

Family Planning Association
of South Australia

1992 Annual Report





The Family Planning Association of South Australia promotes and improves sexual and reproductive health in the South Australian community. The Associations goals are to create healthy sexual and reproductive health environments, to contribute to sexual and reproductive health through primary prevention that includes early intervention and treatment, and to utilise the Associations human and material resources effectively and efficiently.

Family Planning Association of South Australia Annual Report

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Message from the council President



Providing services in a way people find easy to use.

The past year has been one of significant milestones and change for the association.

21st Birthday The year commenced with the 21st Birthday celebrations which reminded us of the energy and commitment of early Council members and staff in establishing Family Planning in South Australia. It was a privilege for me and current Council members to share those special moments of our first 21 years with those who attended the celebrations. Thank you to the organising Committee.

Oral History Too often we become consumed in the immediate and day-to-day events and do not reflect on what has been achieved and how it was done. The Council has decided to record an oral history and photographic record of the first 21 years of the Association to ensure that it is there for posterity.

Strategic Plan The economic situation has had a significant influence on the Association's role in the past year by:

challenging our service approach and re-emphasizing the importance of the principles of primary health care as the basis by which we function.

The Council needed to re-assess its progress in implementing the Strategic Plan. At a workshop in February, the Council considered the total environment in which we work and reviewed the mission and goals.

The outcome was the following:

Mission *The Family Planning Association promotes and improves sexual and reproductive health in the South Australian community.*

Goals *To create healthy sexual and reproductive health environments.*

To contribute to sexual and reproductive health through primary prevention, early intervention and treatment.

To utilise the Association's human and material resources effectively and efficiently.

These goals will now provide the direction for the continued implementation of the Strategic Plan.

The Council has endeavoured to broaden participation in the way Council functions. This year has seen the introduction of a committee system which covers the major areas of council's responsibilities. The committee membership includes council members, senior managers, staff representatives and co-opted community members, and persons with specific expertise. The major purpose of this new structure has been to ensure that the respective

matters coming to council have been considered from a range of perspectives, and are presented with clear recommendations as to the action that council should take.

This initiative has worked well and the following is a summary from each committee chairperson.

Client Services The Client Services committee has had as its broad purpose, the support and monitoring of the development and provision of client services. Therefore the committee is involved with all three services areas, namely; clinics, training and community development.

To this end the committee has been involved with a range of issues referred from council; the Youth Services policy, harm minimisation, the prevention goal and rural services.

Work is continuing in the areas of:

data collection and activity statistics

service quality

consumer involvement

and a framework for policy development.

Diana Hetzel, Chairperson

Resources Committee The Resources Committee met for the first time on Remembrance Day 1991 and took on the difficult task of monitoring and advising the Council about the financial and human resources of the Association. The most demanding tasks undertaken were to advise the Council about an appropriate Nursing Career Structure and the budget for 1992/93.

Chairperson: Andrew Davis

Research and Evaluation In the past year the Research and Evaluation Committee has reviewed research proposals relevant to the mandate of Family Planning. Considerable committee activity has been directed at identifying funding sources for research projects in the sexual and reproductive health field. In addition the Committee encourages and promotes evaluation of programs and research undertaken within the organisation, and has recently begun to amass resources file on the topic of Research and Evaluation, to support staff in this endeavour.

A further feature of the Committee is the Ethics Group whose presence in this collaborative enterprise ensures the satisfaction of the N.H. & M.R.C. guidelines in research undertaken in the Association.

Some of the projects that have been implemented include:

Women and HIV/AIDS Project.

Evaluation of General Practice Training Project.

and the Oral History of Family Planning in South Australia.

Chairperson: Julie Hodgson

Other Major Areas For Council there have been a number of other important initiatives, including:

Accessibility of Client Services by relocating sessions from Kensington to Salisbury/Elizabeth area.

Improving services in remote areas by involving local health services. A significant step here is the service agreement with the Coober Pedy Hospital.

Evaluation of the General Practitioner Training Course through the allocation of a Federal grant.

Relocation of Northern Team Base to the Anglican Mission at Elizabeth.

Sexuality and Disability Project.

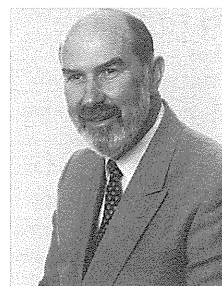
Promoting Sexual Health along the beach front in summer.

These are just some of the important areas that the Association has addressed this past year. Moving into the future will be challenging. The Council, Management and staff will need to consider and introduce different service approaches to ensure all three facets of the Association's role can be maintained. In the areas of client services and community work, the Association will have to build on the models being developed in the country areas, and work more with and through the generic health services.

The present economic climate continues to highlight the importance for women to have the choice of affordable abortion services, and I commend the Health Commission on the opening of the Pregnancy Advisory Service.

This being my last report to you, I wish to thank Council members, Management Team and staff for their support, direction and commitment. My particular thanks must go to Helen Tolstoshev. I also extend the appreciation of the Council to the Minister of Health, Don Hopgood, and Executive Director, Community Services Division, Colleen Johnson, and her staff, for the support they have continued to give the Association.

The Association's role is very significant and important to the South Australian community. We must continue to take a leadership role in promoting and improving sexual and reproductive health in the South Australian community. Let us take both the lead and example from our founding members and staff, whose actions assured that the Association is where it is today.



R. G. Hicks

Richard Hicks
President

Chief Executive Officers report

Ensuring sexual and reproductive health in today's community is an increasingly complex and demanding role. Sexual traditions are being challenged as a result of people's expanded knowledge of all aspects of sexuality. New values are evolving in response to social change and the influence of the media and diverse cultural groups and their mores.

Reproductive Health Present Challenges: Reproductive Health is threatened by limited choice of contraceptive method, the escalating cost of the pill and significant rates of sexually transmitted disease in our community. Women's experience of abortion is still often less than satisfactory. Many of us continue to see abortion as a preventable incident, rather than a necessity in response to the undeniable fact, that unplanned, unwelcome pregnancy is one aspect of human fertility.

Stakeholders The health system in some ways compounds this complex situation because the stakeholders in sexual and reproductive health are necessarily numerous: General Practitioners, Women's Health Services, the AIDS Council, Sexually Transmitted Disease Services, general hospitals, Community Health Centres, Cervical and Breast Screening programs, the Pregnancy Advisory Centre and FPA. Our respective roles, whilst well defined, could be magnified through a sense of common purpose and shared policy.

Response and Focus At FPA we have responded to this situation by constantly re-evaluating our role, resources and capabilities. We are confident if we focus on:

clinical services that specialise in the assessment and management of sexual and reproductive health concerns.

contraception and cervical and breast screening.

community development to guarantee we meet community needs, training, education and resourcing of professionals who are involved in sexual and reproductive health care, and efficient and effective use of the Association resources

we will promote and improve sexual and reproductive health in the South Australian community.

Accessibility to Diverse Groups We have worked hard to make our services more accessible to young people and to retain our expertise in Women's health. We have made progress with services to the disabled and people living in country, South Australia.

There is still more we need to do for the Non English Speaking Background communities and Aboriginal women!

Organisational Health The demands are significant. To cope, we must tend to our organisational health. This year, we have made staff development a priority. Our staff development policy will ensure an ongoing investment in the personal and professional growth of FPA staff.

Our new Grievance policy, and Conflict Management process, acknowledges that conflict is a normal part of a more collaborative organisational lifestyle. In making discord overt, we are confident that conflict will be managed more constructively in the workplace. Our nursing staff have designed a flatter, more economically viable career structure, one that promises to charter new waters in career development and provide greater opportunities for the graduate nurse.

Achievements Our achievements are the evidence that when there is a demand in the Association for renewed energy and commitment, this demand can be met.

This year staff and volunteers have given more of their time and skill. Council members have increased their involvement, providing more direction and support. Stakeholders have listened to our concerns and responded to our requests. The end result augurs well for the future of the Association. We have a greater sense of common purpose, a stronger focus on what is really important in sexual and reproductive health, and a willingness to develop new ways of relating to each other, whether in the community or in the workplace.



Helen Tolstoshev

Helen Tolstoshev
Chief Executive Officer

Country & remote areas



The Family Planning Association's contribution to sexual and reproductive health services in the country and remote areas of South Australia has focused on the following outcomes:

consumer involvement in the planning and delivery of services;

assisting the Coober Pedy and Ceduna communities to develop community based sexual and reproductive health services;

working with the aboriginal communities at Yalata and Ceduna to establish women's business services, funded through the National Women's Health program;

Safe-sex training for health professionals in the upper Spencer Gulf and South East. Sexuality and disability and youth worker training for health and education professionals, resource and information services;

an assessment of women's health needs in the remote areas of South Australia, in conjunction with the Upper Spencer Gulf Women's Health Service;

in-service for the Royal Flying Doctor Service, nursing staff on sexual and reproductive health care;

the development of strategies that will link and support health professionals, who are key advocates for sexual and reproductive health, in country regions;

increased access of Country Health practitioners to FPA's training programs;

continuation of FPA's 008 Sexual Health Hotline information service for country clients and the Community Health Worker position at Port Pirie;

These achievements represent considerable progress with the implementation of FPA's Country Services policy. The challenge in the next year will be to build links with the Area Health Boards that have been established in the Country. FPA, through these bodies will develop a more comprehensive and equitable approach to sexual and reproductive health care in country regions.

The Family Planning Association provides vital assistance and services to people in the country and remote areas.

Clinic services report



Counselling in person or on the phone plays a key role in providing information for clients.



The Family Planning Association (FPA) Clinic Services provide a direct service to people who choose to come to FPA. This service is clinic service's contribution to the improvement and/or maintenance of sexual and reproductive health for South Australians. It is vital that this service is:

appropriate - able to meet the sexual and reproductive health needs of the community.

affordable - to both individuals and the community as a whole.

accessible - that is, near to where people live and work, provided in a way which people find easy to use, and reflecting the cultural mores of Australians.

In order to provide this type of service the following Primary Health Care strategies act as a guide by:

Taking a population focus at the local level in action this means to make sure that we meet the sexual and reproductive health needs of the whole community, especially those most vulnerable, not just the people who come to our door.

Adopting a collaborative approach that is, by working together with other health and human service agencies.

Ensuring there is community participation in the planning, organisation, operation and evaluation of the service.

Working with people and communities to assist them to have some influence over the broader conditions which affect their health.

Clinic Locations The clinics are conducted in a number of locations on a regular basis. These locations range from clinics centrally based at Kensington, to youth specific clinics located within a host agency, to clinics in large hospitals and community health centres. Thirteen clinics are conducted at Kensington each week and seventeen in regional locations. The clinics utilise the professional skills of receptionists, nurses, doctors and social workers.

Clinical work at FPA falls in four broad categories:

1. Youth- specific clinics

Five youth clinics a week, with the exception of Noarlunga, are located under the auspices of youth specific agencies in (In these clinics people seen are between the ages of 12-25. The combined average of client populations attending these clinics indicate that 90% are under 25 years of age)

2. Training clinics

The training brief of FPA has been validated by FPA's major stakeholders, as well as being a vital interpretation of the Primary Health Care role for the clinics. By actively training other generic health workers in FPA specific knowledge, attitudes and skills, the critical mass of health workers with this body of knowledge will be increased. This in turn will lead to the improvement of sexual and reproductive health in the community.

The training of doctors has resumed at FPA after a year's cessation. Nineteen doctors have been trained by FPA in the past year. Nurses' training has focused on rural nurses for this year; twenty four have been trained.

3. Community Development Clinics

These clinics have been located in specific decentralised locations and usually at the request of a community group. Such clinics are generally located within existing community based facilities. Campbelltown clinic is an example of such a clinic. These clinics will be reviewed on a yearly basis.

Other Clinics These include clinics for special purposes such as:

intra-uterine device insertion

pregnancy clinics

generalist clinics which include nurse practitioner lists.

These clinics are the venues through which FPA provides a broad range of specific sexual and reproductive health services. For a break down of the services provided. (See graph 2) Major Outcomes for clinic services in the past year are as follows:

1. The Clinic Management Team

This team is a well functioning, cohesive and productive team whose purpose is to have overall responsibility for provision of FPA clinic services and in particular, be responsible for:

clinic budget

planning, implementation and evaluation of clinics services

the development and implementation of clinic policy and procedures

the clinic office administration

the purchase of clinic equipment and stock and the provision of printed information in clinics

publicity for clinics and the provision of statistical analysis of clinic services

the provision of clinical social work services, in consultation with the senior social worker.

2. Participation in National Issues

FPA SA was a participant in a National Research Project which was co-ordinated by Family Planning Australia. The project is titled 'Women and HIV/AIDS'. A core group of clinic staff were trained in HIV/AIDS issues for our client population, and data was collected from two FPA clinics. Approximately 300 clients participated in the research, and a core group of staff developed expertise in raising the issue of HIV/AIDS with our clients.

The Family Planning Australia is in the process of developing a National Data Base of clinic information from all states. SA has been involved in the development of a data collection form for this purpose.

The National Policy for The Prevention of Cervical Cancer was launched early this year and its implementation has major implications for FPA. The Clinic Services team is developing an appropriate response to this policy for FPA. This is occurring in consultation with relevant state and national bodies.

3. Rural Clinic Services

FPA clinical services have continued regular visits to Coober Pedy in this financial year. As part of the National Women's Health Program, FPA will be a service provider to two Aboriginal communities. These are, Yalata and Ceduna Kooniba Aboriginal Health Service. Planning has commenced with these two projects.

4. Rostering Task Force

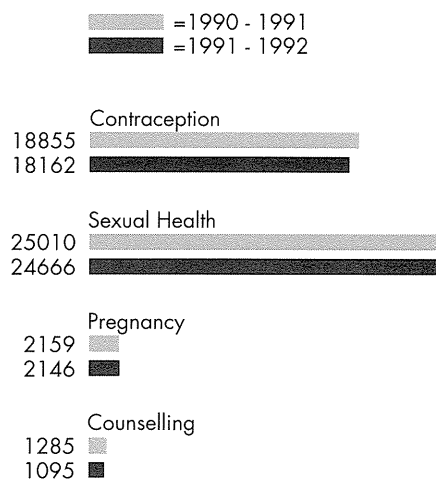
The Rostering Task Force has been established to explore and define the issues around FPA rostering processes. This group will make recommendations to the Management Committee about its findings in the near future.

5. Clinic Review Criteria

Clinical resources are limited and need to be strategically located in order to meet social justice principles. Four clinics were re-located in this financial year from Kensington to the regions. Review criteria has been established for these and other clinics.

Graph 1.

Client numbers by service provided



Graph 2.

Total number of visits



Clinic services report

Staff Profile Clinic Services staff comprise 16.52 full time equivalent positions:

	*(FTE)
Manager	1
Nurses	6.21 FTE
Receptionists	6.06 FTE
Medical Staff	3.59 FTE
Social Workers	1.05 FTE

*(full time equivalent)

6. Budget Including Health Benefit Status

A number of factors have affected the clinic budget in the last financial year. Strategies are in place, or will be developed to address these factors which are:

an overall reduction in total client numbers 1,162 in total. This could be due to the relocation of clinics, the increasing complexity of sexual and reproductive health issues, and the increased training load of the clinics. This reduction in clients also signifies a loss of income from subscriptions and sale of goods.

the changing client profile from clients who have been able to pay to those who are less advantaged. This can be demonstrated by the increase in clients with health care cards and the decrease in clients with private health insurance. (See graph 3)

the rapid increase in the purchase price of oral contraceptives.

the general economic recession.

7. Clinic Procedure Committee

A Clinic Procedure Committee has been set up to review the existing procedure manual, to re-write a manual with an agreed format, and to make the manual congruent with FPA training practices.

8. Sexual Health Hotline

The Sexual Health Hotline is an extension of an already busy clinical service and provides six day 8.30 am to 8.30 pm information services over the telephone for sexual health matters. This service provides an important health promotion function for FPA. The Sexual Health Hotline is in need of further funding to ensure the future development and maintenance of the service, and this is being sought. (See graph 5)

9. Social Work Services

Social work services include counselling for individuals and couples with sexual and/or relationship difficulties, and with grief reactions to abortion, miscarriage, subfertility and unplanned pregnancy. This year FPA's pregnancy counselling services have been complemented by the State Government's Pregnancy Advisory Centre at Woodville. This Centre began functioning in April providing additional resources for women who face unplanned, unwelcome pregnancy. The impact of this service has been positive as it has facilitated women's access to safe and affordable abortions. We look forward to strengthening liaison with this organisation. Clients are referred to the social workers by SHH, clinic staff, community education staff, general practitioners, clergy, other agencies,

and previous FPA clients. In addition to case work, the social workers are involved in providing input to the FPA professional education courses, and other teaching external to FPA.

In addition to the social work responsibilities for direct service delivery and professional and further education the social workers maintain links with agencies such as:

Family Forum

National AIDS Counselling Association

Women's Right to Choose Collective

Advisory Committee into research on Women's Experience of Abortion within three Australian States

Further Challenges in the next financial year clinic services will need to focus on:

Establishing clear goals and priorities, exploring ways of obtaining meaningful consumer input into the development of services and programs

Implementing the developmental goals from CHASP review, maintaining current projects.

Staff Development

The following sessions/courses have been undertaken by clinic staff in the past year.

This list may not be definitive.

MARC program

Biological Sciences Conference

7th IUVDT Regional Conference on Sexually Transmitted Diseases

Clinical Research for Medical Practitioners Raising the Standards (Case Notes)

Chairing Meetings workshop

HIV/AIDS workshops

Human Papilloma Virus in Gynaecology

Needle Exchange Training Workshop

Partners of Bi-sexual Men

HIV/AIDS Pre & Post Test counselling

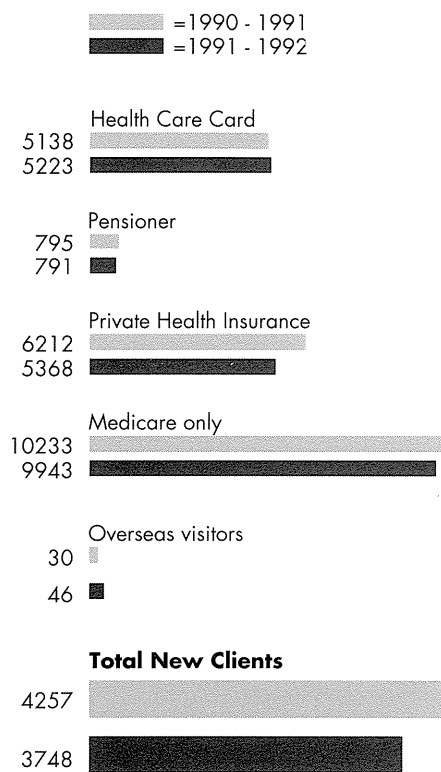
Depo Provera

Jo Morrison

Manager Clinic Services

Graph 3.

Health Benefit Status



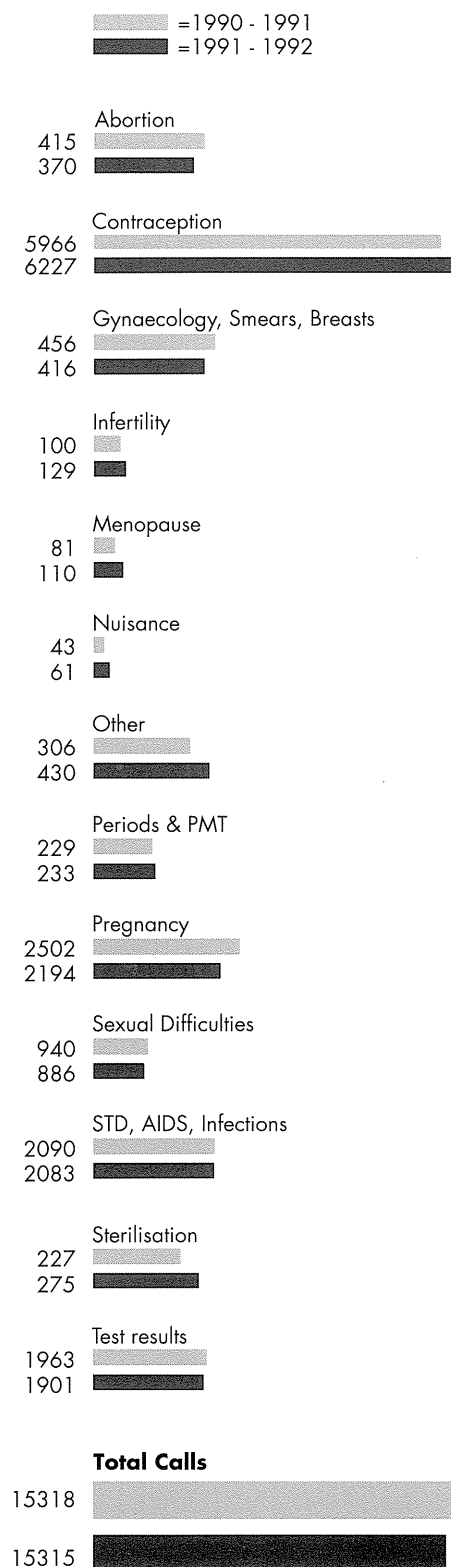
Graph 4.

Client Age Profile



Graph 5.

Sexual Health Calls by reason





Staff seminars in action.

The Education and Training Team contributes to organisational goals through the provision of sexual and reproductive health education, and training for health, welfare and education workers, in particular those working with FPA's defined target groups.

The Team has a role in identifying the Association's staff development needs and priorities, and in facilitating the provision of ongoing training. This is important if FPA is to maintain its expertise in sexual and reproductive health and respond to the changing demands of the community.

Sexuality and Sexual Health Education, as a Health Promotion Strategy, contributes to the achievement of the five essential components of effective Health Promotion identified in the Ottawa Charter. The outcomes of the Team's activities for 1991/92 include:

DEVELOPING SKILLS FOR HEALTH & COMMUNITY WORKERS, This is achieved through the three Nationally Accredited Family Planning Australia Courses

The Community Educator's Course.

The Family Planning Doctor's Course

The Sexual and Reproductive Health Course for Nurses. (see table 1)

and other non-accredited training courses such as:-

Sexuality & Disability Worker Training

Teacher Training - Primary & Secondary

Youth Worker Training

Safe Sex Trainer Training

Peer Education for Young People (see table 3)

CREATING SUPPORTIVE ENVIRONMENTS FOR SEXUAL AND REPRODUCTIVE HEALTH

The workers and young people who have participated in education and training contribute to changing community attitudes and acceptance of sexual and reproductive health issues. They are assisted by the provision of Library services and educational resources which support and resource workers in their community roles. (see table 2)

The nurses employed in the National Women's Health Project, many of them from rural and remote areas, have participated in FPA's Nurse Practitioner's Training and Community Educator's Course, and are now applying their skills in their local communities.

Policy Development The Team has contributed to the development of FPA's Youth Policy, and the Youth Project Officer has collaborated with young people to develop a visual portrayal of the policy. FPA's Staff Development policy has

been developed through extensive consultation with staff, and implementation has begun. FPA contributed to the Education Department's Health in Schools policy, which clearly identifies the Health Agency/School interface and processes for effective collaboration. The Sexuality & Disability project, funded through HIV/AIDS matched funding, stimulated policy development in several disability agencies.

Advocacy and Mediation The Team represents FPA on numerous, broad-ranging interagency committees and groups to advocate for Sexual & Reproductive Health issues. These committees include the Health Education Interagency Advisory Committee, Youth Sector Training Council, South Australian Sexuality & Disability Association, and the HIV/AIDS Education & Prevention Task Force. Liaison with other agencies, such as Aboriginal Medical Service, Royal Flying Doctor Service, Rural Doctors Association, & Intellectual Disability Services Council, ensures that advocacy occurs for FPA's major target groups and their sexual and reproductive health issues.

Re-orienting Health Services A major achievement this year has been the outcome of the Sexuality Disability project which succeeded in establishing networks of highly trained professionals, who have, as a result of training, become trainers and staff development providers in their own agencies.

The Women's Health Project Nurses, and Doctors participating in the Doctors Course, have also contributed to local change and re-orientation in relation to sexual health issues. An innovative and intensive Teacher Training project has resulted in the establishment of comprehensive Sexuality Education curriculum, within a supportive environment in five key schools. These schools now resource other schools and teachers.

The increase in the numbers and hours identified in Professional Consultations (See tables 4 & 5) indicate the increased role for FPA staff in supporting other workers in their local communities.

Evaluation is a major activity which contributes to the effectiveness of training outcomes. A major impact evaluation study was funded by the Commonwealth AIDS Workforce and Standards Exchange (CAWISE) Program for the Sexuality & Disability Project; a grant from the General Practice Evaluation Committee was obtained to evaluate the reviewed Doctor's Course, and the Community Educator's Course has been reviewed and its format changed in response to community needs and changing sexual and reproductive health issues.

Sue Foster
Manager - Education & Training

Table 1.

Certificate Courses	
Doctors	15
Nurses	95
Community Educators	234
Safe Sex Program (CEC)	65
Enroled Nurses	21
Total number of courses	19
Total number of participants	359
Total number of contact hours	196
Practical component clinical training	27.6

Table 2.

Library/Resources	
New Borrowers	459
Total Borrowers	1465
Number of Borrowers	1381
Information Requests	4112
Information Searches	559
Video/Resources Hire	3254
Video/Resources Sales	120
*Pamphlets distributed	110,720

*(This is an increase of 50,000 over last year)

Education & training team staff profile

	*FTE
Manager	1.0
Staff Development Co-ordinator	0.8
School-based Sexuality	
Education Co-ordinator	0.8
HIV/Sexuality & Disability Project Officer (Project Funded)	1.0
Youth HIV/AIDS Project Officer	1.0
Medical Education Co-ordinator	1.0
Nurse Educator	1.0
Nurse Educator	0.5
Library Services Co-ordinator	1.0
Resources Services Co-ordinator	0.8

*(Full Time Equivalent)

Education & training team staff development Tertiary Courses

Graduate Diploma in Group Work (2 staff)

Master of Science -

Primary Health Care (2 staff)

Bachelor of Nursing

Participation in other staff development
courses include:

Venfest - Venereology Conference

National Conference on Evaluation

Competency - Based Training & Assessment

Action learning methods.

*One Size Fits All - Injecting drug use and HIV
prevention for Youth Workers.*

Young people and injecting drug use

State Youth Workers Conference

Trudi Bush Seminar "Menopause"

Introduction to Volunteer Management

STD Seminar for Venereologists

HIV/AIDS Train the Trainer

Biological Sciences Symposium

Infertility Counselling Issues Seminar

Clinical Services meetings

HIV Management

Clinical Research

Table 3.

Non-Certificate Courses	
	Hours
Doctors	24
Nurses	145
Community Workers	25
Teachers	2000
Multidisciplinary	73
Multicultural Worker	68
Youth Workers	82
Disability Workers	94
Total number of courses	100
Total number of participants	1712
Total number of contact hours	185

Table 4.

Professional Consultations-Activities	
Information	560
Liaison/Networking	828
Evaluation	100
Planning	2128
Policy Development	72
Resource Development	160
Total number of consultations	5006
Total number of hours	185

Table 5.

Professional Consultations	
Doctor	162
Nurses	769
Social Worker	233
Community Worker	600
Teachers	937
Multidisciplinary	596
Multicultural Worker	639
Youth Worker	272
Disability Worker	373
Other	424

Table 6.

Community Education	
Parents	229
Tertiary	1133
Disability	397
Women	430
Aboriginal	71
Youth	347
Migrant	246
Other community Adults	525
Total number of courses	653
Total number of participants	7452
Total number of contact hours	1630

Community Services

The Community Services team has 12.4 full time equivalent staff, comprising a manager, community health workers and community health nurses. Support is provided to these staff by doctors and receptionists.

There are four regional teams located at the Noarlunga Health Village, the Elizabeth Anglican Mission, the Port Adelaide Community Health Service and at FPA's Kensington site. One staff member works in the Upper Spencer Gulf region and is based at the Port Pirie Community Health Service.

The role of the team The major role of the team is to work with local communities in order to make our range of sexual and reproductive health services more accessible to people living and working in those communities. Through constant review and planning processes the Community Services Team has focused much of its energy on meeting the sexual and reproductive health needs of young people. The most recent example of a project designed to increase the participation of young people has been a Youth Peer Education Project, in the Northern region, which has been resourced by a successful submission for a Youth Strategy Grant.

The Community Services team has also recognised the needs of other groups in the community. Therefore, they have further prioritised their activities in order to address the sexual and reproductive health issues of people of non-English speaking background and people who live with disabilities. Team members have worked closely with other staff who are engaged in special projects in these two areas. (see table 6)

Increasing the availability of sexual reproductive and health information

During the past year the Community Services Team has increased the availability of sexual and reproductive health information to local communities by developing a range of new strategies. These have included:

The 'Play Safe' summertime beach promotion where a group of staff made contact with 800 young people at suburban beaches;

A safe sex promotion in secondary schools in the northern suburbs. This was made possible through the co-operation of the Lyell McEwin Community Health Service which made its health promotion caravan available for the project;

Attendance at the University of South Australia's Orientation days where safe sex information was distributed to a large number of students. The provision of a special forum for youth workers with the subsequent development and distribution of a regular newsletter.

Activity	No's. Contacted
Beach Promotion	800
School Promotions	600
Orientation days	500
Newsletter/Youth Worker	100
Total	2,000

Making FPA's programs and services more accessible to local communities The Community Services team has been involved in a variety of strategies in order to make the services more accessible to local communities. In 1991 the Northern team shifted premises and is now based at the Anglican Mission at Elizabeth which is very centrally located at Elizabeth Way.

Also, as a result of proposals initiated by the team, resources were re-allocated from Kensington to the Northern and Southern regions in the form of extra clinical services. Three staff members were also transferred to the Community Services Team to take up a community work role in suburbs such as Enfield A and Gilles Plains. In making services more accessible the team recognises the importance of needs assessment and has commenced a pilot project in three Western suburbs. Drop in services, for example, Pregnancy Testing, are provided in all of our regional locations.

Increasing and strengthening Networks

Community liaison and networking is an important activity undertaken by the staff who have continued to participate in a wide range of community forums and networks statewide.

Promoting and enhancing the skills of other workers Throughout the year our team has worked diligently to promote and enhance the skills of others in the area of sexual and reproductive health. We have done this by our extensive interagency collaboration and by planning, facilitating and evaluating many workshops for teachers, nurses, youthworkers, carers and bilingual workers. As well, we have continued to provide field experience for undergraduate students from nursing and social science tertiary programs.

Staff development In order to develop their performance and to cope with the change and

challenge of working with communities, the Community Services staff have engaged in a variety of staff development activities. Three staff members have been granted study leave in order to pursue their tertiary studies and many other team members have been encouraged to participate in external staff development activities.

These have included:
Aboriginal Culture and Lifestyles Seminar
Effective Management Course
The State Youthworker Conference
Domestic Violence Workshop
Mandatory Reporting Workshop
HIV/AIDS Youthworker Training Program
Successful Submission Writing
Program Evaluation

The Future

The major challenges for the Community Services team are to:

remain focused in the face of increasing demands from the community
continually set priorities
Initiate strategies which increase the participation of the community in developing programs and services
find ways of remaining creative and innovative in an environment where resources are diminishing.

These are new and exciting challenges.

Bev Burnell
Community Services Manager

Administrative Services Report

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.
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.

Staffing The Administrative Services Team comprises six members with an establishment of 5.8 full time equivalent positions. (see Table at right)

The average length of employment of the Administrative Services staff is five years and four months and during the 1991/92 financial year, the average sick leave taken per staff member was 34.8 hours or 4.6 days. Staff development activities undertaken in the last year include

Training on new telephone system

Letter & memo writing

Introduction to supervision

Occupational health & safety

CHASP training

MARC course

Dealing with Difficult People

Sign Language

Major Achievements in 1991/92

The Administrative Services Team has continued to provide a high quality support service function to the FPA Council, The Chief Executive Officer, Management and staff during the 1991/92 financial year.

Steady increases in the workload of keyboard services staff, particularly in respect of professional course support and Council and management word processing, have been noticeable in the last year.

During the year, the Administrative Services Team relocated from the main building to the adjacent self-contained corner building owned by the Association. This move was initiated by the on-going problem of available space within the main building. Advantages of the move

have been to release office space in the main building while consolidating the working relationship of the staff of the Administrative Services Team because of their closer proximity to each other in the new environment.

The effectiveness and efficiency of services to staff have not been affected by the move. A grant received from the South Australian Health Commission was utilised in the replacement of the telephone system in operation at FPA. The ageing Commander System which was operating at capacity levels has been replaced by a new Exicom System which is a keystation system that includes many functions of a PABX system.

The Association now has a more reliable telephone system that provides greater flexibility of operations and scope for future expansion should the need arise.

Major Objectives for 1992/93

The Administrative Services Team aims to continue to provide a high quality support service function to the FPA Council, The Chief Executive Officer, Management and staff during the 1992-93 financial year.

An approved new initiative for the 1992-93 financial year is the replacement of the current word processing system with a networked system capable of greater efficiency and productivity within the keyboard services area.

The planned introduction of a computerised non-clinical data collection system for the Association will include information on professional course participant registrations, payments and attendance history which will allow for greater efficiency and effectiveness in the course support function of the Team.

Management information systems have been reconstructed to allow for greater financial reporting capacity to individual units within the Team structure at FPA. This will facilitate greater financial responsibility to unit co-ordinators to ensure budgetary levels are attained.

Richard Gray
Manager - Finance & Administration

Staffing

	*FTE
Manager, Finance & Administration	1.0
Administrative Assistant	1.0
Secretary	0.8
Word Processing/Clerical Officers	2.0
Receptionist/Switchboard Operator	1.0

*(Full Time Equivalent)

Occupational Health & Safety

The Occupational Health and Safety Committee is pleased to report on the major workplace issues that have been addressed at the Family Planning Association.

Workplace safety has continued to be a priority with attention being paid to fire equipment, fire drill and evacuation procedures, manual handling procedures and the availability of first aid kits in work vehicles and offices. A 'Necon' system of sharps disposal was introduced during the year and is currently being reviewed to determine its effectiveness. The safety of chemicals used to disinfect clinic equipment was also assessed and modified to reduce the risks to staff and clients.

The Committee is pleased to note that the Association has maintained a smoke-free environment throughout the year. The Committee has given attention to matters that contribute to the improved functioning of the Occupational Health and Safety committee. The Incident Report form has been revised, in consultation with staff, to improve the information about work place incidents.

Committee members have undertaken relevant training with the Trade Union Training Association. Members have been available to teams to assist in addressing relevant concerns and to provide occupational health and safety information and guidelines. A resource file on occupational health and safety issues has been established for use by staff. There have been three work-cover claims during the period July 1991 - June 1992.

Occupational Health and Safety Committee

1991 Committee

Richard Gray - Chair
Heather Sims
Helen Tolstoshev
Deb Furner

1992 Committee

Heather Sims - Chair
Deb Furner
Beverley Burnell
Helen Tolstoshev

Life Members and 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
Mrs 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, President
Mr Andrew Davis
Dr Lyn Edwards
Dr Diana Hetzel, Vice President
Ms Margaret Heylan
Ms Julia Hodgson
Ms Michelle Hogan
Ms Julia Lester
Ms Kim Robertson
Ms Barbara Butfield, Staff Nominee

Advisory Committees

1. Resource Committee

Mr Andrew Davis, Chair
Mr Richard Gray
Ms Margaret Heylan
Mr Richard Hicks
Ms Michelle Hogan
Ms Barbara Renton
Mr Trevor Pearce
Ms Heather Sims, Staff Representative
Ms Helen Tolstoshev, Ex-officio

2. Client Services

Dr Diana Hetzel, Chair
Ms Sue Hetzel
Ms Kim Robertson
Mr Grant Tidswell
Ms Beverley Burnell
Ms Sue Foster
Ms Joanne Morrison
Ms Annie Braendler, Staff Representative
Ms Helen Tolstoshev, Ex-officio

3. Research & Evaluation

Ms Julia Hodgson, Chair
Dr Dorothy Jones
Ms Julia Lester
Ms Lyn Roberts
Ms Beverley Clarke
Ms Beverley Burnell
Ms Sue Foster
Ms Joanne Morrison
Ms Barbara Butfield, Staff Representative
Ms Helen Tolstoshev, Ex-officio

4. Ethics Committee

Ms Pat Bockner
Ms Fran Baum
Ms Sheryl deLacey
Mr David Lane
Dr Brian Stoffel
Ms Susan Farrelly
Prof Peter McDonald

Financial Report

Statement of the income and expenditure for the year ended 30th june 1992

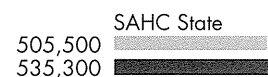
Grant Income	Note	1990/1991 Cash Basis	1991/1992 Accrual Basis
DHH&CS Commonwealth		1,280,583	1,322,842
SAHC State		505,500	535,300
		1,786,083	1,858,142

Operating Income

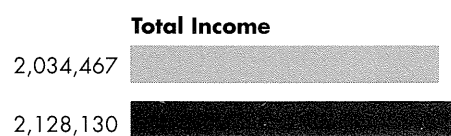
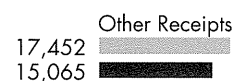
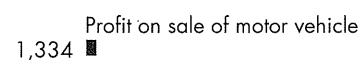
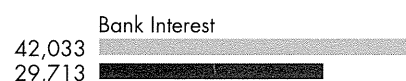
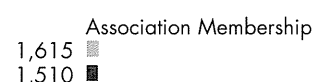
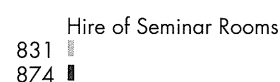
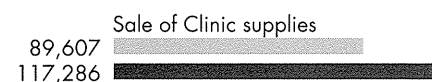
Gross Profit From Trading	3		
Sale of Clinic Supplies		117,286	89,607
Library & Resource Sales		4,119	9,605
Training Courses		11,482	31,160
Clinic Subscriptions		35,086	56,224
Consultancy Fees		13,340	25,426
Hire of Seminar Rooms		831	874
Association Membership		1,615	1,510
Resource Centre Membership		4,500	7,600
Donations		640	1,870
Bank Interest		42,033	29,713
Profit On Sale Of Motor Vehicle		—	1,334
Other Receipts		17,452	15,065
		248,384	269,988
Total Income		2,034,467	2,128,130

Grant Income

■ =1990 - 1991 **Cash Basis**
■ =1991 - 1992 **Accrual Basis**



Operating Income



Statement of income and expenditure for the year ended 30th June 1992

Expenditure	1990/1991	1991/1992
Salaries and wages	Cash Basis	Accrual Basis
Base Salaries and Allowances	1,552,578	1,612,380
Long Service Leave Paid	57,685	6,466
FPA Tailored Superannuation	43,525	39,922
Occupational Superannuation	82,426	45,478
Workers Compensation Premiums	47,679	35,119
	1,783,893	1,739,365
Goods and Services		
Rent Regional Facilities	5,467	8,742
Rates	7,172	9,280
Cleaning and Laundry	19,832	19,997
Light and Power	13,638	13,214
Minor equipment Purchases	10,103	11,958
Repairs and Maintenance	12,711	16,246
Auditing and Accounting	5,246	8,485
S.A. Employers Federation Fees	1,600	1,660
Bank Fees	6,987	8,290
Advertising and Promotions	19,207	23,659
Insurance Premiums	4,558	8,200
Postage and Freight	8,264	10,306
Telephone Charges	18,881	20,862
Printing and Stationery	57,116	63,844
Sundries	7,907	7,516
Clinic Consumables	15,211	16,597
Travelling Expenses	8,638	27,996
M.V. Operating Expenses	6,475	8,099
FPFA Levy	4,542	2,587
Staff Development	24,695	9,925
Courier Service	17,292	16,830
Depreciation	—	24,199
Provision For L.S.L.	13,958	16,523
Provision For Annual Leave	—	33,184
Loss On Sale Of M.V.	8,646	—
	298,146	388,199
Total Expenditure	2,082,039	2,127,564
Surplus/(Deficit) for the year	(47,572)	566

Financial Report

Notes to and forming part of the Financial Statements: Note 1.

a) Statement of Accounting

The Financial Statements have been prepared in accordance with Statements of Accounting Concepts and applicable Accounting Standards except to the extent indicated below. The financial statements have also been prepared on the basis of historical costs and do not take into account changing money values except where otherwise indicated.

During the year, the Association changed the basis of its accounting from a largely cash basis to an accruals basis as it is believed that this change allows a better representation of the financial position and operations of the Association.

Had the cash basis of accounting been applied, the net operating surplus for the year would have been \$103,974 compared with a reported surplus for the year ended 30th June 1991 of \$25,997. As this is the first year of accrual accounting, a Statement of Cash Flows has not been prepared.

b) Non-Current Assets, Valuation

All assets held by the Association as at 1 July 1991 were capitalised at values reflecting market value. Acquisitions during the year are valued at cost. Land and Buildings have been capitalised at a value reflecting the recoverable amount determined in accordance with an independent valuation. This independent valuation was conducted on 10 October 1991 by David Whitlock, Licensed Land Valuer, and David Maidment, B. Bus in Prop.(Valuation), both of Elders Real Estate.

Depreciation

Depreciation is calculated on a straight line basis so as to write off the net cost of each depreciable non-current asset over its expected useful life.

c) Income Tax

The Association is a non-profit organisation and is exempt from income tax pursuant to Section 23(ea) of the Income Tax Assessment Act.

Balance Sheet as at 30th June 1992

Current Assets	Note
Cash On Hand	85,603
Investments	166,795
Sundry Debtors	11,538
Inventories	10,747
	274,683

Non-Current Assets

Furniture and Equipment	30,000	
Less Depreciation	(4,150)	25,850
Motor Vehicles	74,136	
Less Depreciation	(9,589)	64,547
Telephone	29,711	
Less Depreciation	(830)	28,881
Buildings	394,000	
Less Depreciation	(7,880)	386,120
Land		736,000
		1,241,398

Total Assets	1,516,081
---------------------	------------------

Current Liabilities

Sundry Creditors and Accruals		28,704
Special Project Funding	2	97,679
Provision For Annual Leave		33,184
Provision For L.S.L.		95,885

Total Liabilities	255,452
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Net Assets and Liabilities	1,260,629
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Accumulated Funds

Balances as at 1 July 1991	1,260,063
Surplus for the year	566

Accumulated Funds Funds	1,260,629
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d) Long Service Leave

Long Service Leave is accrued for employees who have served for a period in excess of seven years from the date of becoming a permanent employee.

e) Annual Leave

Provision has been made for outstanding annual leave due to employees of the Association as at 30 June 1992.

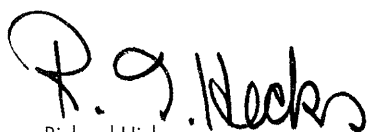
f) Inventories

Inventories are valued at the lower of cost and net realisable value. Costs are assigned on an average basis

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 1992.

Adelaide, September 1992


Richard Hicks
President


Helen Tolstoshev
Chief Executive Officer

The following projects have been administered by the Association during the 1991/92 financial year :

Note 2. Special Projects**Closing Balance**

Sexuality and Disability Project	12,173
Safe Sex Resources Project	10,076
N.E.S.B. Project	5,518
Remote Areas Project	554
HIV/AIDS Study Grants	54,891
Northern Peer Education Strategy Project	1,734
Evaluation Of The FPA Doctors Course	12,733
	<u>97,679</u>

Note 3.**Trading Accounts for the year ended 30th June 1992**

	1990/1991	1991/1992
Clinic Supplies	Cash Basis	Accrual Basis
Sale Of Clinic Supplies	209,292	197,619
Less Cost Of Goods Sold	92,006	108,012
 Gross Profit On Sales	 117,286	 89,607

Library and Resource Centre

Sale Of Books, Resources, Etc.	25,917	29,488
Less Cost Of Goods Sold	21,798	19,883
 Gross Profit On Sales	 4,119	 9,605

Professional Training Courses

Course Fees	32,074	53,806
Less Cost Of Courses	20,592	22,646
 Gross Profit On Courses	 11,482	 31,160

Auditors Report

We have audited the accompanying financial statements, being the Statement of Income and Expenditure, Balance Sheet and Notes to and Forming Part of the Financial Statements of the Family Planning Association of S.A. Inc. for the year ended 30 June 1992, in accordance with Australian Auditing Standards.

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:

- i) the accounting records have been kept in accordance with Associations Incorporation Act, 1985 and
- ii) the financial statements have been prepared in accordance with Statements of Accounting Concepts and applicable Accounting Standards, such that the financial statements give a true and fair view of the state of affairs of the Association as at 30 June 1992 and of its results for the year then ended.

Mann Judd
Chartered Accountants



D.A. Major
Partner

Dated this day of August 1992.

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 the work of the Association during the year.

We thank Gribbles Pathology, Sanford Couriers and Stamford Hygenics for their sponsorship of the annual report.

We especially acknowledge the graphic design students from the School of Design, University of South Australia, for their contribution to the Annual Report.

Designed by
Tok Basuki
& Scott Bence.

