# CHILDREN BY CHOICE

# ANNUAL REPORT 2016-17

# OUR PATRONS

Senator Claire Moore (ALP, Queensland)

Sue Boyce (Former Liberal Senator, Queensland)

Larissa Waters (Former Greens Senator, Queensland)

# OUR MANAGEMENT COMMITTEE

President Bonney Corbin BSc, MA

Treasurer Paula Nixon BA, Dip TESOL, Dip Accounting

# **Committee members**

Professor Heather Douglas BA, LLB, LLM, PhD Dr Nicola Sheeran *BPsych(Hons)*, *PhD(Clinical Psychology)* Branka Bogdan

# OUR STAFF

Manager Amanda Bradley DipAppArts, MICDA

> **Resource Manager** Selina Utting BA, MBA, AGIA

Counselling team Michelle Reynolds *BA*, *M*(*Couns*) Susan Stark BSocSc

Community education team Pamela Doherty BA, MA(ComDev) Kate Marsh *DipDes* 

> **Relief counsellors** Rosalie Robinson

> > **Finance officer** Shae Dalzell

# **OUR VOLUNTEERS**

Chloe, Leah, Rosie (Data and events) Amanda (Counselling support)

# OUR STUDENT PLACEMENTS

Molly (Communications) Lauren (Public Health) Evie (Social Work) Shannah (Counselling)



It's a running joke here that most of our Annual Reports tend to begin with the phrase 'It's been a busy and challenging year at Children by Choice...'. If ever we could say that about a year, it's now.

The demand on our counselling team continues to be heavy and the complexity of women's situations keeps increasing. Our financial assistance program is growing exponentially, and we're spending more time looking to help fund it. Traffic to our website hit a new peak. We began a new project, working at the intersection of violence and abortion access. We were preparing for our second national conference, the first two day event of its kind we've convened. And of course, there was an abortion law reform campaign on.

# Two themes stand out when we step back and consider the breadth and depth of the work we tackled in 2016-17: community, and resilience.

The strengthening and expanding of our partnerships and relationships was evident across almost every aspect of the organisation during these twelve months. Women's and community services across the state have worked alongside us to support our clients in the face of extraordinarily complex circumstances and high barriers to abortion and contraception access. They, along with compassionate abortion providers, have helped us to build our financial assistance program by \$40,000 in just two years. The fact that the program is still supporting around the same number of women as it was then speaks volumes about how difficult access is for women living with poverty, violence and ill health.

Our Screening To Safety project launched in August, working with abortion providers to initiate screening for violence and coercion amongst their patients. We've been warmed by the enthusiastic welcome providers have given the project and their compassionate and willing participation in supporting victims of violence through their practices.

The campaign for abortion law reform has of course brought with it its own challenges, but also stronger and closer connections with a wide range of services, experts, peak bodies, and members of the public. Some of these relationships are new and others have existed for a long time, but one and all were strengthened by the collaboration and support needed for a successful campaign, and all of us have found a renewed sense of resolve and community from our work together. The range of organisations working in this space has been enormous - we are one of almost 70 medical, legal, political and community groups supporting Pro Choice Queensland's #itsnot1899 campaign - and while we are disappointed that law reform has now been postponed until the next parliament, we are buoyed by the spirit of solidarity the campaign has engendered and feel optimistic about its eventual success.

Underpinning all this has been the constant, unswerving support of our members and donors, and the resilience of our staff, our volunteers, our community, and our clients in responding to the challenges this year presented. As a staff team, this year has been one of the most highly pressured we've experienced, but we are heartened by the support of our community and made more resolute by it. We are constantly humbled and amazed by the courage and grace of the women we help support, and grateful for their trust in us. This year, many of our supporters have personally reached out to our team and, through us, to our clients, to extend words of appreciation or encouragement, and it's made a big difference to our tiny team. Sometimes it can feel like we are alone in our little purple house here in Brisbane, but your generosity of heart and spirit makes us feel infinitely less so. You are part of our community, and we are stronger because of you.

Thank you for all that you do, and for all you help us do. We couldn't do it without you.





# AN AVERAGE WEEK AT CHILDREN BY CHOICE IN 2016-17



I HAVE ALREADY REFERRED PEOPLE AND WILL ALWAYS REFER PEOPLE.



28 CONVERSATIONS WITH OUR COUNSELLORS INVOLVED DOMESTIC VIOLENCE





AND WE DID IT ALL WITH THE EQUIVALENT OF 5.8 FULL TIME STAFF

UNDER 16



WE\_RECEIVED 67 IN DONATIONS FROM INDIVIDUAL MEMBERS AND SUPPORTERS

THANK YOU. IT'S HELPED ME SO MUCH.



# SUPPORTING WOMEN'S CHOICES: PREGNANCY COUNSELLING

Our pregnancy counselling and information service has been operating since Children by Choice began in 1972. In the past 45 years we estimate we've assisted over 200,000 women across Queensland with decision-making counselling, accurate information about their pregnancy options, referrals, financial assistance, and post-abortion support.

# In 2016-17, we had 4039 contacts with or regarding 1678 clients. 76% of these contacts were over the phone, 2.5% face to face, and the remainder via email and text.

Many clients require more than one contact, or conversation, to resolve their issues or get the amount of information and support they need. The continuing high numbers of contacts needed by some clients illustrate the complexity of their cases, and the significant barriers many of them face to access services and support.

# Around guarter of contacts this year were for counselling, either for decision making (23.2%) or post abortion (2.4%).

Deidentified data from our counselling service is collected and analysed continuously to ensure we are meeting the needs of our clients and to identify any possible avenues where we could improve the support we offer. The limitations of this data mean we cannot track individual clients through our system, but we can and do track contacts with our service, the information they request, and other demographics for each conversation.

65.8% of our contacts this year were in relation to a first trimester pregnancy. Only 5% of our work was with women whose pregnancies were over 20 weeks gestation.

# The most commonly requested information was abortion procedures and availability (49.5%), contraception (19%), loans for abortion and/or contraceptive access (18%), and abortion provider details (15.7%).

Many of our clients report that information or support for abortion has been difficult to find. Women need reliable and accurate information about all their options, including abortion, so when this is hard to find it should be no surprise that a disproportionate number of our contacts still focus on this need.

Women from disadvantaged groups - including younger women, rural and remote women, and Aboriginal and Torres Strait Islander women - require a higher average number of contacts per client to resolve their issue. Women living with violence need two to three times the number of conversations with our counsellors that our overall client pool does.

As a statewide service, our contacts each year can be located anywhere from the Torres Strait to Birdsville to Coolangatta. Generally the geographical spread of our contacts is fairly close to the percentage of the population in each Health and Hospital Service in Queensland, with a couple of exceptions.

In 2016-17, 26.7% of our contacts were from outside southeast Queensland, compared to 31% of the state's population. 31% of our contacts were from the Metro South HHS, which holds 21% of the state's population.

Our position as a trusted service is evidenced by the high rate of referrals we receive from both health and community sector professionals, and from people who have used our service in the past.

Our largest source of referrals was abortion providers (28%), followed by other community organisations and non-profits (15%), and GPs (8.5%). Almost 10% of our referrals came from word of mouth.

# EMPOWERING COMMUNITIES: EDUCATION AND TRAINING

As part of our unplanned pregnancy prevention work, we offer sexuality and relationships education for young people through schools and youth services, and online through our youth-specific site know4sure.org.au, with comprehensive information on sex, relationships, contraception and pregnancy in straightforward language.

# In 2016-17 we delivered 15 education sessions to almost 300 young people. We also held stalls at 3 high school mental health expos, and 4 university 0 Week and campus expos.

In recent years we have been refocusing our education programs towards young people who are more vulnerable to poorer sexual health, particularly those who have disengaged from mainstream schooling. This continues to be a priority, and 14 of our 15 sessions this year were delivered outside of mainstream education settings. Our ongoing strong partnerships with youth and community services providing alternative education, behavioural support services and other programs are pivotal to engaging with young people.

98% of young people said that the information in their session/s was delivered clearly, and that they found it useful. 92% reported feeling comfortable and included in the session.

Topics young people told us were most useful were unplanned pregnancy, abortion, what to do if you're pregnant or you're involved in a pregnancy, and healthy relationships.

Our community education team also provides training and information to professionals and tertiary students across Queensland through workshops, conference presentations, webinars and videoconferencing, and information stalls at sector events.

# In 2016-17 we provided training and information to over 1800 professionals.

The professionals we support through these training activities include GPs, midwives, nurses, social workers, and School Based Youth Health Nurses. Topics include best practice counselling strategies for supporting women with an unplanned pregnancy; legal aspects of pregnancy termination, including medical abortion and provision of services to minors; the intersection between domestic violence, unplanned pregnancy and abortion; and evidence-based information on all pregnancy options, including referral pathways. Capacity building through these programs is one of the ways we work to reduce the unplanned pregnancy rate and improve women's reproductive choices.

# This year we delivered or presented at 12 workshops (including two in regional Queensland), 2 webinars and a videoconference, for GPs, nurses, clinical staff and social workers,

Much of our training is delivered thanks to ongoing partnerships with peak bodies and statewide or national training programs, including True Relationships and Reproductive Health (formerly Family Planning Queensland), Health Ed, and Generation Next.

In 2016-17 we delivered 4 presentations at national conferences, and held 4 information stalls at statewide or national training events with GPs and youth workers.

We also deliver guest lectures to university and other tertiary students and host university students on placement.

We presented 2 guest lectures in 2016-17 to health, nursing and midwifery students.

We also hosted 4 university student placements in the disciplines of counselling, public health, social work, and communications, and welcomed another 4 on agency visits.

# FINANCIAL ASSISTANCE: WHAT WE PROVIDE

As part of our commitment to all Queensland women being able to make their own reproductive health choices, we have a financial assistance program for disadvantaged women seeking abortion or long acting contraception. We have been providing assistance since 2000. In the first year we provided \$2900 in small grants to disadvantaged women to help them access abortion services, and the program has continued to grow ever since.

# In 2016-17 we provided \$129,985 to 293 women for abortion and long acting reversible contraception - an increase of over \$40,000 in two years.

Our financial assistance program includes grants that women don't have to repay, no interest loans, negotiated discounts from abortion providers, and support from other organisations. Many women need support from multiple avenues to access the abortion they seek.

# Despite the rapid growth in the financial value of the assistance we provide, the numbers of women supported each year remain relatively stable, demonstrating the growing complexity of their cases.

Our grants are provided thanks to donations from our members and supporters, mostly online through our Queensland Abortion Fund appeal on the Give Now website. This year, for the first time, a small amount was also provided by the Department of Communities.

# The value of our grants program has more than tripled in two years, from \$7188 in 2014-15 to \$23,475 in 2016-17.

Our Women's NILS 4 Health program is an accredited No Interest Loan Scheme for women who are seeking abortion or long acting reversible contraception. Loan amounts and repayments are considered on a case by case basis and our main priority is making sure that we don't worsen a woman's financial situation by approving a loan she is going to find it hard to repay.

# In 2016-17 we provided \$28,577 in no interest loans to women, and in a small number of cases, their partner or parent as well.

Our network of organisations within the sector who will work with us to support women in need continues to strengthen and grow. See page 15 of this report for more information on our organisational supporters of clients seeking abortion and contraceptive access.

# This year \$32,667 was provided by our partner organisations for financial assistance, up from \$20,415 two years ago.

An aspect of our financial assistance program which often comes as a surprise is the significant contribution made by abortion providers who provide negotiated discounts for our most disadvantaged clients. Without their support many of our neediest women would not be able to access a service, and we're very grateful for their compassion.

# Hardship grants by abortion providers contributed \$40,206 to our financial assistance program in 2016-17. That amount has more than doubled in two years.

In recent years our financial assistance program has also been expanded to include access to long acting reversible contraceptives (LARC), given the high up front costs for these devices can be prohibitive for women on low incomes.

This year 148 women - almost half our financial assistance clients - were provided with free or low cost long acting reversible contraception.

# FINANCIAL ASSISTANCE: WHO WE SUPPORT

A first trimester termination in Queensland can cost anywhere from \$250 to almost \$800. Prices rise each week after 12 weeks gestation, and women presenting into the second trimester, or those who need to travel to access a provider, are frequently searching for amounts into the thousands of dollars, mostly at short notice.

For many women this experience involves multiple disclosures, judgement from others when asking for money for this purpose, asking a violent or unsupportive man, their gestation increasing while they are trying to find money, an escalation of any existing mental health issues, and increased poverty from trying to raise the funds they need.

# This year the average amount of our financial assistance per client was \$443. Across 2016-17 our programs provided the equivalent of around \$520 for each day we were open.

In order to be eligible for our financial assistance program, clients must be living in Queensland and have a Health Care Card (or equivalent). Within this group there are certain clear themes which emerge: financial assistance clients are more likely than our general client pool to report violence, and Aboriginal, Torres Strait Islander, and culturally and linguistically diverse women are over-represented. Many will need support from several different sources before they are able to gather the sum of money they need.

# 18% of our financial assistance clients identified as Aboriginal or Torres Strait Islander.

Our financial assistance clients are, on average, able to provide just over half the funds they need themselves (including not only their own money, but also that borrowed from friends or family, or provided by a loan from us which she will repay). Generally speaking, the level of support they are able to expect from the man involved in their pregnancy is low or non-existent, although in a small number of cases we were able to provide a male partner with a no interest loan to assist in abortion access.

# In the two years to June 2017, in 553 financial assistance cases, 44 included contributions from the man involved in the pregnancy. That's less than 8%.

The prevalence of violence in the lives of our financial assistance clients goes some way - although not all - to explaining why male support is rare. Women living with violence also need higher amounts of support, financial and otherwise, to access services.

In the two years to June 2017, 34.7% of financial assistance clients experienced violence with the man involved in the pregnancy, and almost half the funds provided through our financial assistance program went to women living with domestic and/or sexual violence. None of them were able to access a termination provided by their public hospital.

Women with physical and mental health problems are over-represented amongst our financial assistance clients. Many reported that their mental health worsened as a result of the barriers to abortion access they experienced and the pressure of trying to find financial and other types of support in a limited amount of time.

# 8.5% of our financial assistance clients experienced suicidality as a result of their pregnancy.

This year a public health student on placement was able to run an initial analysis of our financial assistance data, and many of the statistics in this report were the result of this analysis along with volunteer data entry and statistical expertise. Following the publication of a report into the George Tiller Memorial Fund for abortion access in the United States, we held an initial consultation with the report's authors at Buffalo University and hope to publish the results of our data analysis in 2017-18.



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# **RESPONDING TO VIOLENCE:** OUR CLIENT DATA

Over the past five years we have seen a steep increase in the rates of violence disclosed by contacts to our counselling team - partly, we believe, due to the increased profile of men's violence against women in the media and public spaces, and partly due to our own growing awareness of the prevalence of violence amongst our clients and improved screening for violence and coercion by our counselling team.

This year, 34.5% of our total contacts disclosed domestic violence. 17.8% involved reproductive coercion, and 15.3% sexual assault. There is a significant overlap between some of these issues, and in the two years to June 2017 over 8% of the work of our counselling team was with women reporting both domestic and sexual violence.

Our data also shows that around a third of our contacts reporting domestic violence are also experiencing reproductive coercion, which may help explain the link between between domestic and partner violence, unplanned pregnancy, and abortion.

In the two years to June 2017, compared to contacts in the southeast Queensland region, contacts from rural, regional and remote parts of the state are more likely to report domestic violence (38% v 32%), sexual assault (17% v 13%), and reproductive coercion (16% v 13%).

Reproductive coercion is a relatively new area of research and practice. It is used to describe a range of male partner pregnancy controlling behaviours, which can range from contraceptive sabotage, to emotional manipulation or blackmail around ending or continuing a pregnancy against the pregnant woman's will, to forced sex and rape.

22% of our contacts disclosing reproductive coercion don't report other forms of violence, but for the majority, reproductive coercion is just part of the spectrum of violence they live with.

Data on contacts to our counselling service shows that Aboriginal and Torres Strait Islander women, and women from culturally and linguistically diverse backgrounds, are over-represented amongst contacts reporting reproductive coercion, as well as other types of violence.

In the two years to June 2017, 50.5% of our Indigenous contacts reported domestic violence, and almost 20% disclosed sexual assault. Culturally and linguistically diverse contacts also reported higher rates of report domestic violence (37% v 31%) and sexual assault (20% v 13%).

Although only a small proportion of our work - around 3% in the two years to June 2017 was with women with a disability, they were much more likely to report domestic violence (42% v 31%) and sexual assault (29% v 13%) than our general client pool.

Women presenting with issues of violence or coercion are more likely to be associated with second trimester pregnancies than our general client pool.

Of the 12% of our total contacts with pregnancies of 16 weeks gestation or higher, almost two thirds report domestic violence, sexual assault, and/or fetal anomaly.

Women living with violence often need more support than our general client pool, no matter which pregnancy option they choose, and can experience greater financial disadvantage and social isolation, making accessing services more difficult. Almost half our financial assistance funding for abortion access goes to women living with violence, as they are generally unable to access a publicly provided termination through a hospital in Queensland.

# RESPONDING TO VIOLENCE: SCREENING TO SAFETY PROJECT

As part of our response to growing rates of reported violence amongst our clients, August 2016 saw the commencement of our new domestic violence project, Screening To Safety, funded by the Samuel and Eileen Gluyas Charitable Trust managed by Perpetual. The project centres around reproductive coercion and the intersection of domestic violence, unplanned pregnancy and abortion and is due to be completed by March 2018.

Research shows a strong link between domestic violence, unplanned pregnancy and abortion, with unintended pregnancies and abortion two to three times more likely to be experienced by women who report living with intimate partner violence than women who do not report violence.

One of the main aims of the project is to build the capacity of abortion providers in Queensland to identify and respond to domestic violence with a particular focus on reproductive coercion. To date the project has:

- Developed domestic violence screening tools specific to abortion provision settings and supported abortion providers to modify intake and admissions procedures to include screening.
- Assisted clinics and GPs offering medical abortion to develop a clinical environment that supports disclosure, and gathered local domestic and sexual violence service referral pathway information to enable them to better respond when disclosures are made by their patients.
- Delivered training modules to clinic staff on a range of topics including identifying and responding to coerced pregnancy and coerced abortion, screening and responding to sexual assault disclosures, and documenting disclosures.
- Developed key resources about reproductive coercion to support practitioner interventions, in consultation with healthcare and domestic violence practitioners.
- Established a Long Acting Reversible Contraception (LARC) Access Program for women experiencing DV and at risk of reproductive coercion who are seeking abortion care, which has already provided 38 women with a LARC.

The project has seen us work more closely than ever with abortion providers. Their compassion and their desire to do the best for the women experiencing violence and control seeking abortion care is strongly evident. It reaffirms for us the important role that health care practitioners can play in intervening in the sexual and reproductive health impacts of domestic and sexual violence.

One of the resources developed by the project is a contraceptive guide for women living with violence, to be used by practitioners working with women to examine their contraceptive options. The guide includes information on the potential detection and tamperability of each method. We believe it's the first resource of its kind here in Australia and has been incredibly well received by the sector and by the wider community.

Parallel to our work with providers we have been supporting women's services in Queensland to identify and respond to reproductive coercion and unplanned pregnancy risk through the delivery of tailored training and conference presentations.

# Over 2016-17 this included 4 national conference presentations, training delivered to 7 women's services across the state, and a presentation to the Griffith University Mentors Against Violence forum.

We also supported White Ribbon Australia to develop their position statement on women's reproductive rights. White Ribbon is a strong voice in the anti-violence space and a very welcome ally in our work to highlight the impact of violence on women's reproductive autonomy.

# COMMUNITY EDUCATION: ONLINE AND EVENTS

As well as our formal education and training programmes, we undertake a significant amount of broader community education work via online platforms and public events.

Our website at www.childrenbychoice.org.au contains over 100 pages of information for women, men, and professionals on all aspects of pregnancy options and support.

In 2016-17 we received over 95,000 visits of a minute or longer - up 11% from 2015-16 and an enormous 130% from four years ago - and May 2017 was the busiest month on record.

Five web pages consistently make up almost half the traffic to our site, and the topics mirror the issues that callers to our counselling service want to know about. This year, our 'Australian Abortion Law and Access' page was the most viewed content on the site from August to November - only the second time 'How Much Does An Abortion Cost?' hasn't been the top of the list since we started tracking this several years ago.

Information on abortion costs was the most visited page across 2016-17 (accounting for 15% of traffic), followed by abortion laws around Australia (12%), information on medication abortion (10%) and surgical abortion procedures (4%), along with clinic locations (6%).

Although we are a Queensland specific service, our national reputation as a trusted source of information on pregnancy options is evidenced by the high number of interstate visitors to our website and by our top online referrers. Almost 40% of our web traffic comes from other Australian states and territories, and a further 20+% from overseas. A full 70% of all traffic is from mobile and tablet devices.

National mental health website Reach Out continues to be our top online referrer, followed by Greenslopes Day Surgery, True Relationships and Reproductive Health (formerly Family Planning Queensland), the national Pregnancy, Birth and Baby helpline, and the Royal Australian College of GPs online learning hub.

As well as our website, we communicate regularly with our members and supporters, as well as the broader community, through our email bulletins and social media activity. Our social media engagement continued to grow in 2016-17 and we're now connected to over 2500 supporters on Facebook and Twitter.

In 2016-17 we began to use our social media to call for donations to assist specific clients with financial assistance for abortion and contraceptive access. More information on this is available on page 15 of this report. Over the course of the year, our financial assistance appeals were some of the most engaging content across our social media.

Some of our most popular social media content over the year included: an article by Buzzfeed on 'a day in the life' of our counselling service; a recall of faulty home pregnancy tests; the listing of a new emergency contraceptive on the Pharmaceutical Benefits Scheme; the announcement of our 2017 conference; and the launch of our resource on contraceptive options for women living with violence.

As well as online education we hold or present at public forums and events.

Outside our formal education and training work (page 7), and campaign activiites we took part in (page 13), we delivered two community education events in 2016-17: a presentation to a law firm on poverty and abortion access, and a film screening and Q&A with Jon O'Brien, the President of US-based advocacy group Catholics For Choice at the New Farm Uniting Church. We're very grateful to Jon for taking the time to come to Brisbane and present a wonderful evening of insight and discussion.

# CHANGING ATTITUDES + SYSTEMS: ABORTION LAW REFORM

In May 2016, a bill to decriminalise abortion in Queensland was introduced to state parliament by independent MP for Cairns, Rob Pyne. The bill was the first attempt by any Queensland parliamentarian to decriminalise abortion in this state, and its introduction marked the beginning of a campaign for abortion law reform which continues at the time of writina.

We are proud to be a supporter of Pro Choice Queensland's #itsnot1899 campaign, along with almost 70 other health, medical, legal, and community expert groups and peak bodies.

The Abortion Law Reform (Woman's Right to Choose) Amendment Bill 2016 aimed to remove the three abortion statutes (sections 224, 225 and 226) from the 1899 Criminal Code. It was referred to the parliamentary Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee for inquiry. In August, Mr Pyne introduced a second bill which would have regulated the provision of abortion through legislated gestational limits and other conditions. It too was referred to the Health Committee. The two bills resulted in over 2600 submissions and 12 days of public hearings across the two inquiries.

We made a submission to the inquiry on each bill - over 23,00 words in total - and appeared twice as witnesses before the Committee at public hearings in August and October 2016.

The Committee reports into the first and second bills were handed down separately, in August 2016 and February 2017 respectively. The Committee recommended parliament not pass the first bill but could not reach an agreement on the second.

Together with our members we spoke with almost a third of the MPs in Queensland's parliament, from across the political spectrum, to discuss the proposed reforms and what they might mean for our clients.

In February 2017 the bills were withdrawn from the parliament before a vote could be held, and abortion law was referred to the Law Reform Commission in June 2017. The Commission have been asked to make recommendations to parliament on how to modernise and clarify the law relating to termination of pregnancy in Queensland, and to draft legislation in line with these recommendations, by 30 June 2018.

Several of our current and former staff and volunteers took part in a video filmed for Queensland Women's Week for the #itsnot1899 campaign, talking about the long road towards law reform and their experiences working with Children by Choice. The six minute clip has been seen more than 20.000 times on facebook alone.

As a recognised expert in the field, we were often called upon by media to provide information on the campaign and abortion laws and access around the country.

Across 2016-17 we provided official comment and/or background about the campaign to most major media outlets around the country, including the ABC, Courier Mail, The Age, Channel Seven, Guardian Australia, Sunday Mail, Triple J, Buzzfeed, and Daily Life, as well as several regional outlets and specialist publications including the Medical Observer.

Our organisational knowledge and expertise was in demand for public forums and events organised by Pro Choice Queensland supporters and others during the campaign.

We provided guest speakers as panel members to two public forums for over 300 attendees, including one at Parliament House, spoke at two rallies, and facilitated a session on the history of Queensland abortion law at a campaign workshop for another 20 people.

# UR STRATEGIC DIRECTION

Our 2017-2020 strategic direction was envisaged this year as we enhanced our three outward focused strategies: support, empower, change; and our two enabling strategies: relationships and sustainability. Strategic planning with our staff and Management Committee allowed for this framework to be integrated into activity planning, budget forecasts, and monitoring and evaluation processes.

#### Our vision:

That all women can freely make their own reproductive and sexual health choices.

#### Our mission:

To be the leading voice for women's reproductive choices in Queensland.

#### Our key strategies:

We will provide all options pregnancy counselling, information, referral and advocacy for Queensland women. Our service can provide material aid and practical assistance to disadvantaged pregnant women to improve equitable access to contraception and abortion.

We will empower individuals and groups to exercise their reproductive health choices. This includes capacity building through education, training, and providing evidence based information and resources.

We will work to reduce the discriminatory social, legal, clinical, and policy barriers that women may face when seeking access to accurate information, support and services for their reproductive choices.

#### Our enabling strategies:

We will develop and utilise strong relationships with groups and individuals who can support us to achieve our vision and mission.

We will support our people and manage our resources sustainably into the future. We will value our history and embrace contemporary, flexible, responsive, evidence based practice.

Our three key strategies are reported on throughout this Annual Report. In regards to our two enabling strategies, in 2016-17 we have, among other things:

- Worked hard to strengthen and formalise our partnerships for financial assistance;
- Maintained our membership of key networks at local, state and national levels. including Ending Violence Against Women Queensland, Women's Health Services Alliance of Queensland, Equality Rights Alliance, the Australian Abortion Network, and the ANROWS Practitioner Engagement Group, among others;
- Been successfully audited under the Human Services Quality Framework, becoming one of the first women's sector services statewide to gain HSQF certification;
- Implemented salary sacrificing for staff for the first time, after gaining Deductible Gift Recipient status as a Public Benevolent Institution last financial year.

# OUR FUNDERS AND DONORS

Children by Choice has been funded for over 20 years by the Queensland Government to deliver our counselling and community education services. This year we celebrated the first sizable increase in this funding in many years, after the Department of Communities allocated an additional one-off \$120,000 boost to the service over the 2017 calendar year, to help manage the significant increases in output we've recorded over the past five years. This allowed us to increase our staff hours across the counselling and community education teams to help address the growth in demand for our services.

In addition to this welcome grant increase from our regular funders, we also secured grants from:

- the Samuel and Eileen Gluyas Trust, managed by Perpetual, for our Screening To Safety project (see page 11);
- Community Gambling Benefit Fund, for upgrades to our service to improve safety and access for staff, volunteers, and clients, including new translations of our service details for speakers of eight languages other than English for our brochures and website:
- the YWCA/Queensland Department of Communities, for the making and distribution of a campaign video during Queensland Women's Week in March 2017.

2016-17 was also a positive year for growth in our donor program, with increases in donations and in donors across several areas. Receiving Deductible Gift Recipient (DGR) status in 2015-16 has enabled us to attract more donations, large and small, than ever before. These go a long way to helping us deliver unfunded work, particularly our financial assistance program (see pages 8-9), which we couldn't run without the generous donations of our individual and organisational supporters.

In the 2016-17 financial year we doubled the number of regular monthly donors to our Queensland Abortion Fund, resulting in almost \$10,000 a year of predictable income to this program. A generous philanthropic foundation which wished to remain anonymous also gifted us with \$30,000 this year to assist with our work, for which we remain grateful.

Some of the increases in donations may be partially explained by the campaign for abortion law reform during 2016-17 and the increased media attention on the barriers to abortion access that the campaign created. We have successfully built on this through a fundraising strategy which utilises the reach and instancy of social media platforms to run urgent appeals for specific financial assistance clients while illustrating the barriers to access they've experienced and encouraging supporters to become regular donors. An unexpected but positive outcome of this strategy is that it has created a space where women are able to pass on thanks to their donors, and donors words of positivity and encouragement to women who are struggling, all through a platform that while being public still protects the recipient's anonymity.

Along with our committed individual donors, other organisations who help financially support clients to access termination are a vital part of our programs. In recent years we have been working to solidify and formalise these partnerships, with the result that we now have a growing number of organisations who give us a sum of money to use for financial assistance for specific clients each year - for example, a domestic violence organisation which provides us with \$3000 a year to assist women living with violence to access an abortion when that is their choice. Arrangements like this can considerably streamline the process of seeking financial assistance from other organisations, for women who fit the criteria of participating partners, making for faster approval processes and more manageable workloads for staff and volunteers.

### OUR FUNDERS



Government and a program grant from th Samuel and Eileen Gluvas Charitable Trust managed by



# OUR EVENT PARTNERS

GENERATION





and the offices of Senator Claire Moore and Terri Butler MP

# AUDITED FINANCIAL STATEMENTS

# INDEPENDENT AUDIT REPORT TO THE MEMBERS OF CHILDREN BY CHOICE ASSOCIATION INCORPORATED

### Report on the Audit of the Financial Report

#### Opinion

We have audited the financial report of Children by Choice Association Inc. (the Association), which comprises the statement of financial position as at 30 June 2017, the statement of profit or loss and other comprehensive income, the statement of changes in equity and the statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies, and the responsible entities declaration.

In our opinion the accompanying financial report of the Association for the year ended 30 June 2017 is prepared, in all material respects, in accordance with Division 60 of the Australian Charities and Not-for-profits Commission Act 2012 and the Association Incorporation Act (QLD) 1981 (as amended by the Association Incorporation and Other Legislation Amendment Act (QLD 2007) including:

- (i) giving a true and fair view of the Association's financial position as at 30 June 2017 and of its financial performance for the year ended; and
- (ii) complying with Australian Accounting Standards to the extent describe in Note 1, and Division 60 of the Australian Charities and Not-for-profits Regulations 2013 and the Associations Incorporations Act (QLD) 1981

### **Basis for Opinion**

We conducted our audit in accordance with Australian Auditing Standards. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Report section of our report. We are independent of the Association in accordance with the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 Code of Ethics for Professional Accountants (the Code) that are relevant to our audit of the financial report in Australia. We have also fulfilled our other ethical responsibilities in accordance with the Code.

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

### **Key Audit Matters**

Key audit matters are those matters that, in our professional judgement, were of most significance in our audit of the financial report of the current period. These matters were addressed in the context of our audit of the financial report as a whole, and in forming our opinion thereon, and we do not provide a separate opinion on these matters.

### **Responsibilities of Responsible Entities for the Financial Report**

The responsible entities of the registered entity are responsible for the preparation and fair presentation of the financial report in accordance with the Australian Accounting Standards and the Australian Charities and Not-for-profits Commission Act 2012 and the Associations Incorporation Act (QLD) 1981 (as amended by the Associations Incorporation and Other Legislation Amendment Act (QLD) 2007); and for such internal control as management determines is necessary to enable the preparation of the financial report is free from material misstatement, whether due to fraud or error.

In preparing the financial report, responsible entities are responsible for assessing the Association's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the Association or to cease operations, or has no realistic alternative but to do so

Those charged with governance are responsible for overseeing the Association's financial reporting process.

### Auditor's Responsibilities for the Audit of the Financial Report

Our objectives are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with the Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of this financial report.

As part of an audit in accordance with Australian Auditing Standards, we exercise professional judgement and maintain professional scepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Association's internal control.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Association's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial report or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Association to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial report, including the disclosures, and whether the financial report represents the underlying transactions and events in a manner that achieves fair presentation.

We communicate with a management regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Hanrick Curran Audit Pty Ltd Authorised Audit Company: 338599

**Michael Georghiou** Director

This is an extract from the audited financial statements. Copies of the full financial statements are available on request from Children



# PROFIT AND LOSS ACCOUNT FOR THE YEAR ENDED 30 JUNE 2017

	2017	2016
	\$	\$
Income		
Interest income	4,627	4,203
Membership fees	2,695	1,761
Grants	610,815	314,769
Trading and operating activities	103,239	199,592
Other income	48,032	28,703
Total income	769,408	549,028
Less: Expenses		
Advertising	9,359	5,509
Audit fees	2,500	1,159
Bank charges	1,785	1,172
Cleaning	1,752	1,645
Computer expenses	2,060	2,282
Consulting fees	220	3,451
Client support expenses	100,631	62,790
Depreciation	7,011	7,285
Employee benefits expense	544,693	442,540
Fundraising costs	1,816	1,270
Insurance	8,684	8,803
Motor vehicle expenses	3,200	2,849
Postage	926	929
Printing and stationery	2,554	3,420
Rates and taxes	2,734	2,633
Repairs and maintenance	8,046	3,483
Security costs	600	1,487
Sundry expenses	24,799	7,517
Telephone and fax	15,664	14,767
Training and development	3,948	1,119
Travel	6,532	3,321
Utilities	4,361	2,199
Total Expenses	753,875	581,630
Profit before income tax	15,533	(32,602)

# STATEMENT OF FINANCIAL POSITION 30 JUNE 2017

# ASSETS

CURRENT ASSETS Cash and cash equivalents Trade and other receivables Inventories Prepayments Investments (Term deposits) TOTAL CURRENT ASSETS

NON-CURRENT ASSETS Property, plant and equipment TOTAL NON-CURRENT ASSETS

TOTAL ASSETS

# LIABILITIES

CURRENT LIABILITIES Trade and other payables Employee benefits Other financial liabilities Other liabilities TOTAL CURRENT LIABILITIES NON-CURRENT LIABILITIES Trade and other payables Employee benefits TOTAL NON-CURRENT LIABILITIES TOTAL LIABILITIES

NET ASSETS

# EQUITY

Reserves Retained earnings

TOTAL EQUITY

# **RESPONSIBLE PERSONS' DECLARATION**

The responsible persons declare that in the responsible persons' opinion:

- 1. The financial statements and notes, are in accordance with the Australian Charities and Not-for-profits Commission Act 2012 and:
  - comply with Australian Accounting Standards Reduced Disclosure Requirements; and а.
  - give a true and fair view of the financial position as at 30 June 2017 and of the performance for the year b ended on that date of the Association.
- In the directors' opinion, there are reasonable grounds to believe that the Association will be able to pay its debts 2. as and when they become due and payable.

This declaration is made in accordance with subsection 60.15(2) of the Australian Charities and Not-for-profit Commission Regulation 2013.

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2017 \$	2016 \$
251,215 23,465 413	240,778 6,071 413
- 265,387	3,134 107,061
540,480	357,457
440,094	447,104
440,094	447,104
980,574	804,561
93,958	24,711
58,889	58,135
233,091	155,000
23,771	21,215
409,709	259,061
8,986 6,371	5,525 -
15,357	5,525
425,066	264,586
555,508	539,975
355,776	355,776
199,732	184,199
555,508	539,975
555,508	539,975

Children by Choice acknowledge the traditional owners of country throughout Queensland and their continued connection to land and community. We recognise the three separate cultures of Aboriginal, Torres Strait Islander and South Sea Islander people.

As women, we believe that women need to respect traditional owners, to communicate this respect to them, and to recognise the dispossession of the land and its ongoing effects on Aboriginal peoples today.

As a women's service, we acknowledge the sorrow of the mothers of the Stolen Generations and apologise for the removal of their children by white Australians.

> Always was, always will be Aboriginal land.

WWW.CHILDRENBYCHOICE.ORG.AU