

# Impact Report

2019



## Acknowledgement of Country

Marie Stopes Australia acknowledges the Traditional Owners and Custodians of the land on which we live and work. We pay our respects to Aboriginal and Torres Strait Islander Elders past, present and emerging. We also acknowledge the enduring connection to their Traditional estates across Australia and to the ongoing passion, responsibility and commitment to and for their lands, waters, seas, flora and fauna as Traditional Owners and Custodians.

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Impact Report: 2019

### Support choice and agency

As a non-profit healthcare provider, we use philanthropic donations and any surplus from full fee-paying clients to provide bursaries to clients who are experiencing financial hardship.

The 'Safe Abortion and Contraception Choice Fund' (the Choice Fund) is for women and pregnant people in Australia who are experiencing financial hardship, in addition to other healthcare barriers.

If you would like to donate to the Choice Fund:

- Visit **shoutforgood.com** and search for Marie Stopes Australia; or
- Email us at **info@mariestopes.org.au** and we'll get in touch.

Donations of \$2 or more are tax deductible.

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## Foreword from our Consumer Advisors



Agency and autonomy are important for people when they are accessing health services. It is important that consumers have a voice within health

services so that service providers understand what agency and autonomy means and how it can be protected and respected in health care.

Consumer Advisors at Marie Stopes Australia play an important role in doing this, and in providing advice on the delivery of safe, responsive, and collaborative services that meet client needs.

I am passionate about my role as a Consumer Advisor because I feel a great sense of achievement knowing that my feedback is acknowledged, listened to, and used to improve the quality of service.

It is challenging work because I am encouraged to step outside of my comfort zone, but I find this exciting as it helps me grow, as well as the organisation. Every moment with Marie Stopes Australia has been an inspirational journey and I have found that I have been welcomed by an outstanding community of passionate people that inspire betterment for each other and for the wider organisation.

I am passionate about Marie Stopes Australia's pro-choice mentality and would love to see more people given the opportunity to govern their body as they please in a safe environment.

2019 was the start of my journey at Marie Stopes Australia, and I look forward to doing great things with the team in 2020.

**Monique Blaszcak**  
Consumer Advisor  
Marie Stopes Australia



I am passionate about the rights of bariatric clients and ensuring that they are treated with dignity and respect. This is particularly important

for sexual and reproductive health provision. When I was invited to be a Consumer Advisor for Marie Stopes Australia, I took this as an opportunity to champion rights for all clients, particularly for people who are often shamed when accessing health services.

While Marie Stopes Australia has made a start in the consideration of bariatric treatment for women accessing their services, there is more work to do, and I am passionate about being part of this change across the organisation.

Marie Stopes Australia has listened to me and I have been welcomed as part of the Consumer Advisory team in the organisation. As a Consumer Advisor I am treated as part of the team and have met amazing and fantastic



women, who all have strength of purpose. I am proud to be part of this team. It is helping me find my voice on an issue that is important to me and many other clients. I am inspired by the work I do with Marie Stopes Australia.

As the organisation continues its journey to improve client-centred care, I am excited about improving sexual and reproductive health services for future generations of women. I look forward to working with Marie Stopes Australia to help them confront conscious and unconscious bias that works against many women with high BMI.

I look forward to continuing to champion client-centred care with Marie Stopes Australia.

**Alison Kent**

Consumer Advisor  
Marie Stopes Australia



## Foreword from our Managing Director



I have the great pleasure to share our second Impact Report in Australia. As I write this, it's important to recognise and acknowledge two global

phenomena that are affecting all people today and acutely impacting sexual and reproductive healthcare in Australia and around the world.

The first is the difficult circumstances we are all facing during COVID19 — the first global health pandemic in most of our lifetimes — and the second being the systemic racism pervading society today, culminating in the Black Lives Matter global movement. As such, this 2019 Impact Report is not only demonstrative of what we achieved in 2019, but is a benchmark and measure for some of the challenges we are seeing in 2020 and likely beyond. Understanding these and working to change how we deliver care is fundamental to ensuring we can meet our

purpose and the reason we exist: because every single person has the right to sexual and reproductive choice.

2019 has been a year of critical internal reflection and consideration at Marie Stopes Australia. As we creep closer to our 20th year of operation in Australia, we have been reflecting on what we did well, what we did not do so well, and most importantly, what we can do better. We wanted to look outward, so we reached out to clients, health consumers, partners, the government and our staff using appropriate research methodology to better articulate what value we deliver in Australia.

What we heard loud and clear is that safety and quality are fundamental, and something that our clients, staff and partners expect as a given from Australia's national accredited provider of sexual and reproductive health services specialising in safe abortion care.

However, what we thought was a matter of fact was indeed a critical element of how we support Australians every day. It is the way

we deliver and support access and choice, without judgement and with advocacy at every level, in every way possible, so that people can exercise greater autonomy and agency over their sexual and reproductive rights. As a result, we recognised 'agency' as a key organisational value, and added it to our shared organisational values of Integrity, Quality, Sustainability and Courage. Agency is important to us, internally and externally, because it is key to achieving reproductive justice and forms an integral part of delivering safe care. It is also something that sets us apart, something we should be proud of; that we did not wait for permission to take up the mantle of high quality, safe abortion provision.

Throughout 2019, we also dedicated a considerable amount of effort to preparing the organisation for the implementation of the second edition of the National Safety and Quality Health Services (NSQHS) standards in preparation for our accreditation survey in 2020. Our aim is to move beyond

the standards and embed client-centred care in every fibre of our organisation. This has involved critically analysing what true client-centred care means and what we need to change within our organisation to deliver dignity in healthcare every day.

2019 was also the year we took a critical eye to the issue of discrimination and, in particular, racism. Discrimination exists across the spectrum of our lives and our communities, and can be at times overwhelming. We started by conducting a Reflect Reconciliation Action Plan, allowing us to understand our current state when it comes to cultural safety and understanding. We acknowledge that as an organisation set up in 2001, we did nothing to truly understand and respect Aboriginal and Torres Strait Islander people, lands and cultures when we established the organisation.

It is for each of us that is part of change to recognise the errors of the past and make amends. We can only do this by listening to Aboriginal and Torres Strait Islander people and taking courageous action for change. We are now only at the start of that journey and will continue to do more.

Secondly, we conducted an internal anti-discrimination survey, and shone a light on areas we need to work on. In particular, racism was a key area of concern, and we are focusing on changes to address this, including zero tolerance to racism in the workplace and in our clinics. This work is informing our ongoing Reconciliation action and our People & Culture Strategy. This work also shone a light on our need for greater appreciation of the language we use in our provision of healthcare so as not to inadvertently discriminate against anyone.

Our work in 2019 formed the start of active changes we are taking as we look forward to the next 20 years of delivering sexual and reproductive health services to all Australians. I look forward to sharing more on this soon in our strategy, and in action in the years to come. Importantly, we must do better in every way possible, and we are recruiting the right people to drive strategy and action so that all people can have access and choice to the fundamental right to control their sexual and reproductive lives – critically in abortion and contraception care.

I am pleased and proud to present this second Impact Report to you. The achievements in this report would not have been possible without collaboration with our partners and the hard work, passion and dedication of our Consumer Advisors and all the staff across our organisation. I'd like to especially recognise the work of all our front-line workers in making access and choice possible every day, and in every way possible.

Thank you.

In solidarity,



**Jamal Hakim**  
Managing Director  
Marie Stopes Australia

## Year at a glance

This year was marked by significant increases in a number of our services, including a massive increase in vasectomy services and our teleabortion services (medical abortion via telehealth). We continued with our advocacy agenda and focused squarely on improving health literacy for all our clients and those seeking information on our services. We also worked with clients, staff and partners across the sector to localise our mission and value proposition in Australia. And we progressed our Reconciliation work through our Reflect Reconciliation Action Plan.

### Preparing for the new national accreditation standards

This year we have invested a significant amount of effort in embedding the new National Safety and Quality Health Service Standards across the organisation. For the first time we moved from a State and Territory-based accreditation process to a national

accreditation process. We look forward to sharing with you our progress on embedding these standards in our 2020 Impact Report.

### Localising our purpose

2019 has been a year of reflection and re-focus of our role in the Australian sexual and reproductive health rights landscape. This has involved us reflecting internally as well as with consumers and partners on how we best localise our global mission to Australia and ensure we are engaging with our communities in the most effective way possible. This work has also played a significant part in the development of our strategic plan for Marie Stopes Australia beyond 2020. We look forward to sharing more on this with you in 2020.

### Addressing discrimination

Discrimination has a profound, damaging and long-lasting impact on our communities, both locally and globally. In order to address any forms of discrimination, we first need to look at ourselves and uncover where the overt and hidden forms of discrimination occur. In 2019, we held an organisation-wide confidential consultation to determine where the areas of discrimination lie within our organisation. The results are directing our internal people & culture strategy and helping to progress our Reconciliation Action Plan. Importantly, we have developed an organisational anti-discrimination policy; adopted zero tolerance measures towards racist and other discriminatory behaviour; and broadened our speaking up policies to include all forms of discrimination, and in particular racism, so that all staff and clients have access to confidential escalations to report discrimination and racist behaviour.



# Who is Marie Stopes Australia?

We are an independent, non-profit organisation dedicated to ensuring sexual and reproductive health services are equally accessible to all people living in Australia. We are the only national accredited provider of abortion, contraception and vasectomy services, and the country’s longest running provider of teleabortion. Our holistic, client-centred approach empowers individuals to control their reproductive health safely, and with dignity, regardless of their circumstances. Through active partnerships with healthcare providers, researchers and communities, our models of care ensure the total wellbeing of our clients is supported at every stage.

## What we do

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Purpose driven healthcare

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Accredited national sexual and reproductive health service

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Specialist holistic abortion services for a fully supported client journey

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Longest established teleabortion provider

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Advocacy in action at every level of government

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Education and clinical excellence

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Research and policy development for social change

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Fiercely pro-choice

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## Our values

<b>Quality</b>	Quality means prioritising safety across the board; from delivering safe clinical outcomes to helping clients feel safe by providing approachable, culturally appropriate and non-judgemental care.
<b>Integrity</b>	Integrity means pursuing our purpose without compromise and partnering with like-minded organisations to destigmatise our services, so everyone can have the right to choose, no matter what.
<b>Sustainability</b>	Sustainability means ensuring our financial and political independence, so we can focus on achieving our long-term mission, while continuing to provide ongoing access to care.
<b>Agency</b>	Agency means enabling reproductive choice through both our delivery of safe, non-judgemental care, and ongoing initiatives in the areas of research, advocacy, health literacy and policy.
<b>Courage</b>	Courage means being able to summon the strength and determination to fight for reproductive rights, every day, and never taking a backwards step.

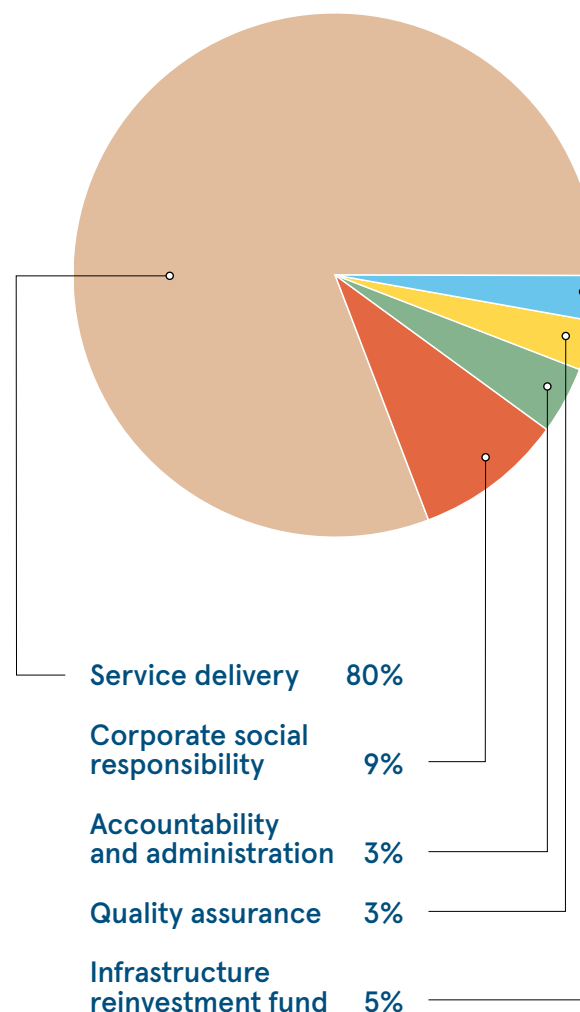


# Investing in access and equity

As Australia's only national not for profit sexual and reproductive health provider, we know that we have a responsibility to invest in delivering accessible services and providing equitable support to the communities we serve and the partners we work alongside. That's why we created the Choice Fund in 2017 – to provide financial support for clients experiencing hardship and to give greater access and choice to clients facing barriers to exercising their reproductive rights. The support of individual donors and our partners in funding this program is critical to equity around the country. This is an example of our commitment to advocating through action – making it possible for more people to make the reproductive choices that are right for them, every day.

We also invest in improving access, choice and equity in Australia by engaging in research, policy development and advocacy that seeks to remove barriers to services such as abortion care and contraception; providing external clinical education and health promotion and literacy indiscriminately; and supporting our international programs within our region.

Beyond the delivery of clinical services to communities, we invest in our infrastructure, safety and quality, ensuring we are accountable and ethical in our administration.



## Category key

<span style="color: #C8A27A;">■</span>	<b>Service delivery:</b> direct delivery of clinical services
<span style="color: #76923C;">■</span>	<b>Accountability and administration:</b> corporate administration and oversight
<span style="color: #FFD700;">■</span>	<b>Quality assurance:</b> clinical quality, governance and auditing
<span style="color: #4682B4;">■</span>	<b>Infrastructure reinvestment fund:</b> investment in our clinical network
<span style="color: #FF4500;">■</span>	<b>Corporate social responsibility:</b> financial assistance for clients, research, policy and advocacy, supporting regional programs, external clinical education and health promotion. CSR is divided into these categories:
15%	Financial assistance
9%	Research, policy and advocacy
26%	Supporting regional programs
50%	External clinical education and health promotion

# Leading the national conversation

We have a commitment and responsibility to lead the national conversation on sexual and reproductive health and rights, in particular abortion and contraception care.

## National support

The National Support Centre offers confidential pregnancy support, information and referral.

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**151,087**

calls answered

**1 in 3**

clients seeking  
information  
or referral to  
another provider

**2 in 3**

calls from existing  
or future clients

**24,611**

emails received  
and responded to  
within 2 hours

**8,760**

support hours  
open per year

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## Clinical care

We provide clinical care to thousands of Australians and international visa holders who reside in Australia each year.

**52,000**

services  
delivered

**12%**

of services provided  
without Medicare card

**Services include:**

Surgical abortion, medical abortion, medical abortion by phone (teleabortion), vasectomy, tubal ligation, contraception, sexual health screening, counselling and aftercare services

**Long acting reversible contraception (LARC) methods include:**

Contraceptive injection, the contraceptive implant (or rod), the copper intrauterine device (IUD) and the hormonal intrauterine system (IUS)

**28%**

of clients who had a surgical abortion in 2019 also chose LARC; an increase of 8% since 2018

**2%**

of clients who had a medical abortion in 2019 chose LARC; a decrease of 6% since 2018

\* Data is unavailable on which clients accessed short acting contraception following abortion, such as who filled contraceptive pill prescriptions or who used condoms. These methods are also available to all clients visiting Marie Stopes clinics.

## Localising Marie Stopes' purpose in Australia

In 2019 we conducted research to better understand what our clients and partners expect and want from us. The aim of this work was to communicate better and more clearly, and design illustrations, stories, websites, clinics, and client resources that better reflect the needs and expectations of our clients and partners.

## Defining our mission in partnership

We conducted a series of interviews to learn about people's experiences accessing sexual and reproductive health services in Australia: what they liked and didn't like, their attitude towards abortion, what they thought of the Marie Stopes International global tagline 'Children by choice, not chance', and how we could better represent them and their needs both internally and externally.

We also asked our Facebook Consumer Advisory Panel how they felt about the international tagline for an Australian context. What we found was that people preferred more inclusive language to represent the full suite of our services and the range of reproductive choices we facilitate.

'Children by choice, not chance' is quite politically charged. The idea of choice is the most important part, and should be used but not the word "children" – as it is not inclusive of all people's reproductive experiences. Reproductive autonomy is key here – having real reproductive choices and meaningful control.

After consulting with our online community and interviewees, we were able to better articulate the foundations of what we do, how we do it and why we do it, so that those seeking services are well informed and treated with dignity – particularly in the way we communicate with them.



*Our online Consumer Advisory panel helped us articulate the foundations of what we do.*

It was essential that our new colours, tone and imagery reflect a diverse range of perspectives and clients, resonate with our community, and make them feel welcomed and safe. We created new guidelines to make our resources consistent and aligned to reflect our community.

One of the most important ways to combat stigma and to ensure people are well informed is to present information clearly and to use plain language. As such, health literacy has been a major focus for us in 2019.



*Our new illustrations can be used to represent our tone and assist with health literacy.*

## Health literacy

When people can understand the health information presented to them, either visually or verbally, it enables them to make informed decisions about their health.

Involving consumers in the review and production of new resources is an essential part of health literacy. In 2019, we created an online Health Literacy Review Consumer Panel that consists of over 200 phenomenal people who provide feedback and help us ensure our resources are clear, understandable, and appropriate.

We underwent a health literacy review of all our consumer facing resources and created a health literacy guide. This guide ensures that our resources are written in plain language, use graphics and illustrations as much as possible and use gender neutral, inclusive language.

Every part of the organisation now considers health literacy when preparing any external content, and we work across all parts of the organisation with our Consumer Advisory Panel to ensure we are taking into account the voice of consumers in everything we do.



## Client information booklets

The first major piece of our review was our client booklets. These are given to every client who makes a booking and inform them of how to prepare for their appointment, what to expect at the clinic, any risks and aftercare information.

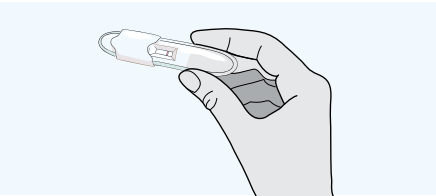
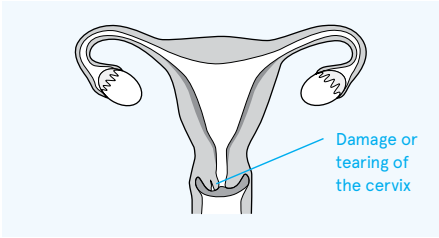
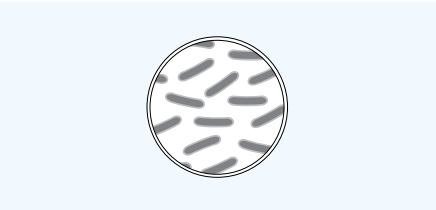
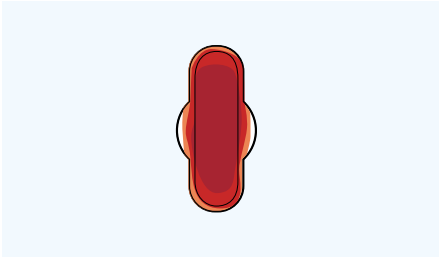
13	Clinical Services	Surgical Risk	14
<p><b>Risk</b></p> <p>Around 1 in 500 procedures</p>	<p><b>Continuing pregnancy</b></p> <p><b>What is it:</b> The pregnancy remains and may continue to grow. This is more likely in procedures done very early in pregnancy.</p> <p><b>Action/treatment:</b> May require treatment or a repeat procedure. You will not have to pay for this if treated in one of our clinics.</p> 	<p><b>Risk</b></p> <p>About 1 in 100 procedures; risk is higher with later pregnancy.</p>	<p><b>Cervical trauma</b></p> <p><b>What is it:</b> Damage or tearing of the cervix (lower part of the womb).</p> <p><b>Action/treatment:</b> You may be given medication before the procedure to reduce this risk.</p> 
<p><b>Risk</b></p> <p>Because we screen for infection and provide antibiotics, the risk is less than 1 in 100.</p>	<p><b>Infection</b></p> <p><b>What is it:</b> When bacteria or a virus enters the body and can cause disease. This is uncommon and serious infection from abortion is rare.</p> <p><b>Action/treatment:</b> You will be tested for infections and we will give you antibiotics to reduce the risk of infection.</p> 	<p><b>Risk</b></p> <p>Less than 1 in 1,000 cases; risk is higher with later pregnancy.</p>	<p><b>Haemorrhage</b></p> <p><b>What is it:</b> Excessive bleeding.</p> <p><b>Action/treatment:</b> You may need further surgery, intravenous fluids or a blood transfusion.</p> 

Illustration of Clinical Services Guide, English Language Version.

## Community-approved translations

An essential element to our health literacy review was to ensure that our major resources were available in multiple languages. We translated these resources into the top five most requested languages of our interpreter services. It was important to us that the content was culturally sensitive, which is why they also went through consultation with communities from these language groups to ensure they were appropriate.

14 خطر جراحي

**أذى عنق الرحم**  
ما هو: تلف أو تمزق عنق الرحم (الجزء السفلي من الرحم).  
الإجراء / العلاج: قد يتم إعطاؤك دواء قبل العملية لتقليل هذا الخطر.



تلف أو تمزق عنق الرحم

تأجيل إلى جراحة أخرى أو سؤال في الوريد أو نقل دم.



13 خدمات سريرية

**استمرار الحمل**  
ما هو: الحمل يبقى وقد يستمر في النمو. هذا هو الأرجح في العمليات التي تتم في وقت مبكر جداً من الحمل.  
الإجراء / العلاج: قد يحتاج إلى علاج أو تكرار العملية. لن تضطري لدفع ثمن هذا إذا عولجت في إحدى عياداتنا.



13

**خطر**  
حوالي 1 من كل 100 عملية؛ يكون الخطر فيه أكبر في حمل متقدم.

**خطر**  
حوالي 1 من 500 عملية

13

**رиск**  
في كل 500 حالة، يوجد 1 حالة

**مستمر الحمل**  
تعريف: الحمل يظل ويتطور. هذا هو الأرجح في العمليات التي تتم في وقت مبكر جداً من الحمل.  
الإجراء / العلاج: قد يحتاج إلى علاج أو تكرار العملية. لن تضطري لدفع ثمن هذا إذا عولجت في إحدى عياداتنا.



14

**رиск**  
في كل 100 حالة، يوجد 1 حالة؛ خطر الحمل المتأخر.

**مستمر الحمل**  
تعريف: الحمل يظل ويتطور. هذا هو الأرجح في العمليات التي تتم في وقت مبكر جداً من الحمل.  
الإجراء / العلاج: قد يحتاج إلى علاج أو تكرار العملية. لن تضطري لدفع ثمن هذا إذا عولجت في إحدى عياداتنا.



تلف أو تمزق عنق الرحم

**رиск**  
في كل 1,000 حالة، يوجد 1 حالة؛ خطر الحمل المتأخر.

**مستمر الحمل**  
تعريف: الحمل يظل ويتطور. هذا هو الأرجح في العمليات التي تتم في وقت مبكر جداً من الحمل.  
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**رиск**  
في كل 1,000 حالة، يوجد 1 حالة؛ خطر الحمل المتأخر.

**مستمر الحمل**  
تعريف: الحمل يظل ويتطور. هذا هو الأرجح في العمليات التي تتم في وقت مبكر جداً من الحمل.  
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Illustration of Clinical Services Guide, Arabic and Chinese Language Versions.

# Advocacy

● In 2018 the United Nations Convention on the **Elimination of All Forms of Violence Against Women Committee** recommended that Australia harmonise State and Territory legislation to increase abortion access and introduce ‘**Safe Access Zones**’.

● The lobby for **Safe Access Zones** in Western Australia continued. There was daily picketing through Lent, affecting

abortion access for approximately 2,300 clients at Marie Stopes clinics.

● **Choice Words**, an Australian collection of writings about abortion was launched by Allen and Unwin with support from Marie Stopes Australia.

● The Federal Labor Party announced **broad-sweeping changes to allow for national abortion access** as part of their Australian

election platform. The platform was the result of work by sexual and reproductive health rights advocates including Marie Stopes Australia.

● **#IHadOneToo**, Australia’s first online story-telling platform aimed at normalising the abortion experience, was launched in Victoria with the support of Marie Stopes Australia.

● The **National Women’s Health Strategy 2020–2030** was launched by the Coalition Government on 9 April, with measures of success including availability of LARC, equitable access to abortion and reduction of reproductive coercion prevalence.

● The **High Court** delivered a landmark ruling in *Club v Edwards (2019)* on 11 April validating Safe Access Zones,

unanimously repealing appeals in both Tasmania and Victoria.

● **ACT campaign for law reform** — Marie Stopes Australia provided evidence on barriers to access and briefings to key stakeholders. The Health (Improving Abortion Access) Amendment Bill came into affect on 1st July 2019, enabling access to medical abortion via teleabortion and extending the potential prescriptive

powers to Nurse Practitioners. Marie Stopes provided training to support community access to medical abortion at local GPs.

● The Federal Government confirmed that there were **no current plans for a national Sexual and Reproductive Health Strategy**. We continued to lobby for national and State/Territory level strategies.



- **NSW campaign for abortion law reform accelerated.**

Marie Stopes Australia took a stand against harmful amendments to the legislation, including misconceptions about sex-selective abortion, and presented at public hearings. The New South Wales *Abortion Law Reform Act 2019* commenced on 2 October 2019, which abolished common law offences relating to abortion access.

- **SA campaign for decriminalisation and safe access zones progressed.**

After debate in Parliament, proposed legislation was deferred until 2020.

- On 31 December a novel **coronavirus** identified in China was reported to the World Health Organisation, which would have the ability to effect **global sexual and reproductive health rights**.



December 2019

## Sexual and reproductive health national policy and legislative reform

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### **4 papers**

academic papers building sexual and reproductive health evidence

### **10 conference presentations**

conference presentations exchanging evidence

### **7 presentations**

practitioner presentations translating evidence

### **6 policy submissions**

policy submissions

### **8 briefings**

advisory briefings

### **2 hearings**

legislative committee hearings

### **74 media**

media interviews and publications challenging sexual and reproductive health stigma

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## Reproductive coercion national policy and practice development

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**6,106  
downloads**

of the *Hidden Forces* White Paper in the first year of publication

**1,054  
unique visits**

unique visits to the *Hidden Forces* White Paper download page in the first year of publication

**80 contributors**

Consultation with 80 contributors to *Hidden Forces*, and in-depth feedback from 27 contributors to determine next steps

**4 presentations**

4 conference presentations on reproductive coercion

**Updates**

Started email updates to practitioners with links to recent academic and policy resources

**27 contributors**

Consultation with 80 contributors to *Hidden Forces*, and in-depth feedback from 27 contributors to determine next steps

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## Partnering with consumers

In 2019 we doubled the size of our Consumer Advisory Group from 3 to 6 advisors. The group helps to steer our advocacy and community engagement work.

In 2019 we embarked on training with the Consumer Advisors on the essence of partnering with consumers and how their work intersects with the National Quality and Safety in Health Care Standards.



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### Consumer Advisor Profile: Monique Blaszcak

Monique has worked alongside Marie Stopes Australia since 2019 as a Consumer Advisor. She is the Co-Chair of the organisation's Reconciliation Action Plan Working Group.

*"As a Consumer Advisor with Marie Stopes Australia, I have voice in a safe space about issues that are important to me. I have had my rights and choice removed by other health professionals. Being able to speak up for and on behalf of people accessing health care is important to me and I know it is valued by Marie Stopes Australia."*



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### Consumer Advisor Profile: Alison Kent

Alison has worked alongside Marie Stopes Australia since 2018 as a Consumer Advisor. She has played a key role in staff recruitment and clinic design and is passionate about supporting improvements in the care of bariatric clients.

*"The way a person is treated by a health service has a significant impact on that person's ability to recover mentally and physically from their treatment. When it comes to clients with a high BMI, it is important that health providers face any unconscious bias that might impact on a patient's experience. There are a lot of considerations around post treatment and sexual health that I would like to bring to Marie Stopes and that is what I will continue to do."*

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## MS Health

We started MS Health as the nation's only not-for-profit pharmaceutical company in 2012 to ensure the availability of medical abortion in Australia.

MS Health provides access to medication, free online training and registration of health care professionals to deliver medical abortion, as well as 24-hour phone support for people who access medical abortion anywhere in the country.

Clinical education on medical abortion is available for health professionals nationwide via an online learning management system, and face to face education is provided at local conferences and events.

### Did you know?

MS Health provides a 24-hour nurse-led support line for any person in Australia who accesses a medical abortion. We provide this support to patients from all health services, not just Marie Stopes Australia.

## MS Health key facts for 2019

**10,475**

Estimated unique website visitor numbers to the MS-2 Step website

**2,063**

prescribers and dispensers were new or renewed in 2019

**883**

new or renewed prescribers

**1,180**

new or renewed dispensers (compared to 2018)

**16%**

increase\* in the number of new or renewed prescribers

**10%**

decrease\* in the number of new or renewed dispensers

Victoria had the highest increase in prescribers and dispensers in 2019 was in the state of Victoria

\* When compared to 2018.

## Responding to local needs

Given the diversity and complexities of Australia's metropolitan, regional and remote communities, it is important to be responsive to client and community needs. This is done by considering demographic needs, providing mental health support alongside clinical care, and using philanthropic funds to provide equity and access to services.

### Increasing sexual and reproductive health services

In 2019, we solidified our role as Australia's leading sexual and reproductive health service, delivering over 52,000 episodes of care in the year. We increased our vasectomy services by 48% and continued to deliver a full range of contraception and abortion care services across the nation's cities and regional rural and remote areas. Our medical abortion via telehealth service (established in 2015) went from strength to strength, increasing access for women across the country.

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#### Staff Profile: Sarah Hill, Nurse Unit Manager, Newcastle

*"I love leading our team at Newcastle. We are from across the community and have a diversity of backgrounds and experiences. We are all united in our passion for providing compassionate care, free from judgement, to every single person who walks through our doors. It drives all of us working here."*

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## Enhancing the skills of local health providers

In 2019 we undertook training of local medical professionals in the provision of medical abortion in key regional, rural and remote locations of Australia. We also provided training and support to medical professionals in the Australian Capital Territory following changes to abortion legislation to increase access to medical abortion in primary healthcare.

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### Staff Profile: Dr Catriona Melville, Deputy Medical Director

*“The education we deliver for local health care providers is critical to improve access to sexual and reproductive health services. This outreach work is much more than merely teaching the clinical aspects of abortion care. It is about facilitating peer support between local health communities, and building local networks of doctors, nurses and allied health care professionals that can provide services safely and support each other. This is vital in rural, regional and remote communities.”*

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## Increasing access

Each State and Territory in Australia has different policy and legislation which impacts on sexual and reproductive healthcare access. This year we focused on campaigning for the decriminalisation of abortion in New South Wales, Australian Capital Territory and South Australia, Safe Access Zones in South Australia and Western Australia, and provision of bursaries for people experiencing financial hardship.

### Western Australia

We continued the community campaign for safe access zones around sexual and reproductive health clinics and provided expert input and analysis to the Safe Access Zones Legislation Discussion Paper. We also supported public health clients to access abortion, contraception, vasectomy and tubal ligation services.

### South Australia

We supported the campaign for decriminalisation of abortion and safe access zones.

### Tasmania

We have continued to lobby for support for local surgical abortion care services for Tasmanians.

### Northern Territory

We have continued to provide teleabortion to the community and referred clients to local providers for support.

### Queensland

We embarked on a number of partnerships with hospital and health services across the state to provide access to abortion and contraception care on behalf of a number of public hospitals. We also provided training to General Practitioners and medical professionals in the metropolitan and regional areas of the state.

### New South Wales

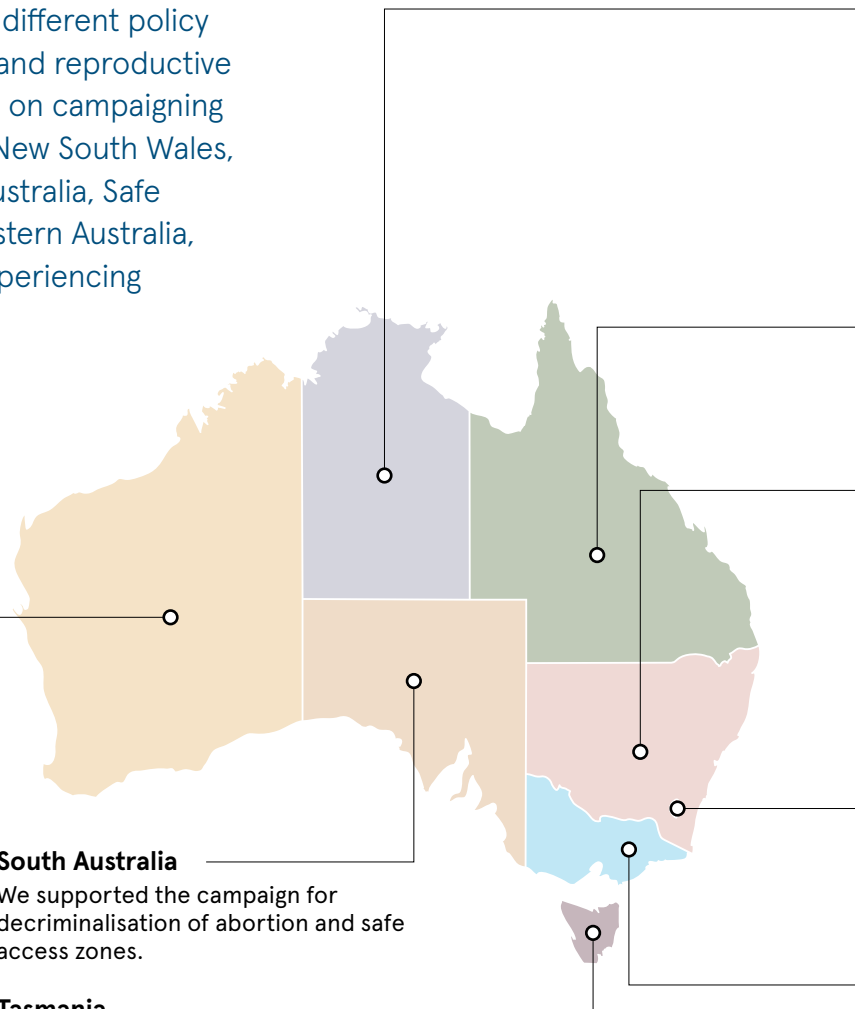
We were part of the campaign to successfully achieve decriminalisation of abortion in the state. We also worked with the Murrumbidgee Primary Health Network and Wagga Wagga-based advocates to train the regional centre's medical professionals in medical abortion provision locally.

### Australian Capital Territory

We supported changes to the Territory's abortion legislation and trained more than 30 local General Practitioners to increase access to medical abortion across primary health areas.

### Victoria

We have continued to work through the Victorian Abortion Group to increase access to abortion care across the State. We also commenced planning and design of a new clinic to be opened in Richmond.



## Mental health and wellbeing

All clients, no matter where they are from or what they are experiencing, can access counselling from our specialised, trauma-informed counselling team. Some of our clients are experiencing complex circumstances. These experiences include sexual, family or domestic violence; needing to travel interstate to access services; or living with mental health challenges or significant levels of financial distress.

At times there are complexities that require longer term counselling, so we will bridge a gap until they can link with other specialist mental health professionals. Counsellors are also available to provide support to partners of current clients and previous clients who need further support, information or referral.

## Our counselling clients

**100%**

of clients have access to all-options counselling sessions

**93%**

of counselling sessions delivered by phone

**2,439**

contacts made with counselling team

**1,630**

appointments

**5%**

of clients were seeking support for a planned pregnancy

**31%**

of clients were from migrant or refugee backgrounds

**4%**

of clients were Aboriginal and Torres Strait Islander people

**19%**

of clients identified that their conception partner was unsupportive and/or their pregnancy was the result of sexual violence

\*Note: accurate data is currently unavailable to determine the number of clients with disability who accessed our counselling services. This will be remedied in the future with revised electronic databases.

## Investing in equity

We combine philanthropic donations, trusts, foundations and bequests to create an equity fund we call the 'Choice Fund'. The Choice Fund is used to provide bursaries to people who are seeking contraception and/or abortion, who cannot access the funds to pay for their own healthcare. Marie Stopes Australia also provides additional funding to supplement the Fund. Every dollar in the fund goes directly towards healthcare provision.

## Support for clients experiencing challenges

Many clients who approached us for financial support have other complicating factors in their lives. Beyond lack of financial resources, these clients may also be experiencing homelessness, mental and physical health issues, living with domestic and family violence or may have experienced sexual coercion and violence.

In 2019 we provided financial support for 1,054 clients, compared to 423 in 2018.

This includes:

- 616 clients referred from women's health and domestic/family/sexual violence support organisations
- 22 clients referred from public health and hospital services
- \$561,000+ in financial support
- \$71,000+ worth of procedures through no interest payment plans
- 64% of financial support provided to NSW clients, compared to 38% in 2018
- 19% of financial support provided to QLD clients, compared to 33% in 2018
- 63 clients who travelled more than 1,000 kms return to access a clinic, 10 of whom travelled more than 5,000 kms return during their journey.

Of those who accessed bursaries:

- 10% were Aboriginal and Torres Strait Islander people
- 24% were born outside of Australia, top countries of birth including Canada, England, Fiji, India, Iran, Nepal, Papua New Guinea, the Philippines, Italy, Samoa and the Sudan

- 2% preferred languages other than English
- 7% had no access to Medicare
- 24% were employed, 21% were unemployed, 8% primarily doing unpaid care work, 4% were students, and 43% other.
- None were people with disability, compared to 4% in 2018
- 4% were people experiencing domestic or family violence, down from 20% in 2018
- 1% were people who had recently experienced sexual violence, down from 9% in 2018
- Less than 1% were people who were homeless, down from 10% in 2018
- Less than 1% were people with drug related addiction, down from 6% in 2018.

The number of people in these categories may have decreased during 2019 because of an increase in financial support requests from external agencies. In 2020 we plan to triage requests for financial support differently, which will enable more accurate demographic data collection and better targeting of financial support to people with co-occurring complexities such as family and domestic violence and homelessness.



### Did you know?

The average distance travelled to access services by clients who received financial support from Marie Stopes Australia was 260 kilometres return; 38 kilometres less than in 2018

### Did you know?

6% of our clients told us they prefer a language other than English.

## Who are our clients?

### Cultural languages

All clients who access our services are offered an interpreter service if English is not their primary or preferred language.

- Top 10 languages other than English spoken by clients: Arabic, Farsi, Hindi, Khmer, Korean, Mandarin, Nepali, Punjabi, Tamil and Vietnamese.
- 2,774 interpreter services were provided to clients, including AUSLAN, a 46% increase from 2018.

### Aboriginal and Torres Strait Islander clients

- 3% of clients are Aboriginal and/or Torres Strait Islander people.
- Of those clients, 86% are Aboriginal, 6% are Torres Strait Islander, and 8% are Aboriginal and Torres Strait Islander.
- Most (98%) of Aboriginal and Torres Strait Islander clients are women.

### Age of our clients

Clients access our services throughout their lives.

- 30 years: the median age of our clients
- 13 years: the age of our youngest client
- 76 years: the age of our oldest client.

### Relationship status of our clients

- 37% of clients are married or in defacto relationships
- 3% of clients are widowed, divorced or legally separated
- 33% of clients report they have not been married.

\* Note: we recognise that we need to do more work to ensure we provide culturally responsive and supportive services to Aboriginal, Torres Strait and South Sea Islander communities. We have embarked on a Reconciliation Action Plan journey in 2019 to make sure this commitment is delivered in our organisation's strategy and operations.



## Continuous improvement

Our clients are at the very centre of what we do. We have strong clinical governance and are accountable when it comes to clinical excellence and quality of care for all clients.

Accreditation by the Australian Commission on Safety and Quality in Health Care against the National Safety and Quality Health Service Standards confirms a high standard of care. A Clinical Governance Committee reviews all aspects of clinical service provision so that we constantly learn and improve our care. A National Medical Advisory Committee oversees clinical practice to make sure that our doctors work to the highest standards.

### Reconciliation Action Plan

We began our organisational journey of reconciliation with a Reflect Reconciliation Action Plan. As part of our reflections, we consulted with staff about their experiences of discrimination, conducted an audit

of our policies and procedures and met with Aboriginal Community Controlled Organisations to get a better understanding of how we could improve our partnerships and collaborative service delivery.

We need to do more work to support our own staff, to assign Aboriginal and Torres Strait Islander roles and to provide a broader range of culturally responsive services in partnership with Aboriginal Community Controlled Health Organisations. These initiatives will form part of our Innovate Reflection Action Plan, which will be designed in 2020.

## What does cultural safety workplace mean to staff?

'A place where we understand who our Elders are, they understand who we are, and we work with them to embed Aboriginal and Torres Strait Islander protocols to ensure our clinics are a culturally safe space for all communities.'

'It's a workplace that people seek to understand as opposed to judge, but also to respect each other and the work we do to achieve our purpose.'

'A space where staff feel supported to report discrimination against themselves, or to report discrimination that they witness against a client or colleague.'

'An environment that is inclusive, non-judgemental and respectful of all humans that work within MSA and our clients that we serve.'

'Feeling safe to be who I am, including culture and history; creating a safe space for others for the same.'

'A workspace free from discrimination and racism (overt or covert) and one which embraces diversity.'

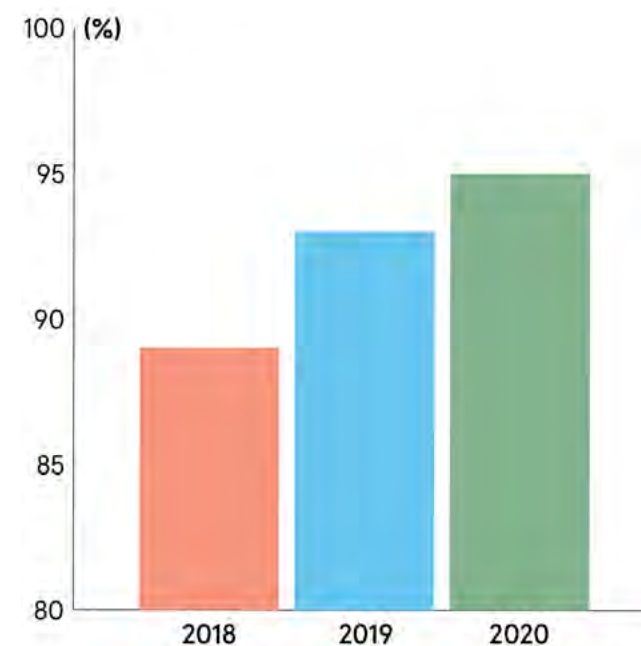
'Leadership that is (as much as possible) representative of diversity themselves. Succession planning and support for people of diverse backgrounds to be in leadership positions.'

'Race, gender, sexuality and disability inclusivity.'

'A trauma-informed space where all clients, staff and broader communities feel welcome and safe to express their own cultures and address their own needs.'

## Complaint and feedback trends

In 2019, 95% of our clients reported a high to very high satisfaction rate with the service they received. This is up 2% from 2018, and up 6% from 2017.



Graph showing % clients reporting a High or Very High satisfaction rate

## Measuring our client-centred care

For the past three years, to facilitate discussion and provide a structure to improve our client-centred care and consumer participation, we undertook the Clinical Excellence Commission's (CEC) Patient Based Care Challenge.

We brought together our clinical team members, the Executive and Senior Management team members and a Consumer Advisor. Using a gap analysis, we measured how we were performing in these areas of leadership, communications, client and carer engagement, client feedback and organisational culture and development.

Over the course of the next year we put in place a number of interventions to improve how we were engaging with clients and consumers across these areas. In 2018 and 2019 we repeated the gap analysis, which showed we had improved across all areas of consumer participation.

Gap analysis	Pre-intervention 2017 results	Post-intervention 2018 results	Post-intervention 2019 results
Achieved	37%	63%	64%
Partially achieved	48%	30%	32%
Not achieved	15%	7%	4%

## Safety Climate Survey

In 2019 we also conducted an organisation-wide survey to assess areas of strength and areas for continued improvement to our Safety Climate to, ultimately, improve client outcomes. The survey allowed us to benchmark ourselves internally and externally against more than 30 hospitals. We achieved an overall Safety Climate Score of 3.85, which places us in the 'upper average' category when benchmarked against other health services. This shows we have a good overall Safety Climate.

Areas of strength were in the Safety Climate category and the teamwork category, where we scored at the top end of benchmarked health services. Areas for improvement include staff training and support, supervision of new staff and constructively dealing with staffing issues.

The survey results have been used to develop continuous improvement plans across the organisation. We have committed to running the survey every two years, allowing for time to implement actions from each survey over the period.

## Research to improve abortion care

In 2019, we continued our partnership with the Australian National University on an ambitious research project to develop better care pathways for all people accessing abortion services. We developed a team of champions within our clinical network who supported the design of an optional research survey for clients and their support people, prior to and following their procedure. Ultimately the partnership will deliver a mechanism to help personalise abortion care for all our clients and optimise client care pathways.

## Research to improve teleabortion care

We also continued our partnership with IBIS Reproductive Health and Monash University to assess the safety, efficacy and acceptability of our medical abortion via telehealth service. Established in 2015, our teleabortion is the longest established provider in Australia. In 2019 we completed analysis of qualitative and quantitative data and will publish the results of this work in 2020. This will be the largest data set covering medical abortion via telehealth in Australia.

## Partnerships

Partnerships for service delivery, advocacy and policy and clinical education are an important part of increasing access and equity, developing culturally responsive care and supporting continuous improvement. In 2019 we embarked on a new partnership model and began formalising working agreements with partner organisations, with shared responsibilities and goals.

We invited partners who have collaborated with us at any time in the past to share their feedback. Suggestions for improvement included clinical education on nurse led prescription of medical abortion, reducing the cost to the consumer for medical and surgical abortion care and greater collaboration on academic research projects.

We are working in 2020 on how we better collaborate with partners to address areas for improvement. To contribute to the next partnership review, please visit <https://www.surveymonkey.com/r/collaboratingforchange> at any time.

All feedback is shared with the Executive and used to inform partnership development.

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70%

of partners would be likely or very likely to recommend Marie Stopes Australia if a friend or colleague needed to access clinical sexual and reproductive health services.

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33%

of partners would be likely or very likely to recommend Marie Stopes Australia for clinical education.

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## What does Marie Stopes Australia do well? How has our partnership benefited your work?

‘It is the largest abortion provider. It is comforting to know that the service is there across Australia for all women. The Maroondah service fills an incredibly important gap in government service provision.’

‘Politics- MSA has influenced important political change regarding abortion. Research — MSA’s white paper on reproductive coercion has added to my own understanding of the topic and enriched my PhD.’

‘Compassionate abortion care, assisting our clients with procedures. Providing discounts and funding for vulnerable and disadvantaged clients. Partnerships with HHS for public provision to ensure access. Advocacy for SRH policy in Australia.’

‘Squeezing patients in. A spot will always be found for someone.’

‘We’re a women’s/feminist network and MSA is one of our members. MSA has been one of our most active members recently and is both highly participatory and constructive in participating in our work. MSA’s analysis has strengthened our policy advocacy work and helped us to progress it.’

‘Increased my understanding of the services they provide and allowed me to share those with patients.’

‘Highlighting the need for sexual and reproductive health service providers to consider reproductive coercion and how to support women who are affected by this type of family violence. Continued excellent sexual and reproductive health information on social media for the general public and service providers.’



# Public reporting of clinical outcomes

In 2019 we continued to publicly report on clinical outcomes across the services provided by the organisation. The latest information can always be found on our website.

Medical termination of pregnancy	2018	2019	Benchmark rate*
Total complication rate	5.90%	4.83%	-
Incomplete abortion	4.41%	3.70%	1.1-4.2%
Continuing pregnancy	0.78%	0.37%	0.5-0.7%
Infection rate	0.38%	0.41%	0.2-1.0%
Surgical termination of pregnancy	2018	2019	Benchmark rate*
Total complication rate	1.94%	2.16%	-
Incomplete abortion	0.96%	0.88%	0.3-2%
Continuing pregnancy	0.03%	0.06%	<0.2%
Cervical injury	0.04%	0.04%	<1%
Perforation of uterus	0.08%	0%	0.1-0.4%
Infection rate	0.16%	0.33%	0.1-2%



<b>Vasectomy</b>	<b>2018</b>	<b>2019</b>	<b>Benchmark rate*</b>
<b>Total complication rate</b>	<b>0.47%</b>	<b>0.47%</b>	<b>–</b>
<b>Failed vasectomy</b>	0.46%	0.05%	<1%
<b>Haematoma</b>	0.15%	0.10%	1-2%
<b>Infection rate</b>	0.15%	0.26%	1-2%
<b>Anaesthesia</b>	<b>2018</b>	<b>2019</b>	<b>Benchmark rate*</b>
<b>Total complication rate</b>	<b>0.21%</b>	<b>0.16%</b>	<b>–</b>
<b>Collective complication rate</b>	<b>2018</b>	<b>2019</b>	<b>Benchmark rate*</b>
<b>All procedures</b>	3.30%	3.07%	–

We participate in the Australian Council of Healthcare Standards (ACHS) Clinical Indicator program where \*three outcomes are compared with peer-like health services. All serious adverse events are reviewed through the National Medical Advisory Committee.

# Further information and feedback

If you would like to know more about the work that we do at Marie Stopes Australia you can follow us on social media or get in touch via the following channels

 @mariestopesau

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 @mariestopesaus

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 mariestopesaus

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 [mariestopes.org.au](http://mariestopes.org.au)

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You can also support our work by making a tax deductible donation at **[mariestopes.org.au/donate](http://mariestopes.org.au/donate)**

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