

Family. Planning Tasmania.

Tasmanian Government 2023-24 Budget Priorities Submission

Introduction

This budget submission reaffirms Family Planning Tasmania's (FPT's) commitment to working with the Tasmanian Government on the following shared objectives:

- Reduce costs and pressure on the public health system, particularly hospitals
- Alleviate the impacts of General Practitioner (GP) shortages, particularly in regional areas
- Enable the Tasmanian Government to deliver on commitments in State and National strategies that involve sexual and reproductive health (SRH), particularly strategies relating to women's health, children and young people's wellbeing, and family violence
- Implement sustained preventative programs in the areas of respectful relationships, consent, sexuality and protective behaviours, that produce long-term social and economic benefits for Tasmania.

The Tasmanian Government is currently funding initiatives from FPT's 2022 Budget Priority Submission, aimed specifically at reducing public health waiting lists and preventing complex referrals into the public system. These initiatives are in various stages of implementation and are subject to a separate reporting process.

In this submission, FPT is proposing three long-term reforms to its core funding arrangements to further achieve the shared objectives set out above.

Reform 1: Extension of Family Planning Tasmania clinic services to regional and remote Tasmanian communities, via a cost-effective 'local hosting' model. Currently, many Tasmanian women are unable to access essential SRH services because they live outside a major centre.

Reform 2: Access to fully funded (no 'out-of-pocket payment') Medication Termination of Pregnancy (MTO) procedures for all Tasmanian women. Among other things, this will provide a cost-effective alternative to Surgical Termination of Pregnancy (STOP), which is currently fully funded by the Tasmanian Government.

Reforms 1 and 2 are critically important for Tasmania to meet the state's commitments under the *National Women's Health Strategy* for 'universal access to sexual and reproductive health information, treatment and services that offer options to women to empower choice and control in decision-making about their bodies', and related commitments in the *Tasmanian Health and Wellbeing for Women Action Plan*.

They also align with recommendations in the Legislative Council's *Report on Rural Health* and are consistent with *Our Healthcare Future*, which is focussed on delivering the right care, in the right place, at the right time.

Reform 3: Direct funding of primary schools to access FPT's relationships, consent, sexuality and protective behaviours education program, with priority for schools in low socio-economic and remote/regional areas of Tasmania. Currently, individual schools must 'purchase' FPT's *Growing Up* program ('GUP'). This has resulted in many schools (especially those servicing communities with higher needs) being unable to access FPT's education programs on a regular basis, or at all.

An investment in Reform 3 will achieve a significant long-term return for the Tasmanian Government by reducing impacts on government services associated with unplanned pregnancies, sexually transmitted infections, family violence and harmful sexual behaviours. It is also a practical, long-term preventative response to issues raised in the *Commission of Inquiry into the Tasmanian Government's Responses to Child Sexual Abuse in Institutional Settings*.

Detailed information about each of the proposed reforms is set out below.

Quick Overview of FPT

FPT is a community-based, not for profit organisation providing sexual and reproductive health (SRH) clinical, education and advocacy services. FPT operates clinics in Glenorchy, Launceston and Burnie and provides outreach services across Tasmania.

In the 2021-2022 financial year, FPT:

- delivered clinical services to 14,093 Tasmanian health consumers, including (but not limited to) contraception, gynaecology, treatment of sexually transmitted infections, and termination of pregnancies
- delivered clinic services equitably to consumers across the North-West (21%); North (29%); and Southern (50%) regions of Tasmania
- delivered 1,263 hours of healthy relationships education sessions with 62 Tasmanian schools, 10 professional development sessions with educators (115 attendees), and 130 one-on-one and small group education sessions for people with additional needs
- delivered to education consumers across the North-West (12%); North (29%); and Southern (59%) regions of Tasmania
- employed a rolling average of 60 staff, including general practitioners, nurses and SRH educators.

In 2021-22, 51% of FPT's annual revenue was provided by the Tasmanian Government in recurrent and project specific funding, and 49% was self-generated.

Reform 1: Extension of FPT clinic services to regional and remote Tasmanian community health centres and GP practices, via a cost-effective ‘local hosting’ model.

The problem in Tasmania

Women living in most remote and regional communities of Tasmania have little or no direct access to women’s sexual and reproductive health services.

The *Tasmanian Health and Wellbeing for Women Action Plan 2020-23* acknowledges that Tasmanian women “continue to face barriers in health care access, particularly in relation to reproductive and sexual health” and that “specific issues in relation to maternal, sexual and reproductive health exist for...women living in rural and remote areas”.

Tasmania has 87 population centres with an Accessibility/Remoteness Index of Australia (ARIA+)¹ score of over 2.40. Analysis undertaken by FPT has found that women in all these localities (with the exception of the Derwent Valley) have highly restricted or no access to GPs who specialise in women’s health.

One of four goals in the *Tasmanian Women’s Strategy 2022-27* is that “women and girls have equal opportunities for good health and wellbeing”. The current lack of access to women’s health services in regional and remote areas of Tasmania prevents this goal being achieved, and places additional pressure on over-stretched rural GPs.

The impacts of the problem on Tasmanian women

As stated in the *National Women’s Health Strategy 2020-2030*: “Maternal, sexual and reproductive health is a priority for Australian women and girls and must be considered within the social and cultural context of women’s lives. It is not simply about the absence of disease, but refers to a state of physical, mental and social wellbeing across all stages of life. Factors contributing to maternal, sexual and reproductive health include the role of women in society and the control women have over their own bodies, reproductive choices and lifestyle. This highlights the need for women and girls to be informed of, and to have access to, safe, effective, affordable and acceptable forms of fertility regulation, health services and support.”

The *National Strategy* acknowledges that women and girls from rural and remote backgrounds experience compounding disadvantage: for example, by being more likely to have a lower socio-economic status, and more likely to have experienced gendered violence and/or abuse, which singularly and collectively impacts their health needs.

There is extensive, peer-reviewed, and consistently replicated evidence that sexual and reproductive health services deliver positive outcomes for communities, including increased civic and community participation².

For example, effective family planning allows vulnerable and disadvantaged women in regional and remote Tasmania to achieve higher levels of education and a better balance between family and (paid and unpaid) work. Education about STIs helps promote a healthy workforce and reduces the stress that these infections impose on communities. Access to appropriate contraceptives for remote and regional Tasmanian women confers health benefits from minimising the medical risks of sexually transmitted infections, pregnancy, delivery and the postpartum period—in particular, risks associated with unplanned pregnancies, closely spaced pregnancies or pregnancies among women who are very young.

In addition, contraception can avert significant economic, social and psychological costs, especially those arising from a mistimed or unwanted pregnancy. Such non-medical costs can limit life options for women and undermine the well-being of families. They can also hold back social and economic development, and hinder efforts toward gender equality and poverty reduction.

¹ The Accessibility/Remoteness Index of Australia (ARIA+) is an index of the accessibility of places to service centres, or remoteness of places. Geographical areas are given a score between 0 to 15. An ARIA+ score of 2.40-5.92 indicates that a place has ‘significantly restricted accessibility’ to goods, services and opportunities for social interaction. A score from 5.92 to 10.50 indicates ‘very restricted accessibility’; and over 10.50 indicates ‘very little accessibility’.

² See for example, *Adding It Up: The Costs and Benefits of Investing in Reproductive Health Services*, UNFPA, (2014)

Specific examples of the impact of restricted access to effective SRH for women in remote and regional Tasmania include:

- People in remote and regional areas have comparatively high chlamydia rates, compared to major cities³. Women with untreated chlamydia have increased risk of symptomatic pelvic inflammatory disease, which is a significant cause of ectopic pregnancy and infertility.
- Tasmania has comparatively high rates of teenage pregnancy⁴, particularly in disadvantaged communities. Communities in which women are unable to access Long-Acting Reversible Contraception (LARC) have higher rates of unwanted pregnancies.
- Tasmanian women experiencing prolapse symptoms – including urinary dysfunction, bowel dysfunction and sexual dysfunction – have decreased ability to participate in communities, maintain employment and lead a full and active life.
- Women with disabilities in Tasmanian remote and regional areas are often on-referred to hospital for relatively simple SRH procedures such as a cervical screening test, with significant impacts on the individual woman and the public health system.

The compounding impacts of the problem on the Tasmanian health system

Lack of effective access to basic sexual and reproductive health services for women in remote and regional areas of Tasmania leads to greater costs for the Tasmanian health system, including:

- More referrals to public hospitals, instead of sexual and reproductive health issues being dealt with in the primary care system
- Increased referrals for more costly surgical terminations, resulting from limited access to contraception and medication termination
- Increased demand and pressure on GPs in regional and remote locations, contributing to burnout, turnover and service disruption.

FPT's solution to the problem

FPT currently employs doctors with the qualifications, expertise and motivation to provide women's sexual and reproductive health services to regional and remote parts of Tasmania. In 2023-24, FPT can provide quarterly, bulk-billed (no 'out of pocket expenses') outreach clinics in six regional and remote communities, in partnership with the following organisations that have existing facilities, and strong engagement with local women:

- Smithton (ARIA+ score 4.83): Circular Head Aboriginal Corporation
- St Helens (ARIA+ score 5.07): Child and Family Learning Centre
- Queenstown (ARIA+ score 6.16): Child and Family Learning Centre
- Georgetown (ARIA+ score 3.01): Child and Family Learning Centre
- Beaconsfield (ARIA+ score 2.74): Child and Family Learning Centre
- Geeveston (ARIA+ score 3.54): Child and Family Learning Centre

Each of the potential partners listed above has expressed strong interest in hosting should this funding submission be successful.

Each FPT outreach clinic will service up to 14 local people, once every three months.

Proposed investment to implement the solution

To extend FPT clinical services to six regional and remote Tasmanian communities, the following increase to FPT's base funding is proposed:

- **\$174,000 over three years (\$58,000 per year)** to cover all travel, accommodation, administration, management, and GP salary for 72 clinics (24/year) reaching up-to 1008 people (336/year).

Importantly, additional regional and remote communities could be serviced at a similar rate, subject to securing access to local facilities and referral pathways.

³ King, J, McManus, H, Kwon, A, Gray, R & McGregor, S, *HIV, viral hepatitis and sexually transmissible infections in Australia: Annual surveillance report 2022*, The Kirby Institute

⁴ Australian Bureau of Statistics. (2018a). *Births: Australia 2018*. (In 2018, the teenage birthrate in Tasmania was 12 teenage births per 1,000 births, which was higher than the national average, and higher than every State/Territory except the Northern Territory and Queensland).

Reform 2: Fully funded (no 'out-of-pocket payment') Medication Termination of Pregnancy (MTOP) procedures for all Tasmanian women

The problem in Tasmania

There are cost barriers to Tasmanian women accessing Medication Termination of Pregnancy (MTOP). Perversely, it is now more affordable for many Tasmanian women to access Surgical Termination of Pregnancy (STOP), than MTOP.

Note on 'MTOP' and 'STOP'

Surgical Termination of Pregnancy (STOP) – also known as surgical abortion - involves removal of a pregnancy via the vagina by surgical means. STOP is a safe and common type of surgery in Australia. STOP procedures in Tasmania can occur up to 12-14 weeks into pregnancy.

Medication Termination of Pregnancy (MTOP) - also known as medical abortion or the abortion pill - is an alternative to surgical abortion. MTOP can be performed up to nine (9) weeks into a pregnancy. MTOP uses a combination of two medications – mifepristone and misoprostol and is a low-risk, non-invasive and effective way to terminate a pregnancy.

Access to STOP in Tasmania has improved greatly since the service was introduced in Tasmania's public hospitals in October 2021. STOP is now free for all women, including non-Medicare card holders. This approach is strongly supported by FPT.

Nonetheless, non-invasive MTOP is the preferred abortion alternative for many Tasmanian women. FPT provides approximately 400 MTOPs per year in a primary care setting. MTOP is also provided by some GPs.

Perversely, MTOP is currently less affordable for many Tasmanian women than STOP. This is despite MTOP being a far less expensive service to deliver. Out of pocket costs for health consumers of MTOP are high because the service is time consuming, requiring significant patient preparation, monitoring and follow up.

Further, because FPT is not specifically funded to provide MTOP, meeting current demand for MTOP must be balanced with provision of FPT's other essential sexual and reproductive health services. As a result, while FPT sets aside as many urgent appointments for MTOP as possible, on occasion it is unable to provide the service in time to for some women to meet the MTOP 9-week limit. Unfortunately, these women then only have the option of accessing STOP, when it is not their preferred option.

While the costs of MTOP in Tasmania may be reimbursed for people who can demonstrate financial hardship (with government funding administered via Women's Health Tasmania and The Link) this creates a further barrier for MTOP compared to STOP. Medical practices such as FPT must still 'advertise' the cost of MTOP, and consumers have to declare they can't pay in order to access financial hardship support. There is evidence that some clients are unable or unwilling to make this declaration to FPT, including due to feelings of shame and embarrassment. Some of these women unfairly incur the financial hardship of MTOP 'out of pocket' expenses. Others do not proceed with the MTOP at all, and instead access STOP. An unknown number of women may proceed with an unwanted pregnancy.

The impacts of the problem on Tasmanian women

Abortion is a standard preventive health service that may be needed within a person's reproductive lifespan. At least 1 in 4 people who have been pregnant will undergo an abortion in their lifetime, making it one of the most common gynaecological procedures in Australia. Removing structural barriers to abortion care, such as out of pocket expenses for MTOP in Tasmania, is critical in enabling universal access. Conversely, maintaining perverse barriers to accessing MTOP in a timely or affordable manner disempowers women and removes their right to choose the appropriate type of termination.

When deciding between MTOP and STOP, cost is inevitably a factor for some women, particularly women from vulnerable and marginalised communities, and those in insecure situations caused by family violence and/or

homelessness. Incurring out of pocket costs for MTOP will cause some Tasmanian women who would otherwise choose MTOP, to instead choose STOP via the public hospital system.

In addition, forcing women to be interviewed about their financial hardship to cover the cost of an MTOP can be confronting and traumatic – particularly when faced with the social and emotional challenges that may arise from termination of a pregnancy.

The compounding impacts of the problem on the Tasmanian health system

Women who would prefer to choose MTOP, but cannot due to out of pocket costs, can instead access free STOP in public hospitals at an approximate cost to the health system of \$3,000 per procedure. Conversely, every woman who chooses to access MTOP in a primary health setting, instead of STOP in a public hospital, reduces pressure on the public health system. MTOP also provides options for tele-health delivery that are not possible with STOP, which can be particularly beneficial for women in regional and remote Tasmanian communities.

Some women who do not access MTOP due to affordability issues, may also be unwilling to undergo the more invasive STOP procedure, and instead proceed with an unplanned and potentially unwanted pregnancy. This can have profound, ongoing impacts on the woman and their child, and increase the need for broader provision of government services to them over many years.

Further, each year the financial hardship application process inefficiently consumes hundreds of hours of patient/nurse time to complete and submit applications.

Other jurisdictions in Australia (including the ACT and NT) have moved to correct the cost inequity between STOP and MTOP by providing all terminations at no ‘out of pocket’ cost. This allows all women to make a real choice about their abortion and reduces the burden on the public hospital system by removing cost barriers to MTOP provided in less expensive, local, primary health settings. In Tasmania, this directly aligns with the *Our Healthcare Future* strategy, which is aimed at providing the right care, in the right place, at the right time.

FPT’s solution to the problem

FPT proposes to provide equitable access to MTOP for all Tasmanian women by fully funding MTOP through FPT clinics in Glenorchy, Launceston and Burnie, and via FPT outreach to remote and regional parts of Tasmania.

FPT is a proven, high-quality provider of MTOP in Tasmania. FPT has systems, processes, facilities and equipment in place – including nursing support and specialised GP training – to expand on its current provision of 400 MTOP services per year. FPT now provides in-house ultrasound (required prior to some MTOP procedures) and has a focus on providing reliable contraception and support to all MTOP patients to prevent future unplanned pregnancy. Research with women who have undertaken MTOP in Tasmania demonstrates that satisfaction levels of patients who have accessed MTOP through FPT are much higher than those who have utilised other GP practices.

Proposed investment to implement the solution

To provide access to fully funded (no ‘out-of-pocket payment’) MTOP for all Tasmanian women (based on patient choice), the following increase to FPT’s base funding is proposed:

- A maximum of **\$240,000 per year**, comprised of:
 - \$200 per MTOP delivered by FPT, including in-house ultrasound; nurse support throughout the process; and follow up appointments. The provision of no ‘out of pocket’ MTOP for Tasmanian women would result in FPT delivering an estimated 750 MTOPs per year at a cost to the Tasmanian Government of \$150,000 per year.
 - \$50,000 for an additional 0.5FTE nurse MTOP coordinator to provide support and advice relating to terminations before, during and after the process across Tasmania.
 - Up to \$40,000 per year for medication costs (costs per patient differ depending on concession status).

Proposal 3: Direct funding of primary schools to access FPT’s relationships, sexuality and protective behaviours education program, with priority for schools in low socio-economic and remote/regional areas of Tasmania.

The problem in Tasmania

Too few Tasmanian primary schools are providing relationships, sexuality and protective behaviours education for students in a consistent, up-to-date and structured annual program.

This is despite such programs being a priority a range of state and national plans, including the:

- *Tasmanian Sexual and Reproductive Health Strategic Framework* - “support the provision of comprehensive relationships and sexuality education for young people in schools and alternative educational settings.”
- *National Action Plan for the Health of Children and Young People 2020 – 2030* - “Support respectful relationships and good sexual health” including: “Develop and implement healthy relationship programs appropriate for each life stage [including in] in ECEC (3-5) [and] primary education settings”
- Tasmanian Government’s *‘Safe Home, Safe Families’ Action Plan for Family and Sexual Violence 2019-2022* - “Embed respectful relationship education in all Tasmanian Government schools [to] support students and school communities to build healthy, respectful and equal relationships and address the attitudes and behaviours that lead to violence”.

Relationships, sexuality, and protective behaviours education should be provided in each Tasmanian school at least once per year, as occurs in other States and Territories. While this can be delivered by appropriately trained primary school educators ‘in house’ (for example, through teachers trained by FPT), there are currently many schools without an appropriately trained educator and/or the resources to prepare and deliver a consistent program.

The Tasmanian Government currently partly funds FPT to provide the *Growing Up Program* (GUP) for Tasmanian primary schools. This current funding is used to administer and continuously improve GUP educators and resources. However, currently, each Tasmanian state school must utilise its local discretionary funds to purchase delivery of GUP. This results in many schools with high needs and competing priorities accessing GUP intermittently, or not at all.

In addition, many schools are reluctant to allocate discretionary funds for GUP in the first term of each school year as they are uncertain as to how enrolment numbers will impact their discretionary budgets and/or because they are accessing GUP on an ‘ad hoc’ basis and need to organise ‘space’ in their learning plans. This results in under-demand for GUP in the first term, and over-demand in following terms.

About ‘GUP’

FPT’s Growing Up Program (GUP) is Tasmania’s leading relationships, sexuality and protective behaviours’ program for students from Kindergarten through to Year 6. It is facilitated by an experienced team of Family Planning Tasmania educators, and is age and developmentally appropriate, sequential, and evidence-based.

The program is aligned to the:

- *Australian Curriculum*
- *Early Years learning Framework*
- *Respectful Relationships Teaching and Learning Package*

GUP reflects the latest in sexual and reproductive health research, and aims to maximise learning outcomes, and increase positive communication between parents /carers and their child/children. There are three versions of GUP to meet the needs of different primary school age groups:

- *GUP for Kindergarten to Year 2*
- *GUP for Years 3 and 4*
- *GUP for Years 5 and 6*

The impacts of the problem on Tasmanian children, families, communities and government

GUP incorporates three critical areas of age-appropriate education:

- Respectful relationships and consent
- Protective behaviours
- Sexuality.

Respectful relationships and consent education helps to promote gender equality and prevent gendered violence and abuse.

Protective behaviours education helps to prevent child abuse and promote life-enriching rather than life-depleting relationship experiences, and is a key focus of the *National Plan to End Violence Against Women and Children 2022-2032* and the Tasmanian Government's '*Safe Home, Safe Families*' *Action Plan for Family and Sexual Violence 2019-2022*.

Sexuality education lays the foundation for a safe and fulfilling passage to adulthood, by encouraging understanding of emotions and feelings, teaching the principles of human reproduction, exploring family and interpersonal relationships, learning about safety, and developing confidence and communication skills.

A suite of Australian and Tasmanian Government policies, supported by extensive research, hold that effective implementation of relationships, protective behaviours and sexuality education will:

- decrease violence and abuse against women and children
- improve gender equality in homes, workplaces, institutions, and communities
- positively impact gendered attitudes, values, and power dynamics in intimate relationships
- foster mutually respectful and consensual partnerships later in life
- reduce teenage pregnancies and abortions
- decrease sexually transmitted infections among young people
- decrease discrimination and vilification of people with diverse sexualities.

Each of these outcomes has positive, life-long effects on the health and well-being of Tasmanian individuals, families and communities. They also provide long-term prevention for the child safety issues examined by the *Commission of Inquiry into the Tasmanian Government's Responses to Child Sexual Abuse in Institutional Settings*.

These outcomes also have significant economic impacts. For example, in 2015, accounting firm KPMG estimated that cost of violence against women and children in Australia to be \$22 billion, including at least \$500 million in Tasmania⁵. To place this in perspective, if effective school education in relationships, consent, protective behaviours and sexuality could reduce these impacts by just 10%, the savings to Tasmanian victims/survivors, their friends and families, perpetrators, children, employers, governments and the community would be well in excess of \$50 million per year.

FPT's solution to the problem

It is proposed the Tasmanian Government directly fund the provision of consistent, structured respectful relationships, protective behaviours and sexuality education in Tasmanian schools via an annual program delivered by FPT.

Importantly, FPT is the only provider in Tasmania that can deliver combined relationships, consent, sexuality, and protective behaviours education across all primary school years. This proposal represents the only known way for the Tasmanian Government to meet its commitments in this critical area in a timely, cost-effective and quality-assured manner.

The program would prioritise Tasmanian state primary schools and district schools with an Occupational Education Needs Index (OENI) score above 0.4 and/or an ARIA+ (remoteness/accessibility) score above 3.0. Based on 2020 OENI scores, there are 122 Tasmanian state schools with these characteristics, of which 69 have previously partnered with FPT to deliver GUP.

⁵ KPMG, *The cost of violence against women and their children in Australia: Final Report* (2016)

To ensure consistency of delivery across age groups, each participating school would receive at least a three-year program of GUP delivery.

Currently, FPT delivers GUP to approximately 60 schools per annum. It is proposed that with direct funding, this would scaled up annually as follows:

- 80 schools in 2024 (for a three-year program 2024-2026)
- 100 schools in 2025 (80 schools 2024-26 and 20 additional schools 2025-2027)
- 120 school in 2026 (80 schools on 2024-26; 20 schools on 2025-27; 20 schools 2026-28).

If a school from the priority group chose not to take up the GUP program (for example, because it was already implementing structured protective behaviours and sexuality education in another way), its place would be offered to all other non-participating primary/district schools.

Proposed investment to implement the solution

To provide direct funding of primary schools to access FPT's relationships, sexuality and protective behaviours education programs, with priority for schools in low socio-economic and remote/regional areas of Tasmania, the following increase to FPT's base funding is proposed:

- In 2023-24, (for 80 schools, at an average cost of \$3600 per school), **\$288,000**
- In 2024-25, (for 100 schools at an average cost of \$3800 per school), **\$380,000**
- In 2025-25, (for 120 schools at average cost \$4000 per school), **\$480,000.**

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