FAMILY PLANNING STRATEGIC FRAMEWORK 2016-2020

VISION: Whakamanahia - Equity, Access, Choice

OUTCOME 1:
Eliminate service inequities and deliver sexual and reproductive health and rights (SRHR) in the areas of highest need

Priority 1: Provide services that are geographically located in areas of highest need
Priority 2: Ensure services are prioritised for rangatahi Māori/young people

OUTCOME 2:
A commitment from policy and decision makers to respect and protect sexual and reproductive health and rights (SRHR) and gender equality

Priority 1: National and regional commitments to improving sexual and reproductive health equity with a focus on gender and ethnicity
Priority 2: Societal commitment to abortion law reform, including decriminalisation

OUTCOME 3:
Leading health organisation in use of technology

Priority 1: Enhance the delivery of services through technology
Priority 2: Develop external professional training and education capability through technology

OUTCOME 4:
Accelerate service development through greater efficiency and effectiveness

Priority 1: Provide integrated and collaborative services to improve sexual and reproductive health outcomes
Priority 2: Maximise internal efficiencies and strengthen effectiveness

FOUNDATIONS FOR SUCCESS:
Foster a passionate, digitally and culturally competent sexual and reproductive health workforce

MISSION:
Aotearoa’s leading provider and courageous advocate for sexual and reproductive wellbeing and rights

VALUES:
Manaaki: Equity, Respect, Integrity
Tika: Rights, Trust, Doing the right thing, Professionalism
Manawanui: Challenging boundaries, Boldness, Courage
Mahi tahi: Collaboration, Working Together
Eliminate service inequities and deliver sexual and reproductive health and rights (SRHR) in the areas of highest need

PRIORITY ONE Provide services that are geographically located in areas of highest need

WHY? Social and economic factors, like education, income, gender and race are key determinants of sexual and reproductive health outcomes. Ensuring our services are located in the areas of highest need has the potential to improve access and deliver real change in health outcomes for underserved communities.

WHAT? Family Planning will analyse our current and new services using an equity lens. We will specifically identify regions where there is current unmet health needs/high deprivation. Based on the outcome of this work, we will review and redesign (where necessary) our services to address barriers to access for Māori and other underserviced groups like Pasifika, Asian, low-income, rural and marginalised communities.

BY Short term – Undertake a needs assessment in identified regions to determine current levels of service provision and access. Explore opportunities to expand programmes to underserved high needs communities in the Pacific.

Medium term – Services identified will be redesigned with a focus on improving access for those in geographically remote or underserviced communities. The redesign will include an evaluation plan aimed at assessing effectiveness of new services.

Long term – There will be an increase in the number of people accessing Family Planning’s redesigned services and evaluation will report a decrease in overall burden of health inequities. We will expand support through programmes, advocacy and research in the Pacific region.

PRIORITY TWO Ensure services are prioritised for rangatahi Māori/young people

WHY? Negative outcomes of early pregnancy and sexually transmitted infections (STIs) threaten the health of young people more than any other age group in New Zealand and Pacific Island countries. Our focus on rangatahi Māori recognises Māori as tangata whenua and our commitment to and responsibility under the Treaty of Waitangi. It also recognises that health inequities are often greatest for rangatahi Māori/young people. Doing better for Māori leads to better health outcomes for all people.

WHAT? Family Planning will use the HEAT tool to assess the equity impact of proposed services/projects and to implement an ongoing cycle of monitoring and evaluation of existing services. We will also consult with rangatahi on their views of sexual and reproductive health, and integrate these into our services to ensure they are ‘whānau-friendly’ and ‘youth-friendly’.

BY Short term – Consult with rangatahi Māori/young people on how to be more ‘whānau-friendly’ and ‘youth-friendly’.

Medium term – Develop an engagement process with young people/rangatahi to ensure ongoing access to services.

Long term – Monitoring and evaluation highlight increased health literacy and number of rangatahi Māori/young people accessing services and reporting high satisfaction levels.
A commitment from policy and decision makers to respect and protect sexual and reproductive health and rights (SRHR) and gender equality

PRIORITY ONE National and regional commitments to improving sexual and reproductive health equity with a focus on gender and ethnicity

WHY? Increasing the national and regional focus and dedication to sexual and reproductive health is fundamental to high quality, accessible services that produce positive health outcomes for all. This must be a Government priority, as the ongoing stigma associated with sex and sexual health perpetuates inequities, particularly along gender and ethnic lines.

WHAT? Family Planning will develop a strategy to gain national and regional commitments to sexual and reproductive health goals, which are expressly directed at increasing gender and health equity. We will work with other sexual and reproductive health organisations to engage with policy and decision-makers. We will identify champions and key allies of sexual and reproductive health and work with them on raising public awareness.

BY 2020

Short term – The development of a strategy is completed, allies and champions are identified whilst building a supporter base.

Medium term – Policy and decision-makers are approaching Family Planning and partner organisations both nationally and regionally to discuss and advocate for a new strategy

Long term – National and regional sexual and reproductive health goals identified.

PRIORITY TWO Societal commitment to abortion law reform, including decriminalisation

WHY? New Zealand’s abortion laws do not align with international human rights instruments or medical best practice; abortion continues to be criminalised, as opposed to treated as a health service. The laws are antiquated, do not reflect advances in medical technology, impede early access thus increasing risk, stigmatise those seeking an abortion, and are costly to administer.

WHAT? Family Planning will develop and implement a communication and advocacy strategy designed to shift societal attitudes on the need for law reform. This will be a two pronged approach, requiring:

- The engagement of opinion formers and the media to promote pro-choice views and raise awareness of current laws; and,
- The development of close networks and public support for pro-choice advocates.

BY 2020

Short term – Develop abortion strategy and implementation plan. Identify key stakeholders and “champions”.

Medium term – Measurable increase in positive conversations around abortion services and the need for law reform.

Long term – Repeal of current national abortion laws; abortion is integrated into other health legislation and services. Increased awareness of unsafe abortion and restrictive abortion law in the Pacific.
Leading health organisation in use of technology

**PRIORITY ONE** Enhance the delivery of services through technology

**WHY?**
Today people expect and embrace information technology service solutions. We need to be quicker, savvier and more adept at changing to meet their needs.

**WHAT?**
Family Planning will focus on conducting an internal audit of existing technology usage and assess the effectiveness of these services in reaching underserved areas or groups:
- what is working well;
- what could be changed or stopped;
- new opportunities, including collaboration with other organisations or services, implementing new models of care; and
- requirements to achieve this outcome (e.g. replacement of current platform).

**BY**

**Short term** – Conduct an internal audit and develop implementation plan for using digital online solutions. Prioritise new opportunities.

**Medium term** – Trial and evaluate new digital/online methods of delivering all services.

**Long term** – Using digital/online solutions to deliver services where affordable, effective and technically possible.

**PRIORITY TWO** Develop external professional training and education capability through technology

**WHY?**
Increased use of digital technology by professionals and the wider community has the potential to expand access to professional training and education while also generating income for Family Planning.

**WHAT?**
Both nationally and regionally, Family Planning will assess the feasibility of digitally integrating its professional training courses and education programmes, determining the appropriate mix of face-to-face, blended (face-to-face mixed with online content and virtual learning), and distance learning.

**BY**

**Short term** – Conduct a feasibility assessment to identify technical options for digital modification, including updating the platform for delivery.

**Medium term** – Identify opportunities for digital development. Commence work on developing programmes to include an e-learning component accessible through the website and other platforms e.g. mobile devices.

**Long term** – Increase profit from fee paying professional training courses.
Accelerate service development through greater efficiency and effectiveness

**PRIORITY ONE** Provide integrated and collaborative services to improve sexual and reproductive health outcomes

**WHY?** Working collaboratively with other organisations maximises our reach and could help to break down stigma surrounding sexual and reproductive health. Service integration and collaboration has the potential to trigger new funding opportunities and generate revenue with Family Planning seen as a leader in sexual and reproductive health delivery.

**WHAT?** In alignment with Outcome 1, ensuring health equity, particularly for rangatahi Māori, we will work in partnership with appropriate groups as a first priority. We will develop partnerships between health and community-based organisations.

**BY 2020**
- Short term – Collaborative agreements in place with appropriate organisations and a plan developed for how to integrate, engage and improve services for rangatahi Māori in an identified area of need.
- Medium term – Launch an integrated clinical service with one or more collaborative partners and have an evaluation plan in place to assess impact. Potential partnerships have been identified and at least two new partners have been approached.
- Long term – Identify new funding opportunities through collaboration. Family Planning is seen as a key contributor to integrated health services across New Zealand and the Pacific region.

**PRIORITY TWO** Maximise internal efficiencies and strengthen effectiveness

**WHY?** Family Planning must work in a way that maximises the expertise of staff while targeting operational efficiencies. We need to focus on being an effective organisation that operates within our means, while also looking for new opportunities to better integrate services.

**WHAT?** Family Planning will focus on reducing any duplication of tasks and resourcing to ensure internal staff workloads are manageable, and to provide a supportive environment for staff to participate in teamwork internally and externally. As part of our sustainability strategy, we will partner with other organisations to develop integrated service models.

**BY 2020**
- Short term – Potential efficiencies identified. Internal systems will be reviewed and training and education resources will be available for employees. Client pathways will be streamlined.
- Medium term – Implementation of any organisational changes are underway.
Foundations for Success

Foster a passionate, digitally and culturally competent sexual and reproductive health workforce

Why? Family Planning’s greatest asset is its staff. The organisation needs to foster a digitally and culturally competent and passionate sexual and reproductive health and rights workforce.

What? Family Planning is committed to and will invest in staff focusing on developing:
- Improving internal communication
- Cultural competencies
- Professional Development systems and opportunities
- Remuneration benchmarking for all staff
- Working to top of scope of practice

By 2020

Short term – Rethinking performance reviews and revising orientation. Focus on identifying professional development needs and align with professional body requirements, e.g. Medical Council, Nursing Council, to avoid duplication

Medium term – Schedule of professional development is underway, including training around cultural competency. Areas of increased internal collaboration have been identified and implemented. This will be reviewed in light of any new external collaborative arrangements.

Long term – Family Planning is a preferred employer.