



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

2022-2023

Providing quality service that promotes reproductive and sexual health.

FPWANT

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Acknowledgements

FPWANT wishes to acknowledge the Larrakia people as the Traditional Owners of the Darwin, Palmerston region and pay our respects to elders past, present and emerging.

We would also like to gratefully acknowledge our members as well as thank the following organisations and individuals for their continued support and financial assistance during the year. We thank the Northern Territory Government -Department of Health Top End Health Services, Territory Families and the Department of the Attorney-General and Justice and Territory Technology Solutions.

Special mention to a number of 'friends of FPWNT' who gave generous donations this year.

Family Planning Welfare Association of the NT Inc. Annual Report 2022– 2023 was presented at the AGM held on 2nd October 2023 in Darwin on behalf of its members, staff and board of management.

Cover photo: FPWANT past and present employees celebrating 50 years of service across the NT.

Family Planning Welfare NT Overview

CELEBRATING our 50th BIRTHDAY

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 FPWANT are guided by the outcomes of the 1994 UN Population Fund (UNFPA) International Conference on Population

and Development (ICPD). FPWANT is a member of the Asia Pacific Alliance.

On 1st 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 three Goals that relate to Family Planning Welfare Association 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.

Management

FPWANT 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 FPWANT policy, and is responsible for governance. All operational matters are the responsibility of the Chief Executive Officer (CEO). The Public Officer for the Association is appointed by the BoM.

Funding

FPWANT is funded by Top End Health Services. FPWANT generates its own income from annual memberships, education fees, donations and project grants.



Board of Management 2022 – 2023

Board Attendance List:

Board	9 th August	7 th Nov AGM	28 th Nov	6 th Feb	6 th March	31 st May
Anne Davis Chair person	✓	✓	✓	✓	✓	✓
Amy Dennison Vice Chair	✓	Resigned 10 th August 2022				
Samantha Chung Secretary	✓	✓	✓	✓	✓	✓
Michael Garrard Board Member	✓	✓	✓	✓	Resigned 7 th February 2023	
Raechel Squires Board Member	Joined 9 th August ✓	X	✓	X	✓	X
Nicole Stephens Board Member				Joined 6 th Feb ✓	✓	✓
Fay Summers Board Member					Joined 19 th April	✓
Robyn Wardle Public Officer	✓	✓	✓	✓	✓	✓

Anne Davis currently manages the Remote Sexual Health Program for Top End Health Service DOH. Anne is a Registered Nurse and 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. Two and a half years after arriving in the Territory Anne left to take up a position of CEO Health Service Manager of a Bush Nursing Hospital in Victoria. On her return to the Territory she was employed as a Senior Project Office to lead the Donovanosis Eradication Project and later she established the first Darwin-based Midwifery Group Practice. Anne has worked in many challenging environments and enjoys working in the area of change management.

Amy Dennison is currently the Executive Director of Environmental Regulation in the Department of Environment, Parks and Water Security. Her current focus is to administer the

Northern Territory's environmental laws and lead programs to improve environmental outcomes in the Northern Territory. Amy has a Bachelor of Environmental Engineering with first class Honours and the University Medal from UNSW, a Bachelor and a Masters of Laws and a Masters in Public Administration from the Harvard Kennedy School of Government. She is currently completing a Masters of Liberal Arts (Sustainability) from the Harvard Extension School.

Samantha Chung Katherine born, Darwin raised, I have a qualification in business management and have nearly completed my Bachelor of Behavioural Science. Having been a previous client at Family Planning NT I am passionate about supporting women's health services. I am currently managing Ruby Gaea Darwin Centre against Sexual Violence, previous to that I was working with the Office for Aboriginal and Torres Strait Islander Health (Cth) and the Federal Court Registry in Darwin.

Michael Garrard is a communications and marketing operations professional with over seven years of experience in the media, entertainment and non-profit sectors. He worked for 4 years in creative licensing and marketing for Universal Music Asia Pacific in Sydney before moving to Darwin to take up a position at News Corp Australia overseeing the rollout and execution of new digital marketing products on the News network. Michael currently manages communications for Jabiru Kabolkmakmen Ltd, a company established by the Northern Territory Government and Gundjeihmi Aboriginal Corporation to progress the repurposing of Jabiru from a mining town to an Indigenous led tourism and government service centre. Michael holds a Bachelor of Digital Media and Multimedia Design from UNSW.

Raechel Squires is an Emergency Management Officer with the Department of Environment, Parks and Water Security. Over the past 20 years she has worked across Australia to help communities recover from natural disasters and build resilience. Currently she is working with Aboriginal communities to build capacity of managing risks to the environment from marine disasters.

Nicole Stephens joined the board in February 2023. Nicole is a registered nurse and education training specialist. Nicole brings experience in auditing RTO's (Registered Training Organisations) and improving community health outcomes.

Fay Summers is a community services professional and Vocational Trainer. Born in Victoria of Lebanese heritage, Fay has worked in Indigenous communities and rural settings in the NT for two decades. Fay brings to FPWANT a multicultural perspective with a strong commitment to social justice and high integrity in the delivery of quality services considering national and Commonwealth standards and appropriate legislation. Fay joined the Board in April 2023.

President's Report



Anne Davis

It is with gratitude and respect that I present the FPWANT President's report 2023.

FPWANT staff and board have delivered a vibrant array of sexual and reproductive health and education services to the public as well as celebrating 50 years in the business serving NT urban and remote communities. Dr Hugh Heggie PSM Northern Territory Administrator welcomed past and present employees to Government House to celebrate and recognise seven employees who have worked for 5 year or more. Family Planning continues to attract staff who have a passion for the work, they stay and enhance services.

Mixed billing was introduced in May 2023. This was to allow for improved cash flow and a sustainable income stream. On the whole it has been well received. There have been a few people who complain as the price to attend the service is now \$30 out of pocket. People everywhere are suffering from price increases to all areas of our lives. The Board and Management do the best they can to be fair and equitable but have the reality of continuing to fund keeping the doors open. Our vulnerable clients continue to receive services free of charge.

Clinical services remain in demand (see clinic report) and throughout this year the staffing has remained stable.

Education programs were successful with a large number of NT clinical staff attending the training courses. There has been an increase in the number of Aboriginal Health Practitioners attending the courses and this has been very good to see.

Two board members resigned this year and I would like to thank Amy Dennison and Michael Garrard for their contribution. We welcomed three new board members – Raechel Squires, Nicole Stephens and Fay Summers. We continue to recruit to the board – succession planning is in process for the CEO who anticipates LSL and retirement in the coming year.

I have sincere gratitude and respect for our specialist nursing staff who will receive a salary increase dated back to August 2022. FPWANT wages are aligned with the NT Government Sector as a retention and recruitment strategy. FPWANT values the opportunity to employ quality staff that are remunerated at parity with Government staff. We continue to attract specialist education volunteers who give their time freely for each of our training days.

Thank you to the medical practitioners that have worked at FPWANT this year and a special thank you to Dr Syahir Soffi our Medical Director, who unfortunately will be resigning early August 2023.

Thank you to our CEO Robyn, administration and reception staff that keep the wheels turning each and every year. You all make the work look easy. We know it is not.

Anne Davis *Chair Board of Management*

Photos: Celebrating 50th Anniversary of FPWNT at Government House.





Treasurer Report

FPWANT is pleased to present the audited financial statement for the year end June 30th, 2023 as prepared by Adam Dohnt (FCA) TDH chartered accountants.

FPWANT generated \$1,561,268 revenue, an increase of \$134,981 from our previous year. The year ended with a loss of (\$43,925).

To ensure financial stability for our future, a mixed billing small co-payment was introduced into our clinical service late May 2023. This new billing system will be reviewed in September 2023.

We continue to be extremely grateful to the Northern Territory Government for continuing our grant funding. All funding agreements will expire 30th June 2024 and conversation for future funding will need to commence early in 2024.

Thank you to all staff who have continued to work within a challenging budget.

Grant Acknowledgement – THANK YOU

FPWANT was successful in gaining a number of NT Government grants this year. We would like to thank the Northern Territory Government Departments for their ongoing support and commitment.

Community Benefit Minor Grant - *Gynaecology clinic couch, Education Smart Board, Clinical equipment, New Photocopier.*

Department of Territory Families, Housing and Communities – *Contraception support*

CEO Report



Welcome to Family Planning Welfare Association of the NT (FPWANT) Incorporated 2022 to 2023 annual report, highlighting our year. The recruitment and training of our workforce to deliver clinical services in a safe environment continued to be a priority for us. FPWANT is recognized highly for its workforce support and we ensure our workforce is trained appropriately.

This year the challenge was to balance a deficit budget whilst trying to improve access and affordability for clients. We were successful in gaining some funding to support free contraception for vulnerable clients which is so valued.

Our long term economic stability and advocacy is to ensure reproductive health services is inclusive in all National and Territory healthcare strategies.

To start the process of supporting economic stability, we made the difficult decision this year of introducing mixed billing into our clinical services. Clients will now pay a small fee to visit our clinics in Darwin and Palmerston. A huge amount of work was undertaken prior to the commencement of this new fee paying system in May 2023 and I would like to thank all our staff for their help and support. I would also like to thank all our clients who have continued to visit our clinics, your ongoing support is overwhelming. The changes we made to our billing practice was timely, when across the Top End General Practices were all introducing a fee paying system and reducing Medicare bulk billing options. Locally, we have only a few GP Medicare bulk billing clinics now available.

We will be undertaking an audit of our billing system in October 2023 and we hope clinic fees will not increase due to the ever rising operational costs. Over the past year operational costs increased significantly ~ 6%, along with salary award increases ~ 5%. The NTG's CPI increase of 1% did not meet the overall rising costs and we found ourselves requesting extra grant funding to support a number of services. This increase in grant funding has helped our budget and we are always thankful for any grant funding we receive.

FPWANT remains a primary member of Family Planning Alliance Australia (FPAA) and we are proud to contribute our time and expertise to current national projects and advocacy campaigns plus data reporting and we are determined that the voices of Territorians are being heard.

In conclusion, a special thank you to the board of management of FPWANT for another supportive year and especially to our chairperson Anne Davis who consistently visits us. A board that focused on governance, policy, legislation, risk and the care of staff. Lastly, thank you once again to the Northern Territory Government for their continued funding support.

Robyn Wardle *Chief Executive Officer*

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

Part-Time: 16 % Casual: 68 %
Full time: 16 %

Employment service: >25 years 11%,
>5 years 26%.

World Abortion Day September 28th



Each year, on September 28th International Safe Abortion Day activists around the world take action for access to safe and legal abortions. FPWANT will continue to speak out and support safe and legal abortions across Australia.

Strategic Plan Summary

OUR VISION

All Territorians enjoy good reproductive and sexual health.

MISSION STATEMENT

Family Planning Welfare NT will advocate for and provide enhanced reproductive and sexual health and wellbeing to all Territorians. This will be achieved through the provision of best practice clinical care and contemporary education and information services.

VALUES

- Pro-Choice – supporting peoples autonomy and right to make decisions in relation to their sexual and reproductive health
- Integrity – maintaining a strong ethical base, being accountable to our stakeholders and being transparent in what we do
- Inclusiveness – respecting and valuing the diversity within our community
- Commitment to excellence – ensuring the highest quality of care in services we provide
- Client centered – placing the rights and dignity of our client at the centre of our work

STRATEGIC DIRECTIONS

- Increase our reach to provide reproductive and sexual health choices
- Supporting decision making for pregnant people dealing with unplanned pregnancy
- Focus on our priority populations
- Provide and promote evidence-based, trauma informed client centred practice
- Advocate for enhanced reproductive and sexual health rights

STRATEGIC GOALS

- Delivering quality clinical services
- Providing education and training to health professionals
- Building our workforce capacity
- Developing a growth strategy to ensure the long-term viability and financial sustainability of our services
- Ensuring effective Governance

PRIORITY POPULATIONS

- Gender and sexuality diverse people in our community
- Young people
- Culturally and linguistically diverse people including newly arrived migrant and refugee people
- Aboriginal and Torres Strait Islander people
- Socio-economically disadvantaged people.

Constitution

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. _____

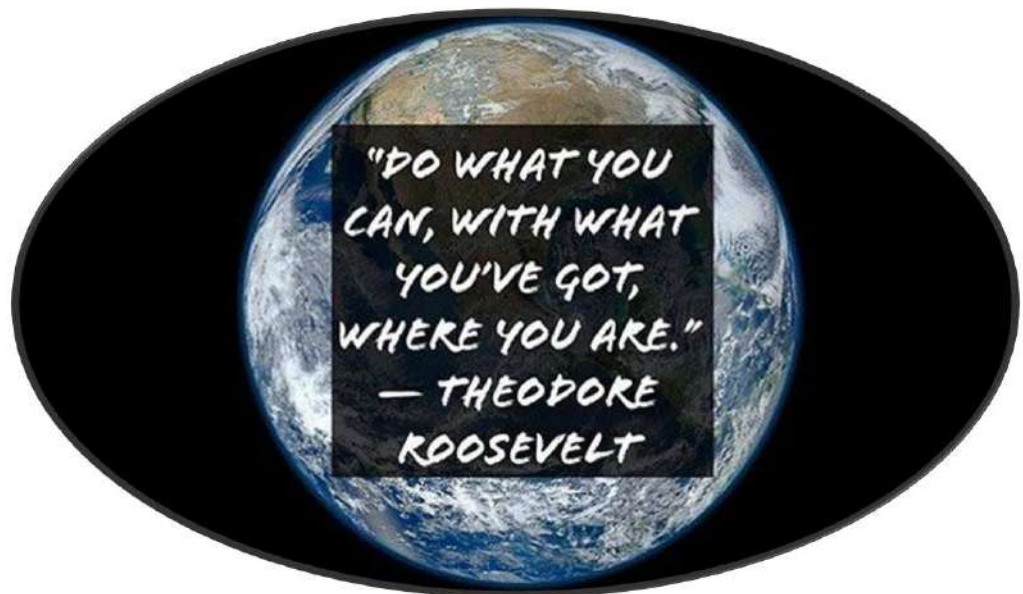
Workforce Development & Community Education Report

Throughout the 2022-2023 financial period Family Planning NT have continued to deliver a range of reproductive and sexual health education opportunities for doctors, nurses, midwives and aboriginal health practitioners as we continued to emerge from the uncertainty and restrictions of the previous two years.

Reflecting on this, I wish to make special mention of Belinda Collins our Administration Officer whose tirelessly efficient work behind the scenes, has facilitated the smooth delivery of our education services against a backdrop of unpredictable and ever-present change during this reporting period and without whom, my job would have been infinitely more difficult. Course registrations rose, fell and rose again throughout the past year in response to the struggles faced by a seriously stretched remote workforce. Belinda's adept juggling of these balls has been nothing short of inspirational.

As always the additional support from both clinical and reception staff continues, particularly during the planning and delivery of Cervical Screening Training and I would like to acknowledge Kirsten Thompson (clinic coordinator), Kerry Reader (head receptionist) and our ever adaptable reception staff, all of whom deserve a noted mention of thanks.

Both the Education Officer and Community Education positions remained vacant for this period.



Registered Training Organisation Status

Family Planning NT (RTO #2131) is an accredited training centre, which continues until its due date for renewal in December 2025. To meet the Australian Quality Training Framework standards each course is evaluated by the DoH and FPWNT education staff. All documents/assessment tasks are reviewed for continuous improvement taking into account feedback received from both course participants and their employers.

RTO compliance requires each year a quality indicator annual summary report to be sent to the Australian Skills Quality Authority (ASQA) which oversees all compliance of training organisations.

Accredited Professional Training

Each year the Northern Territory Department of Health contracts Family Planning NT to organize and deliver Unit HLTAHW027 *Provide information and strategies in sexual health for women* with support from the DoH well women's health educators across various regions. This contractual arrangement will expire June 30th 2024.

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* are part of the Aboriginal Health Practitioners National health training package modules. All training courses offered by FPWANT are supported by Aboriginal & Torres Strait Islander cultural advisors.

Delivery of Unit HLTAHW027 *Provide information and strategies in sexual health for women* was significantly curtailed this financial period with the planned delivery of 4 courses (one in Alice Springs and three in Darwin) reduced to two courses in Darwin only and the rescheduling of the remote course in Alice Springs to October 2022 due to the ongoing impact of pandemic related health workforce issues in Central Australia.

In January 2023 all Units in the National Health training packages were updated. The new Unit equivalent will be *HLTASXH002 Promote women's sexual health*. The major difference is the increased level of sexually transmitted infection information to be delivered. This change over will be finalised by November 2023.

We had no requests for the unit HLTAHW026 and therefore no delivery this year.

Table 1: Course location and registration numbers:

UNIT LOCATION & DATE	NURSES/ MIDWIVES	ABORIGINAL HEALTH PRACTITIONERS	TOTAL S
DARWIN July 2022	10	-	10
ALICE SPRINGS Oct 2022	7	-	7
DARWIN Nov 2022	16	-	16
DARWIN Mar 2023	11	5	16
ALICE SPRINGS May 2023	11	-	11

Table 2: Geographical catchment of registrants:

COURSE ATTENDEES GEOGRAPHICAL CATCHMENT
Darwin, Katherine, Galiwink'u, Milingimbi, Wadeye, Adelaide River, Yirrkala, Alice Springs, Wurramiyanga, Alyangula, Ramingining, Jabiru, Elliott, Ali Curung, Yuendumu, Angurugu, Nhulunbuy, Papunya, Mt Liebig, Harts Range, Queensland.



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 last delivered in Darwin in 2017.

As a nationally recognized and RACGP/RANZCOG endorsed curriculum this course has been delivered in-person over five days, attendance at the course requiring availability of leave from the workplace, something that has become increasingly difficult for potential participants over recent years. With initial indications suggesting this would again impact registration numbers, the decision was made not to offer the course for the current reporting period.

The option exists for doctors interested in pursuing the qualification to attend the theory component of the course through Family Planning elsewhere in Australia and to subsequently complete the clinical component of the qualification at Family Planning NT.

Three clinicians took up the option to complete their clinical training here, two of those being FPWNT staff.

The Certificate in Reproductive and Sexual Health for Nurses was delivered in June 2023 with 7 course participants five of whom were, at the time of attendance, employed in remote communities. This five day theory course comprises of topics such as contraception choices, pregnancy options including abortion, ageing and sexuality, sex and the law, disability sexuality, men's health, adolescent health, consent and relationships and menopause.



NT Health Education Workforce

Demand remains high for Implanon NXT training, especially from registered nurses and midwives working for the Northern Territory Government. Each two hour face to face workshop provides both theory and clinical simulated practice and was run within the Well Women's Health courses (WWHU) both in Darwin and Alice Springs. Two additional face to face training sessions were delivered in Nhulunbuy and three others to GPs and medical students within the Darwin catchment.

FPWNT has also continued working in collaboration with the Department of Health to deliver Implanon NXT training modules for registered Nurses, Midwives, Doctors and Aboriginal Health Practitioners via the NTG's My Learning education platform. Uptake has

been slow in the initial stages with 2 clinicians having completed both the theory and clinical components. It is anticipated that these numbers will increase as awareness of the training's availability to non NTG employees becomes more widely publicized.

In total 89 clinicians were trained in Implanon NXT insertion during this financial year. In October, our Medical Director travelled to Alice Springs to deliver IUD training to three GPs from Central Australian Aboriginal Congress (CAAC) with additional training delivered to three other clinicians including two FPWNT staff.

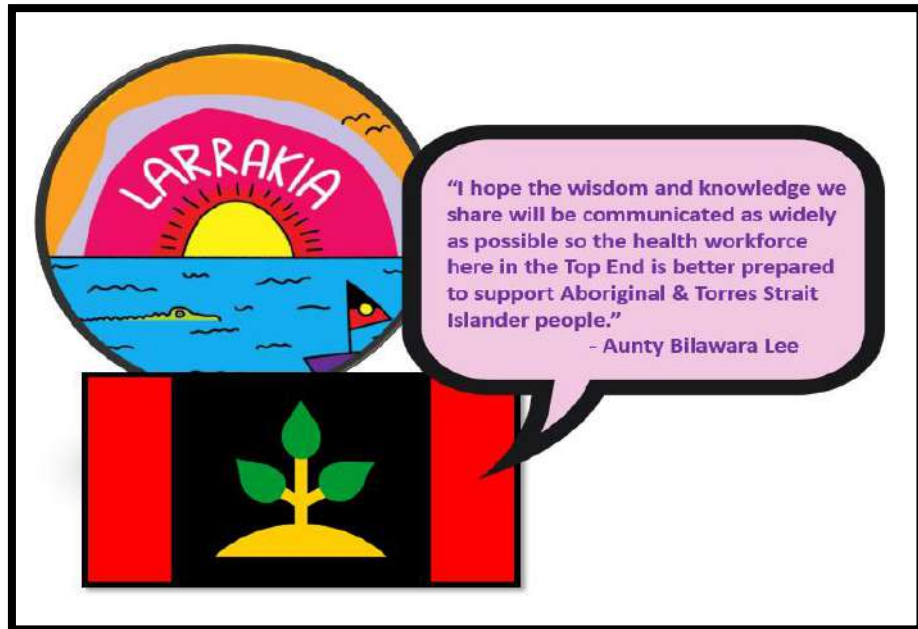


Community Health Promotion

The delivery of Community Education has been impacted by workforce capacity again this year.

With school and community based events gradually emerging from Covid restrictions, requests for Health Promotion and education sessions indicated an upward trend towards the end of the financial year however delivery dates have not fallen within this period. It is hoped that with the recent employment of an additional educator, capacity to deliver community based education sessions will be greatly increased above where it has been over recent years.

In May we took delivery of a new audio visual system in our training room which will in turn increase our capacity to deliver educational material, courses and training days to a wider remote audience.



FPWANT Workforce

FPWNT has seen a number of staff comings and goings this reporting year as we have all worked together to navigate the considerable workforce and workplace adaptations that have been dictated by an unpredictable health landscape. Adaptability has certainly been the name of the game and we have been extremely fortunate yet again to have had a resilient collection of good humored health professionals to rely on when the going got tough.

In conclusion, a huge thank you to all our colleagues, networkers and partners for their ongoing support and assistance over what has proven to be an enduring period of change and enforced adaptability.

FPWNT would like to make special mention of the Department of Health for their continued endorsement of our training programmes for the health sector.

Women's Health Educators Maggi Copeman and Leonie Conn deserve special mention at this point. Both have been hands on supporters of the training courses delivered to Nurse, Midwives and Aboriginal Health Practitioners for over ten years and have shared of their time and expertise unreservedly. We wish them well on their new adventures.

From the perspective of our fifty years delivering quality reproductive and sexual health education in the Northern Territory, we look forward with optimism to growing our team and with it, our capacity to extend further our educational reach into the next fifty.

Maari Gray *Education Manager*





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

Our staff – Full-time equipment (FTE)

Clinic team	includes nurses and medical officers	x 3.8
Education team	nurse educators	x 1.2
Administration	includes reception employees	x 4.3

Outsourced Services

Debbie Wilson & Associates (Finance), Territory Technology Solutions (IT)

FPWANT Calendar Events

2022

July 3rd to 10th	NAIDOC week
July 11 th	World Population Day
July 28 th	World Hepatitis Day
September 1 st	Prostate Cancer Awareness Month
September	Sexual Health Awareness Week
September 5 th to 11 th	Women's Health Week
September 8 th	R U OK Day
September 26 th	World Contraception Day
September 28 th	International Safe Abortion Day
October	Breast Cancer Awareness month
October	Reclaim the Night March NT
November	Cervical Cancer Awareness
December 1 st	World Aids Day
December 6 th	White Ribbon Day

2023

February 14 th	National Condom Day
February	Ovarian Cancer Awareness Month
March 3 rd	Sex worker rights day
March 8 th	International Women's Day
March 21 st	Harmony Day
March 31 st	Trans Visibility Day
April	Sexual Assault Awareness Month
April	Youth Week
May	Domestic and Family Violence Prevention Month
May	Mental Health Awareness
May 17 th	International Day against Homophobia, Biphobia and Transphobia
May 21 st	International AIDS Candlelight Memorial
June 15 th	Men's Health Week
June	Pride Month

Reception Report

Thank you to our dedicated *reception team* who have supported the organisation and have worked through a number of challenges this year. Reception workload varies from facilitating 941 clinics this year, answer/transferring phone calls, distribute and collect internal surveys, banking, Medicare claims, updating pamphlets and more.

The introduction of mixed billing into our clinical services was a huge undertaking in May. Training and understanding the new billing system was difficult at times. We saw a number of clients distressed with having to pay a small fee for our services however, the majority of clients understood the reason behind this necessary change.

A number of our specialised services such as pregnancy choices, continue to be a huge amount of work for reception staff and this work is underestimated. Anxious and nervous clients attend our clinics every day and reception staff being the frontline face of Family Planning provides reassurance and offers a calm environment. Managing aggressive client behavior is always challenging and our staff understand.

We have seen both the Darwin and Palmerston clinic continue to grow in demand whilst our workforce consisting of part-time and casual staff only equal 2.7 FTE. Our Palmerston clinic is open twice a week and is located approximately 20kms from Darwin City with a population around 34,000. A younger clientele visit our clinical service in Palmerston. We would like to thank once again Breast Screen NT for our partnership in sharing the Palmerston clinical premises.

Each month we continued to share with the public a specific health issue via our presentation display boards in our Coconut Grove premises. Unfortunately, we don't have access to display boards in our Palmerston clinic, we can only provide posters and pamphlets. This year our key health messages were: gender diversity, contraception choices, sexually transmitted infections, breast cancer and HIV/Aids. Displays concerning our new mixed billing system and donations were also visible. We also used our creative talent to ensure all our clients were aware we are celebrating our 50th anniversary in 2023. FPWANT opened doors to the public during 1973.

It is always pleasing when we receive positive feedback from our clients in regard to our clinical service. Our yearly client satisfaction survey had comments such as lovely environment, grace, friendliness and professionalism written. The majority of survey

responses mentioned they value having access to quality and nonjudgmental staff. They also said confidentiality is extremely important.

We have continued to have around 8% of our clients 'did not arrive' (DNA). This certainly impacts on our revenue.

Our reception workforce had a number of changes this year. We said farewell to Christine who moved home to Germany with her family. Elyce left to continue her nursing studies, Claire returned home to Victoria and Miranda left for Brisbane to take up a graduate nursing placement. Thank you everyone for your hard work, support and dedication to family planning NT. We have now welcomed to our team Khalia, Jenna and Tarniyah and welcomed the return of Valerie. One of our longest serving receptionist PetaJane, is currently enjoying long service leave.

In conclusion, another big thank you to all our past and current reception staff for your hard work and flexibility through the challenges and changes of the last twelve months. I look forward to working with you all in the next year.

Kerry Reader *Reception Manager*

Photos: October 2022 Farewell to Claire



and to Dr Kate and RN Miranda

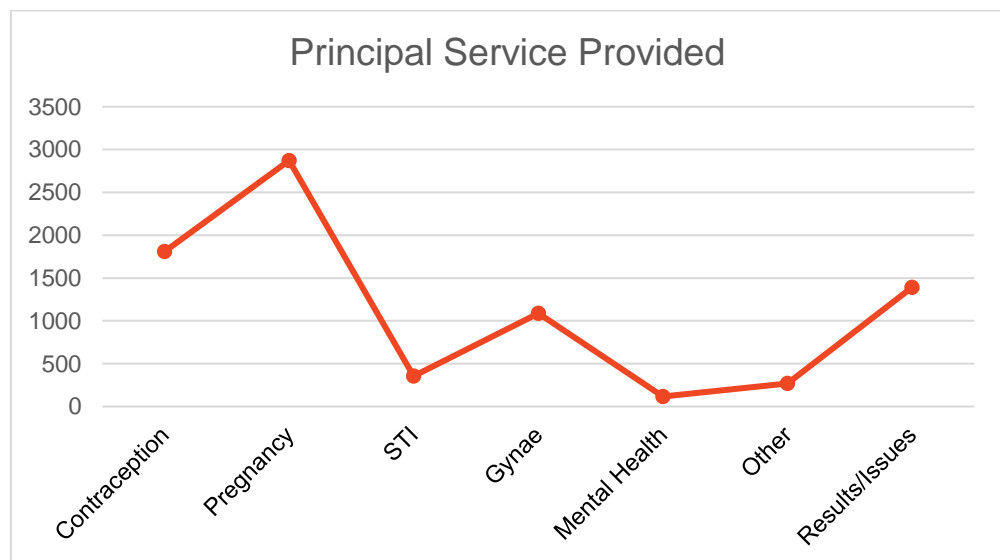


Clinic Report

We would like to begin our report by thanking all staff. We welcomed our General Practice Registrar Dr Monica Mu, and Dr Rowan Kelly returned to us from maternity leave. We said farewell to Dr Kate Roberts who returned to Sydney, Dr Sophia Scrimgeour who joined *Medecins Sans Frontieres* working in the Ukraine and Registered Nurse Miranda Jan who moved to Brisbane to commence a graduate nursing placement.

Thank you to all who have left us and to all of our current staff. We are a fantastic team and will continue to provide an excellent service due to the diligence and dedication of our team.

Over the past year, 14,262 healthcare services were provided by Family Planning Welfare Association NT, from a total of 5,792 clients. The majority of consultations were for pregnancy related services, followed by contraception and gynaecological services. People phoning for results, health information or health concerns or our clinicians undertaking client welfare checks certainly has increased this year.



Clinics were open daily in Coconut Grove Darwin and we continued to hold clinics two days per week in Palmerston, staffed by a doctor, a registered nurse and receptionist. We have continued to see one in four doctor consultations require nursing support.

Our partnership and working relationship with Melaleuca Refugee Service continued this year and we welcomed clients who are new to our country and needing our specialised

services. These clients require time and most need access to professional interpreter services.

The COVID-19 pandemic entered its fourth year and continued to impact our clinical training services. Unfortunately, we were unable to offer many clinical training supervised clinics however, we are hoping to work our way through the training application requests in the 2023/2024 year.

The FPWANT Board of Management made the difficult decision to introduce a mixed billing system into our clinics this year. Due to the rising increases in operational and salary costs, they had no other choice. The change to our billing system commenced in May 2023 and within the first few weeks we had a small number of clients upset about paying any fees. They felt our service should be free. Moving along a few months, all our clients now fully understand the necessary changes and are very supportive.

We continued to utilize telehealth appointments upon request, for clients. We hope the MBS Review Committee permanently approve telehealth for reproductive sexual health consultations. We understand that telehealth consultations for RSH will cease at the end of 2023.

Palmerston Clinic

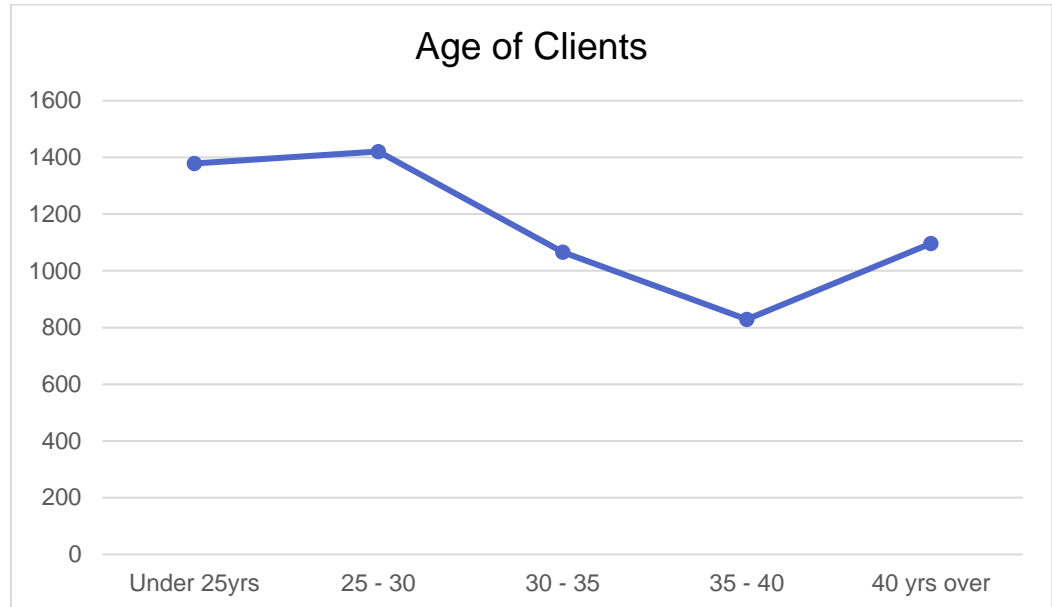
Palmerston is located 20 kilometres South from Darwin and across its region which includes Palmerston, Litchfield and Coomalie the population is around 34,000. Thirty-six per cent of all our clients come from across this region.

We continue to share our Palmerston clinic premises with Breast screen NT. Their generosity is well appreciated and we would like to say a huge thank you to them for allowing us to share this space. Demand is high for reproductive sexual health services in this region.

Priority groups

Twenty-four per cent of our clients were aged under 25, which is a slight decrease from last year's data. This year we were not able to re-commence our young-people-focused Saturday drop-in clinic due to ongoing workforce interest and salary penalty rates.

We continue our work to provide culturally safe clinical services at FPWANT and nine per cent of our clients are Aboriginal and Torres Strait Islander people. We support the clinical training of nurses, midwives, Aboriginal Health Practitioners and doctors who work in Aboriginal Medical Services and remote clinics.



Early medical abortions

FPWANT first commenced offering an early medical termination of pregnancy service in 2017. Over the past six years we have seen a 16% increase in demand across the Top End. This year four hundred and seventy eight women who held Medicare cards requested abortions and were supported by FPWANT. A further eighty three women requested abortions who did not hold a Medicare card and one hundred and twenty eight referrals for women requesting surgical abortions were undertaken.

EMTOP provision and follow up, including management of complications, are closely coordinated by the Pregnancy Options Nurse role. Due to the increase in demand and limited nursing workforce capacity, we employed a part-time registered nurse/midwife who is skilled in reproductive sexual health. We hope to gain extra funding to support and recognize this new position in the future. Regardless if we are successful in gaining extra funding, it is a privilege to provide this much-needed service to women in the Northern Territory. Each EMTOP consultation requires at least two to three hours of clinic time over multiple visits. Our clinic and reception staff have put in a huge effort to continue this ever-growing service and to ensure the client's journey is not complicated.

Even though mixed billing was introduced in May, we still offer all our EMTOP clientele who hold a valid Medicare card consultations at no cost. Funding is provided to FPWANT by the Northern Territory Government who are committed to publicly fund abortion services in the NT.

Medicare-ineligible clients on temporary visas still face costs upwards of thirteen hundred dollars for an EMTOP.

We have continued to witness clients' post EMTOP having difficulty with buying contraception products and this is a huge concern for us. Thank goodness we were successful in gaining a small grant from the Department of Territory Families, Housing and Communities to assist these clients during the 2023 year.

FPWANT's relationship with the Royal Darwin Palmerston Hospital's early pregnancy service is truly a special one. Thank you to all the staff at the pregnancy options service and in particular Vanessa, the Pregnancy Options Clinical Nurse Consultant, for their ongoing support. We would also like to thank Dr Syahir, who not only is FPWANT's Medical Director but also works at RDPH. We look forward to working with you all next year.

In-clinic education

The intrauterine device (IUD) insertion service remained highly sought after, however, we were only able to offer training to eight doctors this year. Four were GP's three of which were from Alice Springs. The remaining four training doctors were our own in-house employees. IUD insertion training involves an online module, a face-to-face workshop and three supervised clinical sessions in FPNT IUD clinics. We thank Family Planning Australia (FPA) New South Wales, previously known Family Planning New South Wales (FPNSW) for providing us with access to the IUD insertion educational resources used in the training.

The IUD is a very effective form of long-acting reversible contraception (LARC) that many people with contraceptive needs find suitable. It can be used as contraception for up to 5 to 10 years. The hormonal IUD have additional benefits, including the treatment of heavy and painful periods, and can also be used as a component of menopause hormone therapy. Starting on the IUD requires the person to have the IUD inserted into their uterus (i.e. womb). This involves a procedure of IUD insertion, performed by a clinician specifically trained in IUD insertion technique.

FPWANT provided an IUD insertion service in both Coconut Grove and Palmerston to meet high community demand. We provided 492 IUD insertions this year, compared to our previous year of 415 insertions. An average of 41 insertions each month.

Five doctors completed their clinical component of the Family Planning Alliance Australia FPAA Doctors Reproductive and Sexual Health course, having completed the theory component on-line Interstate. Clinical training involves Family Planning clinicians observing and providing feedback to the trainee doctor over at least eight clinic sessions.

General

In addition to early medication abortions and IUD insertions, FPWANT also provided a whole range of reproductive sexual health services, including contraceptive counselling and provision; cervical screening tests (CST); menstrual management; menopause healthcare; sexually transmitted infection screening and management; sexual health consultations; and early pregnancy consultations.

The National Cervical Screening Program announced that beginning July 2022, self-collection of CST are eligible to all clients who are due for their 5-yearly screening. Prior to this, self-collection was only available under Medicare to under-screened and never screened clients. We have now introduced CST self-collection into our practice however, the majority of our clients are requesting CST by examination. In June 2023 we were asked to partner with NT Cancer Council to support CST self-collection clinics for women in Katherine. The NT Cancer Council organised all the communication/media releases and asked women from across the Big Rivers region to attend. One of our senior registered nurses travelled and worked in Katherine for a week to support this campaign. Big Rivers covers over 360,000 square kilometers and is an area bigger than Germany. Katherine is situated 320 kilometers southeast of Darwin and is the fourth largest town in the NT with an urban population of approximately 6,500 people.

Quality Improvement

Our Clinical Advisory Group comprising of our medical director, senior nurse and senior receptionist continue to meet regularly to monitor clinical guidelines, protocols and governing standards.

Kirsten Thompson *Pregnancy Option Nurse*

Robyn Wardle *CEO*

Comments from our clientele:

Friendly staff, happy smiling place, comfortable service, great doctors, reception staff welcoming, very informed, stress free.

Quality Improvement

Telephone Survey: Three times each year we conduct an internal telephone survey to understand the volume of calls we receive. Facilitated by our reception team, this year we received approximately 18,950 calls, compared to our previous year of 12,500 calls.

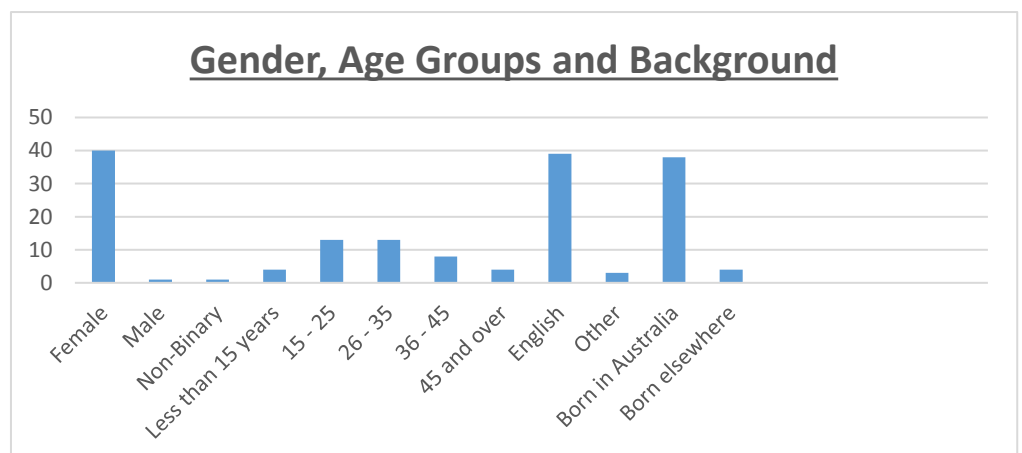
The majority of calls were for clinic appointments and pregnancy support services.

Unfortunately, our reception team are still experiencing aggressive behavior over the phone. We do understand people's concern and anxiety however, this should not be tolerated. We have reviewed our policy and are trying to gain extra funding for professional development and support measures.

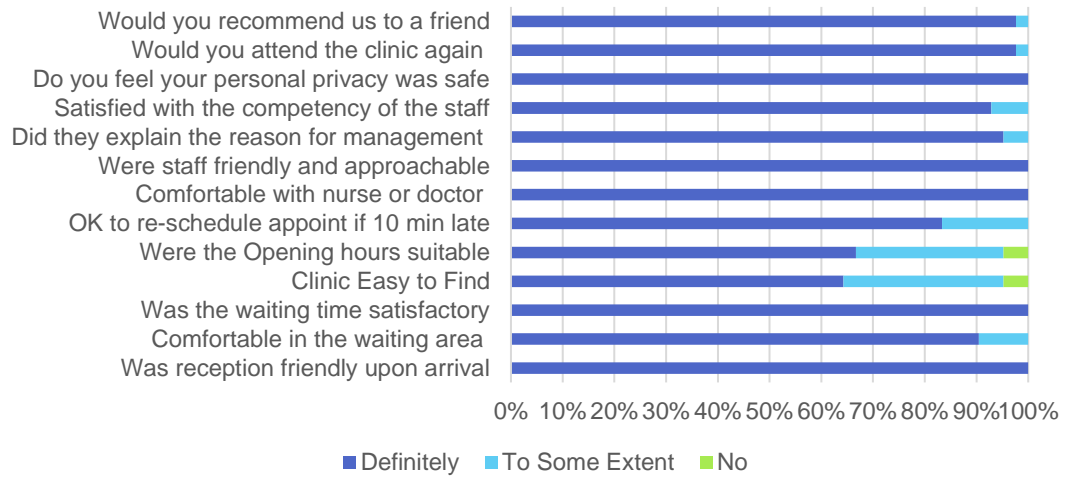
Website: The majority of visitors to our website are looking for clinical information. Our website is updated by internal staff when required.

Client satisfaction survey results: In August each year we undertake our client satisfaction survey managed by our reception team in both clinic locations, Coconut Grove and Palmerston.

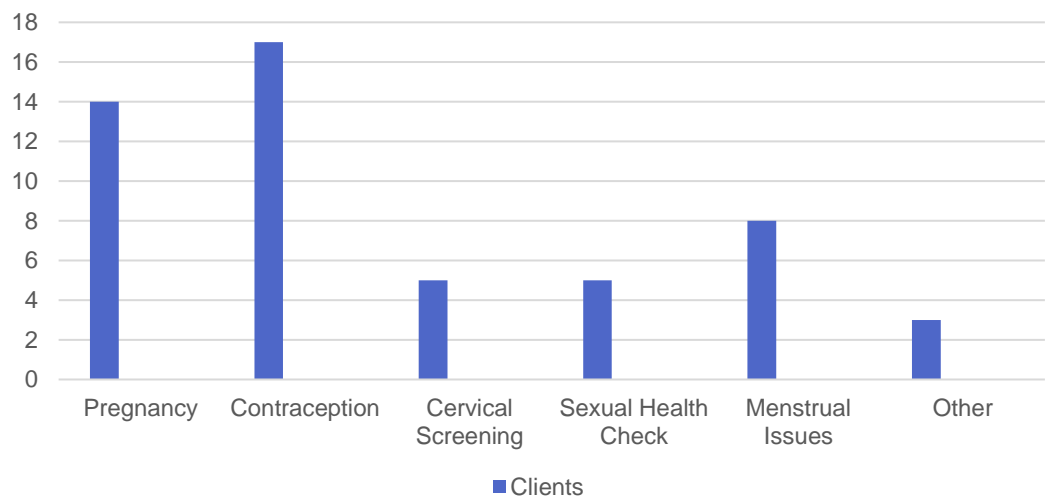
The number of surveys completed really does depend on our reception team remembering to ask clients if they would like to complete it. In the past we have left surveys on the counter and no one was interested in completing them. A brief snapshot of some of the survey results and demography in September 2022.

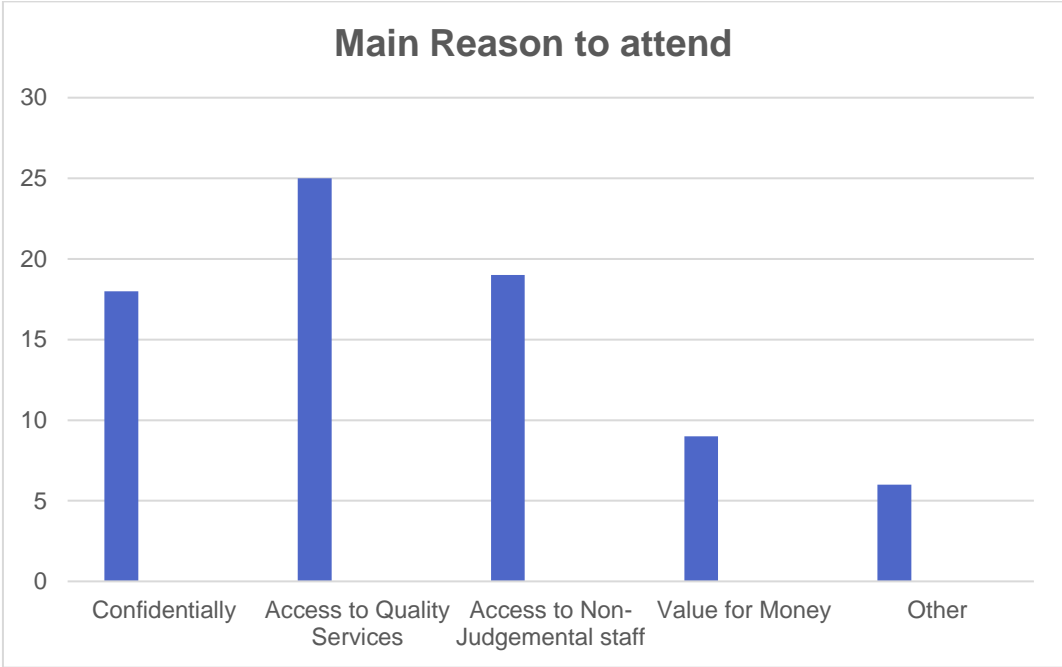


Before Appointment, During Appointment and Clinic Facility Responses



Main Health Issue





Financial report

The following information is an extract from our 2022/2023 audited Annual Financial Report Year ending 30th June 2023.

A full copy of this report can be found on our website: www.fpwnt.com.au

Committee's Report

Statement of Profit or Loss and Other Comprehensive Income

Statement of Financial Position

Statement of Changes in Equity

Notes to the Financial Statement

Family Planning Welfare Association of NT Incorporated

**Committee's Report
30 June 2023**

The committee members present their report on The Family Planning Welfare Association of the NT Incorporated for the financial year ended 30 June 2023.

Committee members

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

Names	Position	Appointed/Resigned
Anne Davis	Chairperson	Member for full year
Amy Dennison	Vice Chair	Resigned 10 August 2022
Samantha Chung	Secretary	Member for full year
Nicole Stephens	Committee member	Appointed 6 February 2023
Fay Summers	Committee member	Appointed 19 April 2023
Raechel Squires	Committee member	Appointed 9 August 2022
Michael Garrard	Committee member	Resigned 7 February 2023
Robyn Wardle	Public Officer	Member for full year

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

Principal activities

The principal activities of the Association during the financial year were:

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

Significant changes

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

Operating result

The loss of the Association for the financial year amounted to \$ (43,925) (2022: \$ (78,760)).

Signed in accordance with a resolution of the Members of the Committee:

Chairperson:
Anne Davis

Secretary:
Samantha Chung

Dated 07 September 2023

Family Planning Welfare Association of NT Incorporated

**Statement of Profit or Loss and Other Comprehensive Income
For the Year Ended 30 June 2023**

	2023	2022
	\$	\$
Revenue	480,517	415,829
Finance income	1,793	69
Other income	1,078,957	1,010,389
Employee benefits expense	(1,144,973)	(1,091,613)
Depreciation and amortisation expense	(116,609)	(109,665)
Other expenses	(317,186)	(284,517)
Finance expenses	<u>(26,424)</u>	<u>(19,252)</u>
Loss for the year	<u>(43,925)</u>	(78,760)
Total comprehensive income for the Year	<u>(43,925)</u>	(78,760)

The accompanying notes form part of these financial statements.

Family Planning Welfare Association of NT Incorporated

Statement of Financial Position
As At 30 June 2023

	Note	2023 \$	2022 \$
ASSETS			
CURRENT ASSETS			
Cash and cash equivalents	5	461,894	437,993
Trade and other receivables	6	22,337	13,343
Other assets	8	32,455	33,143
TOTAL CURRENT ASSETS		516,686	484,479
NON-CURRENT ASSETS			
Property, plant and equipment	7	22,142	9,284
Right-of-use assets	9	287,980	353,407
TOTAL NON-CURRENT ASSETS		310,122	362,691
TOTAL ASSETS		826,808	847,170
LIABILITIES			
CURRENT LIABILITIES			
Trade and other payables	10	90,929	67,169
Borrowings	11	200	917
Lease liabilities	9	92,108	96,539
Employee benefits	12	285,666	248,461
TOTAL CURRENT LIABILITIES		468,903	413,086
NON-CURRENT LIABILITIES			
Lease liabilities	9	237,063	269,317
TOTAL NON-CURRENT LIABILITIES		237,063	269,317
TOTAL LIABILITIES		705,966	682,403
NET ASSETS		120,842	164,767
EQUITY			
Reserves		113,850	113,850
Retained earnings		6,992	50,917
TOTAL EQUITY		120,842	164,767

The accompanying notes form part of these financial statements.

Family Planning Welfare Association of NT Incorporated

Statement of Changes in Equity

For the Year Ended 30 June 2023

2023

	Retained Earnings \$	General Reserve \$	Total \$
Balance at 1 July 2022	50,917	113,850	164,767
Profit for the year	(43,925)	-	(43,925)
Transactions with owners in their capacity as owners			
Balance at 30 June 2023	6,992	113,850	120,842

2022

	Retained Earnings \$	General Reserve \$	Total \$
Balance at 1 July 2021	123,527	120,000	243,527
Loss for the year	(78,760)	-	78,760)
Transactions with owners in their capacity as owners			
Transfers to/from retained earnings from general reserve	6,150	(6,150)	-
Balance at 30 June 2022	50,917	113,850	164,767

The accompanying notes form part of these financial statements.

Notes to the Financial Statements For the Year Ended 30 June 2023

The financial statements cover The Family Planning Welfare Association of the NT Incorporated as an individual entity. The Family Planning Welfare Association of the NT Incorporated is a not-for-profit Association, registered and domiciled in Australia.

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

Comparatives are consistent with prior years, unless otherwise stated.

1 Basis of Preparation

In the opinion of those charged with Governance 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 *Australian Charities and Not-for-profits Commission Act 2012*.

The financial statements have been prepared in accordance with the recognition and measurement requirements of the Australian Accounting Standards and Accounting Interpretations, and the disclosure requirements of AASB 101 *Presentation of Financial Statements*, AASB 107 *Statement of Cash Flows*, AASB 108 *Accounting Policies, Changes in Accounting Estimates and Errors* and AASB 1054 *Australian Additional Disclosures*.

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

2.1. Income Tax

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

2.2. Revenue and other income

Revenue from contracts with customers

The core principle of AASB 15 is that revenue is recognised on a basis that reflects the transfer of promised goods or services to customers at an amount that reflects the consideration the Association expects to receive in exchange for those goods or services. Revenue is recognised by applying a five-step model as follows:

1. Identify the contract with the customer
2. Identify the performance obligations
3. Determine the transaction price
4. Allocate the transaction price to the performance obligations
5. Recognise revenue as and when control of the performance obligations is transferred

Generally the timing of the payment for sale of goods and rendering of services corresponds closely to the timing of satisfaction of the performance obligations, however where there is a difference, it will result in the recognition of a receivable, contract asset or contract liability.

Notes to the Financial Statements For the Year Ended 30 June 2023

2 Summary of Significant Accounting Policies

2.2. Revenue and other income

Revenue from contracts with customers

None of the revenue streams of the Association have any significant financing terms as there is less than 12 months between receipt of funds and satisfaction of performance obligations.

Specific revenue streams

The revenue recognition policies for the principal revenue streams of the Association are:

Grant income

Where grant income arises from an agreement which is enforceable and contains sufficiently specific performance obligations then the revenue is recognised when control of each performance obligations is satisfied.

Each performance obligation is considered to ensure that the revenue recognition reflects the transfer of control and within grant agreements there may be some performance obligations where control transfers at a point in time and others which have continuous transfer of control over the life of the contract.

Where control is transferred over time, generally the input methods being either costs or time incurred are deemed to be the most appropriate methods to reflect the transfer of benefit.

Revenue recognition policy for contracts which are either not enforceable or do not have sufficiently specific performance obligations

The revenue recognition policies for the principal revenue streams of the Association are:

Grant income

Revenue in the scope of AASB 1058 is recognised on receipt unless it relates to a capital grant which satisfies certain criteria, in this case the grant is recognised as the asset is acquired or constructed.

Capital grants

Capital grants received to enable the company to acquire or construct an item of property, plant and equipment to identified specifications which will be under the Association's control and which is enforceable are recognised as revenue as and when the obligation to construct or purchase is completed.

For construction projects, this is generally as the construction progresses in accordance with costs incurred.

For acquisitions of assets, the revenue is recognised when the asset is acquired and controlled by the Association.

Donations

Donations collected, including cash and goods for resale, are recognised as revenue when the Association gains control of the asset.

Notes to the Financial Statements For the Year Ended 30 June 2023

2 Summary of Significant Accounting Policies

2.2. Revenue and other income

Revenue recognition policy for contracts which are either not enforceable or do not have sufficiently specific performance obligations

Clinic services

Revenue from clinic services is recognised when the services rendered have been completed and either billed to the patient or claimed through Medicare.

Other income

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

2.3. 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.

Cash flows in the statement of cash flows are included on a gross basis and the GST component of cash flows arising from investing and financing activities which is recoverable from, or payable to, the taxation authority is classified as operating cash flows.

2.4. 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.

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

Plant and equipment

Plant and equipment are measured using the cost model.

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.

The depreciation rates used for each class of depreciable asset are shown below:

Fixed asset class	Depreciation rate
Plant and Equipment	40.0%
Motor Vehicles	22.5%

At the end of each annual reporting period, the depreciation method, useful life and residual value of each asset

Notes to the Financial Statements For the Year Ended 30 June 2023

2 Summary of Significant Accounting Policies

2.4. Property, plant and equipment

is reviewed. Any revisions are accounted for prospectively as a change in estimate.

2.5. Financial instruments

Financial instruments are recognised initially on the date that the Association becomes party to the contractual provisions of the instrument.

On initial recognition, all financial instruments are measured at fair value plus transaction costs (except for instruments measured at fair value through profit or loss where transaction costs are expensed as incurred).

Financial assets

All recognised financial assets are subsequently measured in their entirety at either amortised cost or fair value, depending on the classification of the financial assets.

Classification

On initial recognition, the Association classifies its financial assets into the following categories, those measured at:

- amortised cost
- fair value through profit or loss - FVTPL
- fair value through other comprehensive income - equity instrument (FVOCI - equity)
- fair value through other comprehensive income - debt investments (FVOCI - debt)

Financial assets are not reclassified subsequent to their initial recognition unless the Association changes its business model for managing financial assets.

Amortised cost

Assets measured at amortised cost are financial assets where:

- the business model is to hold assets to collect contractual cash flows; and
- the contractual terms give rise on specified dates to cash flows that are solely payments of principal and interest on the principal amount outstanding.

The Association's financial assets measured at amortised cost comprise trade and other receivables and cash and cash equivalents in the statement of financial position.

Subsequent to initial recognition, these assets are carried at amortised cost using the effective interest Rate method less provision for impairment.

Interest income, foreign exchange gains or losses and impairment are recognised in profit or loss. Gain or loss on derecognition is recognised in profit or loss.

Notes to the Financial Statements For the Year Ended 30 June 2023

2 Summary of Significant Accounting Policies

2.5. Financial instruments

Financial assets

Fair value through other comprehensive income

Equity instruments

These investments are carried at fair value with changes in fair value recognised in other comprehensive income (financial asset reserve). On disposal any balance in the financial asset reserve is transferred to retained earnings and is not reclassified to profit or loss.

Dividends are recognised as income in profit or loss unless the dividend clearly represents a recovery of part of the cost of the investment. Other net gains and losses are recognised in OCI.

Financial assets through profit or loss

All financial assets not classified as measured at amortised cost or fair value through other comprehensive income as described above are measured at FVTPL.

Net gains or losses, including any interest or dividend income are recognised in profit or loss (refer to hedging accounting policy for derivatives designated as hedging instruments.)

Impairment of financial assets

Impairment of financial assets is recognised on an expected credit loss (ECL) basis for the following assets:

- financial assets measured at amortised cost
- debt investments measured at FVOCI

When determining whether the credit risk of a financial assets has increased significant since initial recognition and when estimating ECL, the Association considers reasonable and supportable information that is relevant and available without undue cost or effort. This includes both quantitative and qualitative information and analysis based on the Association's historical experience and informed credit assessment and including forward looking information.

The Association uses the presumption that an asset which is more than 30 days past due has seen a significant increase in credit risk.

The Association uses the presumption that a financial asset is in default when:

- the other party is unlikely to pay its credit obligations to the Association in full, without recourse to the Association to actions such as realising security (if any is held); or
- the financial assets is more than 90 days past due.

Credit losses are measured as the present value of the difference between the cash flows due to the Association in accordance with the contract and the cash flows expected to be received. This is applied using a probability weighted approach.

Notes to the Financial Statements For the Year Ended 30 June 2023

2 Summary of Significant Accounting Policies

2.5. Financial instruments

Financial assets

Trade receivables

Impairment of trade receivables have been determined using the simplified approach in AASB 9 which uses an estimation of lifetime expected credit losses. The Association has determined the probability of non-payment of the receivable and multiplied this by the amount of the expected loss arising from default.

The amount of the impairment is recorded in a separate allowance account with the loss being recognised in finance expense. Once the receivable is determined to be uncollectable then the gross carrying amount is written off against the associated allowance.

Where the Association renegotiates the terms of trade receivables due from certain customers, the new expected cash flows are discounted at the original effective interest rate and any resulting difference to the carrying value is recognised in profit or loss.

Other financial assets measured at amortised cost

Impairment of other financial assets measured at amortised cost are determined using the expected credit loss model in AASB 9. On initial recognition of the asset, an estimate of the expected credit losses for the next 12 months is recognised. Where the asset has experienced significant increase in credit risk then the lifetime losses are estimated and recognised.

Financial liabilities

The Association measures all financial liabilities initially at fair value less transaction costs, subsequently financial liabilities are measured at amortised cost using the effective interest rate method.

The financial liabilities of the Association comprise trade payables, bank and other loans and finance lease liabilities.

2.6. Impairment of non-financial assets

At the end of each reporting period the Association determines whether there is an evidence of an impairment indicator for non-financial assets.

Where an indicator exists and regardless for indefinite life intangible assets and intangible assets not yet available for use, the recoverable amount of the asset is estimated.

Where assets do not operate independently of other assets, the recoverable amount of the relevant cash generating unit (CGU) is estimated.

The recoverable amount of an asset or CGU is the higher of the fair value less costs of disposal and the value in use. Value in use is the present value of the future cash flows expected to be derived from an asset or cash-generating unit.

Where the recoverable amount is less than the carrying amount, an impairment loss is recognised in profit or loss. Reversal indicators are considered in subsequent periods for all assets which have suffered an impairment.

Notes to the Financial Statements For the Year Ended 30 June 2023

2 Summary of Significant Accounting Policies

2.6. Impairment of non-financial assets loss.

2.7. 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.

2.8. Leases

At inception of a contract, the Association assesses whether a lease exists.

Lessee accounting

The non-lease components included in the lease agreement have been separated and are recognised as an expense as incurred.

At the lease commencement, the Association recognises a right-of-use asset and associated lease liability for the lease term. The lease term includes extension periods where the Association believes it is reasonably certain that the option will be exercised.

The right-of-use asset is measured using the cost model where cost on initial recognition comprises of the lease liability, initial direct costs, prepaid lease payments, estimated cost of removal and restoration less any lease incentives received.

The right-of-use asset is depreciated over the lease term on a straight line basis and assessed for impairment in accordance with the impairment of assets accounting policy.

The lease liability is initially measured at the present value of the remaining lease payments at the commencement of the lease. The discount rate is the rate implicit in the lease, however where this cannot be readily determined then the Association's incremental borrowing rate is used.

Subsequent to initial recognition, the lease liability is measured at amortised cost using the effective interest rate method. The lease liability is remeasured whether there is a lease modification, change in estimate of the lease term or index upon which the lease payments are based (e.g. CPI) or a change in the Association's assessment of lease term.

Where the lease liability is remeasured, the right-of-use asset is adjusted to reflect the remeasurement or is recorded in profit or loss if the carrying amount of the right-of-use asset has been reduced to zero.

Exceptions to lease accounting

The Association has elected to apply the exceptions to lease accounting for both short-term leases (i.e. leases with a term of less than or equal to 12 months) and leases of low-value assets. The Association recognises the payments associated with these leases as an expense on a straight-line basis over the lease term.

2.9. 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.

Notes to the Financial Statements For the Year Ended 30 June 2023

2 Summary of Significant Accounting Policies

2.9. Employee benefits

Employee benefits expected to be settled more than one year after the end of the reporting period have been measured at the present value of the estimated future cash outflows to be made for those benefits. In determining the liability, consideration is given to employee wage increases and the probability that the employee may satisfy vesting requirements. Cashflows are discounted using market yields on high quality corporate bond rates incorporating bonds rated AAA or AA by credit agencies, with terms to maturity that match the expected timing of cashflows. Changes in the measurement of the liability are recognised in profit or loss.

2.10. Economic dependence

The Family Planning Welfare Association of the NT Incorporated is dependent on the Federal and Northern Territory Departments of Health for the majority of its revenue used to operate the business. At the date of this report, the committee have no reason to believe this support will not continue into the future.

2.11. Adoption of new and revised accounting standards

The Association has adopted all standards which became effective for the first time at 30 June 2023, the adoption of these standards has not caused any material adjustments to the reported financial position, performance or cash flow of the Association.

3 Critical Accounting Estimates and Judgments

Those charged with governance make estimates and judgements during the preparation of these financial statements regarding assumptions about current and future events affecting transactions and balances.

These estimates and judgements are based on the best information available at the time of preparing the financial statements, however as additional information is known then the actual results may differ from the estimates.

The significant estimates and judgements made have been described below.

Key estimates – receivables

The receivables at reporting date have been reviewed to determine whether there is any objective evidence that any of the receivables are impaired. An impairment provision is included for any receivable where the entire balance is not considered collectible. The impairment provision is based on the best information at the reporting date.

4 Revenue and Other Income

	2023 \$	2022 \$
Other Income		
- donations	67,431	56,407
- grants	1,011,526	953,982
	1,078,957	1,010,389
	1,078,957	1,010,389

Notes to the Financial Statements For the Year Ended 30 June 2023

5 Cash and Cash Equivalents

	2023	2022
	\$	\$
Cash at bank and in hand	354,693	330,937
Short-term deposits	107,201	107,056
	461,894	437,993
	461,894	437,993

6 Trade and Other Receivables

	2023	2022
	\$	\$
CURRENT		
Trade receivables	22,337	13,343
	22,337	13,343
	22,337	13,343

The carrying value of trade receivables is considered a reasonable approximation of fair value due to the short-term nature of the balances.

The maximum exposure to credit risk at the reporting date is the fair value of each class of receivable in the financial statements.

7 Property, plant and equipment

	2023	2022
	\$	\$
Plant and equipment		
At cost	82,400	60,776
Accumulated depreciation	(60,258)	(51,492)
	22,142	9,284
	22,142	9,284

7.1. Movements in carrying amounts of property, plant and equipment

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

	Plant and Equipment	Total
	\$	\$
Year ended 30 June 2023		
Balance at the beginning of year	9,284	9,284
Additions	21,624	21,624
Depreciation expense	(8,766)	(8,766)
	22,142	22,142
Balance at the end of the year	22,142	22,142

Notes to the Financial Statements For the Year Ended 30 June 2023

7 Property, plant and equipment

7.1. Movements in carrying amounts of property, plant and equipment

	Plant and Equipment \$	Total \$
Year ended 30 June 2022		
Balance at the beginning of year	16,385	16,385
Additions	6,025	6,025
Depreciation expense	(13,126)	(13,126)
	-----	-----
Balance at the end of the year	9,284	9,284
	=====	=====

8 Other Assets

	2023 \$	2022 \$
CURRENT		
Prepayments	23,546	25,821
Accrued income	1,587	-
Rental bonds	7,322	7,322
	-----	-----
	32,455	33,143
	=====	=====

9 Right of Use Assets and Leases

Right-of-use assets

	Buildings \$	Total \$
Year ended 30 June 2023		
Balance at beginning of year	353,407	353,407
Depreciation charge	(107,843)	(107,843)
Additions to right-of-use assets	42,416	42,416
	-----	-----
Balance at end of year	287,980	287,980
	=====	=====
	Building \$	Total \$
Year ended 30 June 2022		
Balance at beginning of year	449,946	449,946
Depreciation charge	(96,539)	(96,539)
	-----	-----
Balance at end of year	353,407	353,407
	=====	=====

Lease liabilities

The maturity analysis of lease liabilities based on contractual undiscounted cash flows is shown in the table below:

Notes to the Financial Statements For the Year Ended 30 June 2023

9 Right of Use Assets and Leases

Lease liabilities

				Total	Lease liabilities
	< 1 year	1 - 5 years	> 5 years	undiscounted	included in this
				lease liabilities	Statement Of
	\$	\$	\$	\$	Financial Position
2023					
Lease liabilities	105,525	223,646	-	329,171	329,171

10 Trade and Other Payable

	2023	2022
	\$	\$
CURRENT		
Trade payables	24,313	6,612
GST payable	23,337	18,547
Sundry payables and accrued expenses	25,143	21,352
PAYG withholding payable	18,136	20,658
	90,929	67,169

Trade and other payables are unsecured, non-interest bearing and are normally settled within 30 days. The carrying value of trade and other payables is considered a reasonable approximation of fair value due to the short-term nature of the balances.

11 Borrowings

	2023	2022
	\$	\$
CURRENT		
Unsecured liabilities:		
Credit cards	200	917
	200	917

12 Employee Benefits

	2023	2022
	\$	\$
CURRENT		
Long service leave	148,607	123,098
Provision for employee benefits	137,059	125,363
	285,666	248,461

Notes to the Financial Statements

For the Year Ended 30 June 2023

13 Reserves

13.1. General reserve

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

	2023 \$	2022 \$
Future ICT replacement	10,000	10,000
Communication strategic plan	13,850	20,000
Board governance training	10,000	10,000
Future leasehold restoration costs	65,000	65,000
Future legal cost insurance excess	15,000	15,000
	----- 113,850	----- 120,000
	=====	=====

14 Auditors' Remuneration

	2023 \$	2022 \$
Remuneration of the auditor, TDH Chartered Accountants, for:		
- auditing or reviewing the financial statements	6,800	7,530
	----- 6,800	----- 7,530
	=====	=====

Notes to the Financial Statements For the Year Ended 30 June 2023

15 Cash Flow Information

15.1. Reconciliation of result for the year to cashflows from operating activities

Reconciliation of net income to net cash provided by operating activities:

	2023	2022
	\$	\$
Profit for the year	(43,926)	(78,760)
Cash flows excluded from profit attributable to operating activities		
Non-cash flows in profit:		
- depreciation	116,609	102,551
Changes in assets and liabilities:		
- (increase)/decrease in trade and other receivables	(8,994)	77,121
- (increase)/decrease in prepayments	688	168
- increase/(decrease) in trade and other payables	23,045	(7,937)
- increase/(decrease) in employee benefits	37,205	58,319
Cashflows from operations	<u>124,627</u>	<u>151,462</u>

16 Statutory Information

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

The Family Planning Welfare Association of the NT Incorporated
Clocktower Building
2 Dickward Drive
Coconut Grove NT 0812

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