

# 21<sup>ST</sup> ANNUAL REPORT

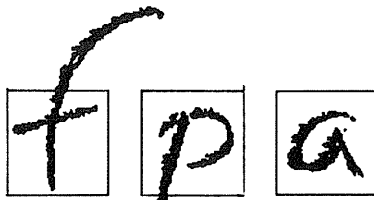
FOR THE YEAR ENDED  
30TH JUNE 1991



Family Planning Association of SA Inc

## ACKNOWLEDGEMENTS

*The Family Planning Association of SA Inc. expresses its sincere appreciation for the continuing financial support received from the Australian and South Australian Governments. The Association also extends its gratitude to the people and community organisations who have assisted and supported us during the year. We especially acknowledge the following people for their contributions towards this Annual Report, Douglas Diagnostics, Schering, Stamford Hygenics, Janssen Cilag and graphic design students from the Underdale Campus of the University of South Australia.*



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Member of the Family Planning  
Federation of Australia

Affiliated with the International  
Planned Parenthood Federation

Family Planning Association of SA Inc. 1991

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## Message From Council President

Richard Hicks  
President

This year is the 21st anniversary of the founding of the Family Planning Association here in South Australia. As we prepare to celebrate the occasion, I cannot but recall how the State and its community have benefited from the vision, commitment and energy of the Association's founding members. Whilst circumstances have changed and situations progressed, the services provided by the Association are as important today as they were 21 years ago. We thank our founding members and those who have contributed, both members and staff, to ensure the Association is as strong as it is today.

Working from the strategic plan adopted in 1989, the Association has addressed the priority areas of clinic services, community services, training and education, and administration and management. Based on the key areas of services for young people, Aborigines, country communities, people with disabilities, non-English speaking communities, men, the clinical services, training and education, and community service teams have specifically addressed those areas. It has become quite clear that there must be a relocation of services. Council has decided to relocate some clinical service time from Kensington to the northern, southern and western suburbs of Adelaide, to improve access to services for those communities. The Association has continued to work in country and remote areas with local agencies, with the aim of improving both the level of service and access to services.

During the year the Council has addressed its role in the organisation and the way it functions. The first step was to establish its own aims and objectives, which included a number of specific goals to improve its information base, and the context in which it functions.

The two major initiatives have been the development of a better appreciation of the broader environment in which the Association functions and the further development of a committee system to include Client Services, Resources and Resources and Ethics committees. Membership of the committees is to include Council members, staff, and members with specific skills or interest in the respective areas. This will maximise the opportunity for effective and responsive policy and service development. This new initiative will also provide a broad and informed base from which Council functions.

The Council and Members of the Management Group have actively participated in forums at a National and State level. The Association has continued as a strong participating member of the Family Planning Federation of Australia, and was a major contributor at the Bi-annual National Forum hosted by the Federation in Canberra in May. The Federation provides an important focus for National and International issues, being the Australian member body of the International Planned Parenthood Federation. This focus at a Federal level will become more important during the 90's for State Associations.

The 90's are going to be challenging times, with reducing financial resources and an increasing need for sexual health services. The Association must maintain and review its clearly established mission and direction, using social justice and primary health care principles. Accessibility to services, and a commitment to health public policy are fundamental. We must maintain and further develop supportive environments from which the Association can participate.

In closing, I wish to extend Council's appreciation to the Chief Executive Officer, Ms Helen Tolstoshev, the management team and staff. This past year has been challenging and demanding. The achievements have been significant and the steps very worth while.

To the Council members, I extend my appreciation for the contribution you have made. In particular I would extend the appreciation of the Association to Ms Josephine Tiddy, who resigned during the year after five years on the Council. We have gained significantly from her involvement and wish her all the best for the future.

The Association has many friends and supporters. To you all, thank you for your support and contributions during the last year.

*Richard Hicks*

#### RESEARCH AND EVALUATION ADVISORY COMMITTEE

*Julia Hodgson (member)*

In the past year the RESEARCH and Evaluation Committee (R. & E.A.C.) has been further developed to include an ethics sub-committee.

Originally convened to evaluate and review research proposals relevant to the mandate of Family Planning, the Terms of Reference for the R. & E.A.C. encompass a broader role of encouraging and promoting evaluation of preventative programs and professional practice in the area of human sexuality and behaviour; as well as the identification and facilitation of issues for RESEARCH, sources of funding for research and inter-agency collaboration into research.

Guidelines for the researchers, standard conditions and application forms for RESEARCH proposals have been developed using National Health and Medical Research Council (N.H. & M.R.C.) and South Australian Health Commission Section 16. grant guidelines.

A combined meeting of the Research and Evaluation Committee and the inaugural Ethics Committee was held in September 1990. The group worked hard to determine roles and responsibilities for each committee in the conduct of research.

The R. & E.A.C. Committee includes Council members, staff and members with specific interest in the respective areas and the members of the Ethics Committee satisfy N.H. & M.R.C. guidelines.

During October 1990 letters were sent to tertiary institutions detailing the willingness of Family Planning Association to provide facilities for post-graduate research. this initiative has strengthened FPA's identification as a leader in the sexual and reproductive health field.

The Research and Evaluation Advisory Committee on behalf of Council has undertaken to develop a plan for the Association for the ongoing promotion and teaching of sexual health research by December 1991 and is confident of meeting this aim. As a result of this proposal a Planning Workshop to ascertain research priorities, research that can be done by FPA, research opportunities that would appeal to other agencies and how research activities can be resourced, is planned.

## Chief Executive Officer's Report

Helen Tolstoshev

This year the Family Planning Association of South Australia celebrates its twenty first birthday.

As the Association "comes-of-age" there are many achievements to celebrate; excellent reproductive health services, innovative, nationally accredited training programmes, a significant contribution to women's health in the community, and ongoing support from clients, Federal and State Governments.

The achievements however, are only the beginning. FPA, like a young person on the verge of adulthood, stands poised on the edge of a new era. This era is about sexual health in a rapidly changing global society. This society is increasingly aware of the critical role of Family Planning in planned parenthood and sexual health, to ensure a global population that is compatible with Earth's environment. It will be a time of changing relationships between health professionals and clients, as both parties learn to deal with increasingly sensitive issues about human sexuality.

The economic future of Australia will demand that primary health care strategies reduce the increasing costs of treating sexually transmitted diseases and responding to unplanned pregnancies. Clients will want more say in how services are developed in response to their needs, and they will be clear about their rights in using these services.

Though these challenges are daunting, there is an "air" of expectancy about the Association. As a twenty-one-year old, FPA has a strong sense of who it is and what it wants to be, South Australia's leading Sexual and Reproductive Health Service.

FPA's credibility with the community and its strong track record in service provision, will be the foundation for future developments. As an organisation we are in good shape to face the future; we recognise the significant opportunities ahead; we are acutely aware of what we do well and what needs to improve; and staff are enormously committed to bringing about change in individuals and in society.

As a forward thinking twenty one year old, FPA has clear plans for the future. Through a strong partnership with the community, our services in the North, South and Western metropolitan areas will be supported to grow and develop. This regionalisation of the Association's services will ensure that young clients have greater access to the resources that they may require, to make informed choices about their sexual and reproductive health. We have thought carefully about how we want to live in our adult years; we want to be involved with our communities, work as a team, make effective decisions about our physical resources and human assets, and through our actions, sustain and protect our environment.

In all this growing up we are indebted to our "parents", those people who have believed in and contributed to FPA over the past twenty one years. Your belief in *us*, your belief in the *right of all people to self determination in the control of their fertility and the enjoyment of satisfying and responsible sexual expressions according to their needs* has been immensely important. We are now capable of independence, but we will still need your advice and support.

*Please join us in our celebrations.*

*Helen Tolstoshev*





*FPA affirms the expression of sexuality by young people and understands that their sexual expression is influenced and shaped by their environment. FPA will support young people in making informed and health choices regarding their sexuality, through the provision of services which are culturally, economically and socially accessible.*



# Clinic Services Report

Gay Elliott

## STAFFING AND MANAGEMENT ISSUES

1990 - 1991 has been a year of considerable upheaval for Clinic Services. Several factors have contributed to this.

The resignation of Dr Bronwen Weller as Director of Clinical Services, and, more recently, Dr Joy Giles as Senior Medical Officer, have resulted in major disruptions. We are pleased however, that Dr Giles continues to work as a clinic doctor even though her hours have been reduced, and Dr Weller provides casual relief assistance, ensuring that their expertise is not completely lost to FPA. We are indebted to both doctors for their invaluable contribution to clinical services and the medical profile of FPA over a number of years.

Medical staffing problems arising from a combination of annual, sickness, maternity and unpaid leave, resulted in 21.5 sessions out of a potential 32.5 sessions per week in the month of April, being filled by casual relieving doctors. Our sincere thanks to those doctors who relieved in clinics during this time and who have continued to provide support on a casual basis.

The relocation of 3 clinics from Kensington to regional centres at Noarlunga, Elizabeth and Salisbury Shopfront, will mean a reduction in clinical services provided at Kensington. These arrangements will be evaluated after 12 months to ensure optimum use of limited resources.

The establishment of an Eastern Regional Team based at Kensington requires a further reallocation of clinical nursing hours from Kensington, to provide time for community work. This team will assist in developing a focus for clinic work at Kensington.

Work to develop FPA policy on confidentiality and related issues is still in hand. It is expected that the appointment of a Manager of Clinical Services will assist in implementing this policy.

A model of counselling women with unplanned pregnancy is being developed. Social work and nursing staff are collaborating on this project and it is expected that it will assist in fulfilling the requirements of the National FPA Nurse Practitioner course, and provide FPA with guidelines for continuing service in this area, up to and following the establishment of the Pregnancy Advisory Clinic.

## IN SERVICE TRAINING

All staff have been offered the opportunity to undertake Cardiac Pulmonary Resuscitation Training. For nursing staff this is compulsory, and is a preliminary to completing requirements for a certificate in advanced Resuscitation using the Oxy-Viva.

Inservice for new nursing staff wishing to work on the Sexual Health Hotline is being developed in conjunction with the Healthrites team. In the past, larger groups of nurses have undertaken a 6-8 session course. This has been modified to include a 1 day communication skills workshop, and 1-2 sessions focusing specifically on telephone communication skills.

A seminar for doctors on *Women and HIV/AIDS* was organised in July. It was run by Dr Maureen Davey and focused on attitudes and values clarification, and specific physical effects of HIV/AIDS on women.

Following attendance of senior clinic staff at the National HIV/AIDS Conference in Canberra in August 1990 and several all staff inservice meetings, pre and post test counselling procedures have been developed and included in the Clinic Procedure Manual.

At the instigation of a number of staff who attended the STD course at Clinic 275 in 1990, a register of positive chlamydia test results has been established. It is hoped that this will facilitate accurate and urgent follow-up for clients. Liaison with contact tracing staff at Clinic 275 is an important part of this service.

Clinical teaching was the focus of a workshop held for Clinical Staff in May. Two nurse educators from the QVH provided insight and practical experience using adult learning theory.

## NEW DEVELOPMENTS

The reception/waiting room area at Kensington has been modified by the introduction of a screen to provide for greater client comfort.

Further modification to the reception desk will increase confidentiality.

The provision of free condoms in the waiting area of Kensington and regional clinics has been well received by clients.

Condoms are disappearing at a rapid rate, perhaps an indication of interest in safe-sex practice.

## SOCIAL WORK SERVICES

These include counselling for individuals and couples with unplanned pregnancy, sexual and/or relationship difficulties, and grief reactions to abortion, miscarriage or infertility. Clients are referred to the social workers by the Sexual Health Hotline, clinic and community education staff, general practitioners, clergy, a wide range of community agencies, and by previous FPA clients.

Besides casework with clients, the social workers are involved in the professional education courses conducted by FPA, teaching about:

- . sexuality,
- . unplanned pregnancy and pre and post abortion counselling, and,
- . a component examining the dominant paradigms of contemporary medicine and their lack of fit within the social context of sexuality.

This year the social workers also contributed to the education of their own profession by supervising a fourth year social work student on a four month placement at Kensington. This student was engaged in various projects including the writing and production of a new pamphlet on abortion.

The social workers maintain links with and are active in, various community groups including:

- . Women's Health Network,
- . Women's Community Health Centre,
- . Coalition for Women's Right to Choose,
- . Committee of the Abortion Advisory Group,
- . Adoption Support Group,
- . AIDS Counsellors' Group and Family Forum.

## SERVICE DATA

Despite service difficulties, the Clinic Services Team has maintained a high level of service to the South Australian Community.

53.32% of clients presenting for clinical services are under 25 years of age. The majority of clients attend for oral contraception, although a decrease in the number of clients choosing this method is in contrast to an increase in clients choosing IUCD and diaphragms.

The Sexual Health Hotline maintains a consistent workload of calls. The major reasons for telephoning this service are:

- . contraceptive advice
- . advice re unplanned pregnancy
- . information about safe sex practices

- referral for sexual difficulties
- to obtain results of pathology tests.

The most notable change in clinic service provision relates to screening for sexually transmitted diseases. Drop-in-pregnancy testing, smear tests, post coital contraception and routine examinations, all present clients with opportunities to request screening for sexually transmitted diseases.

FPA is also the service of choice for a number of clients seeking HIV/AIDS testing. To date FPA has had a very low positive test result rate.

## CLINIC STATISTICS 1990/91

TOTAL CLIENT ATTENDANCES

22551

NEW CLIENTS

4247

### CLIENT AGES

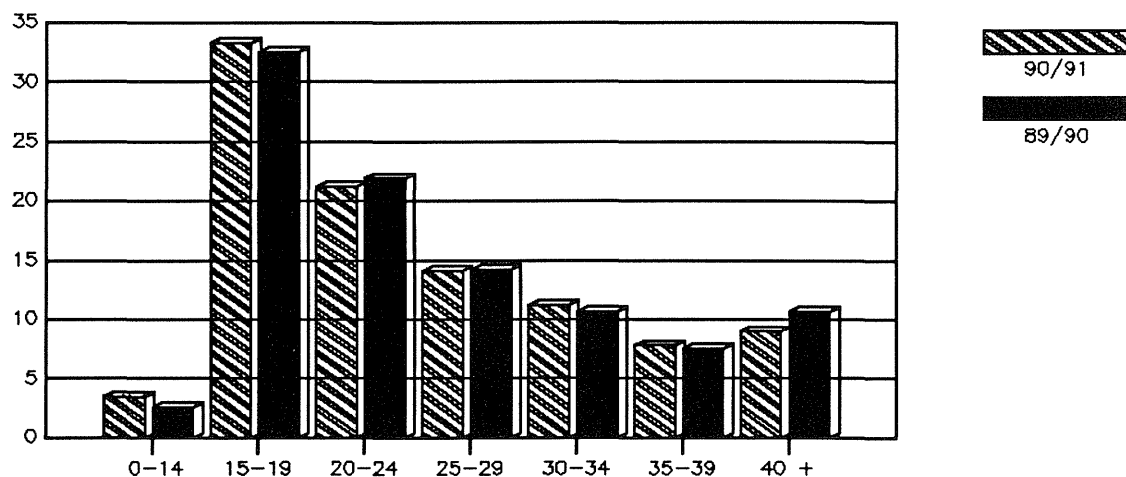
### ALL CLIENTS

### NEW CLIENTS

	1989/90	1990/91	1989/90	1990/91
0 - 14	1.50%	1.47%	2.60%	3.46%
15 - 19	24.20%	24.69%	32.50%	33.24%
20 - 24	27.30%	27.16%	21.90%	21.20%
25 - 29	19.40%	19.20%	14.20%	14.13%
30 - 34	13.50%	12.98%	10.60%	11.19%
35 - 39	7.70%	7.48%	7.50%	7.80%
40 +	6.40%	7.02%	10.70%	8.98%

## NEW CLIENTS

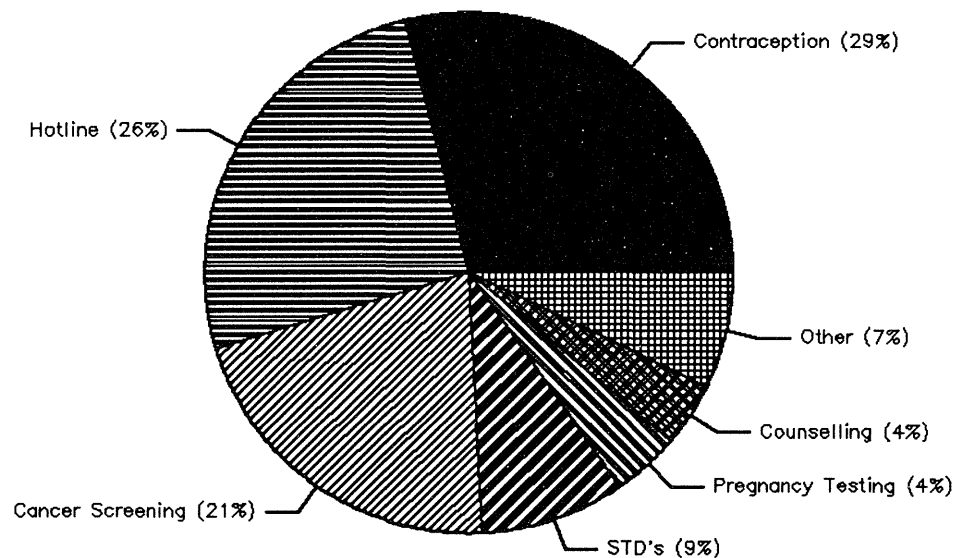
### 1989/90 & 1990/91



# CLINICAL STATISTICS 1990/91

SERVICES	1989/90	1990/91
Contraception	20,000	18,855
Sexual Health Hotline	16,700	16,243
Cancer Screening	14,200	13,569
STDs	4,600	6,159
Pregnancy Testing	2,800	2,260
Counselling	2,200	2,358
Other	6,500	4,988

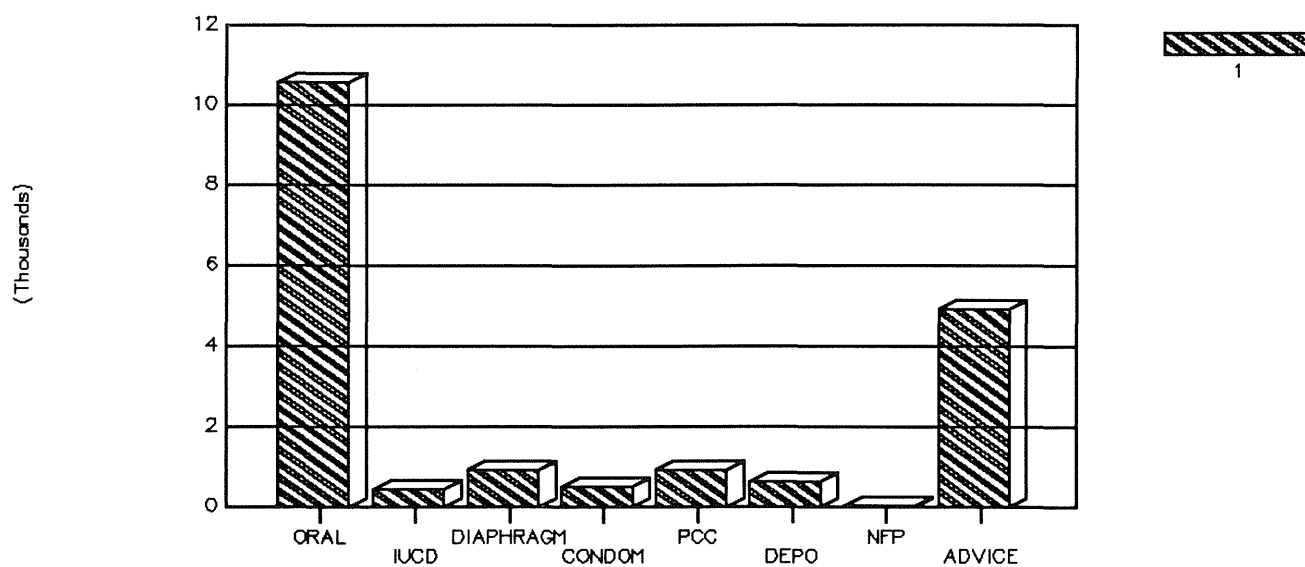
## SERVICES PROVIDED 1990/91





**CONTRACEPTIVE  
METHODS**

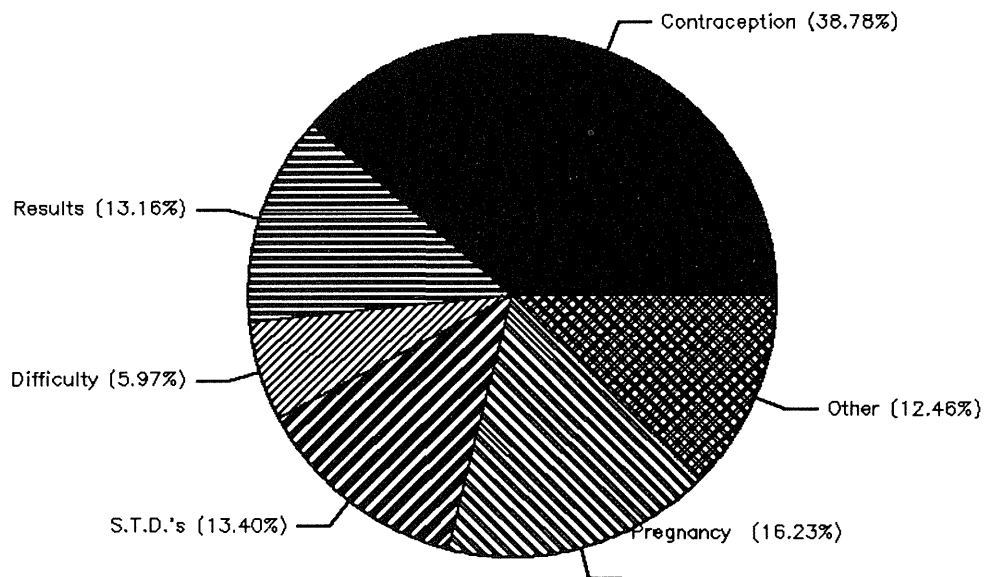
	1989/90	1990/91
Oral Contraceptive	11,944	10,558
IUCD	201	438
Diaphragm	811	906
Condom	616	484
PCC	1,184	913
Depo Provera	633	627
NFP	48	24
Advice Only	4,563	4,905
<b>Total</b>	<b>20,000</b>	<b>18,855</b>

**CONTRACEPTIVE METHODS**


SEXUAL HEALTH HOTLINE -  
REASONS FOR CALL

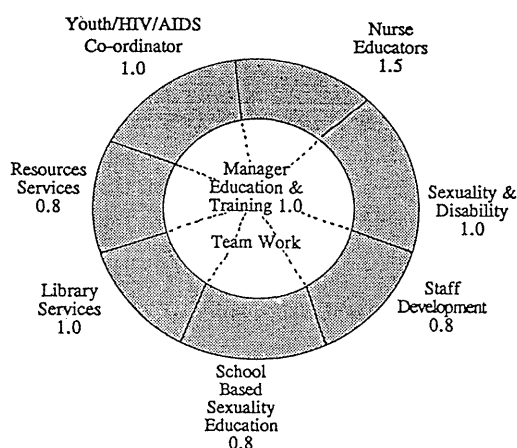
	1989/90	1990/91
Contraception	41.00%	38.77%
Pregnancy	17.00%	16.23%
STDs	14.00%	13.40%
Test Results	12.00%	13.16%
Sexual Difficulty	7.00%	5.97%
Other	10.00%	12.46%
Total Calls	16.700	16.245

SEXUAL HEALTH HOTLINE  
REASONS FOR CALLS



## Education and Training - The Healthrites Team

### *Resources, Information, Training & Education in Sexuality*



The Healthrites Team is now a year old, and has developed a strong role and profile within the agency and the community. Using the context set by the Strategic Plan and FPA's Organisational Goals, the Team developed a Vision, Goals and Objectives for 1990/91, which have guided major developments and innovations. Professional Education and Training remains a major focus, and consultation by other health professionals is increasing as our trainer/training approach takes effect [FIG 1].

Team members each have specific roles and share responsibility for team role and functions. (FIG 1)

There has been a marked increase in the use of Library and Resources Services by participants who return to their workplace and implement programs in Sexuality and Reproductive Health.

A position of Staff Development Coordinator has been established to respond to the need for professional development arising from the Strategic Plan implementation process, and from other external issues such as HIV/AIDS. A key result will be our first Staff Development Policy.

### PROFESSIONAL CONSULTATIONS

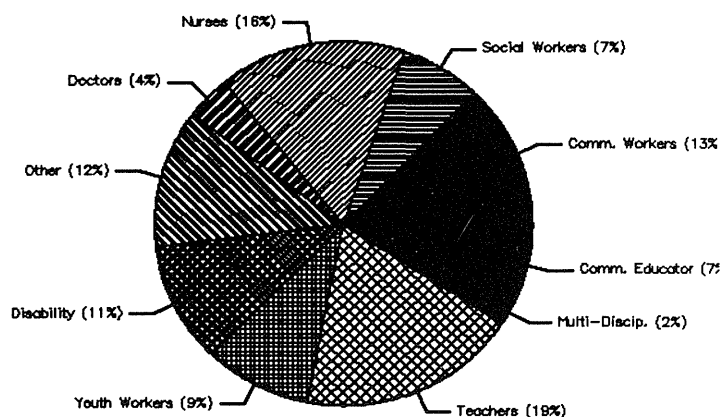


FIG 1

Courses have been conducted for:

- Teachers
- Disability workers
- Youth Workers
- Primary Health Care workers
- General Practitioners
- Registered and Enrolled Nurses
- Aboriginal Health and Education workers

and FPA staff training and development.

The programs are structured on Adult Learning Principles with Primary Health Care and Social Health strategies underpinning the curriculum [FIG II & III].

#### NON-CERTIFICATE PROGRAMS

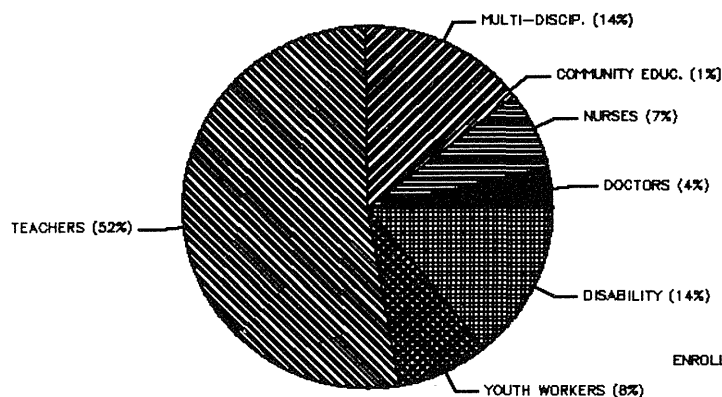


FIG II

#### EDUCATION IN SCHOOLS

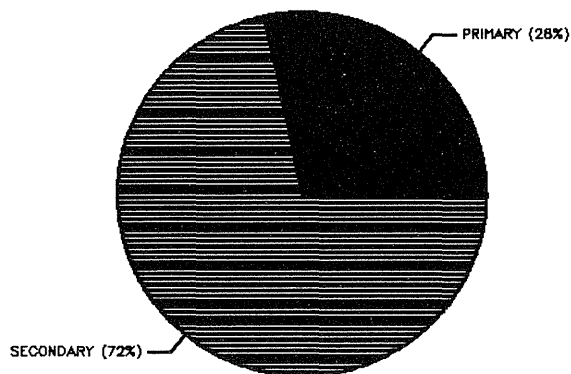


FIG III

The three Nationally Accredited courses, Doctors' Course, Community Educators' Course and Nurses' Course have been reviewed and developed, in response to changing sexual and reproductive health issues in the community [FIG IV].

#### CERTIFICATE COURSES

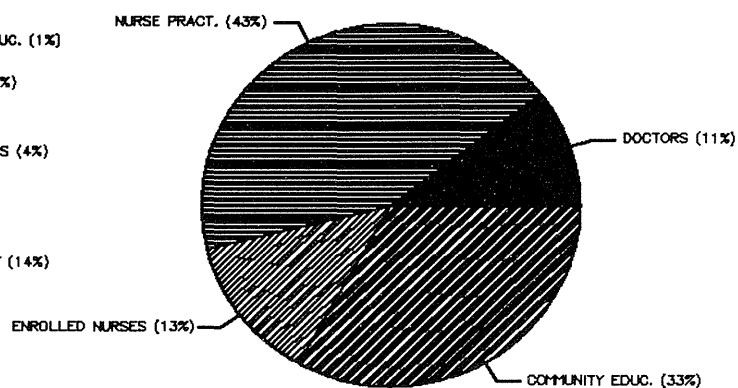


FIG IV

#### Highlights for the year have included:

- The division of Library/Resources into two sections, and a doubling in the use of these sections by the community.
- Increased use of culture and theatre in reaching young people. The 'Erotix' cabaret - style performance, aimed at eroticising safe sex for young people, used humour, drama and music most successfully.
- Peer Education: a variety of strategies are being used in settings and are providing new insights and innovations in sexuality and HIV/AIDS education.
- Aboriginal Sexual Health - FPA is establishing stronger links with the community and working with them to identify an appropriate role.

- Teacher training, in a major interagency project entitled *Senior Secondary Sexuality Project*, will result in thirty highly trained staff in five schools, able to demonstrate successful and effective sexuality education. These schools will become *Lighthouse Schools*, and will be able to provide training and resources to other schools and teachers.
- Workshops for Teachers in Special Schools have focused on Sexuality Education for Intellectually Disabled, Deaf and Hearing Impaired, Non-English Speaking Background and Aboriginal students.
- Packages for use by staff working with multi-disabled and psychiatrically disabled clients have been developed.
- A curriculum and programs have been developed with teachers working in special schools.
- The HIV/AIDS, Sexuality & Disability project is nearing completion and has been extremely successful in achieving major change in agencies working with Disability. Evaluation of this project is being sought.

Interagency work and collaboration form an integral part of our Training and Education activities both in programs and workshops, and in consultation and liaison with community groups.

#### Agencies include:

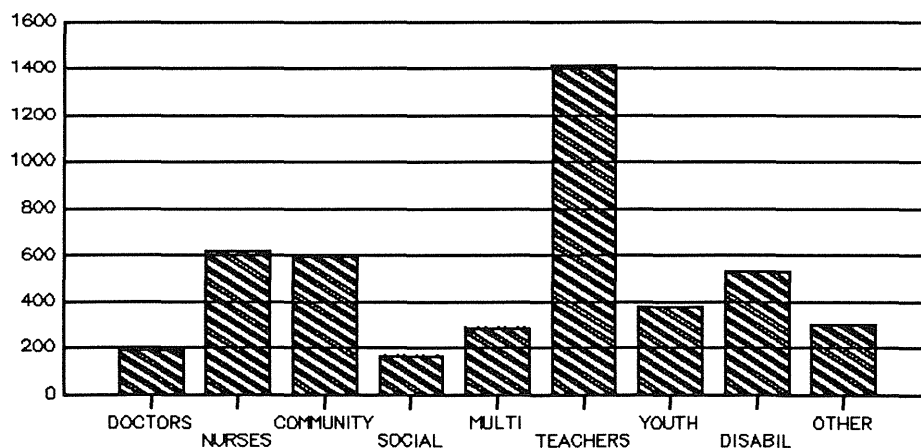
- The Intellectually Disabled Services Council
- Youth Sector Training Council
- Minda School
- Aboriginal Medical Service
- South Australian Health Commission
  - Safe Sex Project
  - HIV/AIDS Unit
- Clinic 275
- Child Adolescent and Family Health Service, CAFHS
- South Australian Education Department
- Tertiary Institutions
- Family Medicine Program

The Team's effectiveness is enhanced by its multidisciplinary nature, and its belief in and commitment to, the importance and impact of sexuality education in the community.

*Sue Foster*

Manager of Training & Education

### COURSE PARTICIPANTS & PROFESSIONAL CONSULTATIONS TO PROFESSIONAL GROUPS





## Community Services Team.

Beverly Burnell

### Members:

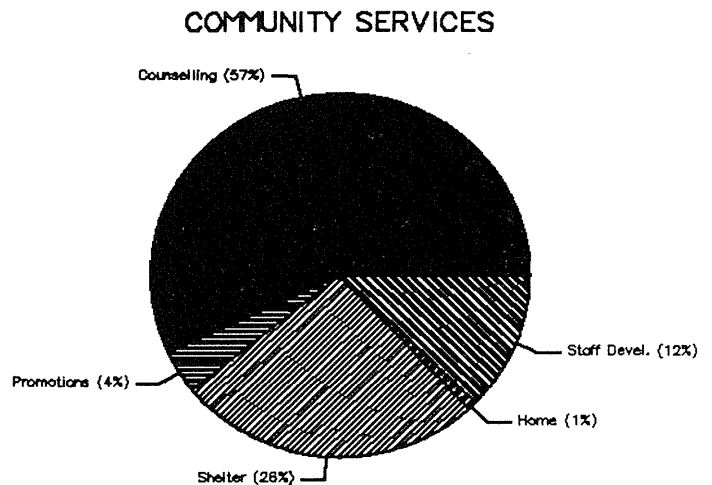
*Bev Burnell, Marg Barter, Annie Braendler, Rae Birch, Sandi Jurisevic, Judy Lokan, Cher Nicholson, Jenny Philip-Harbutt, Robin Pretty, Sue Plume, Jenny Turner, Kerry Telford.*

Community Services Team members are based in locations throughout regions in the metropolitan area. The role and function of our team is to promote FPA'S Vision for regional services and to work with local communities to develop appropriate sexual health services to meet the needs of the designated target groups.

The team is led by a co-ordinating group, who have undertaken a variety of planning activities, in order to set priorities and develop strategies, which will lead to innovative and high quality service provision.

The planning activities of the team began in 1990 when a number of staff and management team members attended a two day workshop at Mintaro. A commitment was made by the team to ongoing review and planning in order to meet the goals and objectives of FPA'S Strategic Plan.

Team building has been a major focus. We have endeavoured to clarify the role our team plays in contributing to the achievement of our organization's objectives, and what we hope to achieve as members of interdependent teams. As well as providing post-graduate education, our team, has also made a valuable contribution to undergraduate education with many students from Nursing and Social Science faculties being placed in regional teams, in order to gain valuable community experience.

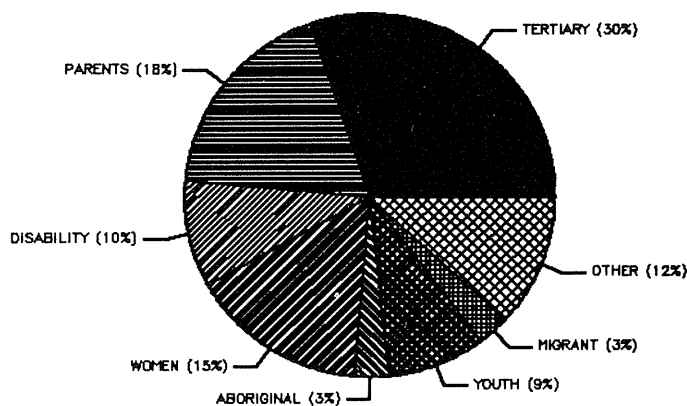


Involvement in FPA'S Service Location Review this year, allowed staff to contribute to the assessment of FPA's accessibility and appropriateness to specific target groups. Team members were able to contribute to the recommendation that a variety of strategies and resources be developed and utilized in order to increase the access of groups to FPA services.

Most importantly, involvement in the process enabled our team to develop and further strengthen regional teams through the reallocation of existing resources.

Interagency and interteam work have featured significantly throughout the year. Our staff have been involved in a variety of professional education activities and valuable experiences have been gained by working in collaboration with our Education and Training team, the TEACH project and the Education Department's AIDS Education Project Officers in the planning, delivery and evaluation of workshops for a variety of teachers.

## COMMUNITY EDUCATION



In addition, many team members have co-facilitated workshops for youth workers in collaboration with the Youth Sector Training Council.

We have been fortunate in being able to increase our involvement with Sexuality and Disability programs. Work in this area has been conducted in association with the Sexuality and Disability Association of S.A and our Education and Training team and centres, such as Regency Park.

There has been considerable growth in Community Education and Health Promotion activities. Staff have been involved in a number of different initiatives such as the Munno Para Health Fair and *Music, You and FPA*.

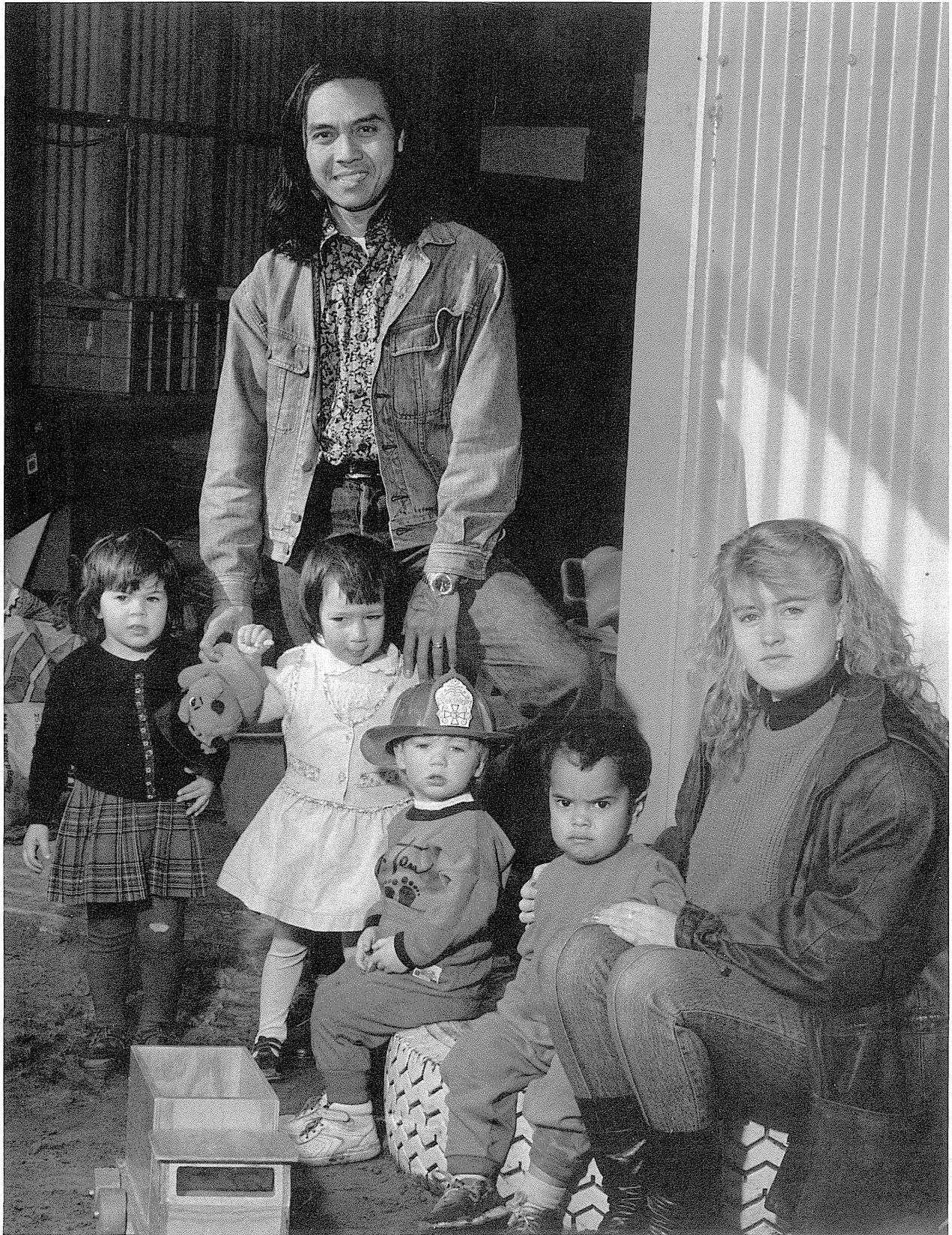
The Community Services Team has continued to establish and strengthen networks within local communities, by participating in a number of community forums, and acting as members on committees such as the TEACH Truancy Project, the Tea Tree Gully Youth Workers Network and the Marion Youth Project.

At the beginning of the year FPA was successful in gaining an allocation of funding from the South Australian Health Commission's HIV/AIDS Programs.

The funding has provided us with an opportunity to recruit a Project Manager for one year, to develop a service providing HIV/AIDS education to people from non-English speaking backgrounds.

The Project Manager is based within the Western team in the Port Adelaide Community Health Centre.

We believe that this year has been an especially productive one for the Community Services Team. The team is committed to regionalizing our services in the most effective ways, to ensure we provide sexual health services which are tailored to the needs of local communities.



*FPA recognises that our community is multi-lingual and multicultural and therefore preferred language and lifestyle should not be barriers to sexual health services.*





*FPA is committed to the promotion of the occupational health, safety and well-being of all of its employees.*

## Occupational Health & Safety Committee Report

Within FPA's Occupational Health and Safety Policy the Occupational Health and Safety Committee specifically aims to:

- Formulate the FPA policy on occupational health, safety and rehabilitation;
- Ensure that policy procedures are consistent with statutory requirements and generally accepted industrial principles;
- Oversee the implementation of the policy;
- Monitor and evaluate the ongoing effectiveness of the policy and procedures and co-operation with same;
- Assess/evaluate the health/safety status of FPA work sites;
- Ensure effective communication between employees, management and unions on all occupational and safety issues;
- Report, on a regular basis, the activities of the committee to FPA Council.

The major outcomes of the committee work in 1990-1991 relate to the following activities:

- review of the occupational health and safety policy,
- development of an improved incident report form,
- improved ventilation in the seminar rooms through the installation of three overhead ceiling fans,
- a review of clinic equipment cleaning procedures to ensure effectiveness and limit the hazard and cost of cleaning materials,
- installation of first aid kits in FPA vehicles, for use in accidents and emergencies,
- provision of guidelines to all staff about HIV/AIDS infection control and the handling of mercury spills.

- receiving and assessing workcover claims. (A total of three claims were recorded during the year)
- the provision of Cardio-Pulmonary Resuscitation training for all staff and Oxy-Viva training for Nurses, to ensure an appropriate response in case of medical emergency, and
- communication of a fire evacuation plan, including the position of fire fighting equipment, to staff employed at the Kensington base,
- training of Staff Occupational Health & Safety Representative.

The committee has made efforts to develop a preventative approach to occupational health and safety issues. Posters portraying healthy and safe work practices are displayed in the workplace and up-to-date information on workplace issues is communicated to staff in the All Staff Bulletin. The committee has also maintained a smoke-free work environment.

### COMMITTEE 1991

#### Chairperson

Heather Sims

#### Committee Members

Richard Gray  
Debbie Furner  
Helen Tolstoshev

### COMMITTEE 1990

#### Chairperson

Richard Gray

#### Committee Members

Beverley Burnell  
Helen Tolstoshev



## Country and Remote Areas Planning Team

The Country & Remote Areas Planning Team began the year with two major challenges:

- Implementation of the goals of the Strategic Plan, in relation to country services, and
- The need to respond to the increasing criticism from the medical profession about FPA's model of country service delivery.

The committee's reaction has been energetic and committed. A Country and Remote Areas Policy, a new model of service delivery, and strategies for implementing both, are the result.

Our overriding goal is to ensure that health professionals and community networks in country and remote areas are resourced to respond to social and reproductive health needs. This foreshadows an end to one-off or irregular FPA clinical services in country regions. Instead it means that FPA will work with dedication to provide information, education and training, in those communities where inadequate sexual and reproductive health is perceived. For country clients, it will mean that our work will support their local health providers in terms of meeting their clients' sexual and reproductive health needs, regardless of gender, culture, age or profession.

The team has worked within the following terms of reference:

- a) to develop a philosophy for FPA Country Services which would determine effective and appropriate ways of providing services to country and remote areas of SA.
- b) to direct a co-ordinated approach to the provision of FPA services in country and remote areas.

- c) facilitate the implementation of the Strategic Plan.

In order to achieve the goals, the members of the group spent a considerable amount of time consulting widely with consumers, FPA staff members and other health professionals, in particular, the Country Services Division of the South Australian Health Commission.

The consultation process laid the foundation for the development of our policy statement and a model which will guide further development of sexual health services in country and remote areas.

With FPA council's endorsement, a new model of service delivery has been widely distributed in South Australia for comment. To date, feedback has been extremely positive.

The planning group continue to work on the development of strategies that have been involved in implementation of the model. One of the key factors for successful implementation is an interagency approach. We have particularly appreciated the interest shown by the SAHC. Their attendance at our meetings has helped develop a close working relationship.

Other agencies that have been closely involved are the Country Women's Association Planning Group, and the Women's Agricultural Bureau.

A new initiative during this year has been the development of a project with Royal Flying Doctor Service. This project focused on the sexual health needs of women in country and remote areas, and the development of strategies for service delivery. Close links have developed with the newly established Pt Augusta Women's Health Service, during this project.

Service activities for this year have included clinical and educational components. Three trips to Cooper Pedy with an attendance of 120 women per visit have provided the opportunity for provision of clinical services ranging from routine smear tests and breast checks to contraceptive and menopausal advice and counselling for unplanned pregnancies. These services moreover, present opportunities for information giving and education, on a one to one basis and in small groups.

Two visits to Ceduna resulted in a total attendance of 230 women for similar services. Consultation and discussion are proceeding in both of these areas, with health professionals and the community, regarding the implementation of the new model.

Lengthy consultation took place in Bordertown and Keith, involving community representatives, health workers and local general practitioners, about the most appropriate response to women's sexual and reproductive health needs.

A visit to Yalata resulted in most valuable work being done with health workers and the Women's Council. Sixteen women were seen in lengthy clinical consultations, There were ample opportunities for education and discussion, and time to develop future plans.

Our attendance at the Glendambo Gathering in March provided the opportunity to present the new model to health professionals from country and remote areas, and facilitated the arrangement of visits to many remote areas as part of the RFDS project. These visits were combined with attendance at the Woomera Women's Workshop, held in May.

A most successful education seminar was conducted in the Riverland, attended by 22 local GPs with once again, opportunities for discussion of FPA's future direction for country services.

Merv Lewis, FPA's representative in Pt Pirie, continues to be effective, whilst coping with the problems of isolation and excessive demands. He has been involved in a variety of projects and programmes, and community development activities have had a high priority.

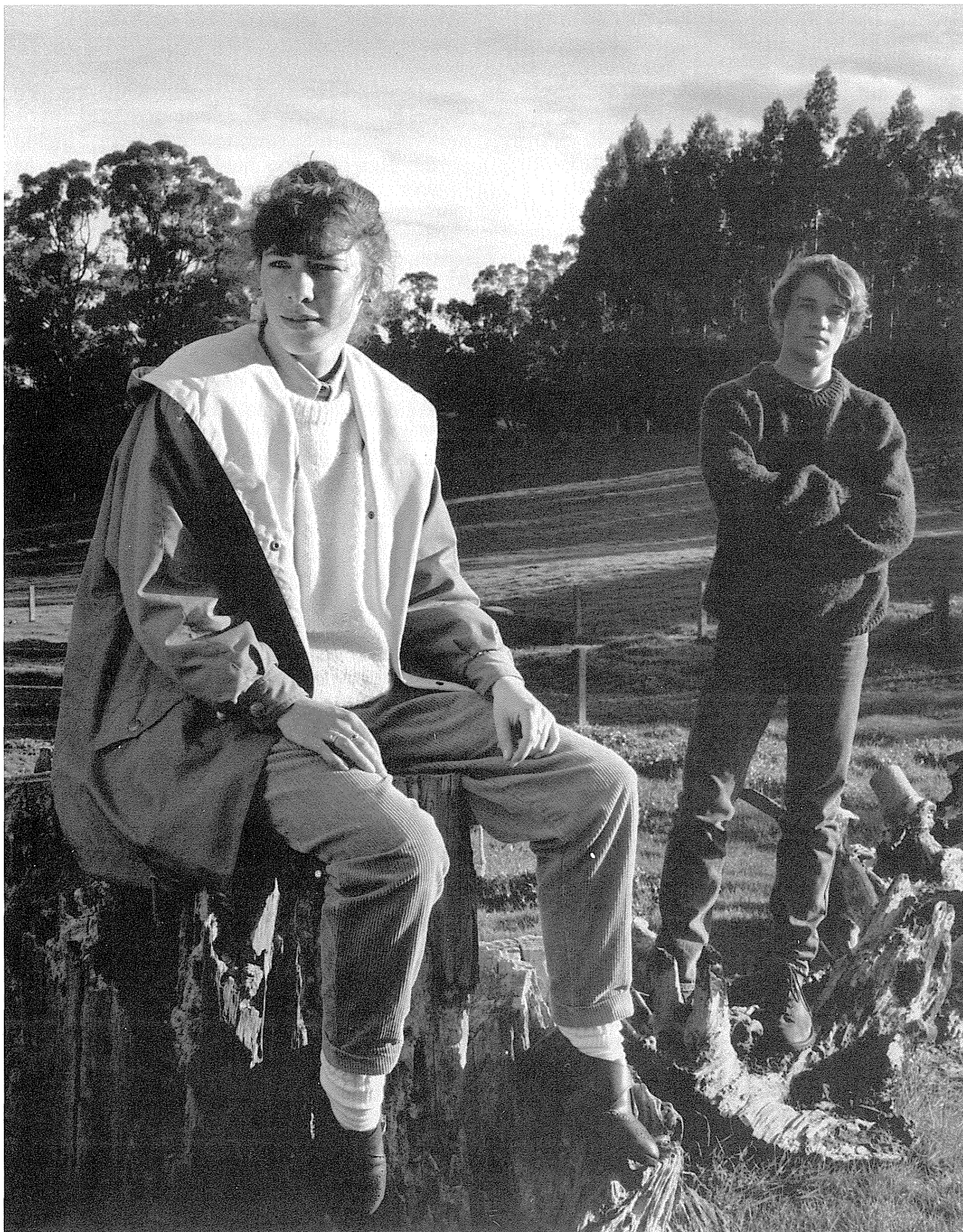
Merv co-facilitated work with the Youth Sector Training Council, and was involved with health promotion activities, including the Health Expo held in the region. Merv works with Aboriginal Youth in the area of Sexuality and Disability, and maintains close links with the TEACH project officer.

The work generated during this year has resulted in the expansion of the Country Services Co-ordinator's role, to facilitate the co-ordination of our services to country and remote areas. Outcomes will include: improving the data base, participating in the planning and resourcing of the year's activities, and working with other agencies with a commitment to the implementation of the new model.

The future is bright. We will continue to involve consumers and health professionals as we work towards our goal. Ongoing inservice and support for health workers is a major commitment, along with careful and considered allocation of our resources. The work of the RFDS project continues with plans for the development of appropriate resource material, and the collection of data from the hundreds of surveys distributed.

The latest visit to Yalata has resulted in a commitment to a "needs assessment" in the area, and subsequently the development of a proposal for services in that area. The Safe Sex project for young people in country and remote areas continues, with visits by Erotix beginning soon, associated with publicity of our services, in particular, the Sexual Health and Toll Free Lines.

A new year is beginning, and we anticipate it with excitement!



*The Family Planning Association of South Australia is committed to the provision of sexual health services to people in remote or isolated communities.*

# Administrative Services Report

Richard Gray

## OBJECTIVES

The objectives of the Administrative Services Team are:

1. To assist Council and the Management Team with the financial management of the Association, through the development of improved financial management systems, to control and account for funding and expenditure.
2. To provide efficient and effective keyboard services to the Association's staff, through word processing and desk top publishing.
3. To provide administrative services by way of purchasing, property maintenance etc., to facilitate the Association's staff in the achievement of their objectives.
4. To provide a courteous and informed switchboard and administrative reception service to the public and the Association.

## MAJOR ACHIEVEMENTS IN 1990 - 1991

The volume of work in processing requests has increased in recent months. This is due to Council, management and Staff involvement in staff development, team development, planning and change management, in addition to regular preparation of the Visions newsletter, All-Staff Bulletins and increased Course activity. To the credit of the work processing staff, the quality and timing of the completed documents has remained at a high standard. However, the time is close at hand to consider additional casual assistants in this area in peak periods of demand.

The Administrative Services Team has continued to provide a high quality support service function to FPA Council, the Chief Executive Officer, Management and Staff during the 1990/91 financial year.

The Pay-roll module of the accounting software utilised at Family Planning was implemented as from 1 July 1990 to replace the manual system previously in operation. This module is fully integrated with other modules of the accounting software and has proved its major advantage to be efficiency. The system produces pay-slips and cheques in addition to maintaining substantial Pay-roll history for all employees.

Substantial cost savings have been made through the acquisition of Desk Top Publishing software. The keyboard staff have been able to produce high quality reports, pamphlets and newsletters in-house instead of having them produced externally. Through a limited training program and on-the job experience, keyboard staff have been able to develop excellent skills in producing quality material.

The first full year of utilisation of an after hours security system has seen a marked decline in illegal access to the FPA building. Only one attempted break-in has been recorded in this period. The system includes electronic surveillance equipment which is constantly monitored by a security company, in addition to random security patrols of the area.

## MAJOR AIMS FOR 1991/92

Accommodation continues to be a concern with all available space within the main building being fully occupied. Plans are being developed for the relocation of the Administrative Services Team to the small corner building and a subsequent review of office allocation within the main building.

A grant of \$30,000 has been received from the South Australian Health Commission to upgrade FPA's telephone system in 1991/92. The current telephone system is a Commander system which was installed in 1982. This is fully utilised and unable to accommodate future internal requirements and any future development of the Sexual Health Hotline.

Improvements are planned for the word processing/desk top publishing computers to enable more efficient production of general typing and desk top publishing services. Increased storage on the word processing computers is to be implemented along with an upgrade to the memory space of the laser printer. These changes will accelerate the speed at which printing of documents, particularly those including graphics, can be completed.

## STAFFING

The latter half of 1990/91 has seen stability return to the Administrative Services Team after a period of twelve months of staff changes.

At the end of this year the Manager - Finance and Administration, Richard Gray, and keyboard services officer Dorina Dyer, completed their first full year at FPA while secretary, Desiree Schild, returned from accouchement leave in February 1991. Administrative Assistant, Heather Sims, joined the Team during the year, from the Clinic Office Coordinator position. Experienced staff Deb Sanders and Rita Pinzone continued to provide an excellent foundation for the Team.

Members of the Administrative Services Team have been encouraged to undertake staff development activities. It is pleasing to see that each team member has taken the opportunity to improve their skills, knowledge and personal attributes through attending programs such as:

- **Rita Pinzone completed:**  
*Certificate in Counselling Basics & Personal Growth & Awareness*

*Community Educators Course*

*Cardio-Pulmonary Resuscitation*

- 
- **Debbie Sanders completed:**  
*Certificate Course in Sign Language Level 1 & 2*

*Auslan Weekend Workshop - Deaf Society*

*Stress Management & Emotional Control - Careertrak Seminar*

*Cardio-Pulmonary Resuscitation*

- 
- **Dorina Dyer completed:**  
*Clerical Officers Certificate*

*Community Educators Course*

- 
- **Heather Sims completed:**  
*Skills for Administrative Assistants Seminar*

- 
- **Desiree Schild completed:**

*Basic Grammar, Spelling, Punctuation & Letter Writing*

*Power Filing*

*Cardio-Pulmonary Resuscitation*



# Financial Report

Richard Gray

## NET RESULT FOR 1990/91

The net result of the Family Planning Association of S.A. Inc. for the financial year ended 30 June 1991 was a surplus of \$28,997.

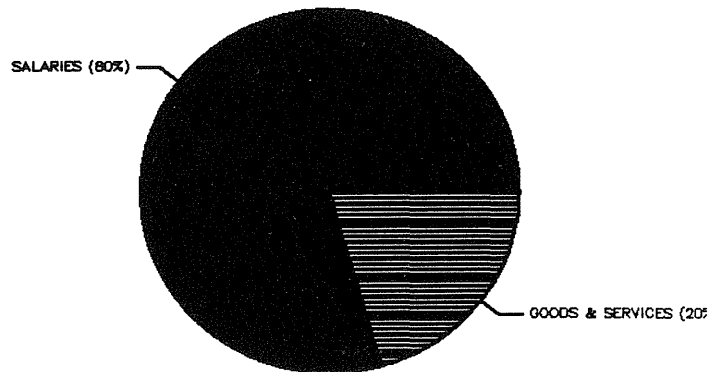
However, this figure includes the three per cent occupational superannuation requirement for the 1989/90 financial year of \$37,802 in addition to the 1990/91 contribution of \$44,624. Because the Association's accounting records have been produced on a cash accounting basis for the year ended 30 June 1991, payments are recorded in the accounts at the time of their payment.

In addition, net special project funding acquired by FPA during the 1990/91 financial year amounted to \$79,800.

Therefore, the actual result for transactions relating solely to the 1990/91 financial year is a deficit of \$13,001.

The net result for the preceding financial year, 1989/90, was an artificially high \$44,905 due to the non-payment of the three per cent occupational superannuation contribution for that year.

## EXPENDITURE 1990/91



## EXPENDITURE

Total expenditure increased in 1990/91 by eight per cent over the preceding financial year to \$2,260,646.

Major increases were located in the salaries & wages category due to substantial variations in salary rates following award restructures, and the implementation of the national nursing professional rates.

## REVENUE

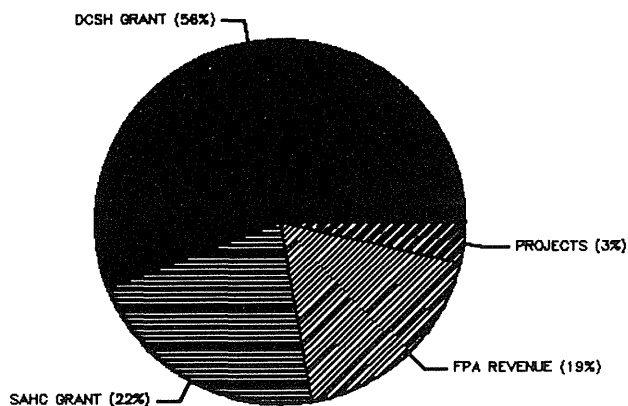
Aggregate revenues remained similar to those of the previous year, totalling \$423,760.

## GRANT FUNDING

Grant funding received during the 1990/91 financial year amounted to \$1,865,883.

Included in this amount is the net project funding of \$79,800 which is committed to specific programs and not available for general FPA expenditure.

## INCOME 1990/91



## Financial Declaration

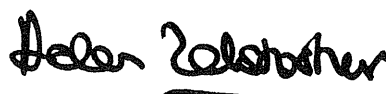
We, Richard Hicks, President and Helen Tolstoshev, Chief Executive Officer of the Family Planning Association of South Australia Inc. state that, in our opinion the attached statement of receipts and payments

are properly drawn up as to give a true and fair view of the state of affairs of the Association at the year ended 30 June 1991.

Adelaide, 22 August 1991



Richard Hicks  
President



Helen Tolstoshev  
Chief Executive Officer

## Auditors' Report

We have audited the accompanying Statement of Net Receipts and Payments of the Family Planning Association of South Australia Inc for the year ended 30 June 1991, in accordance with Australian Auditing Standards.

The Council has resolved the accounts not be prepared in accordance with relevant Australian Accounting Standards. The restriction imposed by those standards do not, in the opinion of the Council, facilitate the provision of information in a way in which the main users of the accounts would find useful.

It was not practical for the Association to establish control over receipts prior to their entry into the accounting records. Accordingly, our audit of receipts was limited to the amounts recorded in the initial books of entry.

Subject to the above, in our opinion the Associations' accounting records have been kept in accordance with the Association's Incorporations Act, 1985 such that the accounts give a true and fair view of the affairs of the Association for the year ended

30 June 1991.

MANN JUDD  
Chartered Accountants



D.A. MAJOR  
Partner

Dated this 23<sup>rd</sup> day of August 1991.

**STATEMENT OF NET RECEIPTS AND PAYMENTS  
FOR THE YEAR ENDED 30 JUNE 1991**

	1989-90	1990-91
<b>REVENUE</b>		
Donations	19	640
Clinic Receipts	209,750	209,292
Consultancy Fees	-	13,340
Library/Resource Centre	18,772	25,917
Hire Of Seminar Rooms	-	831
Education & Training	39,386	32,074
Membership & Subscriptions	43,218	41,201
Other Receipts	37,616	17,185
Bank Interest	57,356	42,033
Sale Of Motor Vehicles	20,670	40,980
Staff Fund	177	267
<b>TOTAL REVENUE</b>	<b>426,964</b>	<b>423,760</b>
 <b>GRANT FUNDING</b>		
State Grant - S.A.H.C.	480,000	505,500
Commonwealth Grant - D.C.S.H.	1,188,960	1,280,583
Net Special Project Funding	(484)	79,800
<b>TOTAL GRANT FUNDING</b>	<b>1,668,476</b>	<b>1,865,883</b>
 <b>EXPENDITURE</b>		
<i>Salaries &amp; Wages and related payments</i>		
Salaries & Wages	1,449,352	1,556,671
FPA Staff Superannuation	49,356	43,525
Occupational Superannuation	-	82,426
Long Service Leave Paid	2,322	53,592
Provision For L.S.L.	33,691	13,958
Workcover Premiums	25,263	47,679

*The accompanying notes are to be read in conjunction with this statement.*

	1989-90	1990-91
<i>Goods &amp; Services</i>		
Rental Regional Accommodation	1,475	5,467
Rates	7,953	7,172
Cleaning & Laundry	18,420	19,832
Light & Power	10,529	13,638
Repairs & Maintenance	11,518	12,711
Employers Federation Fees	-	1,600
Auditing & Accounting	10,946	5,246
Bank Fees	10,317	6,987
Advertising & Promotions	23,808	19,207
Insurance	(342)	4,558
Postage & Freight	7,428	8,264
Telephone Charges	18,560	18,881
Printing & Stationery	66,105	57,116
Sundries	7,214	6,888
Clinic Consumables	117,728	110,446
Transport	23,146	15,113
FPFA Levy	6,009	4,542
Conferences etc. Attended	12,884	24,695
Conferences etc. Held	13,344	20,592
Courier Services	17,045	17,292
Films, Videos, Books etc.	22,392	21,798
Equipment	36,291	6,487
Furniture & Fittings	-	2,452
Computer Project	47,136	709
Motor Vehicle Replacement	-	49,626
Minor Works	-	1,164
Staff Fund	-	312
 TOTAL EXPENDITURE	 2,049,890	 2,260,646
 NET OPERATING SURPLUS	 45,550	 28,997
 Add Non-Cash Expenses	 34,400	 13,958
 Opening Bank Balance 1 July	 27,757	 107,707
 Bank Balance as at 30 June	 107,707	 150,662
 Represented by :		
Cheque Account	(5,579)	(15,181)
Savings Account	13,286	15,843
Investment Account	100,000	150,000
	107,707	150,662

*The accompanying notes are to be read in conjunction with this statement.*

# Notes to and forming part of, the Financial Statement for 1990/91

## 1. Accounting Policies

Accounting records for the 1990/91 financial year have been maintained on a cash basis i.e. payments are brought to account only when made and receipts only when received. This method of accounting has the following effects :

- 1) Creditors are not taken up.
- 2) Debtors are brought to account only when cash is received.
- 3) Provisions are not generated for depreciation of fixed assets.
- 4) No adjustments are made for stock on hand at the beginning and end of the accounting period.
- 5) Payments of a capital nature e.g. replacement of motor vehicles and equipment are included in the accounts.

As from 1 July 1991, the accounting records will be maintained on an accrual accounting system to alleviate these anomalies.

## 2. Salaries & Wages

Salaries and wage rates are in accordance with those paid to South Australian Public Service employees.

## 3. Long Service Leave

The long service leave liability for employees with seven or more years of service as at 30 June 1991 totalled \$79,362.

## 4. Superannuation

The Association conducts an externally managed, tailored Superannuation Scheme in which permanent employees are entitled to participate. The employee contributes a minimum of five per cent of their salary, which is matched by the Association.

In addition, payments for the three per cent occupational superannuation requirement have been made to the HESTA Superannuation Scheme on behalf of employees. The amount of \$82,426 paid in the 1990/91 financial year consisted of contributions for both 1989/90 and 1990/91.

## 5. Special Projects

The following projects have been managed by the Association during the 1990/91 financial year :

	Funding Received	Expenditure
Rotary Video Project	8,450	8,450
Disability Project Officer	54,000	36,702
Gynaecological Teaching Program		848
N.E.S.B. Project Officer	17,000	13,274
Safe Sex Resources Project	43,250	15,181
Remote Areas Project	5,000	4,260
Telephone System Replacement	30,000	
Foundation S.A. Safe Sex Project	1,200	385

# Organisational Outcomes - 1990-91

## A MANAGEMENT TEAM SUMMARY

The context for FPA's continued development in 1990-91 has been one of accelerated change. To a large degree, this change has been driven by external environmental influences, such as the national economy, and the impact this has had on health service funding and the changing issues in sexual health.

Internally however, there has also been a process of deep organisational intervention as the management team has worked to achieve a better fit between the organisation and the needs of FPA's clients. The process of intervention began with a commitment to strategic planning.

Commitment now goes well beyond planning as the organisation enters the second year of implementing the 1989 Strategic Plan. During this period the organisation's vision of the future and its definition of success have broadened significantly. FPA no longer deals with solely reproductive health issues; instead there is a strong response, at all levels of the organisation, to the need for sexual and reproductive health.

As part of the process of restructuring the organisation, greater energy, commitment and resources have been given to developing a regionalised service. This continuing shift in focus will closely align FPA with the concept of area health planning.

Staff and Management have worked hard to improve the Association's planning processes. Teams are now committed to operational planning that is closely linked to the goals of the Strategic Plan.

Resources have been re-allocated within the organisation. The Eastern Team resources, on the basis of need and equity, were devolved to the three other metropolitan regions, leaving Kensington staff with the responsibility for servicing the needs of the eastern metropolitan region.

Greater emphasis has been placed on FPA's training role. All FPA's training courses are being reviewed and redeveloped.

Staff development and performance management are seen as crucial issues for development and resourcing.

Services are now targeted to specific groups, posing ongoing dilemmas about how to reach the target groups effectively, and how to respond to those long term clients who do not fit readily within the target groups.

Steps have been taken to strengthen professional and management leadership throughout the organisation. The shift to the strong strategic management culture has raised a number of questions, eg is it management's role to control external influences, maintaining organisational stability, or, in times of rapid change, to encourage responsiveness to these influences at all levels of the organisation, or a combination of both?

The management of clinical services became a critical issue during the year. A review of the Director of Clinical Services role posed dilemmas about the competing demands of managing a complex service, and maintaining an appropriate level of clinical expertise.

As a result of the review, a different approach to clinical leadership will be trialled with professional accountability being devolved to professional leaders; this will leave the manager to focus on management responsibilities.

Increasingly change has highlighted the important issue of organisational efficiency. This problem demands ongoing attention and action.

## SERVICE DEVELOPMENTS

The focus on service development during the past year has been:

- increasing educational and clinical services to young people, with an emphasis on Safe Sex,
- developing a new approach to country service provision that complements local health services,
- informing the multicultural community about HIV/AIDS issues through the training of NESB workers,
- assisting professionals who work with the physically and intellectually disabled with HIV/AIDS education strategies,
- increasing the training opportunities for health professionals who work with socially disadvantaged groups, and an
- a preliminary investigation into men's sexual health concerns.

FPA's service locations were also reviewed during the year. Needs assessment criteria and community opinion provided the basis for this review.

The major outcomes were endorsement of:

- young people as the major target group,
- localised services,
- greater emphasis on resourcing regional services, and
- ongoing review of clinical services to determine their accessibility to the target groups.

As a further outcome of this review, two clinics in the western metropolitan region; have been closed because of the concentration of services in the region, the Somerton Park clinic has been discontinued because of limited utilisation by the target groups; a Kensington clinic has been transferred to the Eastern Community Health Service; and proposals to transfer other Kensington clinics to Salisbury Shopfront, the Lyell McEwin Hospital and the Noarlunga Health Village, are being considered.

## EMPLOYEE RELATIONS

A number of actions in 1990-91 have focused on improving employee relations at FPA.

- Staff have been involved in Transition Interviews with their line manager. This dialogue has enabled employees to identify their individual contributions to the outcomes of the strategic plan, and to develop goals for personal and professional growth.
- Structural efficiency has effected a number of changes; classifications are being reviewed, job descriptions rewritten to focus on key outcomes, employee superannuation arranged, and industrial agreements reworked.
- Staff development has been given a high priority. Improvement to the current ad hoc approach will eventually be achieved through the staff development co-ordinator, facilitating a planned approach to training and development, within an appropriate policy framework.



- Acknowledgment of conflict as a normal part of organisational life has led to the endorsement of a Grievance Resolution Policy and consideration of appropriate resolution processes.
- Employee involvement in organisational decision-making is another important management strategy this year. A collaborative model of decision-making is presently being piloted. Team Development continues to be a priority at all levels of the organisation.

## INTERAGENCY WORK

FPA relies on collaborative action with other agencies to achieve its organisational goals.

*The following are examples of this approach:*

- Through a strong relationship between FPA, and the *Education Department*, and the *Child, Adolescent & Family Health Services*, young people in schools have continued to have access to HIV/AIDS education throughout the past year.
- The Association has contributed to the development of appropriate termination-of-pregnancy services for the community, through participation in the planning of the *Pregnancy Advisory Centre* at Woodville.
- The *Intellectually Disabled Services Council*, through AIDS program funding, has made a significant contribution to FPA's goals, *to provide the intellectually and physically disabled communities with access to sexual health information*, through funding a project officer position at FPA to coordinate training activities.
- The *Rotary Club of Australia*, through the Burnside group, has made its commitment to adolescent sexual health obvious, through continued support for FPA's involvement in Rotary's video education programs for secondary school students.
- Community awareness of Safe Sex issues has increased significantly through programs developed by the theatre group *Vitalstatistix* and the *Health Promotion Branch* of the South Australian Health Commission. FPA has been an integral part of both these projects.
- *Flinders Medical Centre* and FPA have combined resources to increase accessible sexual health services for young people attending the Marion Youth Project.
- *Yalata Aboriginal Settlement* and health professionals at *Ceduna* and *Cooper Pedy* have worked cooperatively with FPA to increase services to people living in country and remote areas.
- FPA has worked towards closer ties with the sexually transmitted disease service, *Clinic 275*, and the *AIDS Council of South Australia*, with the aim of sharing resources and avoiding unnecessary duplication of services.
- The *Youth Sector Training Council* has facilitated FPA's greater involvement with the youth sector through a joint Youth Worker Training program.
- The *South Australian Health Commission* has involved FPA in the development of their Youth Health Policy. This involvement is closely linked with the development of FPA's Youth Policy.

## PUBLIC RELATIONS

FPA's role in responding to community issues and leading societal change in sexual health is crucial. Limited resources however, restrict a comprehensive public relations approach that would facilitate this role. This year the Association has aimed to increase its public profile by:

- strengthening the relationship with the Minister of Health, Dr Don Hopgood,
- developing a public relations strategy that responds to young people's needs for information about the Association,
- celebrating the Association's twenty-first birthday,
- redeveloping the Association's newsletter, and,
- continuing to lobby for sexual health issues through the media.

## CONTRIBUTIONS TO THE FAMILY PLANNING FEDERATION OF AUSTRALIA.

FPA South Australia contributed to, and gained significantly from, a number of national activities organised by the FPFA.

### The activities included:

- HIV/AIDS Conference and FPFA Workshop.
- A review of the Nurse Practitioner training.
- Development of a Remote and Rural area service.
- National Family Planning Day and
- Developing a National Purchasing Plan

## MANAGEMENT TEAM DEVELOPMENT

The development of effective management practices at FPA has been an important goal during the year. Senior managers are involved in the following tertiary studies:

- the Masters in Primary Health Care,
- the Bachelor of Business (Human Resource Development),
- the Certified Practising Accountant (C.P.A.) Program.

Two members of the Senior Management team successfully completed the South Australian Training and Education Centre's Certificate in Management and Organisational Leadership.

Their transfer of learning to the organisation had a major impact on operational planning processes, management's role and the leadership function. All team members have participated actively in regular supervision sessions, to facilitate goal setting, feedback and support. Team development and maintenance throughout the year has focused on project management, decision making, conflict resolution and ongoing evaluation and review.

## FUTURE CHALLENGES

It is not unusual for there to be a considerable decline in productivity during a period of organisational renewal and re-orientation. This has not been the case at FPA. Staff are to be congratulated for maintaining high levels of service delivery to the community. The challenge will be to maintain this level of energy and commitment, as we strive to achieve the goals of the Strategic Plan. To be successful we will need to:

- focus our limited resources.
- ensure our training and education programmes bring about change.
- strive to increase young peoples access to FPA's services, and
- ensure our staff are managed and supported in a way that makes their work satisfying and meaningful.



# FAMILY PLANNING ASSOCIATION OF SA INC

## LIFE MEMBERS & COUNCIL

### LIFE MEMBERS

Life membership is conferred on the recommendation of Council in recognition of outstanding contribution to the Association.

Dr Karl Ball  
Mrs Pat Bockner  
Mrs Rosemary Boucaut  
Dr Shirley Broad  
Mrs Gwen Brooking  
Ms Janet Browning, OAM  
Dr Ina Campbell  
Mrs Margaret Clark  
Professor Lloyd Cox  
Dr Kerrie Davies  
Dr Olive Johnston  
Mrs Heather MacDonald  
Mrs Diane Morris  
Dr John Porter  
Mrs Beverley Sayers  
Dr Winifred Wall  
Mrs Elizabeth Yeatman

### COUNCIL MEMBERS

Mr Richard Hicks	<i>President</i>
Mr Kym Davey	
Mr Andrew Davis	
Dr Diana Hetzel	<i>Vice President</i>
Ms Julia Hodgson	
Mr Tony Spawton	
Ms Josephine Tiddy	
Ms Barbara Buttfield	<i>Staff Nominee</i>



