

**family
planning
victoria**

Sexual & Reproductive Health
Care, Education, Advocacy.

FPV Annual Report 2009-2010



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FPV acknowledges our members, the Victorian Government, Sexual Health and Family Planning Australia (SH&FPA), Ansell and other corporate sponsors for their ongoing financial support and commitment to improving the sexual health of Victorians.

From our Chair

Family Planning Victoria (FPV) had another solid year in 2009-10. As always, we are indebted to the hard work of our CEO and her team.

This year has also been a very busy one for our voluntary Board. We were sad to see the retirement of two highly skilled and valued Board members this year in Sally Melbourne and Kim Glover and wish them all the best for the future.

Last year we set the strategic plan for 2009-12, and this year are delighted to see the plan come to life through implementation. The Board felt strongly that we should not rest on our laurels and decided to continue to look forward beyond 2012. In February, we held a planning day to consider where FPV might be in 2020 and tossed around 'blue sky' ideas. It was a great process that not only invigorated the Board, but also provided the 2012 Board with some thoughtful ideas for the next strategic plan. We really feel FPV is right on track.

In December 2009, as per the strategic plan, the Board held a formal review of its activities. We were pleased with our positive report card. Our Board has three sub-committees - Governance, Audit & Quality Assurance and External Relations. These committees meet and report regularly to the Board. We have been busy adding some processes to strengthen our performance. These include dashboard reporting, a Board work plan and risk register. I feel confident that our governance processes are sound and am very proud of my Board colleagues for their time, effort and passion.

In particular, I want to extend a vote of thanks to the chairs of the sub-committees for their hard work and, in particular, to Deputy Chair, Geraldine McDonald, for her hard work on the national SH&FPA Board. This is a huge pro bono commitment involving significant time and interstate meetings which must impact on family and work time.

Sexual health has still got a long way to go to secure a foothold on the political agenda. But I feel FPV's strong infrastructure and proven track record allow us to keep pushing for this important health issue to receive its rightful attention by government and the community.

Thanks to all our wonderful staff for their hard work. Here's to a fabulous 2011.

Sally Cockburn



From our CEO

Building on a solid base

We have had a year marked by consolidation and achievement and of course continuing challenges.

FPV has achieved a great deal in the past 12 months. We have continued to implement our strategic plan, build upon several important projects and focus on staff development.

Our senior managers completed a 12-month professional development program covering leadership, team building, decision-making processes and perspective. It enhanced their management skills and ability to see things from an organisational perspective. This has helped our managers lead us through an exciting period of development and change.

One such development is our increased emphasis on communication, which is vital to keep us at the forefront of the sexual and reproductive health field. Internal communication is essential to function well as an organisation, while external communication allows us to tell the world about what we do so well.

We consolidated and expanded our communications team. We also employed an experienced journalist to lead it and to guide us through an increasingly complex media and marketing maze.

We have almost completed a terrific new website and committed to upgrade our IT systems so all staff can produce work of a high standard using the latest technology. While some improvements have been made, these upgrades are continuing.

FPV is now better positioned to be an even stronger public voice in sexual and reproductive health and to continue to promote our valuable projects and services. This is essential for an organisation which considers itself a leader in its field.

This annual report outlines some of the fantastic work we have done over the past year, of which we can all be proud.

Capacity building is emerging as a major focus for FPV. As well as our projects and services, such as education sessions, clinical services, research and support groups, we have continued to help other organisations build their capacity to deliver the best possible sexual and reproductive health services.

The development of a new sexuality education model for schools has been a key initiative within our education area. The model promotes a comprehensive whole school approach to the delivery of sexuality education. We hope it will play a significant role in further building school and community capacity to effectively prepare young people for healthy, happy sex lives.



The model could potentially standardise what is now a relatively ad hoc aspect of school education in Victoria. It will be finalised in 2010-11 and we hope that government will choose to partner with us to roll out this excellent resource for teachers in all schools.

Two years after the State Government legalised abortion, a move FPV strongly supported, there is still much work to be done. While abortion is no longer in the Crimes Act, it is not necessarily more accessible. Women should be able to access it free from harassment and intimidation. Now that we have abortion law reform, we must ensure that the health system provides high quality accessible services statewide.

Service gaps remain and the community needs to be educated about this and what is available. We will continue to advocate for quality sexual and reproductive health services, including abortion, so that women are informed and can exercise their rights.

It has been a big year and I would like to thank members of the Board and FPV staff for their help and support. You have all risen to the challenge and helped take FPV to the next level. We hope to continue this work and consolidate our position as a sexual and reproductive health leader.

Lynne Jordan

Education and training

New capacity building model to support sexuality education in schools

Family Planning Victoria (FPV) staff have been enthusiastically working on a capacity building model to help achieve the Victorian Government's vision of a teacher delivered, whole school approach to sexuality education. In doing so, we aim to provide a model that Victorian schools can use to develop and deliver effective and sustainable sexual health literacy programs.

The Department of Education and Early Childhood Development (DEECD) has set the standard for all sexuality education to be delivered within the Victorian Essential Learning Standards (VELS). How schools achieve this, however, varies a great deal.

FPV has been working with DEECD, Deakin University, the Centre for Excellence in Rural Sexual Health, the Australian Research Centre in Sex, Health and Society and a range of other regionally based organisations to identify the issues faced by schools in trying to implement a whole school approach.

'Building the health and education sector's capacity to improve the sexual health literacy of young Victorians is one of our strategic plan's main goals. This training must be based on sound evidence and equip educators with the skills needed to deliver effective programs,' CEO Lynne Jordan said.

Our Education, Communication and Resource Development (ECD) team closely examined our services in light of Victorian and international evidence on effective sexuality education. This research and our practice experience has been used to develop a model that will use expert providers and enable local health and education services to work together to support sexuality education and help students to access appropriate services.

The model focuses on training teachers and school leaders to build their knowledge and commitment to drive their school's program and ensure sexuality education is embedded, consistent and sustainable.

Teachers will be encouraged to undertake professional development to enhance their knowledge and skill base and give them the confidence needed to teach an effective program. Local parents, teachers, students and community organisations will be encouraged to contribute to ensure the program reflects and meets learning requirements.

Teachers will also be supported with practical resources, including activities and assessment tools, to improve their program's consistency. They will also be provided with coaching and mentoring strategies to maintain professional capacity and an online clearing house resource delivering the latest developments in sexuality education at a national and international level.

'We are confident our new and innovative model will help more Victorian schools to deliver effective sexual health literacy programs,' Lynne said. 'We are proud of what we have achieved so far. It has the potential to support government in making a real difference to the quality of sexuality education delivered in Victoria.'

'Until now, some Victorian schools have done a fantastic job with sexuality education, while others have struggled to provide basic information. Our model will help all Victorian schools develop great programs based on sound practice.'



Supporting the delivery of quality sexuality education

As we worked on developing our capacity building approach to school education, our dedicated and experienced educators continued to deliver sexuality education sessions to school and community groups across Victoria.

Our Education, Communication and Resource Development (ECRD) team worked with schools and community groups to help them develop ongoing, quality sexuality education programs. We also supported them in developing the skills of their staff, engaging their parent/carer community and ensuring programs include sexual diversity.

In 2009-10, we reached more than 20,000 students in our primary, secondary and tertiary education programs, delivering over 650 sessions at more than 150 schools. This included over 80 education sessions to around 580 young people with a disability in special education settings.

Of the students we saw, 5134 were at the primary school level. We also provided 228 teachers with relevant health information, attracted 426 teachers to our seminars and workshops and held over 40 professional development sessions for teachers and school nurses.

Another 6000 people participated in our community education programs.

We delivered 228 professional development and health promotion sessions to 4100 people in the area of blood borne viruses and sexually transmissible infections (STIs). Most of these were community outreach health education and skill development sessions to groups of young people in the Action Centre and other settings.

These programs focus on vulnerable, high risk and socially excluded young people in alternative educational settings, those in juvenile prisons and young people from rural and regional areas. Demand grew in 2009-10 due to an increase in newly arrived migrants and refugees needing sexual health and STI prevention education.

We continued to run social support group sessions for same-sex attracted and transgendered young people, which incorporated arts projects. YAK, our same-sex attracted support group, meets regularly at our city Action Centre.



We also reviewed and updated our professional development program for teachers, ensuring it aligned with the Victorian Essential Learning Standards (VELS). Drawing on national and international research, VELS outline what all Victorian students must learn from Prep to Year 10. They are common, statewide, best practice standards which schools use to plan programs, assess student progress and report to parents/carers.

ECRD Manager Yvonne Kelley said aligning the program with VELS was a 'major achievement'. In all, we delivered over 70 professional development sessions to over 1200 teachers in 2009-10. 'Now that we are aligned with VELS, the more sessions we provide the more we can empower teachers to deliver great programs in their schools,' she said. 'The whole community benefits from this approach.'

In 2010, we also developed and launched a new teachers' course on respectful relationships. Aligning with VELS (Level 6), it covers diversity, respect, the changing nature of relationships, sexual intimacy and sexual relationships. It also examines gender and power, gender-based violence and harm minimisation in sexual decision-making.

'Feedback was very positive, with many participants reporting that they particularly valued the evidence-based content and practical activities which they could then implement with ease in the classroom,' Yvonne said.

Education and training

Building training capacity in best practice clinics

Our clinics in Box Hill, Melbourne's CBD, Hoppers Crossing and Cranbourne continued to provide much-needed quality sexual and reproductive health services to Victorians. Given our high level of expertise, particularly with young people, they also provided a terrific platform for the education and training of health professionals.

During 2009-10, we saw 7709 clients in total, over 3500 of whom were new. Overall, we provided over 20,000 consultations, mostly related to contraception, sexually transmissible infections (STIs) and gynaecological issues. More than 4500 of our clients were aged under 25.

Offering great opportunities for trainees, our city Action Centre for young people was accredited in 2009 as a training site for sexual health physicians.

Integrated Reproductive and Sexual Health Services Manager Colleen Ivory said the centre's training role benefited clients and staff by attracting doctors developing specialised sexual health skills to work with us.

'We welcome the opportunity to be at the forefront of the newly emerging specialty of adolescent sexual and reproductive health training,' Colleen said.

Over 2009-10, a growing number of health professionals started training at our Action Centre, while Box Hill continued to support doctors and nurses seeking further education in sexual and reproductive health.



Meeting the needs of doctors and nurses

Our Clinical Education Unit (CEU) continued to provide best practice courses for doctors, nurses and other health professionals from all over Victoria, building their knowledge and practical experience in sexual and reproductive health. This training is part of our vision to build the capacity of relevant health professionals statewide.

In 2009-10:

- 1276 doctors attended seminars and workshops run by FPV staff
- 334 doctors received health information via telephone
- 48 doctors undertook practicums involving 119 clinical placements offering practical experience
- 38 GPs completed our two Box Hill accredited five-day doctors' courses
- 113 nurses attended FPV accredited training
- 237 nurses participated in our seminars and workshops
- 454 nurses received health information via telephone
- 206 clinical placements were provided to nurses
- 659 allied health workers attended our seminars and workshops.

Senior Medical Officer Dr Kimberley Ivory said our promotional campaign targeting hospital and GP training units and all Victorian GPs led to overwhelming demand for the five-day Box Hill doctors' course in February 2010.

Requests came from Victorian GP registrars, trainees of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists, practicing GPs and international medical graduates. To meet increased demand, our course will now run three times a year, with the third course starting in November 2010.

We have also developed a relationship with Monash University that sees a senior Malaysian sexual and reproductive health doctor join us for the course. 'This is a fabulous opportunity for sharing knowledge and experience and gaining insight into international sexual and reproductive health practices,' Kimberley said.

Our August 2010 course will welcome a Fellow in Adolescent Health from the Royal Children's Hospital's Centre for Adolescent Health, who will also attend our Action Centre's clinical sessions.

Two general practice registrars also undertook six-month special skills attachments at our Box Hill and city Action Centre clinics to increase their sexual and reproductive health knowledge and skills. Registrars who train with FPV complete our doctors' sexual health course and undergo formal supervision in their practice with our senior clinic staff.

They can also complete intrauterine device (IUD) insertion training and gain further clinical experience through our links with key health services, including the Jean Hailes Foundation, Marie Stopes International and Melbourne Sexual Health Centre.

FPV trained 10 GPs in IUD insertion in 2009-10, many of whom work in rural or outer suburban areas where access to IUD insertion is limited.

We also continued our accredited nurses' courses, with 56 completing our Pap Test and Introduction to Sexual Health (Nursing) course and 44 completing our Comprehensive Sexual and Reproductive Health (Nursing) course. Thirteen health professionals also completed our Pregnancy Choices course.

Continuing our efforts to build expertise in the sexual health sector, Senior Medical Officer Dr Kathy McNamee developed an online contraception education activity for pharmacists and taught in Monash University's Graduate Diploma in Reproductive Sciences.

In our efforts to reach regional Victorians, in June 2010 we helped present a Reproductive Health and Pregnancy Choices workshop for nurses and community workers in Shepparton run by Melbourne University's Centre for Excellence in Rural Sexual Health (CERSH). CERSH organised the day forum, which saw two of our nurse educators update more than 70 nurses on statewide contraception, pregnancy and termination options, with a focus on regional Victoria.

We also worked in partnership with Women's Health Loddon Mallee to develop a 2010 training program for local nurses. A Pap Test and Introduction to Sexual Health course for nurses in Bendigo is scheduled for October 2010.

This training program represents an important step forward in meeting the needs of the Victorian regional health workforce and we look forward to helping build their knowledge and skill base over 2010.

Education and training

Developing resources

We continued to develop innovative, effective and well-targeted sexual and reproductive health resources in 2009-10, many of which were distributed nationally.

These resources, tailored to meet the particular needs of our target groups, included a compelling DVD documentary based on YAK, our city Action Centre's support group for same-sex attracted young people (SSAYP).

YAK members developed *Not So Straight*, which was funded by FPV and the City of Melbourne and shot by professional film makers. *Not So Straight* is a candid and engaging exploration of contemporary issues facing SSAYP in Melbourne.

By bravely telling their personal stories, the young people invite viewers to consider the impact of homophobia, tackle myths and stereotypes and give an insight into how the world works for many SSAYP.

This inspirational documentary is a valuable resource for teachers, youth workers and other youth service providers seeking to make their schools and youth settings more supportive and inclusive of SSAYP. It highlights many key concepts in health and human relationships education and student wellbeing and support programs, including sexual identity, safer sex, discrimination and roles and responsibilities in relationships.

CEO Lynne Jordan said *Not So Straight* was a step forward in meeting the needs of SSAYP. 'For Melbourne to be healthy, inclusive and welcoming of diversity, we need to work together to overcome the barriers of discrimination and homophobia,' she said.

Our website, which provides helpful information for clients, educators, students and the wider public, recorded almost 54,000 visits in 2009-10. Our Education, Communication and Resource Development (ECD) team continued an extensive revamp of our home page and site content, updating information and improving its look and interactivity.

FPV staff have spent many hours working with experts to develop our comprehensive and colourful new site, due to be launched in late 2010. Highlighting our corporate colours and logo, it outlines the many services we provide and the range of education and training programs we run. It also includes valuable resources and the latest information on sexual and reproductive health issues. See www.fpv.org.au

We have also worked on the recommendations of our 2007 Resource Centre review, which included developing a new resource acquisition and collection development policy and updating and refining our collection.

Our Resource Centre continued to cull resources which were dated or unrelated to our core business, purchase new and relevant materials, improve staffing and increase journal subscriptions. It also continued to refurbish, improve wheelchair access and add services such as weekly Medline searches, journal article cataloguing and targeted email bulletins while expanding our specialist resource collection.

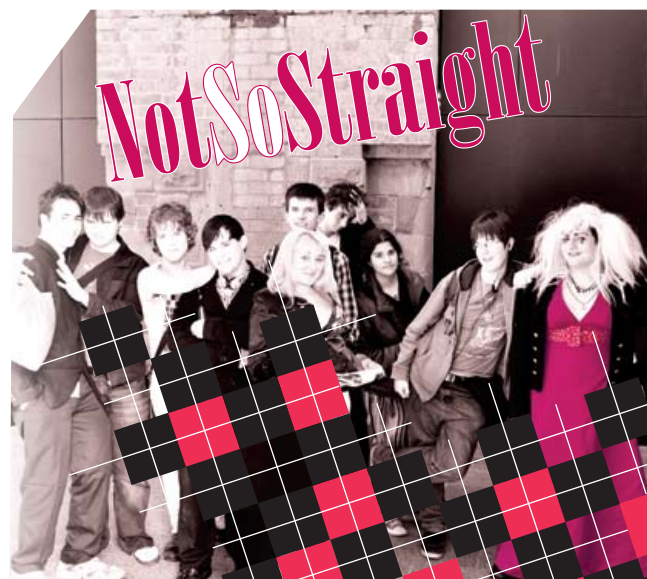
We also continued to work on ways to better market our Resource Centre to attract clients. These efforts will help ensure that the resources we provide our staff and external members reflect our core business and meet their needs.

Our contraception and sexual health brochures were updated and relaunched in 2009-10. Clinically reviewed by our Senior Medical Officers, all brochures draw on up-to-date evidence-based information on sexual and reproductive health.

They cover a broad range of topics, including contraception methods available in Australia, sexually transmissible infections, puberty for boys and girls as well as sex and ageing. In 2010, we will develop brochures on puberty tailored for parents and carers and brochures on same-sex attraction tailored for young people and people in midlife. These resources will help us continue to meet the specific needs of our target groups.

Another innovative resource we developed was *Your Quick Guide to Contraception*. Tailored for young people, this user-friendly booklet explains key facts about contraception, the different methods available, how they work, their effectiveness, as well as advantages and disadvantages.

'This new resource reflects our commitment to meeting the sexual and reproductive health needs of young Victorians,' Lynne said.



Reaching our target populations

In 2009-10 we developed our capacity to meet the sexual and reproductive health needs of Victorians with disabilities. We completed an extensive review and have now secured funding from the Department of Human Services to implement a new disability program.

Negotiations were held between the CEO and the Department of Human Services where we agreed to develop a capacity building model towards the end of the financial year. The funding increase will see our disability program move to the capacity building practice model with a new focus on education and training.

In 2009-10, the existing Individual and Specialist Education and Support Service (ISE&S) team provided counselling sessions to 40 clients with an average of six sessions per client. Our new program funds will enable the disability program to provide counselling sessions to 50 clients. We look forward to implementing this new and exciting service.



Community and advocacy

Working together for improved health outcomes

Working with key agencies to improve the sexual and reproductive health of Victorians is an important part of our strategic plan. This approach enables the sharing of resources, knowledge and expertise to increase the efficiency and reach of our work. In the past financial year we have worked on national, state, regional and local projects with a range of organisations and government departments.

CEO Lynne Jordan represented us internationally at the 5th Asia and Pacific Conference on Reproductive and Sexual Health Rights in Beijing and the 9th International Association for Adolescent Health World Congress in Kuala Lumpur. Both were held in October 2009.

The Beijing conference looked at universal reproductive health rights and building on the United Nations' Millennium Development Goals and the Kuala Lumpur event focused on the importance of positive sexual health communication between parents and young people.

At a national level, as a member of our peak body, Sexual Health & Family Planning Australia, we continued to advocate for changes in national policies which impact on the sexual and reproductive health of Australians.

We have further strengthened our relationships with key organisations such as Marie Stopes International and the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG).

In 2009-10 we continued to have a Senior Medical Officer on a RANZCOG training subcommittee. In June 2010, we wrote to RANZCOG's president following public debate about using the less invasive 'nicking and pricking' method as an alternative to Female Genital Mutilation (FGM). This led to a productive meeting about how to move forward on the issue.

At a state level, we strengthened our positive relationships with State Government health and education departments and non-government groups such as the Women's, The Centre for Excellence in Rural Sexual Health (CERSH), The Centre for Adolescent Health and The Victorian Aboriginal Community Controlled Health Organisations (VACCHO).

These partnerships are about collaborating with key stakeholders, including peak bodies, and working with them to enhance the provision of sexual and reproductive health services.

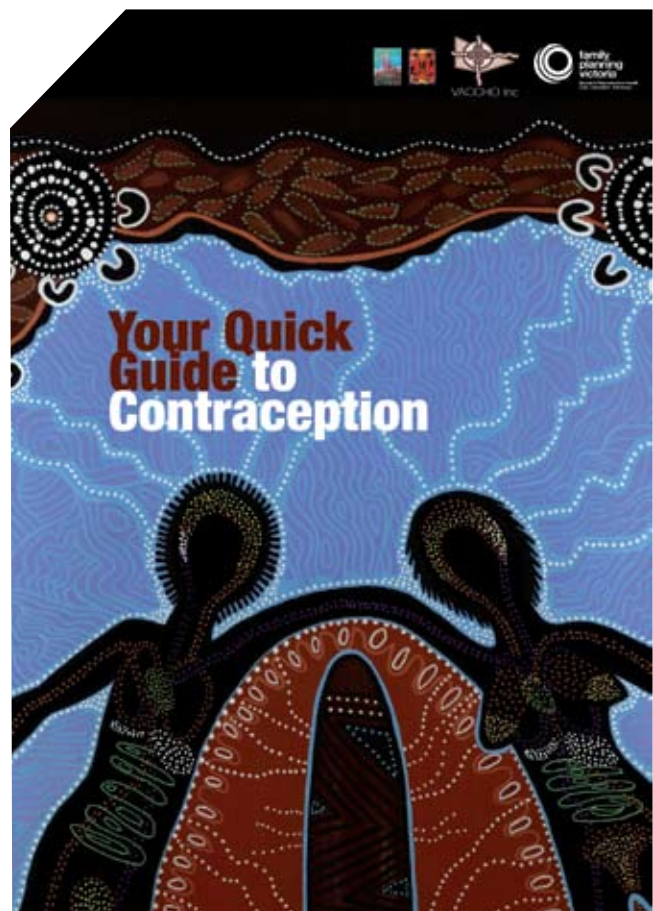
Our statewide projects include the Family and Reproductive Rights Education Program (FARREP), which aims to educate the community about FGM, The Sexual and Reproductive Health of Young Victorians Phase II (SRHYV) project, and Mind the Gap, a rural and regional program promoting the sexual and reproductive health of young gay, lesbian, bisexual, transgender, intersex and queer (GLBTIQ) people.

When needed, we continued to make submissions to State Government inquiries involving sexual and reproductive health and attend relevant conferences and workshops.

In August 2009, Lynne attended a Public Health Association Australia (PHAA) Victorian Branch forum discussing the prevention of unwanted pregnancy. This followed the State Government's 2008 decriminalisation of abortion. Lynne joined a panel with public health experts from Women's Health Victoria, the PHAA Women's Health Special Interest Group, Department of Human Services and La Trobe University's Australian Research Centre for Sex, Health and Society.

The forum heard that despite reform, there is much work to be done to make abortion more accessible statewide and to ensure that women can access this service without harassment or intimidation. 'Service gaps remain and we need to work on this,' Lynne said. 'FPV supports women being able to exercise their rights and access a range of health services.'

While much of our work has been statewide, we also continued targeting regional areas with projects such as Mind the Gap and our work with VACCHO to improve sexual and reproductive health services outside Melbourne. As part of this work, we provided rural GP, nurse and teacher training. We also collaborated on producing a version of our youth resource *Your Quick Guide to Contraception*, tailored to an Aboriginal and Torres Strait Islander audience.



Advocating for men's and women's health and wellbeing

Furthering our advocacy work, in 2009-10 we continued our push for improved access to sexual health services for all Victorians.

We joined consultations to develop statewide women's and men's health and wellbeing strategies. Health Promotion, Projects and Information Technology Manager Michael West said we wanted strategies recognising the diversity of all Victorians and providing health services tailored for and responsive to the needs of the marginalised and disadvantaged.

'One of several difficulties of operating under the policy framework of "men's health" and "women's health" is that sexual and reproductive health is about relationships and relationships occur between men and women - whether heterosexual or not - and impact upon sexual and reproductive health,' Michael said.

'The other difficulty in this separation is that transgendered and intersex people, already marginalised and stigmatised, are displaced by the assumption of a population that divides neatly into two halves. Although transgendered and intersex people are a minority, they are a vulnerable population with a right to health equity.'

Michael said sexual and reproductive health encompassed not only HIV and sexually transmissible infections (STIs), unintended pregnancy and abortion, but also infertility, reproductive cancers, sexual dysfunction, mental and physical disabilities, acute and chronic illnesses and domestic and sexual violence.

In short, good sexual health is integral to good general health.

'It is important to explicitly name the links between various health prevention and promotion priorities, as poor health status in one priority, such as mental health or violence against women, often correlates to poor health status in another priority,' Michael said.

'Working with men and boys in a sexual rights framework is also critical to improving the sexual and reproductive health of women, as changing the attitudes of men is essential to reduce and prevent violence against women.'

Advocating for sound government policy in sexuality education

As part of our advocacy for sound government policy, in July 2009 we made a formal submission to the Victorian parliamentary inquiry into using schools to promote healthy community living.

We were then invited to appear before the inquiry panel, where we supported a possible Victorian government policy framework and a comprehensive sexuality education curriculum. We also highlighted the need for comprehensive workforce development if schools were to become effective sites for sexual and reproductive health promotion.

We believe ongoing professional training is essential for effective sexuality education and should be included in pre and post-service training. While schools should be important sites for sexual health education, this work must be supported by health services and health promotion programs working with them.

Our recommendations were based on the findings of our 2008-09 Bass Coast project, which investigated building the capacity of local schools to deliver effective sexual health literacy programs. This project revealed that teachers lacked professional development and needed to feel and receive solid community and school support.

These recommendations align with our new sexuality education model, which aims to build the capacity of Victorian schools to develop and deliver effective and sustainable sexual health literacy programs (see p. 6).

'We look forward to working with the Victorian government to close the practice gap in the provision of effective sexuality education over 2010-11,' CEO Lynne Jordan said.

Community and advocacy

The Sexual and Reproductive Health of Young Victorians Phase II project

Funded by FPV and the Department of Health, this project aims to better understand young Victorians' sexual and reproductive health and identify service gaps. FPV, the Women's hospital and the Royal Children's Hospital's Centre for Adolescent Health started Phase I in 2004 following concern about rising rates of sexually transmissible infections.

In 2009-10 we conducted four consultations, including surveys before and after our December 2009 stakeholder forum. The pre-forum survey saw 56 representatives from peak bodies, government departments, schools and community agencies respond and help identify five key themes for a stakeholder forum.

The December forum attracted 50 participants and enabled stakeholders to examine critical issues influencing sexuality education delivery in Victoria. Discussions focused on the key themes of community engagement, developing a sexuality education collaboration network, professional development for sexuality educators, access to quality resources and statewide consistency in sexuality education.

'Alongside these efforts, we mapped the scope and availability of sexual and reproductive health services available to Victorian University and TAFE students on campus,' said Health Promotion, Projects and Information Technology Manager Michael West. 'We hope to determine the level of sexual and reproductive health services available to their students.'

In 2010, we will hold our next stakeholder forum and survey sexual and reproductive health services provided by Victoria's tertiary institutions.

The Family and Reproductive Rights Education Program

The Family and Reproductive Rights Education Program (FARREP) is the primary health response for communities that are, or could be, affected by Female Genital Mutilation (FGM).

Funded by the Department of Health, FARREP's main aim is to strengthen community knowledge about FGM and support a change in attitude to prevent its practice. It also aims to build the capacity and expertise of mainstream and specialist sexual and reproductive health services to support women and girls in FGM-affected communities.

In 2009, the Department of Health appointed FPV to auspice the FARREP facilitation role for 2009-11. The purpose of this role is to facilitate the development, implementation and evaluation of the Victorian FARREP Integrated Health Promotion (IHP) plan. This plan aims to identify and reduce any gaps in service provision, provide a co-ordinated approach to program delivery and report and promote the efficient and effective use of resources.

On 6 February 2010, we helped raise FGM prevention awareness in at-risk communities by supporting the International Day Against Female Genital Mutilation. We plan to continue our involvement, guided by communities and funded agencies, to increase community awareness and effect change.

In 2010-11, we will host a review forum for FARREP agency representatives to discuss the three key priorities of community strengthening, capacity building and research and evaluation. The outcomes will enable us to work with funded agencies to embed the IHP plan into their ongoing health promotion activities.

Mind the Gap

Mind the Gap is a dynamic, three-year, primary prevention program aimed at reducing HIV and sexually transmissible infections (STIs) in young gay, lesbian, bisexual, transgender, intersex and queer (GLBTIQ) people. It works with key agencies to develop and implement social and health strategies in a different Victorian region each year.

As part of Mind the Gap, we successfully launched the Q&A Victoria: Emerging Young Leaders Program in 2009 and ran the Gippsland Sexual Health and Diversity Enterprise (SHADE) in February 2010.

Our 2009 Q&A Victoria program for GLBTIQ young people introduced 13 participants to adaptive leadership and built their knowledge on a broad range of social issues affecting their communities.

This type of leadership is about asking questions, handling uncertainty, staying focused on the real issues, questioning values and assumptions and avoiding technical fixes. The program also fostered their action-taking skills and ability to cope with leadership pressures and challenges.

SHADE is an educational and engaging youth and community program which raises awareness about the sexual health and wellbeing of young GLBTIQ people in regional and rural Victoria. In February 2010, SHADE visited the Gippsland region.

Community grants were awarded to local organisations to promote sexual health and diversity across Gippsland. We also distributed around 16,000 resources to 19 community organisations, including schools, Primary Care Partnerships and community health centres.

We delivered sexual health and diversity themed workshops and live performances to 1200 students and received fantastic feedback. Performances included *The Condom Dialogues*, presented by comedian Nelly Thomas, which delivered key sexual health messages such as 'safe sex is good sex'.

West Gippsland Healthcare Group's Aboriginal and Torres Strait Islander (ATSI) sexual health information night attracted 30 young people, their community leaders and health care providers. It was also a great success.

Supporting these events, Ramahyuck District Aboriginal Corporation developed showbags with a range of sexual health resources for local ATSI youth and Kilmany UnitingCare produced resource kits to promote sexual health and diversity awareness among Gippsland's young people.

As part of SHADE, Senior Medical Officer Dr Kimberley Ivory developed training modules to provide workforce development to local health care providers and community workers. The modules provided specialised training and support to ATSI and non-ATSI primary care workers to increase their understanding of the issues faced by many of their GLBTIQ clients.

SHADE delivered five interactive workshops in Wonthaggi, Bairnsdale and Sale and all were well received. The workshop tailored for non-ATSI primary care workers was formally evaluated as part of Kimberley's Master of Public Health. 'Participants not only significantly improved their attitudes and behaviours towards these client groups, but were also able to implement changes in their workplaces to improve access to services,' she said.

In 2011, SHADE will hold events in Hume, Sunraysia and Gippsland, building on the successes of this year's work.



Working with local communities

At a local level, we continued to work with a range of organisations to help them address specific local issues.

In March 2010 we convened a sexual health forum at the Wyndham Youth Resource Centre in Hoppers Crossing.

Integrated Reproductive and Sexual Health Services Manager Colleen Ivory said key youth agencies in Melbourne's west had highlighted the need to discuss the sexual health of young people living locally. Our Hoppers Crossing outreach clinic was found to be the only youth-specific sexual and reproductive health service available to local young people. Following discussions, several agencies were keen to learn more about our city youth Action Centre and how it dealt with sexual health issues.

The forum revealed a high demand for professional development in youth sexual health in Melbourne's west, which our Action Centre is well positioned to meet. Most participants were keen to attend future forums and many asked FPV to deliver follow-up training to their agencies.

'Overall, feedback was very positive, with participants reporting satisfaction with the variety of topics and content,' Colleen said.

In expanding our community partnerships, we shared our knowledge and expertise with a Knox Community Health Service (KCHS) project which aimed to improve local sexuality education and youth health services.

In 2009, KCHS set up the Knox Innovative Sexual health Strategy (KISS) to ask young people about their experiences and needs. An implementation plan was then developed, involving a wide range of local youth, health and education agencies, including FPV, to establish priorities and secure funding. In 2010, a part-time sexual health nurse was engaged to work in the area.

We provided infrastructure support for KISS through a management committee and will deliver education and training to local health professionals and community workers during 2010.

Through these partnerships, we foster research and advocate for health policy changes at all levels of government and within the wider community.

Workforce development

Enhancing our knowledge and expertise

In 2009-10, we implemented a range of workforce development initiatives to build the knowledge and expertise of our staff.

Staff attended a number of relevant professional development programs, workshops and conferences. These included involvement in conferences such as:

- The 11th Congress of the European Society of Contraception and Reproductive Health
- The 6th Australian Women's Health Conference
- The Australasian Sexual Health Conference
- The Art of Good Health and Wellbeing Conference
- A Youth Affairs Council of Victoria conference
- Making Links 2009: The Conference Where Social Action and Technology Converge
- Consumer-Centred Health Care conference
- Diversity in Health Conference

Staff also attended forums and workshops on topics including gay, lesbian, bisexual, transgender, intersex and queer (GLBTIQ) health, mental health, rural health, youth participation, homophobia, the health of young people and culturally and linguistically diverse communities, online learning, media and public relations and web design.

Our senior managers completed a comprehensive 12-month professional development program on leadership, team building, decision-making processes and perspective. This enabled them to enhance their skills and develop strategies to better manage their responsibilities.

Our doctors attended two evening sessions with educators from Monash University's Centre for Medical and Health Sciences Education. They examined clinical supervision, creating effective learning environments, aspects of adult learning and delivering effective feedback.

Senior Medical Officer Dr Kimberley Ivory also completed her Master of Public Health with the evaluation of her workforce development program.

Two FPV doctors became proficient in intrauterine device (IUD) insertion during 2009-10, greatly improving our capacity to provide IUDs to clients and IUD training to GPs. Senior Medical Officer Dr Kathy McNamee said this training enhanced our capacity to provide quality services.

During 2009-10, a formal clinical professional development program was established for FPV nurses and other Integrated Sexual and Reproductive Health Services (IS&RHS) program staff.

Co-ordinated by IS&RHS Manager Colleen Ivory and a Senior Nurse, these three-hour, bi-monthly sessions included:

- a 2010 Sexual Health Seminar for nurses organised by FPV covering 'What's new in contraception,' 'Choices available to pregnant clients' and 'Working effectively with young people'
- updating nurses, doctors and other program staff on Melbourne's pregnancy and adoption services, including a visit to the Women's hospital, a tour of facilities and input from Anglicare Adoption Services on Victorian adoption laws
- updating internal checklists used in the clinic
- a contraception update with input from FPV doctors
- two FPV nurses attending the Australasian Sexual Health Conference.

Content from the conference was workshopped at an IS&RHS program meeting, where colleagues provided valuable feedback. This allowed the nurses who attended to update all staff, prepare an education session and build their presentation and education delivery skills. 'This was invaluable learning,' Colleen said.

Our clinical information professional development program for FPV educators started in 2010. Co-ordinated by Kathy McNamee and our Education, Communication and Resource Development unit, the program updates participants on menstruation, endometriosis, abortion and pregnancy choices counselling. It also provides an overview of Pap tests, sexually transmissible infections, contraception and our clinical services data.

'This program has enriched their teaching by keeping them up-to-date on the latest developments and extending their understanding of health issues and services,' Kathy said.

Our educators also attended workshops on technology, young people and violence prevention, the sexualisation of children, behavioural issues and puberty for those with autism, working across cultural barriers and living with disabilities.

Evaluating our programs

Evaluating the impact of our courses is crucial to ensure we continue to provide quality programs to our target groups. In 2010, we increased our capacity to evaluate the impact of our key accredited and non-accredited skill development programs.

'This involved establishing a program evaluation team and an organisational impact evaluation framework,' CEO Lynne Jordan said.

We evaluated the impact of two registered training programs, the Comprehensive Sexual and Reproductive Health course for nurses and Traffic Lights for educators. We also conducted four impact evaluations of non-accredited courses, Talking Sexual Health and Bridging the Gap for educators, Pregnancy Choices for health professionals and our social support youth program, YAK.

'We used a variety of methodology from an online discussion forum, pre and post-course surveys and three to six month post-course interviews to assess the enablers and barriers to changing individual and agency practices,' Lynne said.

Overall, our training was shown to improve the confidence, knowledge and skills of participants. 'These evaluations provide us with key insights into where people need more support, to then allow us to refine and make improvements to our programs,' Lynne said. We will finalise the 2009-10 Impact Evaluation Report in September 2010 and hope to expand our evaluation over the next financial year.

'We developed a more proactive media strategy which quickly resulted in press and radio coverage highlighting FPV's agenda on issues such as accepting sexual diversity.'

Striving for excellence in communication

Building our communication skills is essential to maximise the effectiveness of our work in sexual and reproductive health.

To this end, we finalised FPV's 2009-12 Communication, Media and Marketing Strategy in 2009. The first of its kind, this strategy will ensure all our communication, media and marketing activities support our strategic plan and are co-ordinated, consistent and professional.

Developed in consultation with senior managers and FPV Board members, it gives voice to our advocacy agenda, effectively promotes our public health message and provides a framework for promoting our services to our target populations.

To support this strategy, we also developed and launched FPV's internal Publication and Style Guide. Our style has been carefully developed to align with our core values. By ensuring all our documents are unified in style, we demonstrate professionalism and a unified purpose.

Together, these documents reflect our commitment to the key communication processes needed to advance our strategic plan and enable the communications team to best support our program areas.

CEO Lynne Jordan said we increased our emphasis on mainstream media relations in 2010, raising FPV's profile across all media platforms.

'We are pleased to have finalised FPV's media kit and internal media protocol, as these documents clarify how we position ourselves in the media as a leading statewide health organisation,' she said. They also reinforce our position as the 'go to' experts for media comment on issues relating to sexual and reproductive health.

'We developed a more proactive media strategy which quickly resulted in press and radio coverage highlighting FPV's agenda on issues such as accepting sexual diversity,' Lynne said. 'We hope to build on this and raise our profile further. This will not only help educate Victorians about their sexual and reproductive health, but better position us as a leader in our field.'

Research and evaluation

Building evidence

Research which we conduct independently or in partnership with other organisations is essential to help build the evidence base we need to inform government policy and sexual and reproductive health care and education.

Continuing our active role in research, FPV Senior Medical Officer Dr Kathy McNamee presented a poster at the 2009 Australasian Sexual Health Conference in Brisbane on the experience of intrauterine device (IUD) insertion in an urban family planning clinic. The study indicated all women had a high chance of having an IUD successfully inserted, although women who had not given birth vaginally were more likely to need an additional procedure before the IUD could be inserted than women who had.

'We are hoping to expand this project by assessing more of our IUD clients, as this method of contraception is having a resurgence in popularity, particularly among younger women,' Kathy said. This will support our efforts to increase our internal clinical research and data auditing over 2010-11.

Our clinic staff also co-authored a paper published in *Biomed Central Public Health* which examined whether incentive payments increased GPs' opportunistic testing of young women for Chlamydia. The study did not indicate financial incentive made a difference, but demonstrated GPs faced a number of difficulties in screening for Chlamydia, including time constraints, difficulty in remembering to offer the test and low patient awareness of testing.

Projects we worked on in 2009-10 included:

Australian Collaboration for Chlamydia Enhanced Sentinel Surveillance (ACCESS)

Principal researchers: Ms Sandra Downing, Burnet Institute, A/Prof. Margaret Hellard, Macfarlane Burnet Institute, Prof. Basil Donovan, University of NSW

This project aims to establish a comprehensive Chlamydia surveillance system to evaluate the impact of interventions and help in assessing time trends in Chlamydia testing in at-risk populations. FPV belongs to a network of Australian family planning organisations which supplies routinely collected, anonymous information on Chlamydia testing and diagnosis in young people. Results will be presented at the 2010 Australasian Sexual Health Conference in Sydney.

Linked Sentinel Surveillance for Chlamydia in Victoria

Chief investigator: Dr Margaret Hellard, McFarlane Burnet Institute

This project aims to provide a comprehensive surveillance system for Chlamydia. FPV is providing anonymous risk factor and demographic data from clients aged 16 and over who undergo Chlamydia testing in our clinics. Our data combines with that of other clinics to allow monitoring and analysis of Chlamydia infections. Results of this research continued to be reported regularly in the *Victorian Infectious Diseases Bulletin*.

Fragile X Syndrome Carrier Screening Study

Chief investigator: A/Prof. Sylvia Metcalfe, The University of Melbourne, Department of Paediatrics and the Royal Children's Hospital's Murdoch Childrens Research Institute.

Over the past year, non-pregnant women attending our Box Hill clinic were offered screening for Fragile X Syndrome, the most common cause of inherited intellectual disability. Our involvement is part of a larger study offering carrier screening for this syndrome to pregnant and non-pregnant women recruited through GPs and obstetricians. This research aims to evaluate the acceptability of the program with respect to uptake, informed decision-making, knowledge, attitudes and psychological wellbeing.

FPV pursues key research partnerships to develop an evidence base for guiding our own work in sexual and reproductive health and to inform government policy. In 2010, our board evaluated our strategic direction and identified the need for FPV to position itself as a key player in the research arena. Acknowledging this priority, we allocated funds for a 2010-11 project to determine how this will be achieved.

Human Research and Ethics Committee

This committee continued to meet four times a year to consider research undertaken by, or in partnership with FPV that involves our clients or staff.

Current committee members

Michael Bink (Chair)

*Philomena Horsley

Sophie Stuart

Giuliana Fuscaldo

Cate Nagle

Mark Camilleri

Meaghan Paul

Jennifer Feeney

*Temporarily assumed the chair from February-June 2010.

Information technology

Developing our IT capacity

Dynamic and up-to-date information technology is vital to enable our staff to do their jobs effectively, provide the best possible service to our clients and to develop quality resources for our target populations.

Our strategic plan commits us to ensuring IT supports our services and helps our target audience to access them. It provided funds to review our IT status, enabling us to conduct a comprehensive IT review and update in 2009-10.

We outsourced IT consultants to audit our system and its capacity. Our data security was found to be very good, with an effective password system and backup procedure in place.

'Recommendations included developing a staff IT training policy and conducting training analyses to keep us informed of our skill levels,' CEO Lynne Jordan said. 'Overall, the review was positive and provided us with additional guidance on further enhancements.'

Continuing our efforts to build the knowledge and skill base of our workforce, a number of FPV staff completed practical IT training in 2009-10. Lynne said our IT training was well received and built staff confidence in using computer programs such as Windows XP.

To support these efforts, we updated all reporting databases across the organisation, ensuring consistency of data collection and increasing the efficiency of our work.

The finance team expanded our internet banking capabilities to include payroll and supplier payments.

FPV staff also focused on developing our new website over 2009-10. A major step forward, it will reinforce our position as the leader in our field and we eagerly anticipate its launch in 2010-11.

Our Board accepted the audit report recommendations and allocated additional funds for IT upgrades in 2010-11. In 2009-10, we improved our computer server environment and will upgrade our desktop hardware and software, including upgrades to Windows 7 and Office 2010, in the coming financial year.



Effective and efficient use of resources

Enhancing skills and increasing efficiency

Our Finance and Systems team continued to ensure we make the most of our limited resources, including our funding and staff.

In 2009-10, we collaborated with the Victorian Hospitals Industrial Association to develop a performance agreement and development system.

Finance and Systems Manager David Owens said all senior managers and supervisors had professional development training to apply this new system across the organisation.

The performance agreement and development plan uses our strategic plan, program area plans and individual work plans to ensure key objectives are met. Individual staff members use their work plan to outline their responsibilities and set performance targets.

As well as daily discussion between staff and managers, the system provides a formal opportunity for two-way conversations as needed to review performance targets. Opportunities are also identified to further improve outcomes by providing appropriate resources and work structures and practices.

'The system basically complements our individual work and overall strategic plans,' David said. 'It also provides the opportunity to review individual staff training and development needs which advance both the individual staff member and their ability to contribute to the organisation's effectiveness.'

The system was developed over 2009-10 and is expected to be fully implemented in the coming financial year.

Extra funds were allocated to employ a tertiary qualified HR/payroll officer following the retirement of their predecessor. The new payroll officer has started developing an online workplace climate survey for FPV staff, the first of which will be conducted in 2010-11. 'These surveys give staff the opportunity to provide confidential feedback and input on a variety of topics not otherwise canvassed in the workplace,' David said.

'The system...also provides the opportunity to review individual staff training and development needs which advance both the individual staff member and their ability to contribute to the organisation's effectiveness.'

Risk management

Our Board has made managing risks to the organisation a high priority. One of the strategies to enhance this is the role played by the Board's three subcommittees for governance, audit and quality assurance and external relations.

The Governance Committee works to ensure that the Board has the right combination of skills, up-to-date and relevant policies and the capacity to examine its own work and make changes when necessary. It strengthens the Board's endeavours to ensure effective governance practices for FPV's present and future health.

The Audit & Quality Assurance Committee helps the Board to meet its responsibilities and annually reviews its charter to ensure it is up-to-date. This committee's role includes:

- reviewing the quality and reliability of our financial reporting processes
- reviewing and reporting on our financial statements
- reviewing external auditor qualifications, performance and audit plans
- receiving, analysing and assessing compliance reports under the Compliance Plan
- reviewing our financial and quality assurance-centred risk management insurance, compliance and internal control framework and considering risk and compliance matters not covered by other Board committees.

Audit & Quality Assurance Committee members are familiar with general finance, accounting and/or quality assurance practices and have a thorough understanding of the sector we work in.

This committee also considers any matters relating to FPV affairs delegated to it by the Board. Its specific responsibilities include financial reporting processes, compliance, quality assurance and liaising with external auditors. Its proceedings are always reported to the next full Board meeting.

The External Relations Committee (ERC) helps our Board maximise its public image, protect FPV's reputation and ensure it influences government decisions relating to sexual and reproductive health. It identifies risks to and opportunities for FPV in emerging issues in the public, government and commercial arenas.

The ERC also advises on government and parliamentary relations, provides strategic advice on public relations issues and management, helps in engaging with members and consumers and advises on FPV external relationships and partnerships.

Key responsibilities include monitoring parliamentary debates and government inquiries, developing an FPV champions' network, overseeing FPV's Communication, Media and Marketing Strategy, reviewing the role of FPV members and consumers and seeking opportunities to enhance our public image and relationships.

The overall skills matrix of our Board includes accounting and auditing, education sector philosophy and service delivery, ethics, charity-focused fundraising, government relations and funding, human resources management, health promotion, information technology, general legal with a governance focus, marketing of organisations, health, education and retail services, media relations, sexual and reproductive health, medical, nursing and allied health expertise, occupational health and safety, organisational health, research, consumer perspective and governance.

Financial statement

INCOME STATEMENT FOR THE YEAR ENDED 30 JUNE 2010		
	2010	2009
	\$	\$
Revenue	4,842,923	4,264,553
Employee benefits expense	-3,415,319	-3,051,010
Depreciation & amortisation expenses	-158,150	-167,628
Stock & consumables used	-128,202	-107,498
Rent & lease expenses	-141,372	-127,651
Repairs & Maintenance	-13,773	-88,870
Consultancy expenses	-14,653	-38,244
Rental property expenses	-71,446	-66,933
Cleaning	-45,316	-41,649
Computer expenses	-51,682	-39,041
Electricity & Water	-27,354	-22,741
Other expenses	-382,031	-358,133
Project expenses	-211,341	-33,467
Profit from operations	182,284	121,689

BALANCE SHEET FOR THE YEAR ENDED 30 JUNE 2010		
	2010	2009
	\$	\$
ASSETS		
Current Assets		
Cash & cash equivalents	1,638,817	1,368,513
Trade & other receivables	66,380	23,599
Inventories	60,812	64,725
Other current assets	21,703	27,329
Total Current Assets	1,787,712	1,484,166
Non-Current Assets		
Property, plant and equipment	2,145,729	2,209,668
Total Non-Current Assets	2,145,729	2,209,668
TOTAL ASSETS	3,933,441	3,693,834
LIABILITIES		
Current Liabilities		
Trade & other payables	626,421	640,828
Short-term financial liabilities	0	0
Short-term provisions	599,206	541,354
Total Current Liabilities	1,225,627	1,182,182
Non-Current Liabilities		
Long-term financial liabilities	0	0
Long-term provisions	97,573	83,695
Total Non-Current Liabilities	97,573	83,695
TOTAL LIABILITIES	1,323,200	1,265,877
NET ASSETS	2,610,241	2,427,957
EQUITY		
Retained Earnings	2,610,241	2,427,957
TOTAL EQUITY	2,610,241	2,427,957

**STATEMENT OF RECOGNISED INCOME AND EXPENSE
FOR THE YEAR ENDED 30 JUNE 2010**

	Retained Earnings 2010 \$
Balance at 1 July 2008	2,306,268
Profit attributable to members	121,689
Balance at 30 June 2009	2,427,957
Profit attributable to members	182,284
Balance at 30 June 2010	2,610,241

CASH FLOW STATEMENT FOR THE YEAR ENDED 30 JUNE 2010

	2010 \$	2009 \$
CASH FLOWS FROM OPERATING ACTIVITIES		
Grant Receipts (inclusive of GST)	4,403,765	4,043,446
Non-grant receipts (inclusive of GST)	742,145	778,195
Payments to suppliers and employees (inclusive of GST)	-4,481,451	-4,080,627
Interest received	50,318	50,243
Finance costs	0	0
Goods Services Tax (remitted to) refunded from ATO	-350,260	-287,392
Net cash provided by (used in) operating activities	364,517	503,865
CASH FLOWS FROM INVESTING ACTIVITIES		
Proceeds from sale of property, plant & equipment	0	0
Purchase of property, plant & equipment	-94,213	-279,919
Net cash provided by (used in) investing activities	-94,213	-279,919
CASH FLOWS FROM FINANCING ACTIVITIES		
Payment of borrowings	0	0
Net cash provided by (used in) financing activities	0	0
Net increase/(decrease) in cash held	270,304	223,946
Cash at beginning of financial year	1,368,513	1,144,567
Cash at end of financial year	1,638,817	1,368,513

Independent audit report

INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF THE FAMILY PLANNING VICTORIA INC.

We have audited the abridged financial report comprising the Income Statement, Balance Sheet, Statement of Recognised Income and Expense, Cash Flow Statement and Board Members' Report on Family Planning Victoria Inc. for the year ended 30th June 2010 in accordance with Australian Auditing Standards.

In our opinion, the information reported in the abridged financial report is consistent with the annual statutory financial report for the year ended 30th June 2010 from which it is derived and upon which we express an unqualified audit opinion in our report to the members. For a better understanding of the scope of our audit, this report should be read in conjunction with our audit report on the annual statutory financial report for the year ended 30th June 2010.

Renshaw Dawson Lang
Chartered Accountants



Robert J Hurrell
Partner

14 September 2010
Blackburn, Victoria



**R E N S H A W
D A W S O N
L A N G**

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Board members' report

The members of the Board present their report on the Association for the financial year ended 30 June 2010.

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

- Sally Cockburn (Chair), MBBS
- Geraldine McDonald (Deputy Chair), RN, Grad Dip Womens Health, MPH
- Greg Adkins, B Bus (Accounting), FCPA
- Kim Glover BA, Grad Dip Arts (App Psych), MAPS
- Angela Steele MPH, Grad Dip Adol Health, RM, RN
- Fraser Gough, Assoc. MAPS
- Sarala Fitzgerald, BA/LLB, LLM (Master of Public & International Law)
- Sally Melbourne, B Ed, Grad Dip Women's Studies
- Lyn Allison, B Ed
- Keith McLachlan, CPA FFin, Diploma of Industrial Accounting
- Matt Penn, MBBS, GP Fellowship 2004

Resigned

- Sally Melbourne – Nov 09
- Kim Glover – Feb 10

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

The surplus of the Association for the financial year 2009-10 amounted to \$182,284 compared to a surplus of \$121,689 for the 2008-09 financial year.

Principal activities

In pursuance of the aims and objectives of the Association, the core business of Family Planning Victoria incorporates:

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

The Association received funding for the above activities from the Victorian Government.

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

Significant changes

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

Review of operations

Total revenue for the financial year 2009-10 was \$4,842,923 compared to the 2008-09 revenue of \$4,264,553. The surplus for the year 2009-10 was \$182,284 compared to a surplus of \$121,689 for 2008-09.

Significant financial variations for 2009-10 compared to 2008-09 were:

- increase in project grants: \$368,305
- increase in employee expense: \$364,309
- decrease in repairs and maintenance expense: \$75,097
- increase in project expense: \$177,874.

Likely developments

Family Planning Victoria has clearly identified its priorities for 2009-12. We will move into our second year of this planning cycle and build on our first year achievements. Our focus will be on working collaboratively, implementing our capacity building model and further enhancing our information technology.

Environmental regulation

The Association's operations are not regulated by any significant environmental regulation under a law of the Commonwealth or of a state or territory.

Directors' benefits

Since 30 June 2010, no Director of Family Planning Victoria has received or become entitled to receive any material benefit by reason of a contract made by the organisation with the member or with a firm of which she/he is a member or with a company in which she/he has a substantial financial interest.

Indemnities

No indemnities have been given or insurance premiums paid during or since the end of the financial year, for any person who is or has been an officer or auditor of the Association.

Court proceedings

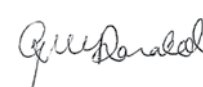
No person has applied for leave of Court to bring proceedings on behalf of the Association or intervene in any proceedings to which the Association is a party for the purpose of taking responsibility on behalf of the Association for all or any part of those proceedings.

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

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



Sally Cockburn
Chair
Dated: 14/09/10



Geraldine McDonald
Deputy Chair
Dated: 14/09/10

Board members' statement

The Board has determined that the Association is not a reporting entity and that this special purpose financial report should be prepared in accordance with the accounting policies outlined in Note 1 of the financial statements.

In the opinion of the Board, the financial report comprising the Income Statement, Balance Sheet, Cash Flow Statement, Statement of Recognised Income and Expense, and Notes to the Financial Statements:

1. Presents a true and fair view of the financial position of Family Planning Victoria as at 30 June 2010 and its performance for the year ended on that date.
2. At the date of this statement, there are reasonable grounds to believe that Family Planning Victoria will be able to pay its debts as and when they fall due.

This statement is made in accordance with a resolution of the Board and is signed for and on behalf of the Board by:



Sally Cockburn
Chair

Dated: 14/09/10



Geraldine McDonald
Deputy Chair

Dated: 14/09/10



FPV is a unique Victorian organisation, offering integrated clinical services, education, training and advocacy in sexual and reproductive health. **We have particular expertise in education, training and clinical services for people aged under 25.**

Family Planning Victoria

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Freecall 1800 013 952

Outreach clinics

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Hoppers Crossing T/ 03 9742 8155