Professor Suzanne Belton** has an adjunct position with the Menzies School of Health Research in Darwin. She is the manager of Regional Engagement with the NT PHN. This is her sixth report as Chairperson of the Board of Management for Family Planning Welfare Association NT. Her research interests include maternal health outcomes, reproductive health rights and cross-cultural health. She received her PhD in 2005 from the University of Melbourne and has worked in China, Thailand, Indonesia, Timor-Leste and remote Australia. She is published in *Medicine and Social Science*, *Health Care for Women*, *International Midwifery and Reproductive Health Matters*. She has written book chapters in *Becoming a Mother: A cross cultural perspective on reproduction and childbearing* (2007) and *Abortion in Asia: Local Dilemmas, Global Politics* (2010). She advocates for better sexual and reproductive health services in Australia.

**Anne Davis** is a registered nurse, a midwife who worked in a variety of medical, surgical and midwifery settings until arriving in the Territory in 1998. Since then she has worked in remote communities in the areas of health service management and sexual reproductive health. She has undertaken two major health projects: the Donovanosis Eradication Project and the setting up of the Darwin-based Midwifery Group Practice. Anne is currently the sexual health coordinator for the Tiwi Islands.

**Shelly Holland** is currently the Business Development Manager for D&H Agencies. Responsible for the commercial success of projects, working collaboratively with clients to ensure commercial advantage. Implements the sales delivery element of the commercial sector marketing plans, interacting across appropriate functions and promoting to customers NPD and specific targeted strategies.

She thinks outside of the square and has a way of just getting the job done where others have failed. Shelly has a strong background in Business Development and fundraising, and has been promoting the health of Territorians for the last five years by raising money and increasing exposure for various health organisations.

*Our Workforce is small considering the NT has the highest rates of STI's and unplanned pregnancies in Australia.*

**Part-Time: 26%    Casual: 58%**  
**Full time: 16%**

**Employment service:**

**63% <5 years    27% >5 years,**

**5% > 15years,    5% >25years**

**Gender:    Male 5%    Female 95%**

**Kim McKenzie** is a Registered General Nurse. She also holds a Bachelor of Arts with honors from the Australian National University and a Certificate 4 in Training and Assessment. She worked at Executive Level in the Commonwealth Departments of Health and Immigration, before moving to the Northern Territory ten years ago. Since then she has lived and worked in remote communities and expanded her knowledge greatly. Kym resigned from the Board on the 27<sup>th</sup> October 2017.

**Amy Williams** is a solicitor with the North Australian Aboriginal Justice Agency NAAJA. Amy is passionate about civil law and women's rights in the NT. Having moved to Darwin from Hobart a few years ago Amy is keen to support Family Planning NT's board.

**Kevin Wrigley** A degree-educated business professional with 10+ years' experience in strategic marketing, product management and marketing communications within the healthcare industry with a track record of working across hierarchies and cultures to identify customer / market needs and develop suitable product and service solutions within the biotech, pharmaceutical and health consumable industry.

I enjoy giving something back to the community and I have been working for organisations with good causes in the healthcare and education sectors.

**Caroline Hastie** is a midwife and joined the Board in November 2017. Caroline worked for the NT Department of Health, Office of the Chief Nurse and Midwife Nursing and Midwifery services. Her role was senior midwifery advisor. Caroline reluctantly resigned from our board in April due to family commitments Interstate.

**Jan Holt** joined the board of FPWNT during January 2018. Jan's background was in public health promotion and committed to sexual health and blood born viruses. Jan was a huge supporter of Family Planning NT for many years, providing education lecturers across all our courses/workshops and was reviewing all our youth focus information/material when she became ill. Jan passed away Thursday 6<sup>th</sup> September and we all will remember her legacy to the NT community.

## President's Report



The Board with the CEO has managed the expansion of FPWNT during the 2017-2018 financial year. It is very good to report that the range and volume of sexual and reproductive health services has increased. FPWNT offers comprehensive health services including pregnancy options, abortion, contraception, antenatal and postnatal care, sexual health as well as training and education for patients and health professionals.

I have just returned from chairing an international forum in Portugal where I was able to meet with other Family Planning organisations and advocates who support reproductive health and rights. The forum recommended several things which remain pertinent to us in the Northern Territory. They talked about the 5 Ds of reproductive health care which are: decriminalisation of health care; demedicalisation of women's bodies, destigmatisation and demystification of health care, and decolonisation by old laws or ways of thinking. I think that FPWNT is well on the way to doing these.

Due to the successful reform of laws regulating abortion in the NT, FPWNT opened the second abortion clinic in Australia run by a Family Planning organisation in July 2017. Victoria was the first and it looks like Tasmania and New South Wales will also offer their clients the option of early medical abortion with tablets. The NT government is supporting the public health provision of abortion services in the NT and has sought expert advice from staff on client resources and clinical guidelines. The staff have taken very active roles in planning and running the new service which is well accepted and used by the public. There will be a new dedicated nurse position to assist and support the new service in October 2018.

Professional sexual and reproductive health education for nurses, midwives, doctors and Aboriginal health practitioners in their basic training is often insufficient. FPWNT offers multiple training courses over the year to increase the capacity of health professionals who take a special interest in this area. I am very pleased that we were successful in gaining Registered Training Organisation accreditation in December 2017 for a further 7 years. We are looking at how best to deliver education and training to health professionals in the future.

Good leadership and oversight has been provided by the Board, and I would like to welcome new Board members: Kevin Wrigley appointed 29/01/2018, Caroline Hastie appointed 13/11/2017 and resigned 25/05/2018 due to family commitments; and Sally Bolton resigned 04/09/2018. I also pass on condolences from the Board and staff to Jan Holt's family and friends. Jan was a highly experienced and energetic health advocate who contributed to the Board from 29/01/2018 to 14/05/2018. We shall miss her.

The organisation undertook a security audit and financial review to identity services to improve our financial position and a number of actions, precautions and policies have been implemented due to the recommendations. The Board works to mitigate risks and seek out opportunities for the organisation through strategic planning and collaborating with partners in health care.

The Board welcomes new employees: Maari Gray (Education Manager), Emily Brown (Clinic Assistant), doctors Tamsin Cockayne and Phoenix Smith, and receptionists Maysa Crooks and Bianca Grose. This year we farewelled doctors Barbara Allen and Olivia O'Donoghue, Genevieve Jobson (Educator), Tomomi Yamamoto (Clinic Assistant), and receptionists Emily Arthur, Zoe Wakefield and Amelia Wardle. I would like on behalf of the Board to thank all of you for your contributions to the organisation which continues to grow and develop.



**Dr Suzanne Belton**

***President***

## **Treasurer Report**

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FPWNT is pleased to present our audited financial statements for the year end 30<sup>th</sup> June 2018 prepared by Adam Dohnt (FCA) TDH Chartered accountants. This year our total revenue increased, however, it was inadequate to meet our total expenditure therefore an operating deficit of - \$22,057.

This loss was due to Medicare claims not covering our clinician salaries and the unexpected high rate of clientele who 'did not attend' appointments therefore loss Medicare revenue. Our future planning to improve attendance rate is currently underway.

We continued to operate on a very frugal budget, managed to increase our self-generated funding activities and our quality services were never compromised.

Staff are to be congratulated for maintaining services that continue to operate within a tight budget.

Core funding from the Northern Territory Government, service agreement will expire next year in June 2019 and we remain hopeful a five year service agreement will be considered and supported. We thank the Northern Territory Government for their continued support especially in supporting our service in Palmerston. Our shared co-location with Breastscreen NT in the Palmerston Precinct, continues to work well.

I am pleased to provide this report and know that the organisation can carry this financial loss however we need to ensure our funding position improves over the next twelve months so that quality services can continue to be provided to the community.

**Shelly Holland**

***Treasurer***

## CEO Report



Welcome to Family Planning Welfare Association of the NT (FPWNT) Incorporated annual report. This report highlights our many achievements and provides an insight into the breadth and depth of the services we offer.

FPWNT core business continued strongly in 2017–2018 with the organisation focusing on new clinical services and professional health workforce education. We introduced July 1<sup>st</sup> 2017 medical termination of pregnancy services. During the past year we have monitored, evaluated and actioned improvements to this service. Women across the NT now have less barriers in accessing an MTOP procedure due to the new legislation changes. Thank you to all our staff who have managed to maintain a work place of quality and at all times providing a high standard of care and compassion.

We welcomed this year free Wi-Fi to the premises in Coconut Grove whilst enjoying the faster NBN IT speeds. Improving our social marketing messages to youth will be a priority in 2019.

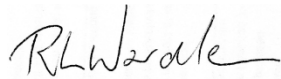
During this year we were advised all of our current Department of Health service agreements will move across to the Top End Health Services. Our partnership with the top end health services maternity unit, antenatal care commenced October 2017 and continues each week. Antenatal women, visit the midwifery team at our Coconut Grove premise clinic rooms. Women find this shared service enjoyable and less stressful. Early discussions with top end health services identified a number of other clinical services we could assist them with.

We were pleased to receive a grant from the Department of Trade, Business and Innovation to assist us in identifying our future business solutions. How do we move into the future with limited funding models! During December, we were successful in gaining our registered training organization reaccreditation for a further seven years.

FPWNT is a primary member of Family Planning Alliance Australia (FPAA) and we are very grateful for the ongoing support all Family Planning Organisations provide to us.

Staff value the chance to contribute to reproductive sexual health national agenda's and are determined that the voices of Territories continue to be heard.

A special thank you to the board of family planning for another wonderful and exciting year. The support that the board of management offers is valued and very much appreciated.



**Robyn Wardle**

***Chief Executive Officer***

Photo: January 2018 Australia Day Award recipients for Darwin. Lill Hamilton, Robyn Wardle and Rhys Barden



## Constitution

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### CONSTITUTION OBJECTS OF THE ASSOCIATION

- a) To assist and relieve individuals distressed by experiences associated with human relationships and human sexuality.
- b) To promote sexual health.
- c) To improve the quality of human relationships.
- d) To promote individual choice and personal responsibility in human sexuality.
- e) To develop a community awareness of the services provided by The Family Planning Welfare Association of Northern Territory Inc.

f) To attain the preceding objects by actions not limited to:

- Provision of centres to which professionals community agencies and members of the public may refer in matters of human relationships and human sexuality.
- Provision of quality medical, clinical and advisory services to individuals and communities in matters relating to promotion, attainment and maintenance of health in areas of relationships, sexuality, fertility and reproduction and in alleviation of distress or disease adversely impacting on these areas.
- Provision of specialist training of health and other professionals in matters relating to promotion, attainment and maintenance of health in areas of relationships, sexuality, fertility and reproduction and in alleviation of distress or disease adversely impacting on these areas.
- Provision of referrals and advice to distressed individuals of alternative services not provided by the Association but which are provided by other appropriate government or non-government agencies or bodies.
- Provision of training programmes to meet in-service needs and maintain professional standards for the Association.
- Provision of educational programs and training programs intended to advance the health, welfare and well-being of individuals and groups in the Northern Territory community.
- Promotion of such legislative, social and administrative reforms as may be relevant to the objects of the Association. \_\_\_\_\_

## **Workforce Development & Community Education Report**

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I would like to start by thanking all members of the education team: Genevieve Jobson (Education Officer), Jillian Briggs (Community Educator), Doctor Paul Rivalland (Medical Educator) and Belinda Collins (Administration officer). To deliver scheduled health promotion and education across our community this year required more than our usual education team members. Kerry Reader, PetaJane Goodrem and Kirsten Thompson all require a special mention of thanks. Everyone has worked hard to raise the profile of this organization and to deliver quality health promotion and education.

This year in February, we said farewell to Genevieve Jobson. Recruitment to this vacant position once again took time and the successful candidate would not be able to commence work until August. Being the education manager, I ensured the delivery of our planned education scheduled courses and workshops whilst this position remained vacant.

We were successful in gaining a number of grants this year. The Northern Territory Government Department of Trade, Business and Innovation supported us to investigate business solutions to improve our services and funding models. The NT Primary Health Network (PHN) provided funding to deliver a number of education training workshops across the NT. We were provided with a small grant voucher to undertake a security audit of our Coconut Grove premises.

Whilst Family Planning was unsuccessful in receiving a grant to install WiFi to our head office in Coconut Grove Darwin, we decided to continue with the installation of WiFi in March. Both Darwin and Palmerston branch sites joined the NBN. We uploaded training resource material to our website for professionals' group access, therefore, trying to decrease our usage of paper.

During this year, 3150 community members attended 28 health promotion activities and some 530 health professionals attended a variety of reproductive sexual health courses and workshops.

### **Registered Training Organisation Status**

FPWNT is the lead training organisation in reproductive and sexual health in the Northern Territory. We hold Registered Training Organisation (RTO) accreditation, and continually work

towards compliance with accreditation standards. In December, we were successful in reaccreditation of our RTO status, gaining accreditation for a further 7 years. The two units on our scope of practice, HLTAHW026 *Provide information and strategies in sexual health for men* and HLTAHW027 *Provide information and strategies in sexual health for women*. Both units are part of the Aboriginal Health Workers National health training package modules.

In December, we successfully applied to the Australian Security and Investment Commission to secure our Copyright license. This license will cover all training resources, intellectual property rights and law.

### Accredited Training

Unit HLTAHW027 *Provide information and strategies in sexual health for women* was delivered this year in Alice Springs and Darwin. All our training is supported by Aboriginal health workers, cultural advisors. We had no student interest in the unit HLTAHW026 and therefore no delivery this year.

The table below shows the number of participants and locations of skilled health professionals that attended the unit this year.

Participants	Darwin region	Remote	Aboriginal Health Workers
52	29	23	2
<i>Location:</i> Darwin Prison, Royal Darwin Hospital, Wadeye, Jabiru, Finke, Elliot, Tennant Creek, Gapuwiyak, Borroloola, Anyinginyi, Alice Springs Hospital, Central Australia Health services, T Tree, Ntaria, Willowra, Pirlangimpi, Miwatj, Kalkayindi, Robertson Barracks Defence and Danila Dilba.			

Industry consultation to guide this unit's content was attended to, during the year. Our education partnerships across the NT are invaluable and ensure ongoing service delivery to meet the needs of priority populations.

We were successful in gaining APNA Endorsement: Australian Primary Health Care Nurses Association for the delivery of the unit HLTAHW027. Endorsement was granted according to approved quality standards criteria and will expire 30<sup>th</sup> June 2020. At the completion of this educational activity, eligible participants can claim up to 40 CPD hours.

**Certificate in Reproductive and Sexual Health for *Doctors* and *Nurses***

The Family Planning Australia Alliance (FPAA) Certificate in reproductive and sexual health for *doctors* was delivered in Darwin during August. A Nationally recognized and RACGP/RANZCOG endorsed curriculum delivered in-person over five days. Ten participants completed both written and oral assessment components and all gained competency. The participants came from Katherine, Alice Springs, Palmerston and Darwin.

The Certificate in reproductive and sexual health for *nurses* was delivered during September. Ten participants attended the training from across the NT; Gapuwiyak, Tennant Creek, Maningrida, Royal Darwin Hospital, Medical Center in Darwin, Alice Springs and Nhulunbuy.

**Professional Development workshops**

A number of professional development workshops were delivered in Darwin, Nhulunbuy and Alice Springs. Workshops such as progesterone implant insertion, medical termination of pregnancy updates, intrauterine contraceptive device updates, adolescent sexual health, cervical screening and the new National guidelines, and general contraception updates.

Out of all the professional workshop requests, the most challenging and requested training was for medical termination of pregnancy. Requests came from GP surgeries, GP registrars, nurses and practice managers. Delivery of information was provided along with resource material. The NT Government passed key legislation during March 2017. The new legislation titled *Termination of Pregnancy Law reform* became operational on July 1st 2017.

Family Planning NT was well prepared to deliver this new clinical service to clients on July 1<sup>st</sup> and have been key educators and support to the wider NT health workforce in addressing requirements.

We assisted the Department of Health in the development of a progesterone implant training module/s for registered nurses. Mylearning online education site will offer Department of Health nurses a total of five modules.

**Our Internal workforce**

All employees of Family Planning NT are encouraged to actively participate in meetings, committees and National agenda in regard to reproductive and sexual health. Meetings such as ASHHNA national conference and executive committees, ASHA committee meetings, Family Planning Alliance Australian Director meetings, Ruby Gaea committees, NTCOSS

board meetings, supporting trending sexual health NSW project, NTG Sexual health advisory group and Headspace.

Employees also attended a number of professional development/training opportunities:

- VET Conference
- NTCOSS Conference
- Sydney Sexual Health teleconference Webinar learning sessions
- Hesta Superannuation Updates
- Australian Practice Nurse Alliance Education
- IUCD insertion theory and practical training for medical employees
- Webinars discussing registered training organisation requirements.

#### ***Community Health Promotion***

This year a number of employees assisted in providing health promotion and education to our community. The education team would like to thank everyone for their support.

Unfortunately, we were not able to assist in all our requests due to limited human resources this year. However, our 28 community health promotion activities captured 3,150 people across the NT.

We managed to provide relationship education to a number of middle schools and senior colleges within the Darwin and Palmerston region.

We participated in a number of health expos such as Rosebery Middle school, Palmerston Health Precinct, Darwin High School, Darwin Defence force expo, Charles Darwin University LGBTI. We participated in school health forums along with other health providers addressing school children's questions. We found this learning environment more engaging than attending to weekly education sessions.

We continued to supply a number of contraception display boards to schools and community health centers. We are in the process of updating our contraceptive flip charts in partnership with TRUE Queensland.

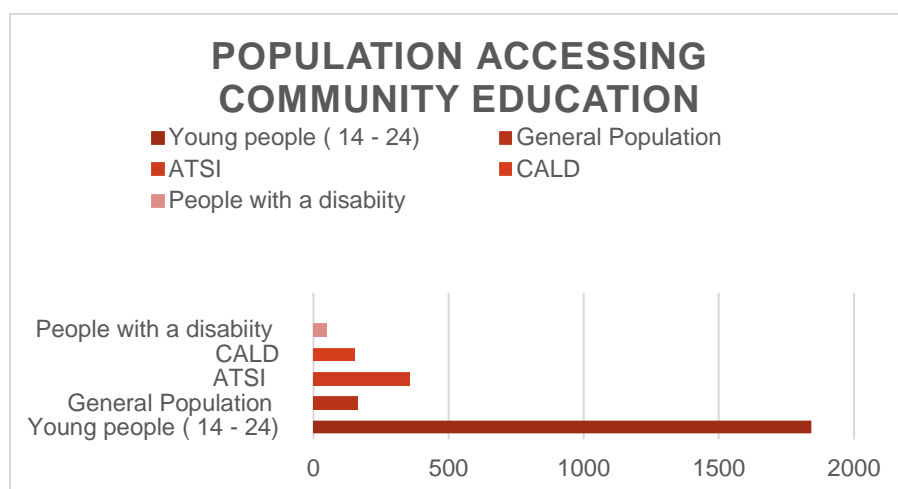
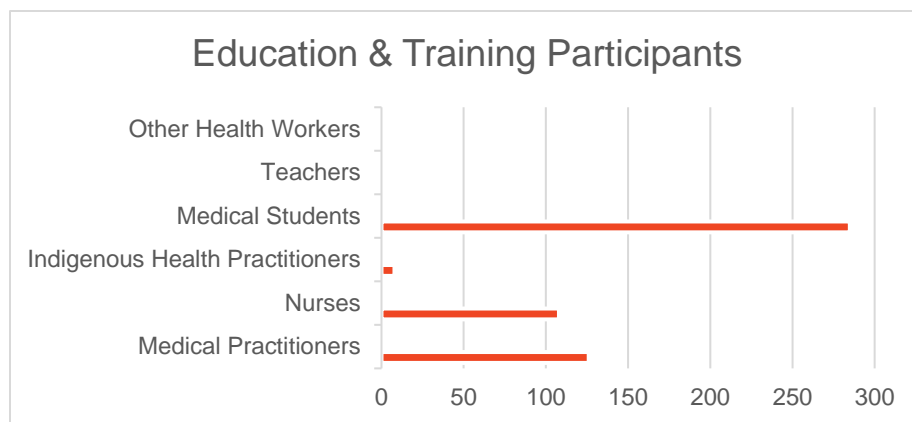
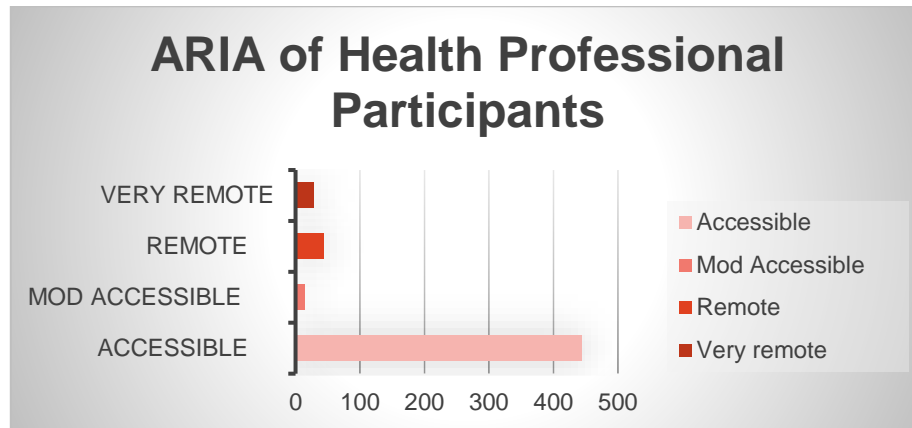


Photo: Unit HLTAHW027 July 2017 Darwin participants



Photo below: Unit HLTAHW027 October 2017 Darwin Participants



- **Family Planning Alliance Australia** Directors meeting was held in Darwin in July 2017.
- Work addressed, FPAA Constitution, Abortion and LARC Statements, Doctors course.



- **Our CEO** Robyn Wardle, received Darwin Citizen of the Year Award in January 2018.
- Congratulations.



- **Free condoms distributed:**
- 40% across clinics
- 35% education & health promotion events
- 25% shared with communities

- **Learner surveys**
- 47 surveys were issued to students.
- 17% return rate.
- Highlights were students found our education team members supportive and helpful.
- Positive responses to less powerpoint presentations and more active learning environment.



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- **Community Activity**
- Defence EXPO in Darwin February 2018
- 150 services attended, approx 1000 + visitors



- We supported **LGBTI events** wherever possible.
- May 17th International Day against Homophobia & Transphobia

In conclusion, a huge thank you to all our colleagues, networkers, partners for their support and assistance over the year. FPWNT would especially like to mention the Department of Health for their continued support. Looking forward to another wonderful and challenging year.

## **Maari Gray**

### ***Education Manager***

**Photo: Alice Springs participants Unit HLTAHW027 May 2018**



## Clinic Services Report

6,928 Client Visits	44% clients under 29 years	9% of clients live remote	26% requested contraception	7% Identified Aboriginal
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This was a big year for our clinics with the introduction of our free medical termination of pregnancy (MTOP) service. It has been a privilege to provide this much needed service to women in the Northern Territory after such a long wait for it to be legalised. It has also been a big adjustment for our clinics and workflow: each MTOP client requires two to three hours of clinic time over multiple visits. This is due to the need for comprehensive care including counselling, tests, chasing up results from referred clients, detailed explanations of the process, follow up and contraception provision, not to mention the paperwork! Our clinical and reception staff have put in a huge effort to get this service running and to maintain it at such a high standard. We have had very positive feedback from MTOP clients regarding their care and the whole process.

A total of 843 general clinics were held during this past financial year, with 206 of them at our days per week and is staffed on each day by one receptionist, one registered nurse and two doctors. Between the Coconut Grove and Palmerston clinics, 10,845 service issues were offered to the 3,189 clients who partook of our services. 7% of our clients identified as Aboriginal.

We have had many staff changes this year. Doctor Paul Rivalland has been our Medical Director, standing in for Doctor Jacqueline Murdoch who was on a year's maternity leave. We continued to have an assistant in nursing helping with Intrauterine Device insertions (IUD). Over the past year Emily Brown, a graduate Midwife, started after Tomomi Yamamoto returned to Japan. This arrangement has assisted the Clinical Coordinator to have extra time to attend to the ever growing paperwork involved with the clinic. Doctor Phoenix Smith commenced her six month GP registrar placement. We welcomed Maari Gray (Education Manager), Bianca Grose (Reception), Maysa Crooks (Saturday Reception) and Drs Zoe Radford and Tamsin Cockayne this year. Unfortunately, we had to say goodbye to Zoe Wakefield, Genevieve Jobson, Emily Arthur and Drs Edna Gadil, Olivia Donoghue and Barbara Allen,

We continue to provide clinical training and upskilling to GPs, Registered Nurses and Aboriginal Health Practitioners for reproductive and sexual health as well as clinical IUD insertion training and upskilling.

Our Client Information Support Service (CISS) remains a nine hour per week funded service. The majority of work is related to information, pathology results and clients presenting for pregnancy discussions.

We conduct regular pathology, imaging and cervical screening (CST) audits to ensure best client service, care and follow up. In our latest CST audit, as a whole the clinical staff achieved an 86.7% endocervical capture rate, with our nurses attaining a 93.4% hit rate. Great work nurses! The National guidelines state a 75% capture rate as the competency standard.

Thank you to all our staff, goodbye to those who left and welcome to everyone who joined us this past year. We look forward to continuing to provide first class reproductive and sexual health care to NT women and men in 2018-19.

**Kirsten Thompson**

***Clinic Coordinator***

## Reception Report

It has been a very busy year for reception. Between our Darwin clinics open daily and our Palmerston clinic open two days per week, our reception staff have been thin on the ground. Our workforce consists of part-time and casual staff equal to two FTE positions. Funding further hours for clinic reception support is required in our future planning. The Palmerston clinic is now becoming very well known, with people presenting as walk-ins (no booked appointment). Reception staff supported a new GP Registrar, working for the past six months in both Coconut Grove and Palmerston clinics along with other new professional clinic staff. Our reception staff have been working admirably.

We began our new medical termination services at the start of this financial year. This service has proven to be a huge extra workload on all staff, especially reception staff, who are the front line for many acutely anxious women ringing for advice and immediate appointments. Coping with peoples abuse and aggression and at the same time understanding why, is challenging.

We received positive and encouraging comments from our clients reading our monthly information/display presentations.

Reception staff undertake the setup of our information display boards and choose the topics. Topics such as men's health, cervical screening test, HIV and domestic violence were informative and interesting displays.

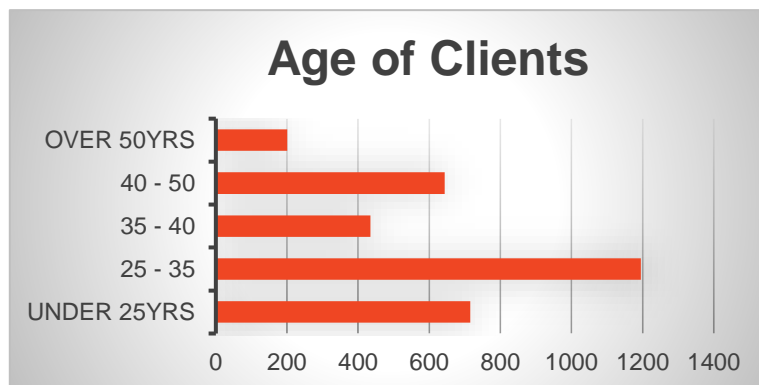
There have been a number of updates with our clinic software and data collecting tools, which, whilst causing many headaches at each update, served to enhance our auditing and record keeping. To ensure quality assurance and validate our services, we conducted phone audits and client surveys which show how much our clients appreciate the service we provide.

Reception staff said farewell to Zoe and Emily who both moved interstate. Emily was one of our longest serving receptionist. We also lost Amelia after she graduated has a registered nurse. Replacing these receptionists took time and we were very pleased when we welcomed Maysa and Bianca to the team.

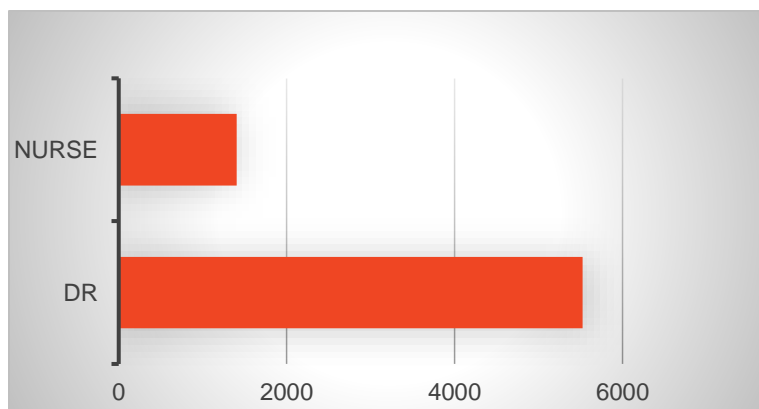
I would like to thank all of this year's reception staff for their hard work and ability to get the job done under enormous pressure.

**Kerry Reader**  
***Reception Manager***

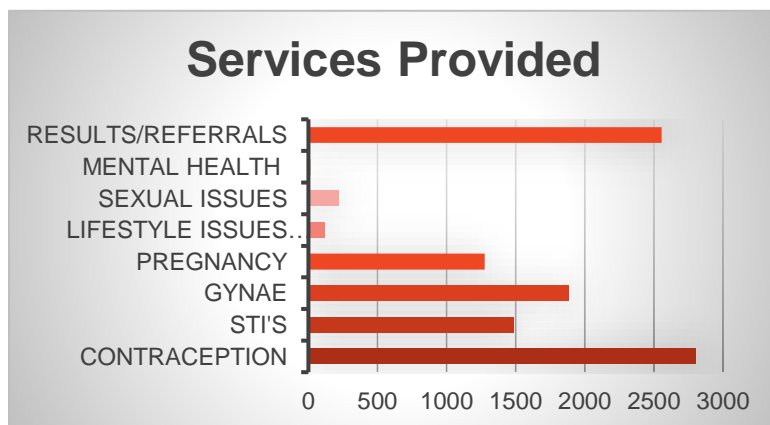
Clinic data collected from our DME data system.



*Age of Clients: Clients age group vary, our youngest 13 the oldest 75years.*



*Consultations: Clients visit both our doctor and nurses. The average duration of each visit is 38 minutes.*



*Services provided. Analysis shows that people attend largely for contraception, STI checkups, pregnancy and gynecology.*

## Quality Improvement

For a number of years Family Planning Welfare NT have been monitoring compliance and improvements by using the Quality Improvement Council (QIC) Health and Community Services Standards. The latest edition 7 was released during October 2017.

We continued to undertake quality assurance client surveys to identify best practice for example:

- Royal Darwin Hospital and FPWNT antenatal maternity shared care partnership client survey.
- Telephone survey's to capture feedback and monitor volume control.
- Education feedback survey's from participants attending professional development education.
- AQTF Learner and Employer education surveys.
- Feedback documentation for all health promotion activities.

*Some comments:*

*Quality of presenters and range of topics is great*

*Bringing our students to the local Coconut Grove clinic FP premises worked so well,*

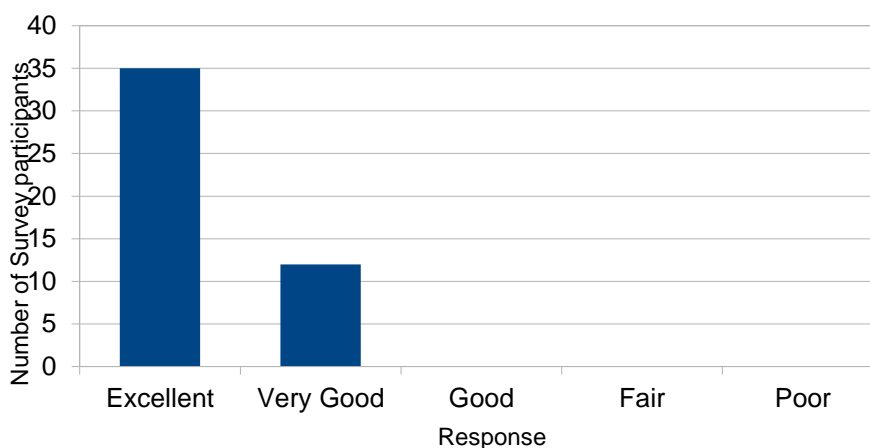
*Great work always exceed my expectations,*

*Doctors are so helpful.*

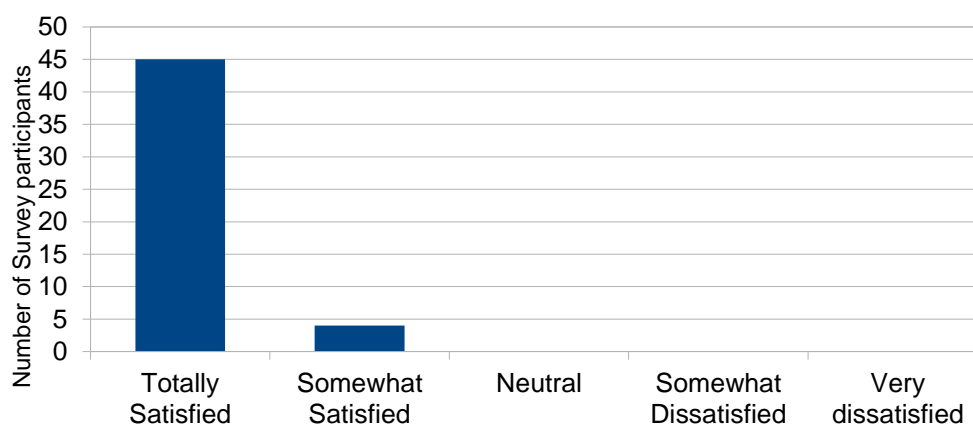
**Website:** On average we have 15,000 visits to our website each year. This year we undertook some minor improvements to the website and have further changes planned in 2019.

A planned **client satisfaction survey** is undertaken each year in August. However, clients are encouraged to provide feedback at any time. (Feedback results from our August 2017 survey)

Was the quality of service you received:



Overall, how satisfied have you been with FPWNT?



**Registered Training Organisation Compliance:** Family Planning Welfare Association NT (RTO #2131) is an accredited training center, granted renewal accreditation from 1/1/2018 to 31/12/2025. To meet the Australian Quality Training Framework standards each course is evaluated by the Department of Health and FPWNT education staff. All documents and assessment tasks are reviewed for continuous improvement.

# Our Staff

Thank you everyone for another wonderful working year of achievements and challenges.

Our staff - Full-time equivalent

<b>Clinic team</b>	includes nurse and medical officers	x	4
<b>Education team</b>	nurse educators	x	1.8
<b>Administration</b>	includes receptionist and administration	x	2.4

## Outsourced Services

Debbie Wilson & Associates (finance) and Territory Technology Solutions (IT)

Photo: Wonderful receptionist PJ and Zoe



## Strategic Plan Summary

### OUR VISION

For all Territorians to enjoy good sexual and reproductive health.

### VALUES THAT GUIDE US

We believe sexual and reproductive health and wellbeing is a fundamental right for individuals and communities.

ORGANISATIONAL VALUES	PRIORITY GROUPS
Non-judgmental	Young people
Open communication	Indigenous people
Confidential and safe	Agencies working with
Affordable	vulnerable peoples
Expert and professional	Education/training healthcare
Flexible access providers	

### OUR STRATEGIC GOALS

Organisational capacity building and governance  
 Targeted programs for priority population groups  
 Education and Training

#### NTG office of Women's Policy Framework for Northern Territory Women 2015 – 2020.

*The Northern Territory Government, through the Women's Health Strategic Unit in the Department of Health recognises the need for policy and program approached that respond to the different requirements of women and men and that some health issues are unique to, more common, or more serious for women. These include **sexual and reproductive health (including family planning)**, child birth and support for parenting, breast and cervical cancer prevention, the profound impact of family and sexual violence, primary care giving, and stress relating to the multiple roles.*

## Summarised Financial Report

The following information is an extract from our 2017/2018 audited Annual Financial Report year ending 30<sup>th</sup> June 2018. A full copy of this report can be found on our website.

### Family Planning Welfare Association of NT Incorporated

#### Income Statement

For the Year Ended 30 June 2018

	Note	2018 \$	2017 \$
Revenue		462,202	327,268
Other income		934,544	851,541
Employee benefits expense		(997,917)	(853,227)
Depreciation and amortisation expense		(8,746)	(16,475)
Other expenses		(412,140)	(346,837)
<b>Operating deficit for the year</b>		<b>(22,057)</b>	<b>(37,730)</b>
Effect of change in accounting policy		95,000	-
		95,000	-
<b>Total surplus for the year</b>	13	<b>72,943</b>	<b>(37,730)</b>

## Family Planning Welfare Association of NT Incorporated

**Balance Sheet**  
**As At 30 June 2018**

	Note	2018 \$	2017 \$
<b>ASSETS</b>			
CURRENT ASSETS			
Cash and cash equivalents	4	344,167	426,550
Trade and other receivables	5	55,272	3,370
Other assets	6	32,597	35,049
TOTAL CURRENT ASSETS		432,036	464,969
NON-CURRENT ASSETS			
Property, plant and equipment	7	9,446	18,193
TOTAL NON-CURRENT ASSETS		9,446	18,193
TOTAL ASSETS		441,482	483,162
<b>LIABILITIES</b>			
CURRENT LIABILITIES			
Trade and other payables	8	100,931	83,154
Borrowings		2,331	2,989
Other financial liabilities	9	10,776	52,893
Short-term provisions	10	-	95,000
Employee benefits	11	151,659	146,284
TOTAL CURRENT LIABILITIES		265,697	380,320
NON-CURRENT LIABILITIES			
TOTAL LIABILITIES		265,697	380,320
NET ASSETS		175,785	102,842
<b>EQUITY</b>			
Reserves	12	95,000	-
Retained earnings	13	80,785	102,842
		175,785	102,842
TOTAL EQUITY		175,785	102,842

The accompanying notes form part of these financial statements.

## Notes to the Financial Statements

### For the Year Ended 30 June 2018

The financial statements cover Family Planning Welfare Association of NT Incorporated as an individual entity. Family Planning Welfare Association of NT Incorporated is a not-for-profit Association incorporated in the Northern Territory under the *Associations Act (NT) 2003 (as modified by Part 3, Division 2 of the Stronger Futures in the Northern Territory Regulations 2013)* ('the Act').

The functional and presentation currency of Family Planning Welfare Association of NT Incorporated is Australian dollars.

Comparatives are consistent with prior years, unless otherwise stated.

#### 1 Basis of Preparation

In the opinion of the Committee of Management, the Association is not a reporting entity since there are unlikely to exist users of the financial statements who are not able to command the preparation of reports tailored so as to satisfy specifically all of their information needs. These special purpose financial statements have been prepared to meet the reporting requirements of the Associations Act (NT) 2003.

The financial statements have been prepared on an accruals basis and are based on historical costs modified, where applicable, by the measurement at fair value of selected non-current assets, financial assets and financial liabilities.

Significant accounting policies adopted in the preparation of these financial statements are presented below and are consistent with prior reporting periods unless otherwise stated.

#### 2 Summary of Significant Accounting Policies

##### (a). Income Tax

The Association is exempt from income tax under Division 50 of the *Income Tax Assessment Act 1997*.

##### (b). Leases

Lease payments for operating leases, where substantially all of the risks and benefits remain with the lessor, are charged as expenses on a straight-line basis over the life of the lease term.

Lease incentives under operating leases are recognised as a liability and amortised on a straight-line basis over the life of the lease term.

##### (c). Revenue and other income

Revenue is recognised when the amount of the revenue can be measured reliably, it is probable that economic benefits associated with the transaction will flow to the Association and specific criteria relating to the type of revenue as noted below, has been satisfied.

Revenue is measured at the fair value of the consideration received or receivable and is presented net of returns, discounts and rebates.

**Grant revenue**

Grant revenue is recognised in the income statement when the entity obtains control of the grant, it is probable that the economic benefits gained from the grant will flow to the entity and the amount of the grant can be measured reliably.

Government grants are recognised at fair value where there is reasonable assurance that the grant will be received and all grant conditions will be met. Grants relating to asset and expenditure items that are required to be expended on those specific items or refunded to the relevant funding body are recognised as income over the periods necessary to match the grant to the costs they are compensating or the assets they are acquiring.

Any unexpended balance remaining at the end of the reporting period is disclosed as a liability in the statement of financial position.

**Interest revenue**

Interest is recognised using the effective interest method.

**Rendering of services**

Revenue in relation to rendering of services is recognised depending on whether the outcome of the services can be estimated reliably. If the outcome can be estimated reliably then the stage of completion of the services is used to determine the appropriate level of revenue to be recognised in the period.

If the outcome cannot be reliably estimated then revenue is recognised to the extent of expenses recognised that are recoverable.

**Subscriptions**

Revenue from the provision of membership subscriptions is recognised on receipt during the financial year.

**Other income**

Other income is recognised on an accruals basis when the Association is entitled to it.

**(d). Goods and services tax (GST)**

Revenue, expenses and assets are recognised net of the amount of goods and services tax (GST), except where the amount of GST incurred is not recoverable from the Australian Taxation Office (ATO).

Receivables and payable are stated inclusive of GST.

**(e). Property, plant and equipment**

The committee have adopted a capitalisation threshold of \$5,000. All capital items acquired below this value will be immediately expensed in the income statement. This policy was initially adopted to ensure consistency with the capitalisation policy of the Northern Territory Government (NTG), being the major funding body of the Association. It is acknowledged that the NTG threshold has subsequently been increased to \$10,000, however the committee are of the opinion that this limit is not considered appropriate at this stage.

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

Leasehold improvements are amortised over the shorter of either the unexpired period of the lease or the estimated useful lives of the improvements.

**(d). Property, plant and equipment**

Items of property, plant and equipment acquired for nil or nominal consideration have been recorded at the acquisition date fair value.

**Depreciation**

Property, plant and equipment, excluding freehold land, is depreciated on a straight-line basis over the assets useful life to the Association, commencing when the asset is ready for use.

**(f). Cash and cash equivalents**

Cash and cash equivalents comprises cash on hand, demand deposits and short-term investments which are readily convertible to known amounts of cash and which are subject to an insignificant risk of change in value.

**(g). Employee benefits**

Provision is made for the Association's liability for employee benefits arising from services rendered by employees to the end of the reporting period. Employee benefits that are expected to be wholly settled within one year have been measured at the amounts expected to be paid when the liability is settled.

**(h). Provisions**

Provisions are recognised when the Association has a legal or constructive obligation, as a result of past events, for which it is probable that an outflow of economic benefits will result and that outflow can be reliably measured.

Provisions are measured at the present value of management's best estimate of the outflow required to settle the obligation at the end of the reporting period. The discount rate used is a pre-tax rate that reflects current market assessments of the time value of money and the risks specific to the liability. The increase in the provision due to the unwinding of the discount is taken to finance costs in the income statement.

**(i). Going concern**

The financial report has been prepared on a going concern basis. This basis has been adopted on the assumption that the Association will continue to receive sufficient financial support from government agencies to allow the Association to meet its liabilities. Should this support cease, this basis of preparation may no longer be appropriate.

**(j). Change in accounting policy**

The Association changed its accounting policy relating to the recognition of provisions. In previous years the Association had recognised provisions for estimated future operational and capital expenditure as a liability in the financial statements. As these future outlays cannot be reliably measured they do not satisfy the recognition criteria required for disclosure as liabilities in the financial statements. As such, the Association has now disclosed these balances as allocations of accumulated funds through equity reserves, as detailed in note 12.

The aggregate effect of the change in accounting policy on the annual financial statements for the year ended 30 June 2018 is as follows:

- Decrease in provisions liabilities of \$95,000
- Increase in net surplus for the year of \$95,000
- Decrease in retained earnings of \$95,000
- Increase in general reserve of \$95,000

### 3 Revenue and Other Income

	2018 \$	2017 \$
Other Income		
- grants	906,408	779,038
- donations	23,879	11,643
- sundry income	4,257	60,860
	<b>934,544</b>	<b>851,541</b>
	=====	=====

### 4 Cash and Cash Equivalents

	2018 \$	2017 \$
Cash at bank and in hand	231,499	316,550
Short-term deposits	112,668	110,000
	<b>344,167</b>	<b>426,550</b>
	=====	=====

### 5 Trade and Other Receivables

	2018 \$	2017 \$
Trade receivables	55,272	3,370
	<b>55,272</b>	<b>3,370</b>
	=====	=====

### 6 Other Assets

	2018 \$	2017 \$
Prepayments	24,329	26,525
Accrued income	946	1,202
Rental bonds	7,322	7,322
	<b>32,597</b>	<b>35,049</b>
	=====	=====

**7 Property, plant and equipment**

	2018 \$	2017 \$
Plant and equipment		
At Cost	21,178	21,178
Accumulated depreciation	(19,560)	(16,540)
Total plant and equipment	1,618	4,638
Motor vehicles		
At cost	25,450	25,450
Accumulated depreciation	(17,622)	(11,895)
Total motor vehicles	7,828	13,555
	9,446	18,193

**8 Trade and Other Payables**

	2018 \$	2017 \$
Trade payables	54,017	45,337
GST payable	4,136	(1,011)
Sundry payables and accrued expenses	42,779	38,828
	100,932	83,154

**9 Other Financial Liabilities**

	2018 \$	2017 \$
Government grants	9,694	49,420
Income received in advance	1,082	3,473
	10,776	52,893

**10 Provisions**

	2018 \$	2017 \$
Provisions	-	95,000
	-	95,000

**11 Employee Benefits**

	2018	2017
	\$	\$
Provision for annual leave	56,522	56,288
Provision for long service leave	56,081	52,542
Provision for redundancy payments	39,056	37,454
	<u>151,659</u>	<u>146,284</u>

**12 Reserves**

	2018	2017
	\$	\$
<b>General reserve</b>		
Transfers in from retained earnings	95,000	-
	<u>95,000</u>	<u>-</u>

**(a). General reserve**

The general reserve records funds set aside for future operational and capital expenditure of Family Planning Welfare Association of NT Incorporated.

**(b). General reserve dissection**

	2018	2017
	\$	\$
Future ICT replacement	10,000	-
Future motor vehicle replacement	30,000	-
Future leasehold restoration costs	45,000	-
Future legal cost insurance excess	10,000	-
	<u>95,000</u>	<u>-</u>

**13 Retained Earnings**

	2018	2017
	\$	\$
Retained earnings at the beginning of the financial year	102,842	140,572
Surplus for the year	72,943	(37,730)
Transfers out to reserves	(95,000)	-
	<u>80,785</u>	<u>102,842</u>

The End