

Livley

**FAMILY PLANNING ASSOCIATION
OF SOUTH AUSTRALIA INC.**



15th Annual Report
for the year ended 30th June, 1985

THE FAMILY PLANNING ASSOCIATION OF SOUTH AUSTRALIA INC.

FIFTEENTH ANNUAL REPORT

FOR THE YEAR ENDED 30TH JUNE, 1985

The Family Planning Association of South Australia Inc., together with the other Family Planning Associations in Australia, is an autonomous affiliate of the Australian Federation of Family Planning Associations Inc. (AFFPA).

CLINIC & COUNSELLING
SERVICES

PROFESSIONAL & COMMUNITY
EDUCATION

ADMINISTRATION

17 Phillips Street, Kensington, S.A. 5068 Tel: (08) 31 5177

THE FAMILY PLANNING ASSOCIATION OF SOUTH AUSTRALIA INC.

CONSTITUTION

OBJECTS OF THE ASSOCIATION

The objects of the Association shall be:-

- (1) To promote planned and responsible parenthood, a healthy and happy family life and the birth and upbringing of healthy and wanted children.
- (2) To ensure easy access for everyone to family planning services in the interest of family welfare and community well-being.
- (3) To attain the preceding objects by the provision, under qualified medical or other professional direction, of family planning centres and clinics, at which medical or other professional counselling, advice and instruction may be given on:-
 - (a) family limitation and the spacing of the birth of children by scientific methods of contraception;
 - (b) sub-fertility;
 - (c) difficulties connected with marital relationships for which such advice is appropriate;
 - (d) the role of family planning in preparation for marriage.
- (4) To assist in community education concerning human relationships by means of:-
 - (a) classes, lectures or courses of lectures given publicly or privately;
 - (b) publication and distribution of suitable literature;
 - (c) the use of newspapers, television and radio, and the screening of educational films.
- (5) To co-operate with other societies having similar objects in this field.
- (6) To promote such legislative, social and administrative reforms as may be relevant to the objects of the Association.

CONTENTS

	<u>Page No.</u>
COUNCIL MEMBERS, OFFICE BEARERS AND LIFE MEMBERS	4
COMMITTEE MEMBERSHIP	5
LOCATION OF CLINICS	6
AFFPA REPORT	7
EXECUTIVE OFFICER'S REPORT	8
CLINIC SERVICES	12
CHRISTIES BEACH PROJECT	20
EDUCATION SERVICES	21
FINANCE AND ADMINISTRATIVE SERVICES	27

Acknowledgements

The Family Planning Association of South Australia Inc., expresses gratitude and appreciation for financial assistance from both the Commonwealth and South Australian Governments and for the assistance and support of organisations and volunteers with which it has been connected.

LOCATIONS OF CLINICS OF THE FAMILY PLANNING
ASSOCIATION OF SOUTH AUSTRALIA INC.

FAMILY PLANNING CENTRE

17 Phillips Street, Kensington.

ELIZABETH	Lyell McEwin Health Centre Haydown Road, Elizabeth Vale.
SALISBURY	Women's Rest Centre, 12 James Street, Salisbury.
ST. AGNES	Tea Tree Gully Community Health Centre, 1244 North East Road, St. Agnes.
BEDFORD PARK	Flinders Medical Centre.
CHRISTIES BEACH	Christies Beach Community Health Centre, 77 Dyson Road, Christies Beach. (As from 31st October, 1985: Noarlunga Health Village, Alexander Kelly Drive, Noarlunga.
PORT ADELAIDE	Dale Street Women's Health Centre, 56 Dale Street, Port Adelaide.

COMMITTEES OF THE AUSTRALIAN FEDERATION OF FAMILY PLANNING
ASSOCIATIONS (AFFPA)

AFFPA Council (SA Representative)	Ms. Heather Crosby
Biological Science Committee	Dr. John Porter

COMMITTEES OF THE FAMILY PLANNING ASSOCIATION OF SOUTH AUSTRALIA

CLINIC SERVICES

Ms. Pat Bockner	Dr. Peter Hoopmann
Dr. Don Cave	Dr. Geoff Martin
Dr. Chris Heinrich	Mr. Wayne Turner
Ms. Mary Hogan	Dr. David Williamson

EDUCATION

Ms. Rennie Gay	Ms. Kate Ramsay
Ms. Jill Luscombe	Mr. Wayne Turner
Ms. Heather Macdonald	

FINANCE AND EXECUTIVE

Ms. Pat Bockner	Ms. Jill Luscombe
Dr. Don Cave	Ms. Heather Macdonald
Ms. Heather Crosby	Mr. Wayne Turner
Ms. Anne Levy	

MEDICAL ADVISORY COMMITTEE

Dr. Don Cave	Professor Warren Jones
Professor Lloyd Cox	Dr. Robert N. Munday
Dr. Peter Hoopmann	Dr. Jill Need
	Dr. David Williamson

AUSTRALIAN FEDERATION OF FAMILY PLANNING ASSOCIATIONS INC.

It was with great regret that the AFFPA Council received the resignation of Wendy McCarthy last October. She left in December to take up her new job as one of the General Managers of the Australian Bicentennial Authority. She was succeeded by Pam Simons, her deputy, in January 1985.

Name change

A proposal to change the name of AFFPA to "Family Planning Australia Incorporated" was defeated at the March 1985 Council meeting, but will be reconsidered at the October Council meeting.

Location of AFFPA Office

The Canberra FPA has been asked to submit a position paper to the October Council meeting, on a proposal to move the office to Canberra.

AFFPA was represented at the Pacific Women's NGO Development Committee meeting in the Cook Islands in March 1985, by Margaret Winn, with her fares paid by IPPF.

Also in March, a meeting of Donor/Executing agencies in Family Planning in the South Pacific was held in Sydney with AFFPA playing an active role.

Lesley Barclay, FPA-SA, was one of the four AFFPA delegates at the Federal Health Commission Family Planning Workshop in Canberra in June.

A new edition of "Choices" has been published and is now available at all the FPAs.

The Medical Task Force of AFFPA has revised its guidelines and they were recently published in the Australian Medical Journal.

The four members of the new Educational Task Force are Antoinette Ackerman (ACT), Rosemary Coates (WA), Peter Van der Duys (QLD) and Rachel Winder (VIC). Their first task is to draw up their terms of reference for approval by the AFFPA Council.

International Year of Youth

AFFPA Council has produced a policy statement on 'Meeting the Needs of Young People', with the guidelines for implementation of the policy to be approved at the October Council meeting.

Nairobi Forum 85

It was a great thrill to be asked to represent AFFPA at the Decade for Women Forum in Nairobi in July. Both AFFPA and FPA-SA shared the cost of my travel and I will be for ever grateful to them for making it possible to have such a stimulating experience. I went to learn and I hope that what I did learn will be of some use to Family Planning Australia. I am sure that it will be necessary for Family Planning Associations to widen their horizons and take on board some of the issues which are of particular concern to women in the areas of fertility and reproduction.

EXECUTIVE OFFICER'S REPORT

The Family Planning Association of South Australia was formally established in 1970. At the same time, similar Associations were being established across Australia. It was the culmination of the efforts of many people over many years, and a reflection of changing technology, changing community attitudes and a changing attitude by Members of Parliament which has since enabled strong government support to be given to the Association.

Since 1970, the Association has continued to operate as an organisation run by its membership, many of whom are also staff. It was an exciting discovery from the perspective of management theory and a little daunting from the perspective of a manager when I first realised that staff keenly participate in the election of the Council to whom, as Executive Officer, I am responsible. During 1984/85, the voting membership of the Association numbered 160.

Whilst the structure of the Association remains the same, the activities of the Association itself have grown dramatically since the early days. The number of clinic consultations has plateaued since the late 1970s, although it is increasing again, and the innovation of services such as Home Visiting Nurses, Social Work counselling and the continued expansion of education services, should not be underestimated in importance. The Association has had a high public profile and it has been seen as effective. At the time of my writing this report there is an enthusiastic sense of new directions and opportunities to be taken.

My first step as newcomer to the Association was to examine the early objectives in the Constitution for some guidance. (See page 4 of this report). Two key outcomes are identified.

- Firstly, increased accessibility for everyone to family planning services.
- Secondly, increased information to people about sexuality and human relationships.

Family planning matters are recognised as having an important influence on the success of human relationships, parenthood and family life.

If written today those objectives may have been expressed slightly differently, particularly to include "couplehood", but their meaning is by no means outdated.

My next step then was to ask "How far has the Association moved towards achieving those objectives?" It is now three months since I first tried to answer this question. In doing so I have taken into account the impressions gained from staff, from Council members from a variety of people within the community and from the research report of Techsearch.

Techsearch Report

This survey was initiated by FPA-SA to focus on the issues of service to young people aged between 14 to 25. The following questions were asked:

- Are some people missing out on FPA services and information?
- Are these people avoiding FPA services for psychological reasons?
- If a group is missing out, how can FPA services be tailored to its needs?

Using a focus discussion technique, the following points became evident:

- Once clients come to FPA they find the type of service which they are seeking, i.e. confidential, expert and with a strong emphasis on caring.
- More informal group oriented education methods would have more impact in schools .
(As will be apparent from the education section report, tremendous efforts have been made to make the delivery of programs more suited to client needs).
- Young people have limited awareness of the FPA-SA. They did not really know what we do, how we do it, or the manner in which we do it.

The information I have received from informal discussions is:

1. There are a group of people who use the Association's services even though they could well use other services available in the community because they support the principles for which the Association stands.
2. There is an equally large group of clients who use the services of the Association particularly clinic services, because they are not able to obtain the same service from other institutions and individuals within the general community. Once these people have gained confidence with our service, they often then are able to use other services within the community.
3. There are many people within the community for whom family planning matters and communication about sexual matters is an embarrassment and who do not use other services within the community.
4. There are still many health professionals, community workers and educators who are not knowledgeable about sexual matters and not comfortable in assisting other people to deal with them. Many of them see the Family Planning Association clinic and education services as providing an alternative specialist service which they themselves are unable to provide. The evidence for this includes

- a large number of telephone calls to the Association from women checking information given to them by their own doctor;
- many instances when the information given by doctors is incorrect;
- instances of young women being given pregnancy test results and referred to hospital social work services by telephone, by doctors receptionists, without further explanation;
- doctors referring women with difficult contraceptive problems to the Family Planning Association because the Association will take the time necessary to sort out those problems;
- nurses in a hospital ostracising a girl who was found masturbating in her hospital bed;
- school teachers who are more embarrassed in classes about reproduction than the students themselves;
- parents who will demand that their young daughter have an abortion but won't allow her to take contraceptive precautions;
- pharmacists who telephone the Association to find out what the "morning after pill" refers to on the prescription given to them by a doctor;
- pharmacists who loudly discuss a customer's contraceptive purchase without any consideration of confidentiality.
- doctors who ring to ask what the "morning after pill" is.

The Family Planning Association has in the past been a trail blazer in influencing the provision of health services and the availability of information to people about contraceptive practices, sexual health and human relationships. Prevailing attitudes have been challenged by a diversity of strategies ranging from the printing of "Wear It" Tee-shirts to media appearances and the production of our own videos. Dr. John Porter, because of his expert knowledge about Family Planning issues, particularly contraception, was able to establish a media presence which is being effectively further developed by the new Education Officer.

Nevertheless, the notion of choice for people in contraception and hence the notion of planned parenthood is increasingly under threat from groups within the community who do not accept that fertility control should be available as a choice for all people, not just the educated and advantaged of our community. Restriction of services and information about sexuality and fertility control affects most greatly those who are less powerful and most disadvantaged in our community.

The Family Planning Association of South Australia will be continuing to address this issue and will be seeking continuing support from the community in doing so. To quote from a statement made to the International Conference on Population, Mexico City, 1984, by The Hon. Stuart West, M.P., Minister for Immigration and Ethnic Affairs

"It is the right of people to decide in a free, responsible and informed way the number and spacing of their children. It is also a basic human right that all persons should have access to adequate means to carry out their decisions".

CLINIC SERVICES REPORT

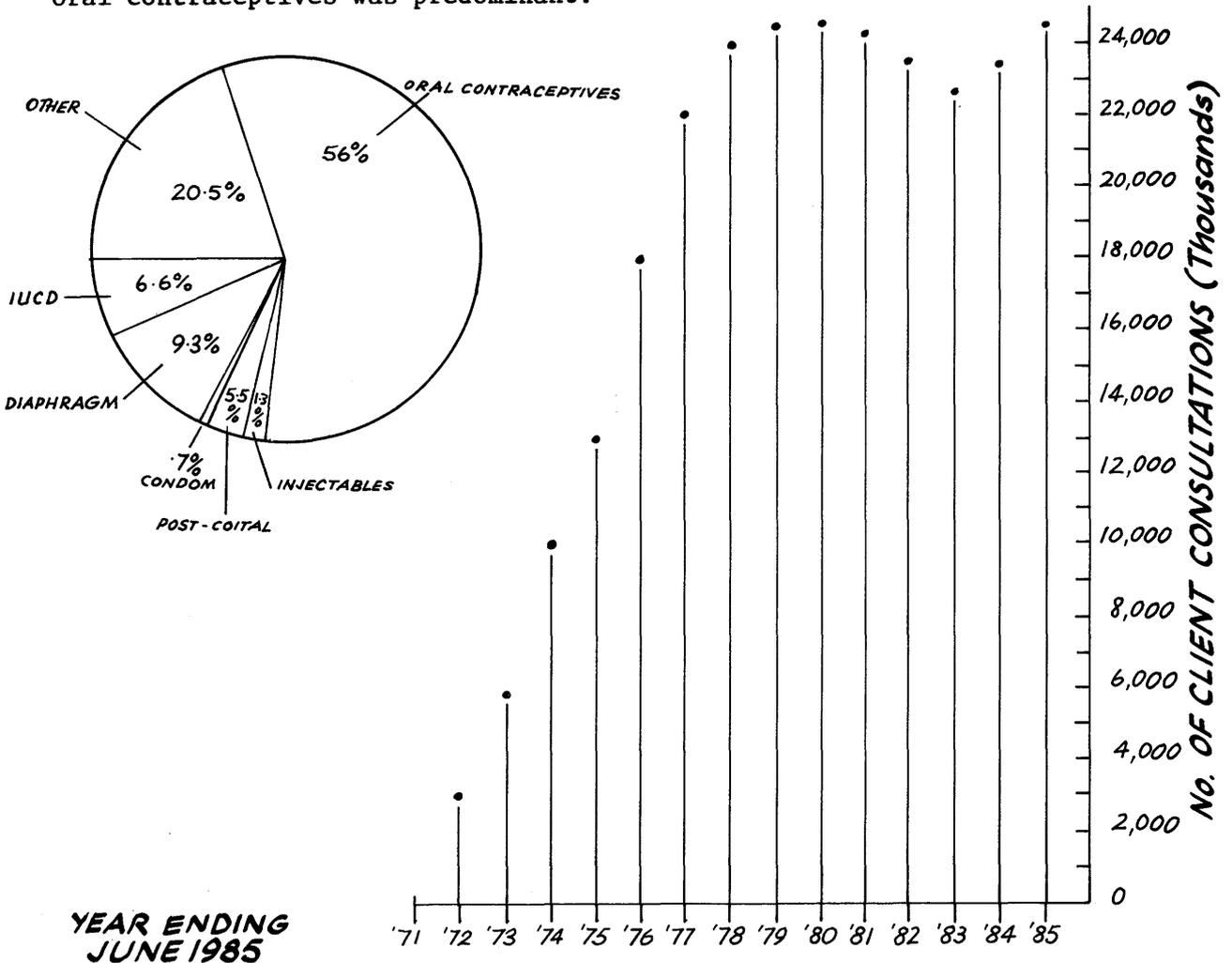
The preceding financial year has once again been characterised by an increasing number of client visits to clinic services offered in both outlying clinics and at Kensington. Overall, the period has been one of consolidation of organisation to meet this increasing demand within static funding levels.

Clinic Statistics

During the year 1984/85, the number of client visits to the Association's Clinics was 23,605. This comprised 4,459 New Clients (19%), and 19,147 Repeat Clients (81%). This increase in client numbers has been achieved within stagnant funding and by rigorous examination of clinic procedures. It has arisen following the introduction of free services and been accompanied by a deliberate policy of not creating additional demands for services which the Association is unable to meet.

Analysis of the age groups of new clients indicates that 42% were aged between 15 to 19 years of age and 39% between 20 to 20 years of age. This clearly illustrates the response of young people to the introduction of free services.

For new clients using the Clinic Services the majority of consultations were for contraceptive services and as the previous years, the use of oral contraceptives was predominant.



NURSING SERVICES

Registered Nurses are employed by the Association to provide Clinic Services, a Home Visiting Service and Education Services. The following nursing staff were employed at 30th June, 1985.

PRINCIPAL NURSING OFFICER

Jan Dolman F/T

SENIOR CLINIC NURSE

Julie Ide F/T

SUBURBAN CLINIC CO-ORDINATOR

Pam Stevens P/T

CLINIC NURSES (Part-time)

Pamela Cheesman
Pat Cohen
Sally Davis
Gay Elliott
Sally Emory
Carolyn Gilbert
Margaret Grohs

NURSE EDUCATORS

Bev Burnell P/T

June Cox P/T

HOME VISITING NURSES

Marie Crisp F/T

Barbara Kiek P/T

Elaine Rose P/T

Jenny Sparrow P/T

Trish Harris
Margaret Jorgensen
Dilys Konrath
Laura Law
Pich Khorn
Sonia Sommers
Pat Waters
Anne Watkins

In May 1985, Jenny Bridger, Senior Clinic Nurse, left the Association after many years working in clinic services. As Family Planning Nurse at the Queen Victoria Hospital, she will, we hope, continue to have a strong relationship with the Association. In June, Mrs. Julie Ide, was appointed as the Senior Clinic Nurse.

A
Clinic nurses continue to have a major role within clinic services in interviewing clients and teaching contraceptive methods. In the latter half of the year a special inservice training program has been provided to all nurses. This inservice training has been developed with a view to facilitating further training of Nurse Practitioners in South Australia in 1986. The program has included sexually transmitted diseases, an update on contraceptive methods, teaching breast self-examination, techniques for cancer diagnoses and sexual difficulties.

A
Telephone counselling is provided by clinic nurses and a survey conducted in May 1985 was helpful in providing a clearer picture of the demand for this service. The survey showed a strong demand for information about contraception and other issues of reproductive health. It also showed that a large number of women who were not Family Planning Association clients were using this service to answer questions which they have often put to their own doctor or other medical service providers. The future directions of this service will be assessed in 1985/86.

Home visiting services are provided in the metropolitan area from Gawler in the north to Willunga in the south.

A
Clients who are visited by these nurses often present with multiple problems other than contraception. Such problems may be drug or alcohol abuse, poverty, low esteem and motivation, poor budgeting skills and physical or intellectual disabilities. Clients are often suspicious and frightened of bureaucracies such as hospitals and social welfare organisations but have been able to develop a trusting and sensitive relationship with the home visiting nurse.

A
The home visiting nurse has a high level of professional commitment to working with other community organisations. Liaison with various hospital personnel has always been important especially when the Family Planning Association client has been referred by the hospital and continues to attend a hospital Outpatient Clinic. Many clients are transported to various public hospital Outpatient Clinics for gynaecological family planning consultations and sometimes the nurse transports clients to hospital for admission or for pick-up when discharged.

Close liaison has continued with Kampuchean and Vietnamese Health Workers both in the clinic and home visiting.

Education services for nurses

In addition to the Principal Nursing Officer, who provides many of the education programs, the Association also employs a nurse educator. Jan Murray, who worked as a nurse educator for the Association for many years, has left the Association to join the Corporation of the City of Adelaide.

Family Planning Courses for Nurses. The Association has conducted three courses for metropolitan nurses and one intensive course for country nurses.

Family Planning Courses for Enrolled Nurses. Two courses have been provided. Various workshops and seminars have catered for other organisations such as CAFHS.

Nursing Education in the Country.

In a program funded by the Commonwealth Department of Health through SAPMEA, lectures and discussions were presented to nurses at Naracoorte and Mt. Gambier Hospitals. Topics included contraception, sexuality and aspects of women's reproduction health. The response to this initiative was very positive and further programs are planned.

The Principal Nursing Officer has continued to present programs on human sexuality and contraception to nine metropolitan hospitals.

The participants include student and trainee enrolled nurses and registered nurses undertaking inservice programs at the Royal District Nursing Society. New initiatives include input into the Post-Basic Gerontic and Rehabilitation Course for both registered and enrolled nurses.

Student nurses from Sturt College have attended six-day placements observing clinic, education and home visiting activities.

MEDICAL SERVICES

Of major impact to the Association has been the resignation in 1984 of Dr. Sue Caton and the appointment of Dr. Judy McDonald as the Senior Medical Officer. During her many years with the Association, Dr. Caton contributed a great deal to the direction in which clinic services developed and the provision of post-graduate medical training. She gained the respect and affection of all the staff.

The following Medical Officers were employed on a part-time basis at the 30th June, 1985.

SENIOR MEDICAL OFFICER Judy McDonald

SENIOR CLINIC DOCTOR Joy Giles

CLINIC DOCTORS

Shirley Broad	Hazel Nathaniel
Brigid Forrest	Anna Neoh
Margaret Harrington	Karen O'Neill
Debbie Ireland	Rosie Read
Ann Isaacs	Chris Shumack
Rita Joffe	Bronwen Weller
Margaret Kearney	Greg Winter
Margaret Moody	

During 1984/85, the resignation of the remaining three male medical practitioners has resulted in a totally female medical staff. Whilst male doctors were always in demand, many clients who use the Association in order to be seen by a female doctor have really appreciated the change to a totally female medical staff. Nevertheless, the Association will be assessing the desirability of this change and what other directions should be pursued.

Education Services

Post-graduate courses in Family Planning Courses for medical practitioners. Two courses were conducted, one in October 1984, and one in March 1985, to a total of 30 medical practitioners.

Medical Education in the Country

In May 1985, as part of a SAPMEA/FPA initiative, funded by the Commonwealth Department of Health, the Senior Medical Officer, as part of a multidisciplinary team from the FPA, spent three days in the South-East of South Australia (Naracoorte, Kingston and Mt. Gambier) conducting workshops and seminars in Sexuality and Contraceptive Update.

In June 1985, SAPMEA, in co-operation with FPA held an evening seminar entitled "Contraception through the Reproductive Life Span". Eighty nine people attended.

Throughout 1984/85, both fifth year medical students from Flinders University and sixth year medical students from Adelaide University, as part of their Obstetrics and Gynaecological training, or as electives during their Community Health term, were involved at FPA in orientation and observation sessions. Those doing a community medicine elective were also able to observe programs with Community Educators, the Social Worker, and the Home Visiting Nurses and to visit the Resources Centre to view our audio-visual displays.

Issues in Medical Practice

Frequency of Cervical Smears. One of the important issues of preferred practice in 1984/85 was the question of the frequency of cervical smear taking.

A In August 1984, medical and other staff attended an inservice seminar on Cervical Cancer given by Dr. Margaret Davey, a Gynaecological Oncologist from the Royal Adelaide Hospital.

Following discussions with Dr. Margaret Davey on the increasing incidence of abnormal cervical smears in the younger age group, and the appearance of an apparently more aggressive form of cervical displaysia, the subject was presented to the Medical Advisory Committee and the following recommendations were made:

1. Cervical smears to be performed annually.
2. Smears showing any degree of cervical dysplasia to be referred for colposcopy.
3. Smears showing any mild abnormality to be reviewed with repeat smears, three to six months after the initial smear. Persisting abnormalities to then be referred for colposcopy.

Proclamation of the Minors Consent to Medical and Dental Treatment Bill

In South Australia, this Bill is awaiting proclamation and is an important step forward in providing guidelines for medical practitioners.

SOCIAL WORK SERVICES

A Social Work service is provided for up to 40 hours per week by a Senior Social Worker and two casual Social Workers. In June 1985, Wendy Willow, who had formerly worked as a casual Social Worker, was appointed Senior Social Worker when Julie Potts decided to work casually following maternity leave.

Staff at the 30th June, 1985, included:

SENIOR SOCIAL WORKER	Wendy Willow
CASUAL SOCIAL WORKERS	Julie Potts
	Libby Hicks-Maitland
	(Resigned June 1985)

A Counselling services are provided by Social Workers for clients seeking help with sexual, family, relationship difficulties and in situations when they are confronted with unplanned pregnancies.

A Pregnancy clinics are offered on three sessions per week at which a Social Worker, Doctor and Nurse are present. Increasingly the expertise of social work staff in this type of counselling is being recognised, particularly in training for nurses and doctors.

General social work appointments are available daily, however, the demand for general and pregnancy counselling fluctuates considerably throughout the year.

The demand for sexuality groups for women has consistently increased. Clients who join the sexuality groups for pre-orgasmic women are from a wide cross-section of the community and in age groups which range from late adolescent and early 20s to women in their 40s. Liaison with St. Corantyns which runs similar groups during the day, has enabled complementarity in service provision with our night time group.

Demand for post-abortion counselling groups has, however, slowly declined and only one group was held in 1984/85.

Education services

The Senior Social Worker has been invited to conduct lectures in sexuality in the Social Work Course at SAIT.

The Senior Social Worker was invited to tutor in the Relations In Community Health (RICH) Course at the Foundation of Multidisciplinary Education in Community Health.

A The Social Work service continues to provide a valuable auxiliary service to the clinical and education functions of the Association. In particular, the Senior Social Worker provides a further useful and alternative framework of client service outside the traditional medical model.

CHRISTIES BEACH PROJECT

This project was funded as a special project by the South Australian Health Commission during the twelve months prior to May 1985.

Staff

Part-time Sue Foster
 Rosalie Earl (Transferred to Kensington end of June)
 Rae Read
 Stephanie Grivell
 Pam Hunnerup (Appointed June 1985 for three months)

As a project Christies Beach has undoubtedly demonstrated the usefulness of local knowledge and local contact in ensuring that services which are delivered in the area are responsive to the needs of that area.

In particular, the team has succeeded in

- reaching an increased number of young adolescents who are potentially sexually active and who are at risk;
- increasing acceptance of FPA services and the level of inter-agency co-operation in the area;
- conducting programs in schools which take into account other programs being conducted within the schools.

In March, Council allocated funds from reserves for the employment of one further staff member, pending possible SAHC funding. This funding has not eventuated but the benefits of the regional structure will be assessed against needs in other areas.

EDUCATION SERVICES are provided within the Association by Staff of the Education Section as well as Medical, Nursing and Social Work staff.

Education programs provided by Nursing, Medical and Social Worker Services, have been detailed elsewhere within the report.

Education Section Report

Following the retirement of Gwen Brooking, a seven month inter-regnum occurred before the arrival in January 1985, of Lesley Barclay, the new Education Officer.

Staff as at 30th June, 1985.

EDUCATION OFFICER:

Lesley Barclay

PROGRAM CO-ORDINATOR

Eugenie Millier

TEACHER/LIAISON OFFICER

Noelle Nelson

LIBRARY AND INFORMATION OFFICER

- Patricia Cox

CLERICAL OFFICER

- Linda Butler

EDUCATORS:

Beryl Bettell

- Rosalie Earl

Helen Hagen

Cathy Hawke

Margi Hill

Stephanie Kahn

Molly Rowan

Kay Slaytor

- Juliet Watts

- Lili Weidenmann

COUNTRY EDUCATORS

Margaret Chown

- Jo Hoiles

Maureen Inglis

Leanne Murdoch

Education activities within the Association have strengthened existing bonds with both the general community and specific organisations such as schools, as well as extended links into some new areas of work, particularly disadvantaged youth. A change in staffing policy has enabled Educators to increase their contribution to the development and quality of program material. It has also ensured greater flexibility and quality control of programs. The Education Section staff include people with nursing, counselling, teaching youth and community backgrounds. In addition, due to a special six month grant from the South Australian Health Commission, it has been possible to employ two Ethnic Health Workers. These represent the Polynesian and Kampuchean communities. Country educators expand the effectiveness and breadth of the section's work in their own regions.

A. Publicity and information services

- Media

A { The response of the media to initiatives by the Association has been very pleasing and increasingly the press, radio and television are approaching the Association for comment on issues with which they expect we will be concerned. In 1984/85 a total of 39 radio and television appearances were made and 10 articles were published in the press. The knowledge and awareness of the work of the Association seems to be growing. This has been further confirmed by the number of people who contact the Association after having heard about it on the radio.

For National Family Planning Day in November 1984, The Advertiser included a full page information sheet on the Family Planning Association.

The Education Officer now appears regularly on daytime television and radio with open invitations to appear on a number of other programs.

The Association's Polish worker has been invited by the Ethnic Radio Station 5EBI to appear monthly, until the end of 1986, on Polish programs. Country educators have also appeared on radio and television programs.

The Association provides a panel member on Family Forum, a regular feature in "The Advertiser".

- Theatre

The Association was consulted by the Unley Youth Theatre and provided information to the writer/director for their summer production.

- Publicity and Information Material

Information displays were provided for 19 organisations in the first six months of this year compared with seven the previous six months. These organisations include conference organisers, regional health fairs, IYY initiatives and others. This puts increasing demands on the section to stock, organise and mount such displays.

- Videos, Films and Books

These are available from the Resource Centre of the Association for loan to the community. Bookings have increased this year as have requests for reference material and use of the Library.

- Pamphlets and Booklets

There has been a steady increase in demand for pamphlets published by the Association. The response from the community to our new design has been very favourable. The Pill, the IUD, the Condom and Spermicides, the Diaphragm, the Morning After Pill, the Mini-Pill, Male Sterilisation, Female Sterilisation, , Vaginitis and Facts about the Family Planning Association, are the most frequently requested publications. A number of booklets are available free or at a small charge from the Resource Centre.

B. Education Programs for the general community

Groups may attend programs about human sexuality and reproductive health as well as programs aimed at assisting parents or adults to communicate with teenagers about their sexuality. These groups include a wide range of people who may be gathered together under the auspices of other organisations or may individually nominate themselves to a program at the Family Planning Training Centre at Kensington. These programs may be single sessions of one or two hours or a series of sessions, depending on the need identified by the group.

C. Youth Programs

Youth in schools

The Family Planning Association has, since its inception, steadily increased its presence in secondary schools throughout the metropolitan and some country areas. The Association is still regarded by schools as having a primary influence and a specialist contribution to make in the teaching of health and sexual issues. In 1984/85, 75% of the State's secondary schools were provided with programs by the Association. Despite an increasing interest by teachers in directly providing these classes themselves, and an encouragement for them to do so in practice, the Association is asked to return again and again to schools. It is no longer possible to respond to all the requests made by schools for programs. Wherever possible, parent nights are held prior to our involvement with schools. This is so parents have an opportunity to understand that the end purpose of the programs for students is to emphasise their need to make a responsible choice regarding sexual activity.

Youth outside of school

The section's work in this area is increasing both as a response to requests from TAFE, EPUY, CYSS and other groups and from the Section, actively seeking out less formally structured groups. For example, we have begun to work with Aboriginal Young People at 104 Hindley Street. Such contacts

are beginning to generate further opportunities to work with groups of young people generally categorised as 'High Risk'.

- D. Disabled persons There are approximately 2,200 intellectually disabled people in South Australia between the ages of 12 and 35 years. Of these 626 are in special schools and approximately 640 in workshops. Of the nine special schools, two are visited regularly, five have received some contact with the Association. All of the major sheltered workshops in the metropolitan region have had contact with the Association in the last twelve months. Within the conventional school system contact with disabled young people has focussed in the southern central region in which all schools have had contact. The northern region has not been as well serviced and will become a focus for the next year.

Considerable progress is being made in the area of normalization and community living. The best results seem to be obtained working with these groups during the day, not in their own group homes at night. Our programs fit well within Independent Living Skills programs offered by TAFE Colleges for intellectually disabled moving into community living.

A number of activities and initiatives have occurred in the area of hearing impaired and physically disabled. Two staff members are contributing significantly to the work of the Sexuality and Disability Committee and therefore expanding their services and support into other disabled groups.

We are increasingly contributing to workshops and staff development for care givers, teachers and others working with groups with special needs.

- E. Ethnic Communities

A [In 1984/85, as a result of a special grant for three months, from the South Australian Health Commission, a worker of Polish cultural background and a worker of Cambodian cultural background have been employed by the Association. A comprehensive report is available on this project and its evaluation from the Education Section.

- F. Special Women's groups

Education staff have been involved in a series of programs for women prisoners at Northfield Women's Prison.

- G. Professional Education for Teachers

A [This is an area not only of expanded contact but of change in emphasis and therefore increased effectiveness of our service.

This year the Teacher Liaison Officer has had contact with teachers from 30 of the States 117 Secondary Schools. In the last six months of 1984, total contacts were 15.

The breakdown of total contact demonstrates the provision of training and program development for teachers has become more important than the provision of information. Country educators have also been involved in the training and support of teachers.

A { Undergraduate training of teachers provides a critical opportunity for FPA to introduce the concepts of sexual health and responsibility. Contact with undergraduate teachers have trebled in the first six months of 1985 compared to the previous six months. The contact time also has increased overall with most students receiving four to six hours of workshop activity.

H. Staff Development for Family Planning Staff

A { Staff or members of the Association have attended a staff development program which has been a major responsibility of the Education Officer and which has included a series of communication, problem-solving and organisation development exercises.

I. Provision of services for other professional groups

The section gives a high priority to providing complete workshops or components within other training courses for people such as nurses, doctors, Lifeline counsellors, social workers, etc.

This has proven to be a very demanding but worthwhile exercise for the organisation and has been highly evaluated by participants.

In addition a number of staff have contributed through publications, active membership of professional bodies and conference papers.

The Education Officer, Lesley Barclay, serves on two Government sponsored working parties - The Child Sexual Abuse Task Force, Education Section and the Midwifery Working Party.

Publications

Barclay, L.M. 1985. 'Australian Midwifery Training and Practice'. Midwifery, Vol. 1, No. 2, June 1985, pp 86-96. Accepted for publication in Health Policy, Elsevier Science Publishers, Amsterdam. 'How is the Midwife's Training and Practice defined in Policies and Regulations in Australia Today?

Conference Papers

Barclay, L.M. Fourth Biennial Midwives' Conference, Brisbane. Opening Address entitled "The Midwife - An Endangered Species".

Constraints

This Section is concerned that short workshops do not allow the opportunity for consolidation of learning which includes personal awareness and new information and skills.

A number of optional program packages have been designed to run in 1985-86. These are planned to provide training of sufficient depth and quality for teachers and professionals working in areas where education in the broad area of sexual health and responsibility can be part of their role. One version of these "Community Educators Courses" was run in an accelerated form for our own clinic staff in June this year. It is planned to run two accelerated and two longer similar courses in 1986.

There has been considerable interest and support for these initiatives which have been formally recognised by a number of agencies as appropriate subsidised professional education.

CONCLUSION

As part of our attempts to respond to the increasing number of requests for our services within a limited budget we have begun to charge certain groups for our services. These are groups who can access visiting lecturers funds, staff development resources or similar monies. In keeping with our policy of meeting areas of greatest need no group is charged if they cannot access such funds and no program would be refused from a priority area. Our scale of charges has been set at a rate comparable to those set by organisations such as Red Cross and St. John's Ambulance.

Not only has the section consolidated and made gains on previous years, it has reviewed and updated all the program designs and resources it uses. Considerable innovation has occurred which requires a depth of planning and preparation not required of educators previously. This challenge has been met enthusiastically and skillfully by education staff.

FINANCE AND ADMINISTRATIVE SERVICES

The resignation of Dr. John Porter and the commencement of Linley Hartmann as Executive Officer, have been smoothly assisted by the Administration Staff. Their enthusiasm and their willingness to provide continuity particularly in Council-Administration communication and organisation, has been invaluable.

Staff as at 30th June, 1985, were as follows:

EXECUTIVE OFFICER
Linley Hartmann

SECRETARY
Roberta Hubbard

TELEPHONIST RECEPTIONIST
Julie Volpato

FINANCE OFFICER
Margaret Bagshaw

PART-TIME TYPIST
Betty Edward

During 1984/85, extensive investigation has been undertaken of the options in Computing Services which may be appropriate for the Association. The manual system of client Index Records is becoming increasingly cumbersome. "Requests for Proposal" were sent to 10 companies and two responses were received. However, the requirements of the Association are still being defined.

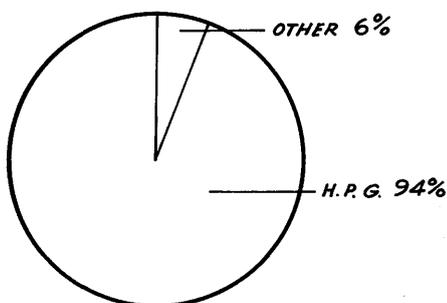
In May 1985, a second IBM Displaywriter was purchased due to the excessive demand for word processing time.

TREASURER'S REPORT

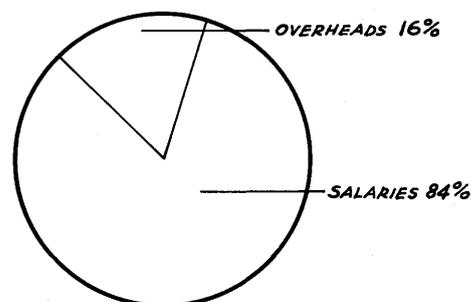
FPA-SA has once again been provided with considerable funding from both Commonwealth and State Governments. Commonwealth funding through the Health Program Grant provides 94% of clinic service funds with the remaining costs being met from FPA profits in contraceptive sales. Since the inception of Medicare and direct funding, demand for services has increased. Despite this, funding has continued to be based on 1981 Budget for services and staffing.

Other education, training and counselling services to the community are funded by the South Australian Health Commission (74%) and Family Planning Program Grant (10%). The remaining expenditure is met by special grants, e.g. E.P.U.Y. and annual membership subscriptions.

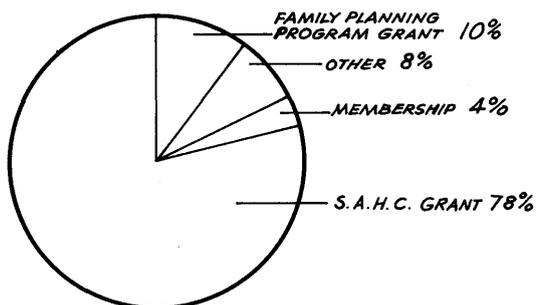
CLINICAL RECEIPTS: \$682,121



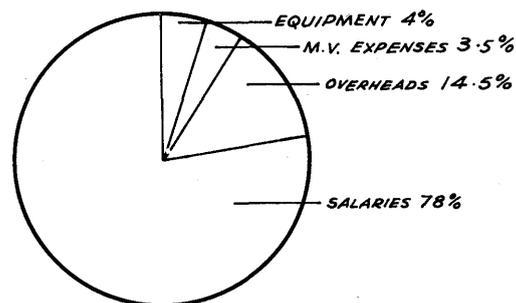
PAYMENTS: \$741,706



NON-CLINICAL RECEIPTS: \$404,250



PAYMENTS: \$404,250



The results of both clinical and non-clinical financing was as expected.

Some over-expenditure in the clinical budget was due to Long Service Leave payment (\$20,537) which will be reimbursed during 1985/86. The remaining deficit was funded internally from the Savings Investment Account. This use of savings is consistent with Commonwealth Government policies that funded organisations meet part of their operating costs from savings.

A new photocopier and word processor station were approved by Council as part of the non-clinical expenditure for 1984/85.

FINANCIAL STATEMENT BY THE COUNCIL

The attached Statement of Receipts and Payments of the Family Planning Association of South Australia Incorporated in our opinion, is properly drawn up so as to exhibit a true and fair view of the transactions for the year ended June 30th, 1985.

DATED at ADELAIDE this 16th day of October, 1985.

On behalf of the Council



.....
President



Hon. Treasurer

THE FAMILY PLANNING ASSOCIATION OF SOUTH AUSTRALIA INCORPORATED

STATEMENT OF RECEIPTS AND PAYMENTS FOR YEAR
ENDED 30TH JUNE 1985

1983/84		CLINICAL	NON CLINICAL	CAPITAL ACCOUNTS	IMPREST ACCOUNT	TOTAL 1984/85
\$		\$	\$	\$	\$	\$
99,600	<u>OPENING BALANCE</u> 1st July 1984	(8,589)	8,267	106,126	810	106,614
	<u>LESS</u>					
(4,083)	Renovations			-		-
(21,979)	Production of Video Tapes			-		-
(1,731)	Pharmacists Stickers			-		-
(915)	Clinic Signs			-		-
(3,750)	Equipment			(7,177)		(7,177)
(950)	Prizes for Poster Competition			-		-
(40)	State Duty			(9)		(9)
(469)	Airconditioner			-		-
20	Imprest Funds				100	100
	Techsearch Survey			(11,200)		(11,200)
	Honoraria			(527)		(527)
	Air Fare - Nairobi Conference			(1,000)		(1,000)
	Staff Development I II & III			(2,952)		(2,952)
	<u>ADD</u>					
36,778	Profit on Contraceptives			65,868		65,868
1,720	Donations, Rent, Etc.			1,310		1,310
12,102	Interest Received			14,165		14,165
(1,100)	TEASA Grant 1983/84			-		-
(8,589)	Clinical Deficit for 1983/84 (Reimbursed)	8,589				8,589
	<u>Clinical Deficit for 1984/85 from Opposite Page:-</u>					
	Long Service Leave	(20,537)				
	Deficit funded by Family Planning Association			(39,048)		(59,585)
<u>106,614</u>		<u>(20,537)</u>	<u>8,267</u>	<u>125,556</u>	<u>910</u>	<u>114,196</u>

Represented By:-

-	Commercial Bill		77,126
(320)	Commonwealth Savings Bank Cheque Account	(12,270)	
106,126	Savings Investment Account		48,430
		(12,270)	125,556

AUDITORS' REPORT TO THE MEMBERS OF THE FAMILY PLANNING ASSOCIATION
OF SOUTH AUSTRALIA INCORPORATED

We have audited the accounts of the Family Planning Association of South Australia Incorporated set out on pages 30 to 31 for the year ended June 30th 1985, in accordance with Australian Auditing Standards.

In our opinion, the Statement of Receipts and Payments presents fairly the results for the year then ended in accordance with Australian Accounting Standards and in accordance with the provisions of the Constitution dated 21st February 1984.

Peat Marwick Mitchell & Co

PEAT, MARWICK, MITCHELL & CO.
Chartered Accountants

J.N. Bishop
J.N. BISHOP
Partner

124 Waymouth Street
ADELAIDE, S.A. 5000

17 October 1985

THE FAMILY PLANNING ASSOCIATION OF SOUTH AUSTRALIA INCORPORATED

STATEMENT OF RECEIPTS AND PAYMENTS FOR YEAR
ENDED 30TH JUNE, 1985

1983/84 \$	PAYMENTS	CLINICAL \$	NON CLINICAL \$	TOTAL \$
	OPERATING EXPENSES			
822,725	Salaries & Wages	619,506	315,982	935,488
22,749	Superannuation	15,132	5,137	20,269
(1,014)	Payroll Tax	-	-	-
-	Workmen's Compensation	2,354	1,150	3,504
818	Rent - Suburban Clinics	642	1,040	1,682
8,644	Medical Supplies-Consumables	10,277	-	10,277
972	Unbillable Swabs	-	-	-
	EQUIPMENT & INFORMATION			
1,154	Instruments & Appliances	1,489	-	1,489
2,478	Library, Films & Videos	-	3,469	3,469
12,696	Equipment	2,407	16,623	19,030
4,948	Leaflets, Posters, Advertising	480	6,964	7,444
10,529	Motor Vehicles	16,360	-	16,360
	ADMINISTRATION			
733	Bank Charges	855	427	1,282
1,847	Accounting & Audit	1,226	612	1,838
13,390	Cleaning & Laundry	10,741	3,980	14,721
8,637	Fuel, Light & Power	6,857	3,423	10,280
10,487	Insurance	3,374	1,092	4,466
12,688	Postage, Telephone & Freight	8,142	4,489	12,631
20,001	Printing & Stationery (incl. Microfiche)	17,647	4,986	22,633
	Maintenance & Repairs			
6,096	- Premises	4,725	2,709	7,434
4,791	- Equipment	3,844	2,091	5,935
18,355	Mileage & Motor Vehicle Maintenance	8,239	14,165	22,404
3,545	Rates & Taxes	2,601	1,298	3,899
6,744	Travelling:- Conferences, Seminars and In-Service Training	1,680	7,702	9,382
1,497	Advertisements for Staff	2,184	1,970	4,154
1,315	Sundries	944	760	1,704
1,536	Recoverable Expenses (Burglaries)	-	-	-
8,000	Premises - Major Renovations	-	4,181	4,181
<u>1,006,361</u>	TOTAL PAYMENTS	<u>741,706</u>	<u>404,250</u>	<u>1,145,956</u>
	RECEIPTS			
	GRANTS			
532,238	Health Program Grants	651,132	-	651,132
40,650	Family Planning Program Grant	-	44,000	44,000
257,988	State Health Commission	-	315,949	315,949
9,326	Special Grants	-	12,575	12,575
	GENERAL REVENUE			
101,046	Consultation Fees	1,121	-	1,121
23,034	HPG Applied Contraceptive Profits	25,672	-	25,672
4,670	Surplus from Sale of Literature & Film Hire	-	3,519	3,519
7,229	Surplus from Training Courses	1,250	10,117	11,367
16,154	Annual Subscriptions	-	18,090	18,090
5,437	Sundries	2,946	-	2,946
<u>997,772</u>	TOTAL RECEIPTS	<u>682,121</u>	<u>404,250</u>	<u>1,086,371</u>
(8,589)	SURPLUS/(DEFICIT) FOR YEAR	<u>\$ (59,585)</u>	<u>\$ -</u>	<u>\$ (59,585)</u>

Note: \$20,537 of Clinical Salaries & Wages relates to payments for Long Service Leave which will be reimbursed in 1985/86.

As from 1st July 1983 the Association was exempt from Payroll Tax.

THE FAMILY PLANNING ASSOCIATION OF SOUTH AUSTRALIA INC.

NON-CLINICAL COSTS

COMPARISON OF ACTUAL WITH BUDGET

FOR THE MONTH OF

<u>BUDGET</u> <u>1986/87</u>	<u>EXPENSES</u>	<u>CODE</u>	<u>YEAR</u> <u>TO DATE</u>	<u>%</u>	<u>OVER (UNDER)</u> <u>SPENT</u>
273,165	<u>Salaries & Wages:</u>				
11,997	Health Education	0.1.1			
61,928	Social Worker	0.3.1			
40,419	Training Personnel	0.4.1			
30,391	Community Health Workers	0.1.1			
417,900	Administration	0.2.1			
7,200	Superannuation	1.3.2			
-	Long Service Leave	1.4.2			
4,000	Workers' Compensation	1.6.2			
1,590	Rates & Taxes	2.2.2			
2,140	Minor Recurring Maintenance Premises	2.4.2			
820	Accounting and Audit	4.1.2			
500	Bank Charges	4.2.2			
9,000	Leaflets & Pamphlets & Advertising	4.3.2			
4,330	Cleaning	4.4.2			
4,170	Fuel, Lighting and Power	4.5.2			
1,740	Insurance Premiums	4.6.2			
3,020	Maintenance and Repairs-Equipment	4.8.2			
1,700	Postage and Freight	4.9.2			
3,745	Telephone	4.10.2			
5,820	Printing and Stationery	4.11.2			
15,000	Transport Expenses	4.12.2			
7,440	Conferences and Meetings	4.13.2			
1,605	Sundries	4.14.2			
	Recoverable Expenses	4.15.2			
4,540	Films & Library Books	4.16.2			
2,420	In-Service Training	4.17.2			
1,130	Education Information Equipment	5.1.2			
3,745	Office Equipment	5.2.2			
1,360	Furniture & Furnishings	5.3.2			
504,915					
	<u>RECEIPTS</u>				
25,000	Membership Subscriptions	6.1.2			
20,000	Income from Training Unit	6.3.2			
3,000	Income from Books & Film Hire	6.4.2			
14,000	Other Income	6.5.2			
378,915	S.A. Health Commission Grant	6.6.2			
53,500	Family Planning Program Grant	6.7.2			
	Staff Club	6.8.2			
10,000	Shortfall from Savings A/C (Noarlunga)				
500	Sundries				
504,915					

THE FAMILY PLANNING ASSOCIATION OF SOUTH AUSTRALIA INC.

NON-CLINICAL BUDGET

1986/87

2.3%

HEALTH EDUCATION

	Salary Level	F/T Equivalent	Salary	Totals
Manager - CE & IS	CO-6	1.0	27,768	
Supervisor - Education Programs	CO-4	2.0	45,733	
Teacher Liaison Officer	CO-3	0.75	16,334	
Ethnic Health Worker	CO-3	1.0	21,779	
Library Assistant	CO-2	1.0	18,872	
Office Assistant	Clerks (S.A.)	0.9	13,703	
Health Promotion Officer	CO-5	1.0	24,593	
Health Educators	CO-3	4.7	98,466	
		<hr/>		
		12.35		267,248

273 165

TRAINING PERSONNEL

Senior Medical Officer	MO-4	0.3	14,019	
Nurse Educators	NG-17	1.25	29,958	
Principapl Nursing Officer	NG-22	0.3	8,053	
Training Doctors	MO-1	0.1	8,506	
		<hr/>		
		1.95		60,536

61 928

SOCIAL WORKERS

Social Workers	SWO-1 & SWO-2	0.4		
		<hr/>		
				11,727

11,997

NOARLUNGA COMMUNITY HEALTH PROJECT

* Community Health Workers	NG-16	1.9		
		<hr/>		
				39,510

40,419

ADMINISTRATION

Executive Officer	AO-4	0.3	11,868	
Administrative Officer	CO-5	0.2	5,030	
Secretary/Word Processors	CO-1	0.4	7,360	
Telephonist Clerk	CO-1	0.25	4,209	
Gardener	WHM-1	0.1	1,241	
		<hr/>		
		3.05		30,391

29,708

~~408,729~~

* Note \$10,000 of this from F.P.A. Funds (Approved by Council).

Includes 2.3%

417,900

THE FAMILY PLANNING ASSOCIATION OF SOUTH AUSTRALIA INC.CLINICAL COSTSCOMPARISON OF ACTUAL WITH BUDGET

FOR THE MONTH OF , 1986

<u>PROPOSED BUDGET 1986/87</u>	<u>OPERATING EXPENSES</u>	<u>CODE</u>	<u>YEAR TO DATE</u>	<u>%</u>	<u>OVER(UNDER)</u>
	<u>Salaries & Wages:</u>				
199,800	Doctors				
147,100	Nurses				
70,000	Home Visiting Nurses				
22,100	Enrolled Nurses				
96,500	Clinic Office Staff				
25,500	Social-Workers				
97,600	Administration & Gardener				
<u>658,600</u>					
17,130	Superannuation	1.3.1			
7,500	Workers Compensation	1.6.1			
3,000	Rates and Taxes	2.2.1			
5,000	Minor Recurring Maintenance Premises	2.4.1			
14,500	Clinical Consumable Items	3.1.1			
1,620	Accounting, Audit and Legal	4.1.1			
1,000	Bank Charges	4.2.1			
1,000	Advertising and Publicity	4.3.			
12,050	Cleaning and Laundry	4.4.1			
7,700	Fuel, Lighting & Power	4.5.1			
6,000	Insurance Premiums	4.6.1			
4,600	Maintenance of Equipment	4.8.1			
3,800	Postage	4.9.1			
7,400	Telephone	4.10.1			
11,000	Printing and Stationery	4.11.1			
9,100	Transport Expenses	4.12.1			
2,500	Conferences	4.13.1			
1,500	Sundries	4.14.1			
	Discretionary Fund	4.15.1			
26,500	Clinical Instruments & Appliances	5.1.1			
2,000	Non-Clinical Equipment	5.2.1			
700	Furniture & Furnishings	5.3.1			
6,800	Microfilm Case Notes	4.11.1			
811,000	* Long Service Leave	1.4.1			
	<u>OPERATING RECEIPTS</u>				
?	Health Program Grant	6.6.1			
1,200	Income from Clinical Training Course	6.3.1			
32,500	HPG Applied Contraceptive Profits	6.4.1			
?	Shortfall (Profit from Contra. sales)	6.4.1			
811,000	* Re-imbursed 1987/88.				

? = Not yet known.



