



Family Planning Welfare Association of the Northern Territory Incorporated Annual Report **2023-2024**

Providing quality service that promotes reproductive and sexual health.

FPWANT

Tel 08 89 48 0144
Fax 08 89 480 626

PO Box 503
Nightcliff NT 0814

www.fpwnt.com.au

Contents

Acknowledgements	1
Family Planning Welfare NT Overview	2
Board of Management 2023 – 2024	5
Chairperson Report	7
50 th Birthday Celebration	10
CEO's Report	16
Treasurer Report	18
Strategic Plan Summary	20
Constitution	21
Workforce Development and Community Education	22
Clinical Service Report	31
Special Purpose Financial Report	42

Acknowledgements

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

We would also like to gratefully acknowledge our members and 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 several 'friends of FPWNT' who gave generous donations this year.

Family Planning Welfare Association of the NT Inc. Annual Report 2023– 2024 was presented at the AGM held on 14th October 2024 in Darwin on behalf of its members, staff and board of management.

Cover photo: Part display at a local Darwin High School

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 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.

Information Display 2023/2024



Board of Management 2023 – 2024

Board Attendance List:

Board Name	8 th August 2023	AGM 2 nd October 2023	19 th Feb 2024	24 th April 2024	3 rd June 2024	24 th June 2024
Anne Davis Chairperson	✓	✓	X	✓	✓	✓
Nicole Stephens	✓	Nomination Proxy to Chair	✓	✓	✓	✓ Resigned 25/06/2024
Samantha Chung Secretary	✓	✓	✓	✓	✓	✓
Raechel Squires Board Member	✓	✓	✓	✓	✓	✓
Fay Summers Board Member	✓	Nomination Proxy to Chair	✓	✓	✓	✓
Robyn Wardle Public Officer	✓	✓	✓	✓	✓	✓

Anne Davis has been living and working in the Northern Territory since 1998. During her time here she has worked for NT Health delivering public health programs in remote Aboriginal Communities particularly in the areas of Women's Health, Sexual and Reproductive Health, chronic disease and Health Service Management. Anne led the Donovanosis Elimination Strategy, as Senior Project Officer established the Midwifery Group Practice (MGP) in the Top End and consulted on the MGP in Central Australia. Anne has strength and experience in change management of organisations and has a passion for establishing programs that improve the lives of Territorians. Anne is currently working as Manager of Cancer Screening Services NT Wide. This includes Breast Screen NT, Bowel Cancer follow up and cervical cancer screening and elimination. Anne has one son aged 18 years and an old dog. Anne intends staying in the Northern Territory until her retirement which will not be soon.

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 have previously managed Ruby Gaea Darwin Centre against Sexual Violence, and

prior to that appointment I was working with the Office for Aboriginal and Torres Strait Islander Health (Cth) and the Federal Court Registry in Darwin.

Raechel Squires is an Emergency Management Officer with the Department of Lands, Planning and Environment. 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. Nicole currently is working for Charles Darwin University. Nicole resigned from the Board of Management in June.

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.

Photo: Catching up after work to farewell Dr Syahir, August 2023. Syahir, Monica, Maari, Rowan, Robyn, Raymun and Jane.



Chairperson Report



Anne Davis

This year I had the pleasure of presenting at Family Planning's 50th year celebrations at Parliament House hosted by the Honorable Natasha Files, Chief Minister of the Northern Territory (NT). Current and previous staff, Robyn Wardle CEO, present staff and past board members attended. Please look for the photos of the event throughout the Annual Report.

I would like to acknowledge and thank two long term staff members who have left us during the year. After 28 years of dedicated service to FPWANT, Kerry Reader Senior Receptionist retired and Kirsten Thompson who managed the Pregnancy Options Clinical Service for 9 years and has now moved on to other employment. The board wish you both well.

CEO Succession Planning commenced this year. This means that on 29th November after a dedicated 38 years' service, our CEO Robyn Wardle is taking a leap into retirement. With her background as Nurse and Midwife Robyn operated as our Education Officer before taking the reins in a senior position as CEO. The staff at FPWANT have planned a farewell, taking place on 7th November. We do know that Robyn will spend some time with her family interstate before returning home to the Territory. We thank Robyn for her dedication in maintaining Family Planning's Registered Training Organisation (RTO) status and improving Sexual and Reproductive Health (S&RH) Services for remote areas, regional and urban Northern Territorians. Through her successful navigation of COVID, Robyn was able to keep our doors open, staff employed all the while maintaining FPWANT accreditation standards. Another

pivotal achievement was successful advocacy that led to legislation for RU486 and growing Pregnancy Options for NT women. Deservedly, Robyn over the years has been recognised and won a variety of awards for her hard work. We wish Robyn well in her retirement.

Looking forward– recruitment for a CEO that meets the requirements, ethos and culture of FPWANT is well underway, the outcome of which will be announced as soon as the process is complete. There will be an opportunity for our new CEO to transition to the role over December, January and February. Robyn will be available to assist the new CEO early in 2025. Thank you to the board members – who have worked on the recruitment panel as Robyn leaves big shoes to fill.

Around the end of May this year there was much uncertainty around NT Government Funding. Robyn and I attended Parliament house to request an increase and a long contract. We had to wait until late July for funds to flow through. Unfortunately, we did not receive an increase in funding however we were given a five year contract for our Core Service Delivery and a one year extension to the Pregnancy Options Program funding now under review. A small Gap fee was introduced for the first time for clinical appointments in May 2023. The transition has gained moderate acceptance. Community Education is recommencing now that we have a part-time educator employed.

It has been a year without adequate representation on the board meaning that sometimes we did not achieve a Quorum for our decisions and meetings. Recruitment for experienced board members is underway. We are hopeful that we will achieve full membership through advertising with NTCOSS, FB, Instagram, and with other NGOs. We welcome applications from these sites.

Through dedication and hard work our education team have trained Remote staff, Medical Practitioners, Aboriginal Health Practitioners, Midwives and Nurses. Their reach has been as far as Alice Springs and Gove and further to remote communities via nursing and medical staff enabling a highly trained and professional workforce to deliver S&RH services.

In May 2018, the WHO Director-General announced a global call for action to Eliminate Cervical Cancer and called for all stakeholders to unite behind this common goal. In August 2020 the World Health Assembly adopted the Global Strategy for Cervical Cancer Elimination. Recently an NT Elimination plan was submitted along with follow up documents to the funders to discuss an implementation plan for the NT. FPWANT Educators and staff have been providing Cervical Screening and education to staff across the NT since their inception and is well placed to contribute massively to the Elimination goal.

Abortion Laws are in the media again after a hard-fought achievement of legalising abortion in each Australian State and Territory. We are very fortunate to have excellent Abortion legislation and systems in the NT providing an environment where “No Women are Left Behind”. FPWANT is fit for purpose in this space. Any change in the law that limits women’s choices would be a retrograde step and advocacy continues to be a very important role of FPWANT.

Anne Davis Chair Board of Management

Photo: Abortion Campaign support Interstate.



Celebrating 50 years of service to the NT during the year 2023**Some of FPWANT Highlights.....****1970's**

The first Family Planning organisation to open in Australia was in Sydney, New South Wales in 1927 and was called Racial Hygiene Center of NSW. In 1960 the name changed to Family Planning Association of Australia. By 1971 Family Planning Organisations were open in ACT, Queensland and Western Australia.

During 1972 one of our local Darwin Doctor Lyn Reid decided the NT needed Family Planning clinics, so after contacting the National office she commenced lobbying.

A public meeting was held in Darwin to formulate a steering committee, and the first inaugural council members would be elected- Dawn Lawrie Member of the NT Legislation, Alderman Dr Ella Stack, Rosemary Jacob, Albert Kuipers, Janice Mills, Dennis Spain, TT Lee, Judy Nicholls, Leslie Vita, Pat Eastick, John Whiteford, Joanna Parish and Dr Lyn Reid. The NT Department of Health is in attendance with Charles Gurd, Pam O'Neil, Dr Brian Reid and Dr John Handcock. A medical committee was soon established, and funding was sourced. (Thank you to this team for your massive achievement in improving reproductive sexual health in the NT.)

The first clinic in Darwin opened in September 1973 at the Health Department clinic in Nightcliff with Dr Lyn Reid, Sister Judith Cooper and receptionist Isa Perry who were all working volunteers.

In 1973 during the Whitlam Government term of office the NT became the only State / Territory to follow South Australia in introducing legislation defining conditions under which abortion could be lawful. Amendments to the criminal law consolidation were enacted in 1974.

Early in 1974 FPNT are successful in gaining funding to open our head office at 42 Stuart Highway and the lease commenced in October 1974. An Administration Secretary is employed.

Alice Springs FP branch is now open.

December 25th 1974 is well documented. The effects of Cyclone Tracy on Family Planning NT were many and varied. Committee members, volunteers and staff were scattered, the office in Stuart Park was used by squatters, furniture stolen, and all clinics ceased operating. Recovery is slow.

A public meeting is held in Nhulunbuy requesting a Family Planning clinic, it opens on 29th March 1976 and is known as the most isolated Family Planning clinic in Australia.

When the NT Government achieves self-government in 1978 the NT Department of Health takes responsibility for all funding to FPNT.

FPNT advocate in 1978 to amend NT legislation to make condoms available through slot machine outlets – they are not successful.

1980's

A client telephone advisory service has opened offering information and support. A clinic in Katherine is now open during 1982.

November 1983 the Darwin office moves to the corner of Packard & Mitchell Street offices and by February 1989 another move to larger premises at the Rapid Creek shopping complex.

In 1985 Family Planning employ an executive officer, Deborah Gough replacing the Administration Secretary and we have an administration officer employed.

In February 1986 FPNT send their head nurse to attend the first piloted National accredited Reproductive Sexual Health Course in Sydney and FP employ Robyn Wardle to it's nursing workforce.

By 1988 we employed an Aboriginal education officer who starts to develop resources for Aboriginal Health Workers in remote communities. "Women's Health Business, Birth Spacing" and "Pap Smear" flip charts and videos are developed.

By 1989 Dr Stephanie Girle is working for us in the position of Medical Director. Why do I mention Stephanie, because she was instrumental in formulating the first accredited course for Family Planning doctors in the NT. Stephanie helped in developing the first FP clinic handbook known as Clinic Guidelines which was in demand by health professionals across the NT.

The 1990's.

One annual report profiles the NT: 25% of our population identify Aboriginal or Torres Strait Islander, 25% of people are born overseas, 50% of the population are single with 120 males to 100 females' ratio, 1 million tourist visit the NT each year, we consume twice as much alcohol per head than anywhere else and 7% of the population are over the age of 60yrs.

Palmerston clinic opens February 1992 and shares the location with the Palmerston Community HealthCare center. In 1993 Dr Valerie Asche a microbiologist, becomes our Patron.

During 1993, FPNT is asked to deliver training to 20 nurses from the Kimberley region WA, funding comes from the Kimberley Regional Health Service. FPNT has become a registered training provider.

In 1995 we achieve funding to work with Family Planning Victoria in designing the Australian version of the Magnel Kit (a contraception resource first developed and distributed by Family Planning Japan) and Mary Jane Overall a local artist, helps us to develop "Cry of the Spirit" a video addressing STD's that was written by Allison Mills.

In 1996 all our clinics undertake research in identifying positive Chlamydia via the 'Tampon Test' in partnership with Latrobe University and we open a monthly reproductive sexual health clinic in the town of Batchelor.

In 1997 we have opened a Men's evening clinic in Rapid Creek Darwin, and we call it "The Knight" clinic. It is busy with men's sexual dysfunction and prior to Viagra.

January 1998 the flooding of Katherine resulted in the complete devastation of our Family Planning clinic. The cost to restart is considerable, however, seven months later we managed to re-open.

June 1998 FPNT is invited by Family Planning China and the Chinese Government to support them in managing how to teach and deliver education and training to minority groups in the Southern districts of China. We were the only organisation to be invited from Australia.

We are invited to the Cook Islands, Tonga, Samoa, Bangkok and the Philippines to deliver comprehensive reproductive sexual health professional training.

By the end of 1999 we have re-located to the larger premises at Unit 2, The Clock Tower Coconut Grove.

The 2000's

September 2000, we open our first youth clinic on Saturday morning for anyone under the age of 25 years.

Devastating news comes in 2001, we need to slice 15% off our budget due to NT Government funding cuts. This will not stop us, we have become masters working within tight budgets.

We have developed a membership database to meet the Association Act rules and set up our first EFTPOS terminals in our clinics. We join forces with the NT School of the Air in offering education services to remote school children.

A few years later we are supporting antenatal classes and providing educational information to the disability sector. A difficult decision is made to close Alice Springs branch due to the decline in clientele and increased costs of service delivery. Alice Springs education would now be supported by the Darwin office fly in fly out education team.

2009 we introduce our first electronic clinic medical management system, this would reduce the use of paper, file storage and save time.

We deliver a Pap smear project both theory and clinical components in Ramingining and Milikapiti and we introduce Health line 1300 # for all people across the NT to call and have reproductive sexual health questions answered by our team of specialised nurses.

The 2010's

In 2010 we sign a partnership agreement with *headspace* in Alice Springs to deliver a reproductive sexual health clinic once a week for young people under the age of 25 years and we open a weekly sexual health clinic at the Bagot Community in Darwin.

During 2010 we employ a male educator to deliver reproductive sexual health education to refugee men and join the Darwin refugee health steering committee.

During 2011, we celebrate three staff members achieving more than 15 years of service to Family Planning. This was the year we re-engaged with NTGPE to support GP registrar training.

Our long term Katherine clinic coordinator, Sue Moran is recognized for her dedication to Family Planning Katherine and wins a National Family Planning Nursing award.

2012 we start the process of advocating to improve and change the 1974 NT Medical Services Abortion Act legislation and success would finally come in 2017.

In 2012 we also saw the end of Medicare rebates for Nurses attending cervical screening and when another NT Government funding cut to our services occurred, we ended our partnership with *head space* in Alice Springs and the Katherine clinic was closed.

Social media and setting up Facebook was in 2013 during our 40th year of service and we commenced education courses at the Batchelor Institute for Aboriginal Health Worker students. In 2015 we are asked to join the National Female Genital Mutilation FGM reference group.

In 2017, we work with an Indonesian non-government organisation and Timor – Leste Ministry of Health. Eight women a number are nurse's, others NGO Directors all travel to Darwin, their objective to strengthen grassroots women's leadership for poverty elimination through the protection and fulfillment of women's sexual reproductive health and rights particularly in rural and urban poor areas across Timor-Leste. We gained AUSAID funding support.

Our campaign to reform the 1974 Medical Services Act ended in 2017 and we commence offering Medical Abortion services in 2017. During this time the NT has a healthcare workforce shortage, and we see ourselves employing our first overseas backpacker. Tomomi Yamamoto is welcomed, a 2nd year nursing student from Japan.

In late 2018 we restructure our Darwin clinic coordinator position and introduce the pregnancy option nurse due to the increasing workload of unplanned pregnancy. In 2019 we are nominated and a finalist in the NT Primary Health Network Administrators Medal, for Primary Health Care.

The 2020's

COVID- 19 pandemic starts to roam the World and is declared a global health emergency. Face masks are worn, everyone learns more about hygiene, vaccinations become mandatory and anyone with a sneeze must stay home. The World Health Organisation declares the pandemic over in May 2023 and we share in the sadness knowing more than 6.9 million people have died. FPNT needs to rethink during this time how we manage business. We downsize our paper usage further and became electronic experts with the introduction of telehealth client appointments.

In 2023, funding continues to be a huge concern for our future and the FPNT Board make the decision to finally introduce a small co-payment fee for all clinic consultations. Our clientele, staff and volunteers support this necessary decision. In 2024, our longest serving employee Robyn Wardle (37 years) will retire and is hoping the future story of FPNT will be continued by someone else other than Robyn....

A selection of 50th celebration photos, held November 2023, Parliament House, Darwin.



CEO Report



Welcome to Family Planning Welfare Association of the NT (FPWANT) Incorporated 2023 to 2024 annual report, highlighting our year and what a year we have had.

Our biggest challenge was to reduce the expected deficit budget whilst trying to improve access and affordability for clients. This was the year all our NTG funding contracts would expire and so we commenced our discussion to increase funding early. Unfortunately, funding conversations would continue well into July and August 2024, leading to a very stressful period for us all. Our long-term economic stability and advocacy is to

ensure reproductive health services are inclusive in all National and Territory healthcare strategies. FPWNT must be recognised in supporting a vital role in our healthcare system.

We have continued to remain 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 national data reporting. We must ensure the voices of Territorians are being heard at a National level.

I would like to thank all our clients who have continued to visit our clinics this year, your ongoing support is overwhelming. The changes we made to our billing practice in May 2023 were necessary and everyone has been very generous. The clinical side of FPWANT remained constant with bookings well in advance of 3 weeks. A priority in 2025 must be to reduce waiting periods in our clinics.

One of our biggest challenges this year was witnessing several staff resignations for various reasons, and we thank those employees for all the work they have undertaken to ensure FPWANT remains a strong organisation and relevant. I would like to take this opportunity to thank a special employee, Kerry Reader, who retired this year in February after providing 28 years of service to FPWANT, her legacy will remain for some time. Kerry joined us in July 1997 as a receptionist in our Rapid Creek office in Darwin. She came from the retail sector, having worked for the previous 7 years in a large clothing chain and becoming the assistant manager. Over the years working with Family Planning NT, Kerry would take on more clinic duties, work longer hours and would eventually become our senior reception manager. We all wish her well in her next adventure.

Whilst several employees left us, this will always mean we welcome new people to the team. I have special mention to Koula Saroglou who had courage to take on Kerry's position reception manager and Maggi Copeman who joined our clinic team in the position of clinic coordinator after our senior nurse Kirsten Thompson left us in January.

I would like to take this opportunity to thank all our staff for managing an incredible year of change. This will be my last annual report that I write, I will be retiring in late November 2024. Having started work at Family Planning NT on March 2nd, 1986, I cannot express the passion and love I have for this organisation and the excellent healthcare service it offers clinically and educationally. The staff are just amazing people, and I will miss their support, guidance and laughter. My career started with a nine-hour week nurse position, then onto delivering education, management, administration and finally ending with the CEO role in 2005. I have had so much fun, thank you for helping me enjoy a wonderful career.

In conclusion, a special thank you to my current board of management of FPWANT for another supportive year and especially to our chairperson Anne Davis. We have a board that focuses on governance, policy, legislation and risk. Having worked with so many board volunteers over the years, thank you everyone for sharing your knowledge, leadership and skills with me.

Robyn Wardle Chief Executive Officer

Left Photo: Catching up with our past employee Dr Sophie (R) who now lives in Adelaide, November.



Right Photo: Board Chair Anne Davis (L) catching up with CEO.



Treasurer Report

FPWANT is pleased to present the audited financial statement for the year end June 30th, 2024, as prepared by Adam Dohnt (FCA) TDH chartered accountants.

FPWANT generated \$1,455,394 revenue, a decrease of \$105,953 from our previous year. The year ended with a loss of (\$13,875).

To ensure financial stability for our future, the mixed billing small co-payment that we introduced into our clinical service late May 2023, will increase in July 2024. Increasing nurse lead clinics have also made an impact to our budget – all clients pay a small fee to visit a nurse.

All funding agreements expire 30th June 2024 and conversation for future funding continues into July 2024. We continue to be extremely grateful to the Northern Territory Government for any funding that will provide a primary healthcare reproductive sexual health service to the people of the NT.

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

Grant Acknowledgement – THANK YOU

FPWANT was successful in gaining NT Government grants this year. We would like to thank the Northern Territory Government Departments for their ongoing support and commitment. Community Benefit Major Grant - *IT Server Upgrade*.

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

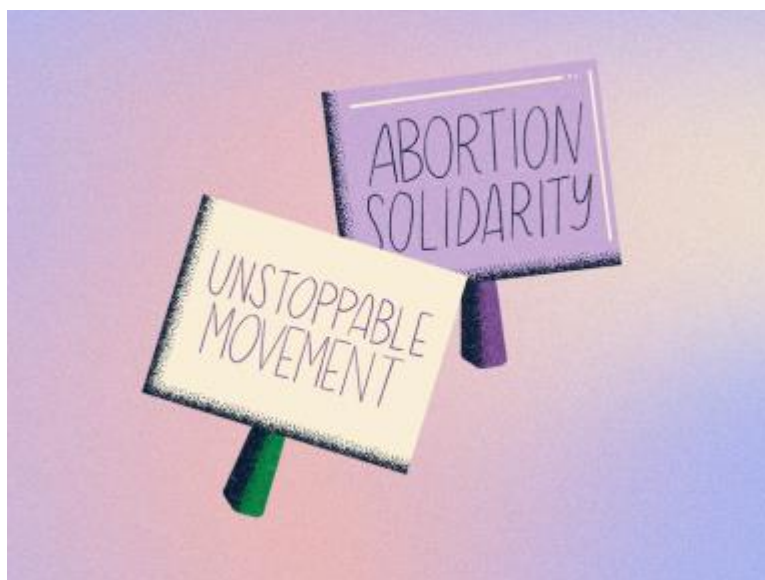
Thank you to everyone for another wonderful working year of achievements.

Our workforce: Part-time 22%, Casual 65%, Fulltime 13%

Employment Service: >7 years 22% , >28 years 9%.

Outsourced Services: Debbie Wilson & Associates (Finance), Territory Technology Solutions (IT).

World Abortion Day September 28th



Each year, on September 28th International Safe Abortion Day activists around the world act 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 people's 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. _____

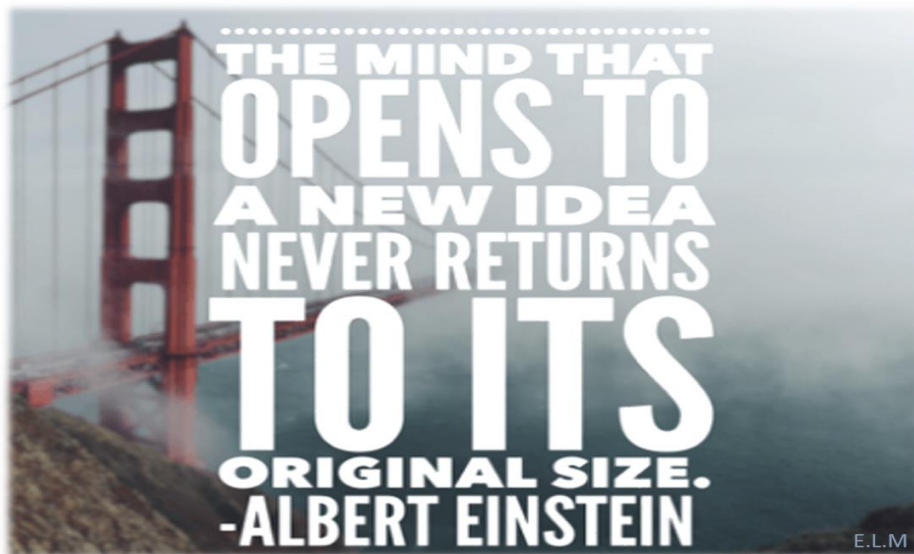
Workforce Development & Community Education Report

Throughout the 2023-2024 financial period, Family Planning NT have continued to deliver a range of sexual and reproductive health education opportunities for doctors, nurses, midwives and aboriginal health practitioners as we continued to emerge from the uncertainty and restrictions of the previous few 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 Maggi Copeman (Clinical Nurse Coordinator), Koula Saroglou (Team Leader Reception) and our ever-adaptable reception staff, all of whom deserve a noted mention of thanks.

In December 2023 we farewelled Rachel Jewell, our Education Officer as she ventured off into the arena of remote sexual health in East Arnhem and in March, we welcomed Laura Main into the position of Community Educator.



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 and assessment tasks are reviewed for continuous improvement, taking into account feedback received from both course participants and their employers.

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

Accredited Professional Training

The two units previously 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, were superseded in December 2023 by HLTASXH Provides Sexual Health for Men and HLTASXH002 Provide Sexual Health for Women with delivery of the new units commencing in March 2024. These two units make up part of the Aboriginal Health Practitioners National health training qualifications. All training courses offered by FPWNT are supported by Aboriginal & Torres Strait Islander Cultural Advisors.

During this reporting period, three courses were delivered in Darwin and one in Nhulunbuy. Registrations across all courses were highest from those practicing in remote settings. Of note was a continuing increase in registrations from both Nurse Practitioners and Aboriginal Health Practitioners (AHPs).

This reflects a continuing focus on the undeniable value AHPs add to a remote clinical setting and has been championed by the current group of DOH Women's Health Educators across the Northern Territory who have advocated for their attendance.

There were no requests for the unit HLTASXH001 Provide Sexual Health for Men and therefore no delivery this reporting year.

Table 1: Course location and registration numbers:

UNIT LOCATION & DATE	NURSES/ MIDWIVES NURSE PRACTITIONERS	ABORIGINAL HEALTH PRACTITIONERS	TOTALS
DARWIN July 2023	3	2	5
DARWIN Nov 2023	12	1	13
DARWIN Mar 2024	14	1	15
NHULUNBUY April 2024	11	-	11
TOTAL	40	4	44

Table 2: Geographical catchment of registrants:

COURSE ATTENDEES' GEOGRAPHICAL CATCHMENT
Darwin, Katherine, Wadeye, Nhulunbuy, Milikapiti, Utopia, Gunbalanya, Laynhapuy Homelands, Harts Range, Timber Creek, Yarralin, Waruwi, Minjilang, Jabiru, Umbakumba, Ampilatwatja, Yirrkala.



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 historically been delivered in-person over five days. As such, attendance at the course has required 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 on 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. One clinician took up the option to complete their clinical training here, and subsequently joined our staff.

The Certificate in Reproductive and Sexual Health for Nurses was delivered in June 2024 with 12 course participants from across a range of urban and remote clinical workplaces.



NT Health Education Workforce

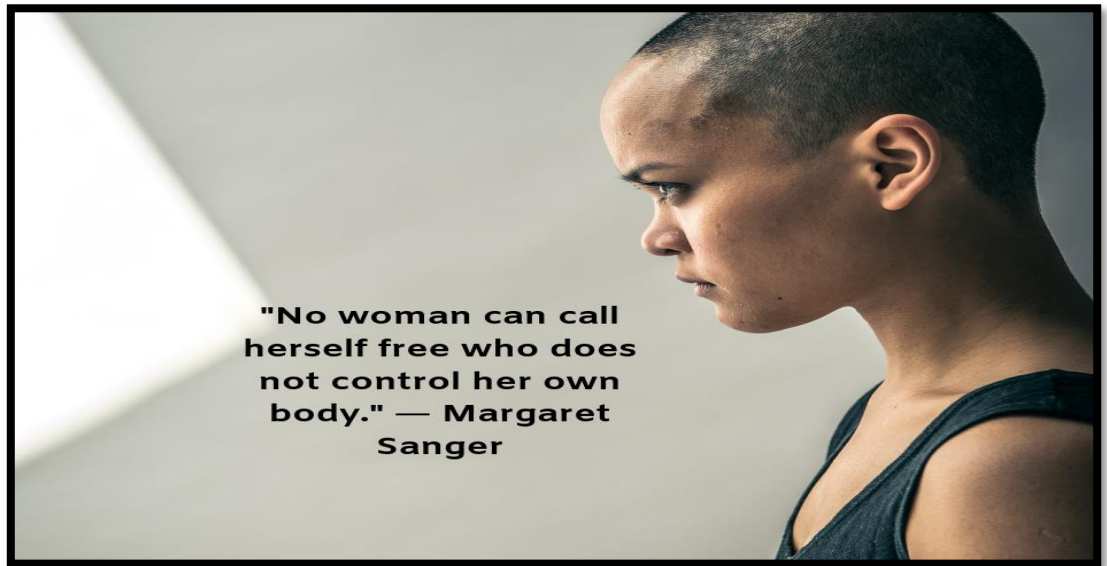
Demand remains high for Implanon NXT training, especially from registered nurses and midwives working for the Northern Territory Government. In November 2023 we updated our delivery of Implanon training within the WWHU courses, changing the theory component to an online module delivered via the NTG MyLearning platform. This module was developed and is updated by both NTG and FPNT who retain the intellectual property rights to the content thus guaranteeing that it meets FPAA standards for delivery. This module is equally available to non NTG employees via the MyLearning platform thus allowing us to deliver it equally to all course participants. Face-to-face simulation sessions are subsequently delivered within the WWHU course followed by further assessment within the workplace. This training was delivered as part of our Darwin and Nhulunbuy courses with three GPs joining the July course to complete the training.

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 MyLearning education platform outside of the WWHU courses.

Two clinicians have completed both the theory and clinical components via Zoom. 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 63 clinicians were trained in Implanon NXT insertion during this financial year.

Our capacity to deliver IUD training was diminished for this reporting period due to trainer availability. One GP was offered training during this time.





Community Health Promotion

The delivery of Community Education has been impacted by staffing again this year. However, we have been gradually increasing capacity with the addition of Rachel Jewel into the Education Officer role until December 2023 and subsequently with Laura Main joining the team as Community Educator in March 2024. Each of these educators has been employed for 8 hours per week.

School and community-based requests for Health Promotion and education sessions indicated a continuing upward trend with education sessions delivered to 1211 student and community members.

In September an MS2STEP update was delivered on site at FPWNT to 11 community clinicians by FPWNT staff.



FPWANT Workforce

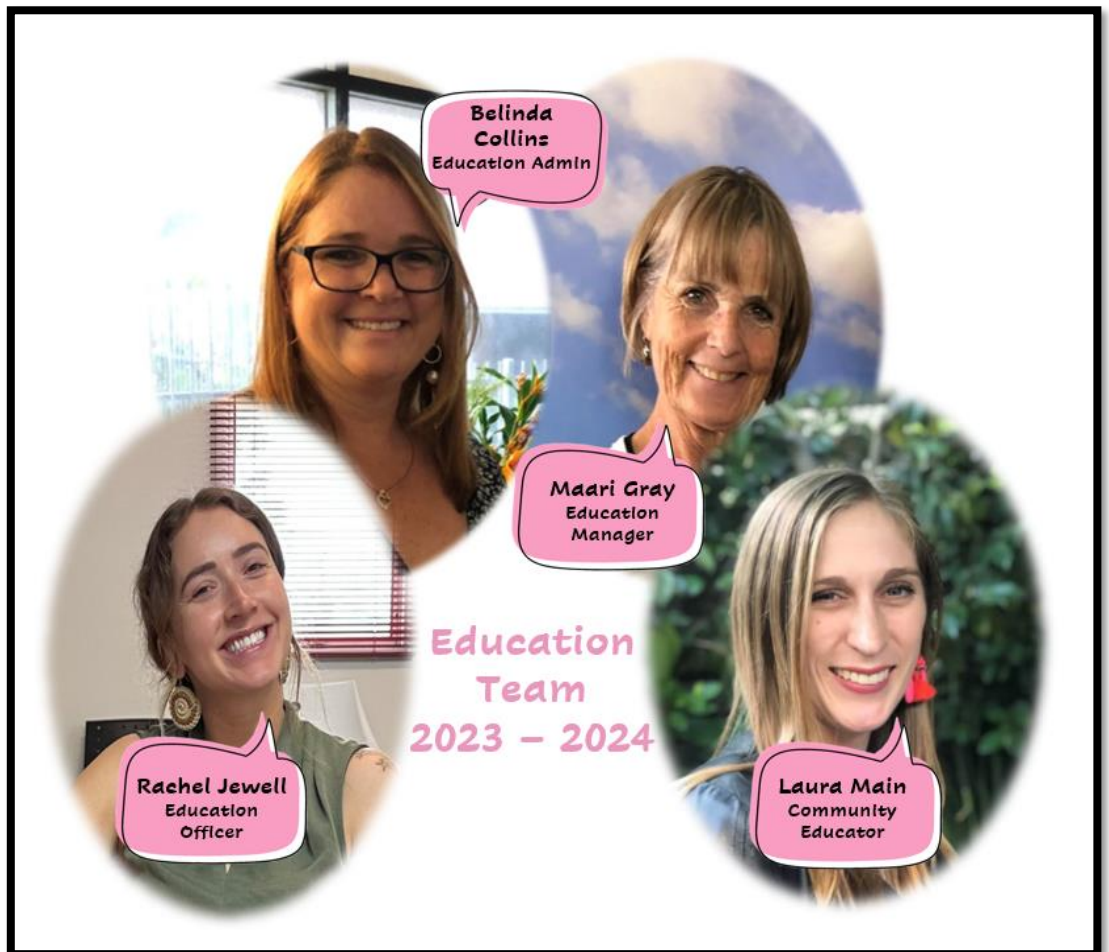
FPWNT has seen several staff coming and goings this reporting year. Of note was the well-deserved retirement of long-standing Head Receptionist Kerry Reader. As a small workforce we have been extremely fortunate yet again to have retained a resilient collection of good, humored health professionals when the going got tough and have since welcomed Maggi Copeman, Koula Saroglou and Laura Main to that fold.

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 Educator Karen Williams also deserves special mention at this point. Karen has been a hands-on supporter of the training courses delivered to Nurses, Midwives and Aboriginal Health Practitioners for over ten years and has shared her time and expertise unreservedly as a presenter and clinical tutor on the WWHU courses in Darwin, Alice Springs and Nhulunbuy.

From the perspective of our over half a century delivering quality reproductive and sexual health education in the Northern Territory, we look forward with optimism to growing both our team and scope of educational reach into the future.

Maari Gray Education Manager



FPWANT Calendar Events		Theme
2023		
July 2 nd to 9 th	NAIDOC week	<i>For Our Elders</i>
July 11 th	World Population Day	<i>Unleashing the power of gender equality</i>
July 28 th	World Hepatitis Day	<i>One Life, One Liver</i>
September	Sexual Health Awareness Week	
September 5 th to 11 th	Women's Health Week	
September 13 th	R U OK Day	<i>I'm Here to Hear</i>
September 26 th	World Contraception Day	<i>The Power of Options</i>
September 28 th	International Safe Abortion Day	<i>Call to Action</i>
October	Breast Cancer Awareness month	
October	Reclaim the Night March NT	
November	Cervical Cancer Awareness	
November	Prostate Cancer Awareness Month	<i>Know Your Risks</i>
December 1 st	World Aids Day	<i>Let Communities Lead</i>
December 6 th	White Ribbon Day	
2024		
February 14 th	National Condom Day	<i>Condoms Are for Everybody</i>
February	Ovarian Cancer Awareness Month	
March 3 rd	Sex worker rights day	
March 8 th	International Women's Day	<i>Inspire Inclusion</i>
March 18 th – 24 th	Harmony Week	<i>Everyone Belongs</i>
March 31 st	Trans Visibility Day	
April	Sexual Assault Awareness Month	
April	Youth Week	<i>Aspire to Inspire Celebrating Territory Spirit</i>
May	Domestic and Family Violence Prevention Month	
May	Mental Health Awareness	<i>Celebrating Our Strengths</i>
May 17 th	International Day against Homophobia, Biphobia and Transphobia	
May 19 th	International AIDS Candlelight Memorial	<i>Remember & Commit</i>
June 10 th - 16 th	Men's Health Week	<i>positive male models</i>
June	Pride Month	

Reception Report

This year was one of change for Reception, as well as being another busy year. One of the biggest adjustments was seeing the retirement of Kerry Reader after 28 years as reception manager. I started in that position at the start of 2024, as we saw work fluctuate due to several nurses and doctors leaving.

Fortunately, we quickly found replacements for nurses and doctors, which saw our work increase steadfast, with demand growing as availability increased. Our clinics are still held in Darwin and Palmerston, whilst preference for Palmerston clinic spots is growing. Our clinic workforce consists of part-time and casual staff equal to 2.2 FTE.

We are now well and truly in our mixed billing era and Reception staff are continuing to learn all about a range of Medicare details, including item numbers, bulk billing issues and gap fees. Our staff have become experts in all billing matters and explaining costs to clients when booking appointments or through phone enquiries. They are also competent in all matters of appointment bookings, scanning and other medical practice matters, as we move the practice to a more paperless-based clinic.

We have continued with appointments for medical terminations, IUD workups and inserts, contraception chats and all the other regular clinic appointments related to reproductive and sexual health services. The workload in relation to medical terminations is a huge bulk of reception work as we take calls, especially when clients cannot wait for a nurse to call them back. Reception is the frontline for these anxious clients, by phone and in person. Our staff have coped excellently in the face of challenges such as calming nervous women down, or sometimes dealing with abusive and aggressive women and their partners. Luckily, we were not faced with too many of the latter during this year.

Receiving positive comments from our regular client satisfaction surveys and verbal positivity about our friendliness and professionalism has made our job that much easier, and we feel acknowledged and seen.

As we said goodbye to Kerry this year, we also farewelled Tarniyah Lee, Khalia Reilly and Katie Authur, and thanked them for all their support. I would like to thank our current reception staff Jenna, Belinda and Val who have supported me in my new role. Thank you for your hard work and flexibility through the changes of the last 12 months.

Koula Saroglou Reception Manager

Clinic Report

The year 2023 to 2024 has seen major changes throughout clinical settings and this annual report timeline has been shared by Robyn Wardle and Maggi Copeman.

Our long serving clinic coordinator/nurse Kirsten Thompson took long service leave from July to October. Kirsten's workload was shared by others across our workforce. I would like to mention and give a special thank you to Rachel Jewell who managed to undertake extra clinical duties during this time. We would say farewell to Kirsten in January and wished her well on her resignation. Kirsten's legacy with FPWNT has been remarkable and her parting words to us all *"I'd like to say thank you to everyone for making working at FPNT such a wonderful experience over the past 10 years. We have made such a great team and have accomplished so much. We should all be proud of our achievements."*

We welcomed a new Doctor to our team in August, Dr Evelyne Cheng and clinics continued to be extremely busy with consultations booked well in advance of three weeks. We have always found school holiday periods difficult to maintain a full workforce due to the number of our colleagues with children and flexibility is required.

Around this time, we said farewell to our Medical Director Dr Syahir Soffi. Syahir managed to update and support all clinical guidelines and strengthen our clinic service delivery over their two years with us. Syahir's voice was heard representing FPWNT at the National level and we thank Syahir for being a part of the team. Prior to Syahir's farewell they designed an excel spreadsheet to monitor our intrauterine device (IUCD) procedures. This data spreadsheet would assist with our quality control measures. It is pleasing to see senior staff represent FPWNT at various National and Territory meetings, providing knowledge, expertise and advocating for reproductive and sexual health improvements across the NT.

October saw us prioritise our recall system for clients requesting cervical screening test CST. To support demand, we increased nursing available clinics in both Coconut Grove and Palmerston clinic sites.

We were fortunate to have been successful in gaining a major community benefit fund grant to upgrade our IT server and medical database server in November. A local IT provider commenced work in November, and we were very grateful to have had very little disruption noticed across the work environment.

From July to December our clinical team supported several requests for Intrauterine Device (IUCD) insertion technique training. Doctors must complete an online theory program then proceed to undertake a face-to-face short practice workshop utilising pelvic models then proceed to complete two clinical IUCD training clinics with FPWNT. We also supported Doctors and

nurses in achieving the Family Planning Alliance Australia FPAA Doctors / Nurse certificate in reproductive and sexual health. Progesterone implant clinical training was achieved by several doctors and nurses in the NT. This choice of contraception method is one of a number of Long Acting Reversible Contraception LARC, options available.

The latter part of the year January to June has been a time of change in the clinic as 2024 started with a significant number of farewells.

After 28 years of dedicated service, Reception Manager Kerry Reader retired to take on new adventures hitting the open road with family and friends.

Into the role we welcomed Koula Saroglou who with her business skills and legal knowledge is refining processes and gently coaxing us all to embrace technology as we look toward the future. In addition to ensuring all systems are 'go' the Office Manager role over sees our reception functions. As the initial public-facing communications this is a vital component of the service for both clients and staff. Our senior receptionist Jenna Scott is worthy of special mention in this report for her always unflustered, calm, professional manner and wealth of knowledge which keeps all clinics running smoothly. We are also very grateful to have an excellent team of casual reception staff to call on as required.

Rachel Jewel casual RN relocated to East Arnhem, Kirsten Thompson, Clinic Coordinator and Pregnancy Options Nurse resigned in January and has taken up a position in Clinic34. Drs Rina Doltani, Jane Karmouche, Rebecca Lee and Monica Mu also ended their tenure with Family Planning and, as always, we extend our thanks and appreciation to them and all the dedicated health professionals who have contributed to the excellent services that FPWNT has provided during the 50+years we have been part of the NT community.

New staff joining the health team include RN/Midwives Maggi Copeman (Clinic Coordinator and Pregnancy Options Nurse) and Laura Main. Both bring a wealth of experience to their roles which has enabled FPWNT to increase the number of nurse-led clinics and nurse-led consultations offered each week in both Coconut Grove and Palmerston. We also welcomed Dr Jesse Noon into the team bringing the number of casual medical doctors on staff to 5. Fully booked Dr clinics continue to be conducted Monday to Friday each week in Coconut Grove and on a weekly basis in Palmerston in premises shared with BreastScreen NT. An arrangement which makes it possible to offer the Greater Darwin Region Reproductive and sexual health services closer to home.

Staff turnover has impacted on the capacity to offer clinical training opportunities in the short-term, however we continue to receive external requests for Intrauterine Device (IUD) training and Registrar placements indicative of FPWNT's standing among professional colleagues. Plans are in place to grow this aspect of the service in 2024-25. Our

experienced Medical and Nursing/midwifery staff also continue to support the broader FPWNT education courses by providing theoretical content and clinical supervision and assessments.

The establishment of the current clinical team has provided opportunities for rearrangement in the way services are delivered and for all medical staff to participate in offering services within their full scope of practice, including IUD insertions, review of protocols and implementation of new ideas. One example of this is the introduction of Pentrox (the Green Whistle) for use during IUD insertions. With a new protocol guiding practice, people who wish to reduce the potential discomfort of having an IUD inserted are offered the option of a script for this low-risk analgesia. The Green Whistle is a self-administered inhalation device which reduces anxiety and pain related to the procedure, providing greater client satisfaction.

As reported last year a mixed billing system was introduced and after a full financial year with this in place clients are now more accepting of the change. The billing structure and consumable item costs for clients have been amended to help address the shortfall between NTG funding and outgoings. Grant funding from the Department of Territory Families, Housing and Communities enables FPWNT to offer vulnerable clients in need, a free contraception service.

We welcomed along with others the continued Commonwealth Medicare rebate support for reproductive sexual health telehealth consultation. There has been a deliberate move to increase the option of telehealth appointments. Uptake for this option is particularly notable in the follow up process for Medical Termination of Pregnancy (MTOP). Clients seeking pregnancy options remain the most significant demand on clinical resources and successful outcomes require ongoing good collaboration with General Practitioners and the NTG Pregnancy Options Service as well as allied health and pathology services. Dedicated annual funding from NTG supports this valued FPWNT service.

With longevity comes wear and tear and a wish list has been compiled by staff to prioritise the replacement and upgrading of equipment and furnishings. The necessary upgrades will address essential functions, OH&S, infection prevention and create a more modern ambience and include new computers and screens, reception and consultation room staff chairs and waiting room furnishings. Grant applications have been submitted to support associated costs. Thus far a new washing machine has been purchased much to the relief of the staff who sit in the offices above the clean-up room!

Growth areas projected for 2024-25 include the employment of an Endorsed Midwife, the introduction of GP shared care for RDH antenatal clients, hosting a visiting vasectomy clinic on a regular basis and USS training for staff to support bedside USS. We will also be

welcoming GP registrars to the team and feel very heart felt that we have so many applicants wishing to work with us.

Having a change in the work environment we ensured everyone was welcomed with some low-key social events creating relaxed opportunities for staff to get to know each other. Considering all the changes that have occurred during the year and the enormous amount of work that has taken place, we are extremely proud to say the culture and morale at FPWNT remain high.

Photo 1: Social event- Maari, Raymun, Jess, Laura, Maggi.



Photo 2: Social event- Laura, Maari, Robyn, Stefanie, Maggi.

Photos: Several farewell events for Peta Jane, Rina, Kerry and Monica.

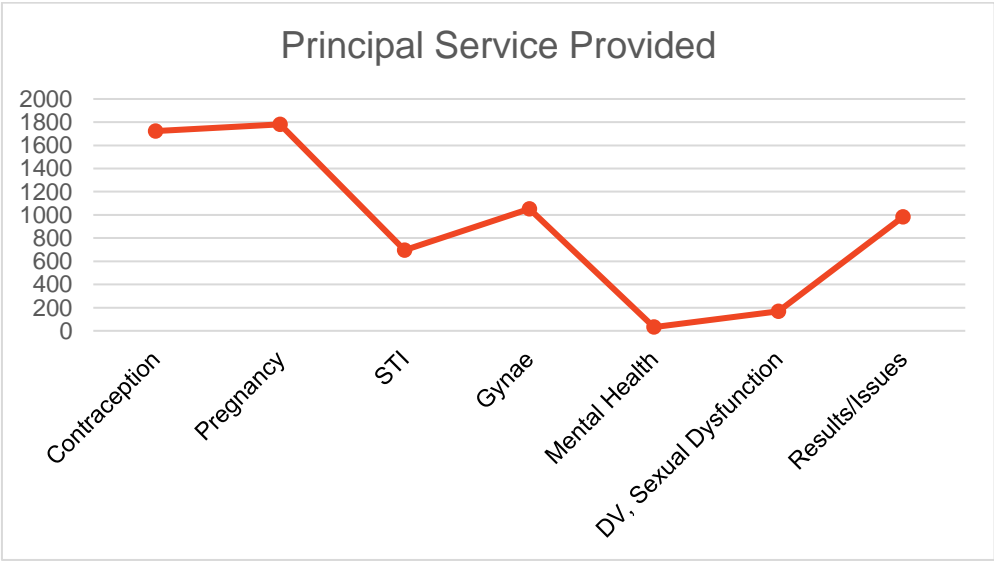


An overview of FPWNT clinical data during the 2023 to 2024 year:

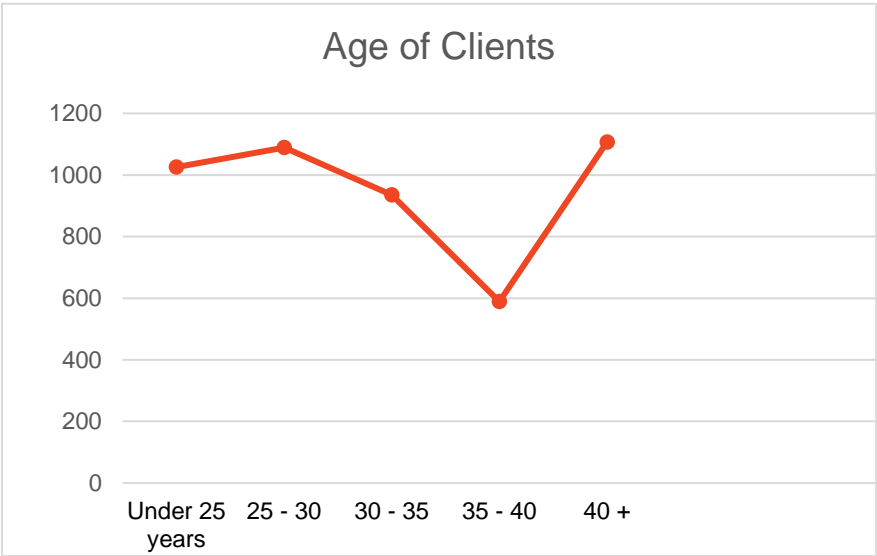
- Number of clinics- 770
- Number of clients- 4,749
- Number of clinical services- 10,261
- Clients living in remote location- s 15%
- 8% of all clients identify as Indigenous
- 25% of all clients state they were not born in Australia
- 11% of clients carry a Commonwealth Healthcare card

Interestingly, there are 21 fixed site clinics among the Family Planning Organisations in Australia and 29% are in rural and regional areas. FPO’s reported 87,816 clients in 2023, which means that 1 in every 300 people in Australia have been in contact with a Family Planning Organisation.

Graph 1 Principal service provided for clients attending both Coconut Grove and Palmerston clinics. The main presentation is pregnancy healthcare which includes abortion followed by contraception choices. We are noticing an increase in clients stating domestic and family violence and sexual dysfunction.



Graph 2 Age of clients. We have approximately 22% of clients under the age of 25 years. We wish to see this percentage increase to 30% over the next year.



Maggi Copeman Clinic Coordinator

Robyn Wardle CEO

Quality Improvement

Cybersecurity: We introduced several improved IT measures during the year, one for example Multifactor Authentication MFA.

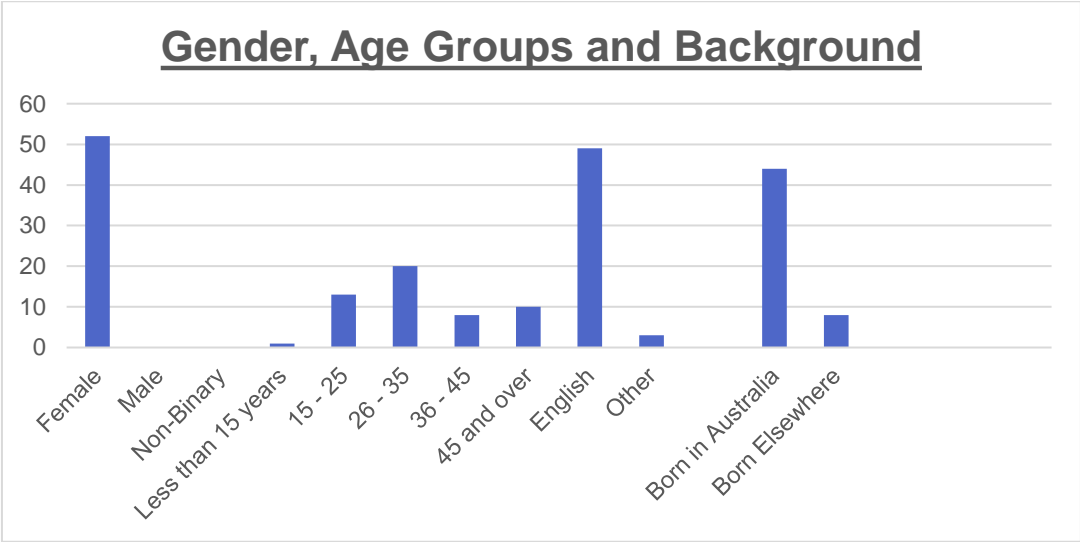
Telephone Survey: Four times each year we conduct an internal telephone survey to understand the volume of calls we receive. Facilitated by our reception team, this year we averaged 13,800 calls per quarter.

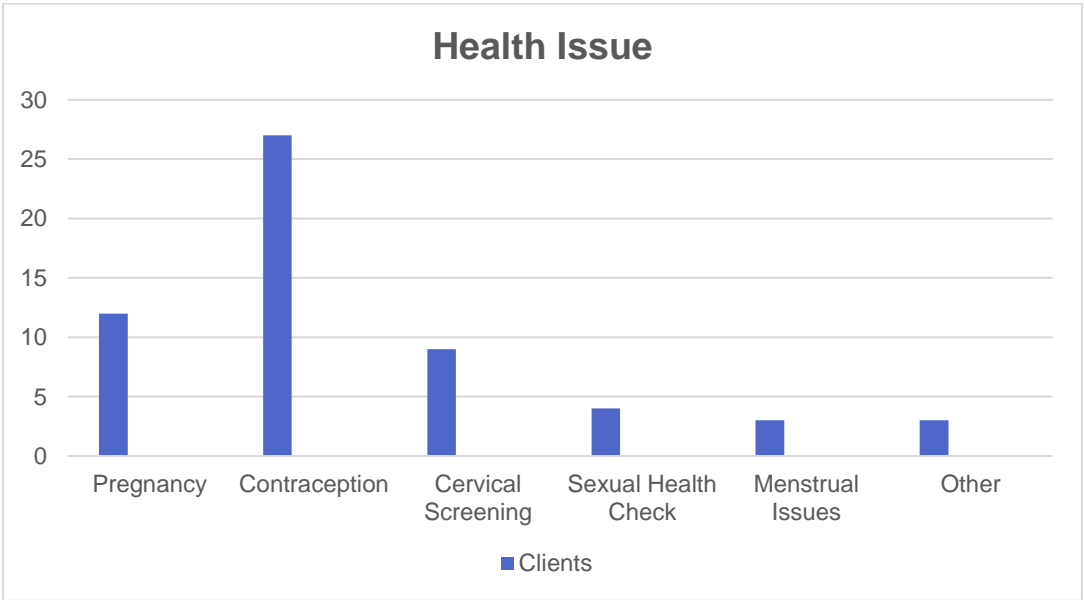
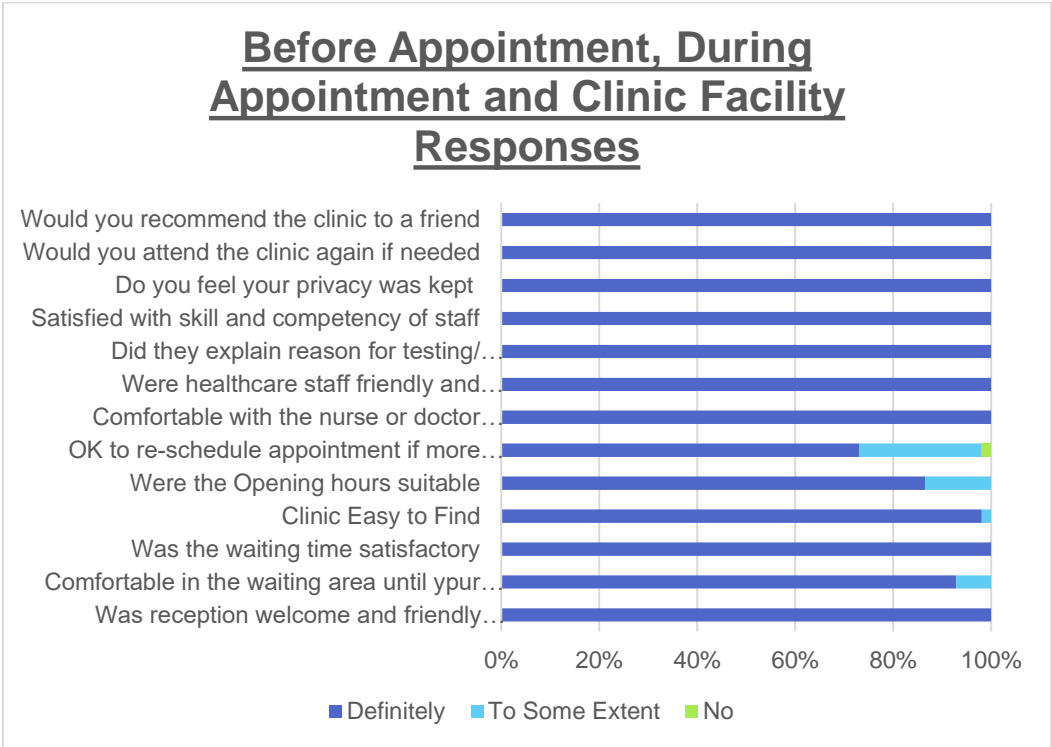
The majority of calls were for clinic appointments and pregnancy support services.

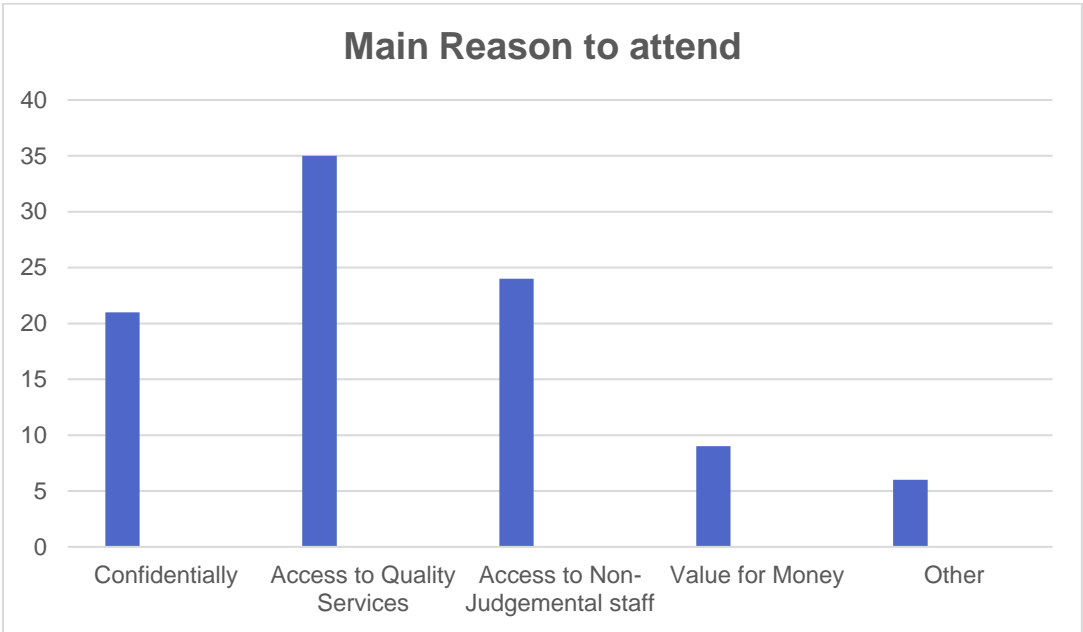
Website: Most visitors to our website are looking for clinical information. Our website is updated by the CEO and reception manager when required.

Client satisfaction survey results: In August 2023 we planned our client satisfaction survey. This survey is conducted by our reception team in both clinical locations, Coconut Grove and Palmerston. Next financial year we will be undertaking our survey utilising a QR Code.

A brief snapshot of some of the client survey results and demography in August 2023.







What stood out for you, please comment? Amazing staff and amazing receptionist, doctor excellent, professional and friendly, very friendly, very polite, very calm doctor, all positive, thank you to doctors, great staff, love this clinic, knowledge and friendly staff, compassionate, everything is great, very special place, love the free condoms for everyone, very kind, felt very comfortable.

Any other comments: Could be better signage to find Palmerston location, remote people waste time in Darwin to get things done.

Photo: A client gave thanks to our Palmerston clinic staff -Kirsten, Rebecca and Belinda during 2023.



Financial report

The following information is an extract from our 2023/2024 audited Annual Financial Report Year ending 30th June 2024.

A full copy of this report can be found on our website

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 2024

The committee members present their report on The Family Planning Welfare Association of the NT Incorporated for the financial year ended 30 June 2024.

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
Samantha Chung	Secretary	Member for full year
Nicole Stephens	Committee member	Member for full year
Fay Summers	Committee member	Member for full year
Raechel Squires	Committee member	Member for full year
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 \$ (13,875) (2023: \$ (43,925)).
Signed in accordance with a resolution of the Members of the Committee:

Chairperson: 
Anne Davis

Secretary: 
Samantha Chung

Dated 19 August 2024

Family Planning Welfare Association of NT Incorporated

**Statement of Profit or Loss and Other Comprehensive Income
For the Year Ended 30 June 2024**

	2024	2023
	\$	\$
Revenue	423,267	480,596
Finance income	4,614	1,793
Other income	1,027,513	1,078,957
Employee benefits expense	(1,029,379)	(1,144,973)
Depreciation and amortisation expense	(121,169)	(116,609)
Other expenses	(298,303)	(317,265)
Finance expenses	(20,418)	(26,424)
Loss for the year	(13,875)	(43,925)
Total comprehensive income for the Year	(13,875)	(43,925)

The accompanying notes form part of these financial statements.

Family Planning Welfare Association of NT Incorporated

Statement of Financial Position
As At 30 June 2024

	Note	2024 \$	2023 \$
ASSETS			
CURRENT ASSETS			
Cash and cash equivalents	5	377,998	461,894
Trade and other receivables	6	20,850	22,337
Other assets	8	28,808	32,455
TOTAL CURRENT ASSETS		427,656	516,686
NON-CURRENT ASSETS			
Property, plant and equipment	7	25,629	22,142
Right-of-use assets	9	180,137	287,980
TOTAL NON-CURRENT ASSETS		205,766	310,122
TOTAL ASSETS		633,422	826,808
LIABILITIES			
CURRENT LIABILITIES			
Trade and other payables	10	101,701	90,929
Borrowings	11	949	200
Lease liabilities	9	132,934	92,108
Employee benefits	12	186,167	285,666
TOTAL CURRENT LIABILITIES		421,751	468,903
NON-CURRENT LIABILITIES			
Lease liabilities	9	104,704	237,063
TOTAL NON-CURRENT LIABILITIES		104,704	237,063
TOTAL LIABILITIES		526,455	705,966
NET ASSETS		106,967	120,842
EQUITY			
Reserves		95,000	113,850
Retained earnings		11,967	6,992
TOTAL EQUITY		106,967	120,842

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 2024

2024

	Retained Earnings \$	General Reserve \$	Total \$
Balance at 1 July 2023	6,992	113,850	120,842
Profit for the year	(13,875)	-	(13,875)
Transactions with owners in their capacity as owners	18,850	(18,850)	-
Balance at 30 June 2024	11,967	95,000	106,967
	=====	=====	=====

2023

	Retained Earnings \$	General Reserve \$	Total \$
Balance at 1 July 2022	50,917	113,850	164,767
Loss for the year	(43,925)	-	(43,925)
Balance at 30 June 2023	6,992	113,850	120,842
	=====	=====	=====

The accompanying notes form part of these financial statements.

Notes to the Financial Statements

For the Year Ended 30 June 2024

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 2024

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 2024

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%

At the end of each annual reporting period, the depreciation method, useful life and residual value of each asset is reviewed. Any revisions are accounted for prospectively as a change in estimate.

Notes to the Financial Statements

For the Year Ended 30 June 2024

2 Summary of Material Accounting Policies

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

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.

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

Notes to the Financial Statements

For the Year Ended 30 June 2024

2 Summary of Material Accounting Policies

2.5. Financial instruments

Financial assets

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.

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.

Notes to the Financial Statements

For the Year Ended 30 June 2024

2 Summary of Material Accounting Policies

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 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.

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.

Notes to the Financial Statements For the Year Ended 30 June 2024

2 Summary of Material Accounting Policies

2.8. Leases

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.

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.

Notes to the Financial Statements

For the Year Ended 30 June 2024

4 Revenue and Other Income

	2024 \$	2023 \$
Other Income		
- donations	45,664	67,431
- grants	981,849	1,011,526
	<u>1,027,513</u>	<u>1,078,957</u>
	=====	=====

5 Cash and Cash Equivalents

	2024 \$	2023 \$
Cash at bank and in hand	266,795	354,693
Short-term deposits	111,203	107,201
	<u>377,998</u>	<u>461,894</u>
	=====	=====

6 Trade and Other Receivables

	2024 \$	2023 \$
CURRENT		
Trade receivables	20,850	22,337
	<u>20,850</u>	<u>22,337</u>
	=====	=====

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

	2024 \$	2023 \$
Plant and equipment		
At cost	72,031	82,400
Accumulated depreciation	(46,402)	(60,258)
	<u>25,629</u>	<u>22,142</u>
	=====	=====

Notes to the Financial Statements

For the Year Ended 30 June 2024

7 Property, plant and equipment

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 2024		
Balance at the beginning of year	22,142	22,142
Additions	16,813	16,813
Depreciation expense	(13,326)	(13,326)
Balance at the end of the year	25,629	25,629

	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)
Balance at the end of the year	22,142	22,142

8 Other Assets

	2024 \$	2023 \$
CURRENT		
Prepayments	19,381	23,546
Accrued income	2,105	1,587
Rental bonds	7,322	7,322
	28,808	32,455

9 Right of Use Assets and Leases

Right-of-use assets

	Buildings \$	Total \$
Year ended 30 June 2024		
Balance at beginning of year	287,980	287,980
Depreciation charge	(107,843)	(107,843)

Balance at end of year	180,137	180,137
	=====	=====

Notes to the Financial Statements

For the Year Ended 30 June 2024

9 Right of Use Assets and Leases

	Building \$	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
	=====	=====

Lease liabilities

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

Lease liabilities

	Total undiscounted lease liabilities			Lease liabilities included in this Statement Of Financial Position
	< 1 year \$	1 - 5 years \$	> 5 years \$	\$
2024				
Lease liabilities	111,952	125,686	-	237,638
	=====	=====	=====	=====

10 Trade and Other Payable

	2024 \$	2023 \$
CURRENT		
Trade payables	42,891	24,312
GST payable	23,664	23,337
Sundry payables and accrued expenses	24,978	25,143
PAYG withholding payable	10,168	18,136
	=====	=====
	101,701	90,928
	=====	=====

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.

Notes to the Financial Statements

For the Year Ended 30 June 2024

11 Borrowings

	2024 \$	2023 \$
CURRENT		
Unsecured liabilities:		
Credit cards	949	200
	949	200

12 Employee Benefits

	2024 \$	2023 \$
CURRENT		
Long service leave	120,800	148,607
Provision for employee benefits	65,367	137,059
	186,167	285,666

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.

	2024 \$	2023 \$
Future ICT replacement	5,000	10,000
Communication strategic plan	-	13,850
Board governance training	10,000	10,000
Future leasehold restoration costs	65,000	65,000
Future legal cost insurance excess	15,000	15,000
	95,000	113,850

14 Auditors' Remuneration

	2024 \$	2023 \$
Remuneration of the auditor, TDH Chartered Accountants, for:		
- auditing or reviewing the financial statements	8,000	6,800
	8,000	6,800

Notes to the Financial Statements
For the Year Ended 30 June 2024

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:

	2024	2023
	\$	\$
Profit for the year	(13,875)	(43,926)
Cash flows excluded from profit attributable to operating activities		
Non-cash flows in profit:		
- depreciation	121,169	116,609
Changes in assets and liabilities:		
- (increase)/decrease in trade and other receivables	1,487	(8,994)
- (increase)/decrease in prepayments	3,647	688
- increase/(decrease) in trade and other payables	11,521	23,044
- increase/(decrease) in employee benefits	(99,499)	37,205
Cashflows from operations	24,450	124,626

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

-----The End-----