

Sexual Health Headlines

Family Planning South Australia

Annual Report 1995/96

FPSA Gets Three Years!!

So they should!" "They deserve it!" and "About time!" were some of the comments which greeted the news that FPSA had been awarded a three year accreditation by the Community Health Accreditation and Standards Program - CHASP. When the result became known last November, following the review process which took place in May/June 1995, staff, Management and Council were all highly elated at such an outstanding result.

This is the highest level of accreditation that a service is able to achieve for it's first Accreditation review.

CHASP is a quality improvement program which ensures community health agencies put primary health care principles into practice. One of the tools used to measure this is the review process which is conducted by a team of CHASP trained people. The review team assesses the extent to which a service has achieved the CHASP standards which are published in **A Manual of Standards for Community and other Primary Health Care Services**, (3rd edition 1993).

This being FPSA's first accreditation, the preparation was considerable. That such a highly desirable result was achieved is due to the enormous effort by staff, management and council, and their determination to meet the standards.

Copies of the Report of the **CHASP Accreditation Review of Family Planning South Australia** are available in each of FPSA's libraries. This document describes in detail all the findings of the review.

As the purpose of the review report is to assist in FPSA's service development and future planning activities, this is far from being a final result. This is only the beginning.....



The Chief Executive Officer receives the 3 Year Accreditation Certificate.



Staff, community and members of FPSA's target groups gather to celebrate.

Annual General Meeting

The Annual General Meeting for 1994/95 was memorable for its difference. Held outdoors in the mild November sunshine, under a marquee decorated with teal and fuchsia balloons and a variety of floral arrangements, the meeting was a prelude to the celebrations for both our CHASP Accreditation Award and our 25th Birthday.

The official business of the day (the Annual General Meeting) was chaired by the President, Mr Jim Birch, whose address set the tone for the day. The Annual Report and audited financial statement for 1994/95 were tabled and accepted by the members, as was the appointment of Deloitte Touche Tohmatsu as FPSA's auditors for the 1995/96 financial year.

The formalities having been concluded, a special presentation acknowledging years of service took place. It was a Council initiative that those staff who had completed ten or more years of service be presented with a Certificate of Service. Over twenty staff members received awards at this, the inaugural presentation.

This ceremony was a happy way to wind up the Annual General Meeting and move on to the 'party' phase of the day.

Letting The Community Know!

"We don't plan families, but we can work with you to achieve better sexual and reproductive health." This was the opening sentence of the media release sent to all media outlets to announce our triple celebration of Annual General Meeting, CHASP Accreditation and 25 years of service.

We also dropped a "Breakfast Sample Bag" to several Radio Stations. The sample bags contained information about FPSA, a bottle of celebration champagne and of course a condom!



The Media was quite supportive; we had mentions on a few radio stations (several mentions on 5AN), and interviews on 3D Radio, Radio for the Print Handicapped and Radio 5EBI. Messenger Newspapers printed an article about Family Planning South Australia.

Entertainment



In order to continue the focus of Family Planning South Australia's strategic objectives a variety of performers reflected our target groups. An energetic performance focusing on sexuality issues

African Dancers performing at the Celebrations.



for young people was performed by Port Youth Theatre. An Aboriginal dancer and Didgeridoo player performed and then guests were invited to learn some Aboriginal dances. There was also very spirited African drumming and dancing with audience participation. The evening was brought to a close by a young man who sang and played the guitar.



FOOD GLORIOUS FOOD

The Annual General Meeting Planning Committee decided that they wanted to have a multicultural theme that would flow through both the entertainment and catering spheres.

Kevin Turnbull of Coca Cola Amatil, provided 2 cartons of Coke and Cathy Knispel of Nippy's Natural Fruit Juices donated 120 cartons of orange juice. As the day was hot and sunny, these generous donations were greatly appreciated and enjoyed by all.

Enaam, at Migrant Health Service, was an invaluable resource and enabled us to contact members of various ethnic communities, so that they could tender proposed menus and costs. The final menu featured Filipino, Spanish, Iraqi, Bosnian, Ethiopian and Malaysian food.

While we tried to plan for all possible contingencies, there were a few minor problems. The strong wind tended to wreak havoc with the shade umbrellas and the food arrived earlier than planned, so we had a problem keeping everything hot.



Despite these minor hiccups - most of the feedback was highly complimentary to our wonderfully skilled caterers and a great feast was had by all.



To increase young people's (12-25) access to sexual health services.

YOUTH CLINICS

Salisbury Shopfront
 Shop No 4, 72 John Street Salisbury
 Thursday 3.00 pm - 6.00 pm
 No Appointment Necessary
 Tel: 8281 1775

Munno Para
 Shop 60 Munno Para Shopping City Smithfield
 Wednesday 1.30 pm - 4.30 pm
 No Appointment Necessary
 Tel: 8254 8200

Second Story Youth Health Service (City)
 57 Hyde Street Adelaide
 Tuesday 2.00 pm - 5.00 pm
 Appointment Necessary
 Tel 8232 0233

Noarlunga Youth Clinic
 Noarlunga Health Village
 Alexander Kelly Drive Noarlunga
 Thursday 3.30 pm - 7.00 pm
 Appointment Recommended
 Tel: 8384 9258

Peer Education in the South

The Southern Primary Health Care team has employed a young woman to conduct sessional peer education programs.

The young woman was sponsored by FPSA last year to complete the Community Educator's Course both to further her own knowledge and to be a representative for young women and their views to other participants in the course.

She currently runs workshops at a parenting unit, is doing some work with Second Story and has been involved with the Young Women's Information Project - training as a Peer Educator to work with homeless young women.

She and three other young women will be camp co-ordinators at the Young Women's camp in the Southern Region later this year.

This is a good example of how well peer education works. The rapport, sharing of experiences and exchange of information at a peer level creates greater links for FPSA to their target groups, to agencies and for the peer educators themselves.

N-Touch

A core group of young people and health workers from Second Story and FPSA got together to develop a local northern youth magazine that would access over 150 young people on a consultancy network, plus other young people and youth service providers.

The magazine would feature articles which were relevant to youth culture and youth health issues.

A regular feature section on Sexual & Reproductive Health would be included in each edition of the magazine.

The management committee and various sub-committees met fortnightly, then weekly for a 10 month period to develop the magazine idea, which would be distributed to the local consultancy network of young people, local youth hang outs and service providers.

The purpose would be to inform young people of the services available to them as well as to educate youth on health matters. Local youth events would be promoted. Services could advertise for a fee/donation to the magazine.

The magazine title 'N-Touch' developed it's own logo using computer graphics.

N-Touch developed a home page on the Internet.

The management committee developed a foundation for how health workers and young people can come together in partnership to deliver health education in a creative and youth orientated way.

Strategies for equal decision making at all levels of the magazine were developed.

Young people developed their skills and knowledge and were offered specific training to equip them in their endeavors eg workshops on writing funding applications, input on magazine editing and article writing, and how to conduct an interview. They showed an increase in self-esteem and communication skills as well as general social skills.

The group became a forum to talk about youth issues.

What worked well?

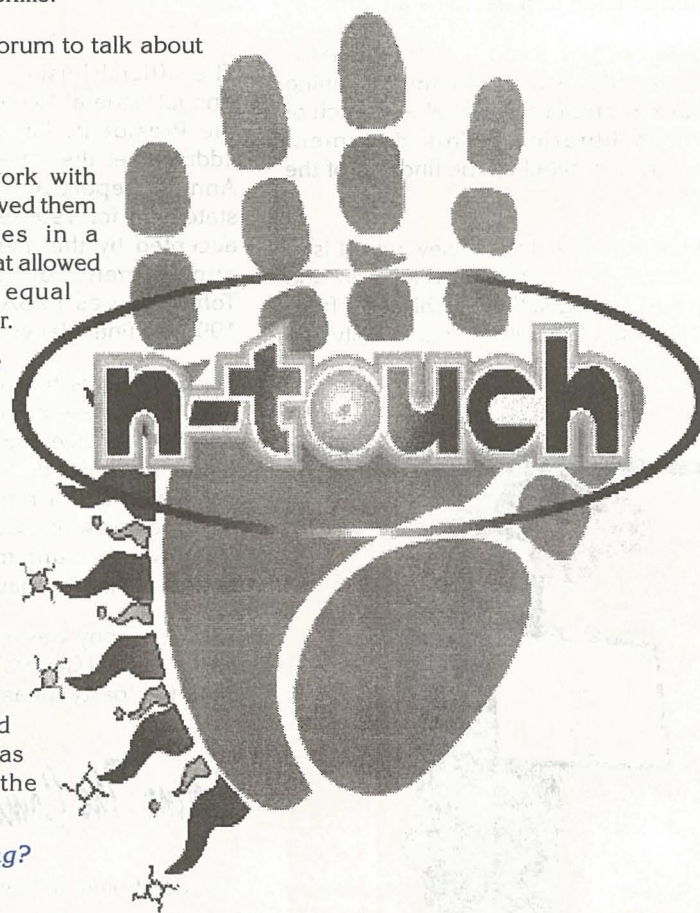
Developing a framework with young people that allowed them to voice their issues in a meaningful way and that allowed them to have more equal decision making power.

What were the challenges?

We weren't able to secure enough funds to publish a first edition. The ongoing recruitment of young people prepared to commit to a lengthy project -vs- being flexible enough to accommodate young people's lifestyles and other commitments was a real challenge to the magazine.

What was the learning?

The first phase produced a framework or model for working in partnership with young people for a youth magazine. It has paved a way of working that involves specific youth partnership principles, that challenges professionals and health organizations and that promotes health to young people utilizing the existing youth culture.



There was a young man named Ted
 Who took anyone to bed
 Until one day, an itch occurred
 And in his head a voice was heard
 If you're not safe just once it can spread

The type of underwear a man wears can affect his sperm count.
 (True).

Peer Education in the West

In mid 1995, a Multicultural Communities Council worker and an FPSA worker, began to discuss ways in which they might work together with young people in the Western suburbs.

The result, after much planning and negotiation, was a pilot project to train a group of thirteen Year 11 and 12 students to become health educators amongst their younger peers in a school setting. This was financially supported by the Multicultural Community Council which in turn was supported by the Minister for Youth Affairs.

The pilot project involved Child & Adolescent Mental Health Service, Family Planning South Australia, Migrant Health Service, Multicultural Communities Council as well as Croydon High School. This school was chosen for its high level of cultural diversity and because it already had an established peer support program in place. The Pilot Peer Education Project 'piggy-backed' on this established program.

After students had undertaken initial training in the established program in the school, they attended a 2 day camp. This provided the basis for really bonding the outside facilitators with the group and beginning to work with some gutsy community health issues. These included: Family & Cultural Conflict, Sexual Health, Sexuality, Self Defence and Diversity of Values.

This was followed by several school-based sessions which extended learning on some of the above issues.

Interspersed were opportunities for the Year 11/12 peer educators to trial their learning by leading discussions with Year 8's. This process continued until mid June 1996.

The students who were trained gained significantly from the experience and have had the opportunity to develop leadership in their multicultural school environment.

A significant concern for a number of the peer educators was the lack of self-esteem which was evident in many of the Year 8's they worked with. They understand through very recent experience, that low self-esteem has a major impact on the ability of a young person to make the most of the opportunities available to them at this age and to deal effectively with the issues raised by the program. This proved to be a barrier to learning for some Year 8's during the project.

This pilot program has been evaluated and the report is now available. It is possible that the partnership project with Croydon High will continue again next year, however, additional funding support from the Multicultural Community Council is unlikely to be available.



Peer Educators Ready To Go

BACK TO BIRDWOOD

The Northern Team went "Back to Birdwood" last December to co facilitate another Peer Education program with Women's Health Service, Adelaide Hills and Southern Fleurieu. Sixteen year 10 students from Birdwood High School volunteered for the training and most of them had recently been trained to be Peer Support leaders for year 8 students.

Once again we had the use of the local community house for the training and were able to get some delicious lunches from the canteen. Casual clothes were the order for the two days!

Over the two days the students were involved in group discussions, role play, problem solving activities and watched videos to discuss the many issues of sexuality that young people face. Issues covered included values, human reproduction, relationships, contraception, unplanned pregnancy and STD's plus lots, lots more!

At the start of 1996 the Peer Educators regrouped and with the support of the Health teacher and workers from both agencies, they started to establish a health room where students could access health information with no questions asked! So that they could be identified as Peer Health Educators, arrangements were made to have their photos taken and placed in a strategic position within the school

campus. Doing the rounds of all the year 8 and 9 classes and explaining their role was another strategy they used to spread the word. In May at the school Open Day, they had a display explaining their role of Peer Health Educators.

We have found this work to be very beneficial for this 'near' rural community and know that the information is spread far and wide via the school bus, sports teams, and other opportunities when young people get together.

Some of the comments from the Peer Educators about the training were:

"I feel a lot more educated now after completing this 2 day course"

"This course has helped me have a wider perspective on the issues. It was great!"

"Enjoyed this course very much, something useful for me especially so I can make better decisions for myself and to help others"

"This course has been fun as well as useful - I think because everyone was friendly and relaxed"

The best comment was "The group leaders were very modern and with it"

With comments like this we just have to go back for another visit to Birdwood sometime.



A Training Program for Peer Educators.

Word Is Out!

This Resource Booklet is designed to assist the growing number of youth workers and community development workers who are turning to peer education methods in an effort to have a direct and positive impact on the health of their communities of interest.

It has also been written for the benefit of funding providers who are increasingly being faced with applications for grants to support peer education programs.

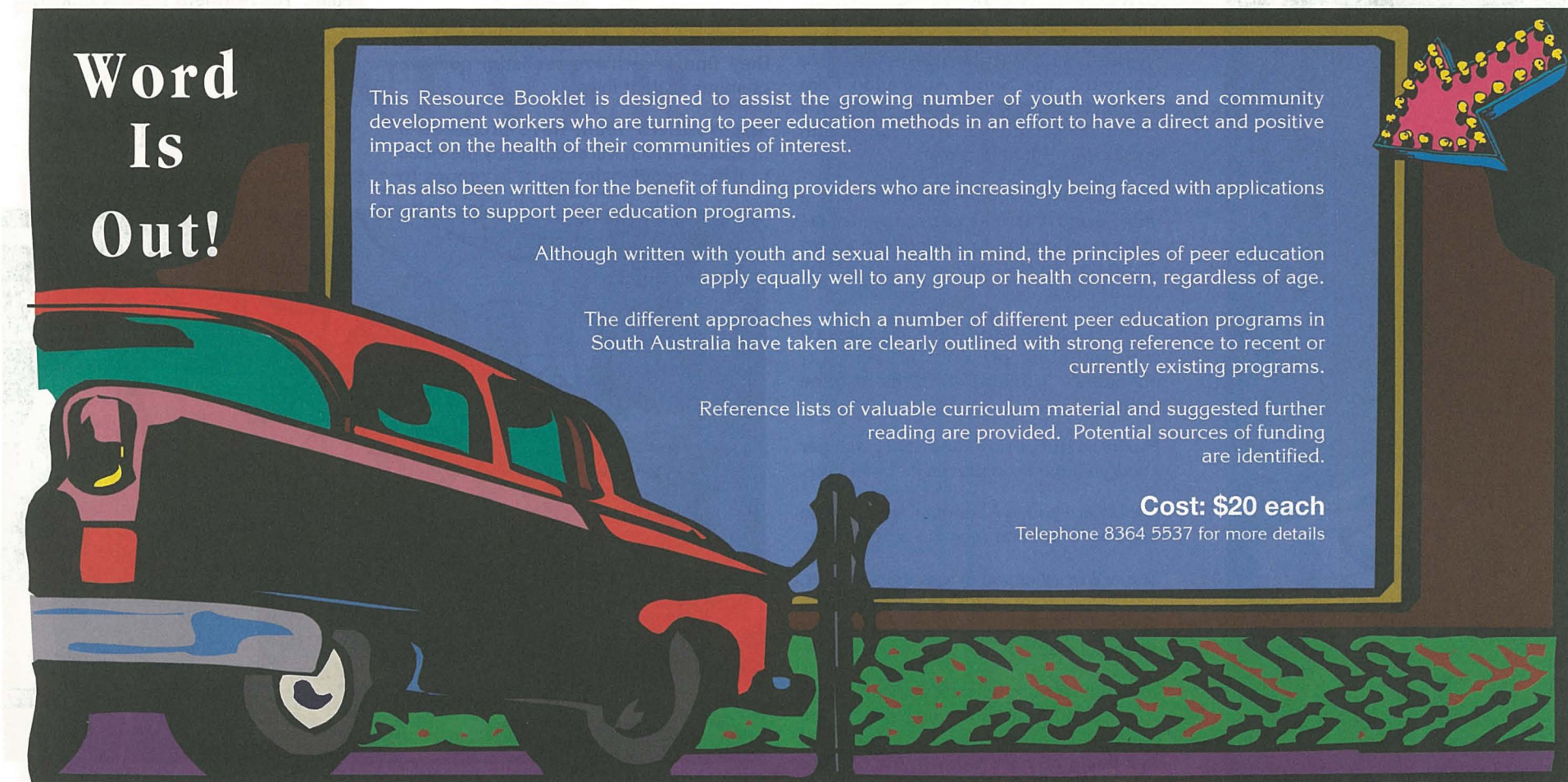
Although written with youth and sexual health in mind, the principles of peer education apply equally well to any group or health concern, regardless of age.

The different approaches which a number of different peer education programs in South Australia have taken are clearly outlined with strong reference to recent or currently existing programs.

Reference lists of valuable curriculum material and suggested further reading are provided. Potential sources of funding are identified.

Cost: \$20 each

Telephone 8364 5537 for more details





To provide services to those people in the community who have most need and least choice.



Youth Outreach at Enfield

A sexual health outreach service operates on Wednesday afternoons from Enfield Youth Service. Young people can access an FPSA nurse between 3.00 - 5.00 pm on a drop-in basis. Free condoms and lube are available. Pregnancy testing, sexual health information and counselling are also provided.

The service targets young people under 25 years of age and workers with youth in the Enfield area. As Enfield Youth Service is within walking distance of the new Enfield FPSA clinic service, young people are now able to have easier and quicker access to a doctor. These two services will work together to overcome the barriers that young people sometimes have in accessing sexual health education and treatment.

Young Women's Information Project

A Steering Committee for a Young Women's Information Project was established in September 1995. Ilektra Zabarias from Streetline, Heather Woods from Second Story and FPSA workers ran focus groups with homeless young women in various regions and got their ideas for the project - what would interest them - considering cervix screening? What types of resources? From these results we employed 13 young women who had been "homeless" but were able to commit to a longer term project than those in the focus group.

These women came away on a weekend training "Getting To Know You Camp". One woman has left the project and there are now 12 young women. Additional training sessions are now being run by FPSA. The group is working with Mystery Carnage, an artist, to develop appropriate resources about safer sex/

Information Service for Young People Under 25!

Enfield Youth Service 31 Markham Avenue Enfield Tel: 8269 5467 When: Wednesday afternoons Appointment necessary except between drop-in times at 3.00 - 5.00 pm	Taperoo Youth Centre 403 Victoria Road Taperoo Tel: 8248 5117 When: Friday afternoons Appointment necessary except between drop-in times at 3.00 - 5.00 pm
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Answers to questions, Pregnancy Tests and Free Condoms!



cervix screening for other young women who are homeless.

The next stage will be the development of resources, distribution and peer education work by the young women. The project is grateful for financial support from the SA Cervix Screening Program, Living Health

The Beginning: Participants at a "Getting to Know You Camp"

and Family and Community Services.

Inside Out

In 1995/96, FPSA's Northern Team worked with Vitalstatistix Theatre Company, the South Australian Film Corporation and Adelaide Women's Prison to produce a video on health issues for women in prison.

"Inside Out" is finally finished - it is a video using drama as well as voice overs from ex-offenders to explore the issues about how to stay well while doing time and beyond.

Inside Out is based on extensive research with inmates, prison staff and ex-offenders. It follows the lives of three women:

Maxine is HIV positive and angry that her children have been placed in foster care.

Debbie is a young Aboriginal woman who expects a fine and receives a sentence.

Zoe will be released in less than a week. She is giving up drugs and dreams of a new life. On the outside, things are not as she plans.

Ex-offenders also tell their stories through voice over. The video focuses on the physical, emotional, mental and spiritual well being of these women, the barriers

to change, and the strength and courage they find to achieve realistic, positive changes to their lives.

The Northern Team have produced a handbook which will accompany the video to assist people who use it in groups to

facilitate discussions. The video will hopefully be used in prisons across Australia, with inmates and officers, to highlight and improve women's health. The Northern Team is looking forward to doing more collaborative work with women in prisons.

Sneak Preview of "Inside Out"





Group Activities at the "Getting To Know You" Camp

Give Young People A Go

Young, unemployed people must surely meet our "most need and least choice" criteria. With this in mind a young woman has been employed in the Janet Browning Library, under the JOBSKILLS scheme, since February this year. The purpose of this position is to provide training and experience in general library duties, particularly in the areas of collection maintenance, information circulation, library client assistance, membership registration and general user services.

The young woman chosen had no previous library experience, in fact she had never been employed. With this in mind, a training program was written specifically to match her needs with the requirements of the position. Naturally there was an expectation that, after some initial training, designated library tasks could be undertaken with a minimum of supervision.

The training proved to be so successful that after the first few weeks, the initial plan was expanded to include word processing and switchboard/front reception work. This too has been successful and it has been a great pleasure to watch this quiet young woman grow in self-confidence and competence.

The benefits for FPSA are measurable, in that as a direct result of the extra pair of hands, the volume of work undertaken by the library has increased markedly. This translates into improved and increased client services.

The only negative note about this project is the very large number of young people for whom there are no jobs or placements available. FPSA is happy to be able to offer some small assistance to at least one young person with most need and least choice.

BAD SEX or Rape?

Family Planning Sexual Counsellors are increasingly seeing more women who are expressing confusion over the following issues:

- The social meaning of sex and sexuality has traditionally been defined by men. This has had enormous consequences for women's experience of sex and their own sexuality.
- Acquaintance/Date rape and sexual coercion are some of the major sexual issues facing women today. Many men and women are confused about what these terms mean.

Acquaintance and Date Rape is any forced/threatened sexual contact that is not wanted by a person who is known to the victim. This may be a father, step-father, boyfriend, friend, brother, cousin, uncle, neighbour, friend of the family, date, spouse, defacto etc.

Sexual Coercion - may not involve explicit use of threat or force but usually the victim feels intimidated into compliance by, physical size, strength or persistent verbal pressure.

Society tends to follow patriarchal traditions of blaming women for sexual assault so it is no wonder that this crime often goes unreported. Women are often confused by the strengths of the myths about rape and may blame themselves for not being able to stop the assault or because they were intimidated into compliance.

Large numbers of women have experienced sexual coercion and may rationalize this as an experience of bad sex rather than sexual assault. Society tends to blame women when there is not enough evidence of force or physical injury. Male dominated courts of law have tended to be sceptical of women's experiences of intimidation and threat.

Sexual coercion is an act of aggression, not a bad sexual experience and intimidated compliance is not consensual sex.

If you are experiencing some concerns about the above issues then you can contact a Sexual Health Counsellor at Kensington, Woodcroft or Munno Para.

When women say no - they mean no.

Sexual Health Counselling

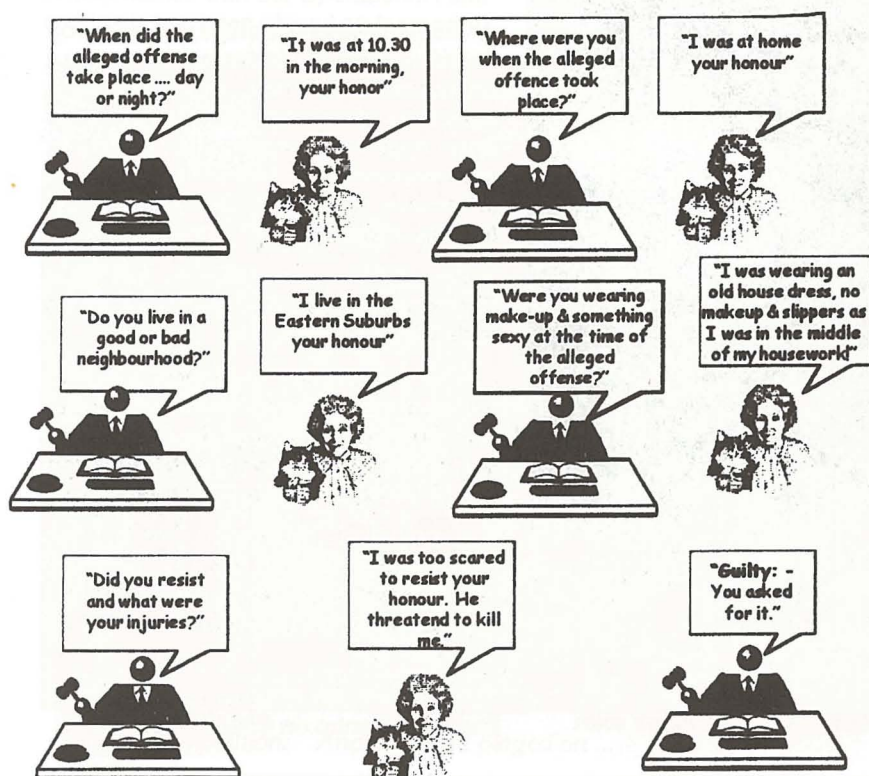
FPSA has Sexual Health Counsellors in each of the PHC Teams. You may want to talk about sexual difficulties, sexual assault/abuse, living with HIV/AIDS, making choices about parenthood, unplanned pregnancy, sexual identity, post abortion counselling or other concerns related to your sexual health or sexual relationships. You can make an appointment in each of the PHC Teams:

North	8254 8200
South	8325 8164
East/West	8364 5033

Sexual Trivia

Autoerotic means loving your car.
(False)

Rape is NEVER the Victim's Fault.



Clinics

Southern

Primary Health Care Team

Flinders Medical Centre

Monday	6.15 pm - 8.30 pm
Tuesday	6.45 pm - 8.45 pm
Thursday	6.45 pm - 8.45 pm

For appointments ring:
(08) 8325 8164

Noarlunga - Noarlunga Health Village

Monday	2.00 pm - 5.15 pm
Tuesday	1.00 pm - 5.00 pm
Wednesday	1.00 pm - 5.00 pm
Thursday	3.30 pm - 7.00 pm

For appointments ring:
(08) 8384 9258

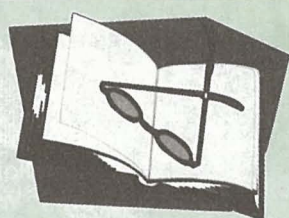
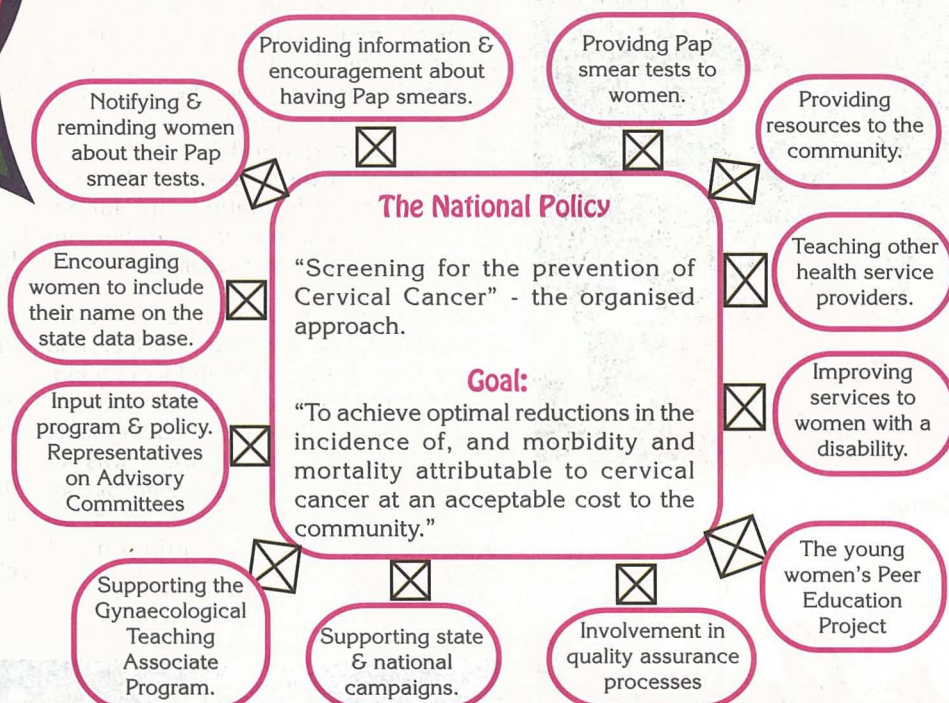


To direct FPSA resources to the provision of primary health care services.



Prevention of Cancer of the Cervix in Women

Family Planning South Australia's Contribution



Library Services

The Janet Browning Library offers an extensive collection of items on sexual health care.

Anyone can become a library member by completing a registration form. Membership is free.

A comprehensive range of books, journals, reports, research articles and leaflets are available on:

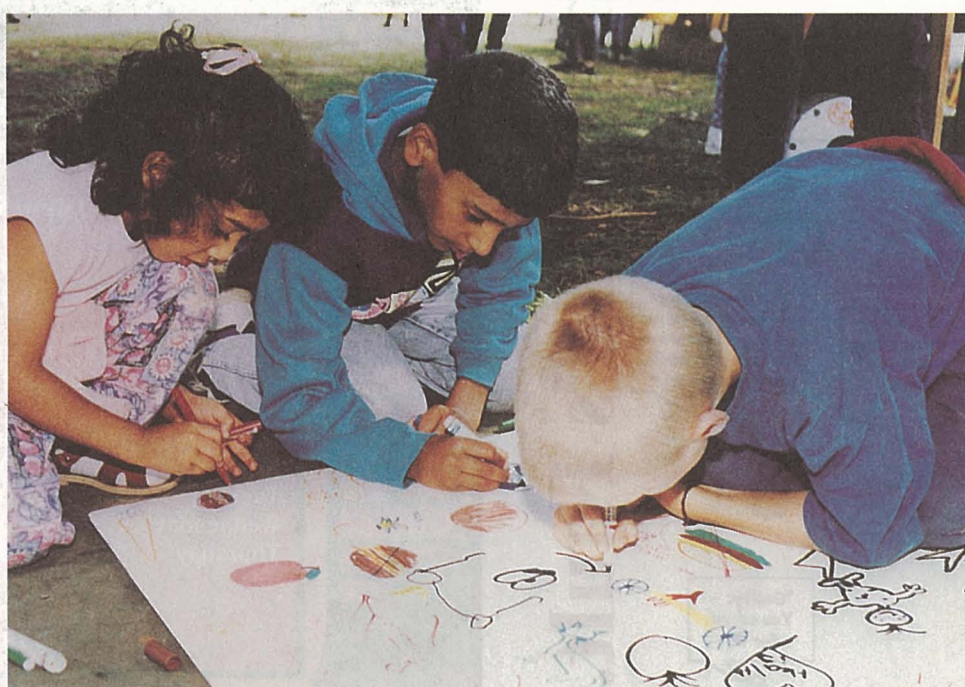
Contraception, Unplanned Pregnancy, Adolescence, Women's Health, Safe Sex, Infertility, Sexuality, Sexually Transmitted Diseases, Sex Education, Parenting, Human Reproduction, Foetal Development & Birth

Personal assistance is available to students and health, education & welfare professionals undertaking specific study courses, by making an appointment with the Library Services Coordinator.

Library Hours:

Weekdays, 8.30am to 4.30 pm

For further information contact the Library Services Coordinator on 8364 5537 or 008 188 171 Country Callers



FPSA provides teaching resources to be used by Teachers and Workers with children and young people.

RESOURCE CENTRE

Family Planning South Australia's Resource Centre offers a wide selection of video tapes and teaching resources available for use by organisations and individuals running health information and education programs.

There is a small annual fee involved and all borrowers are required to sign a Membership Agreement prior to bookings being accepted.

We work closely with the Department of Education & Community Services as well as a variety of other agencies in order to keep our selection of resources up to date.

Topics covered are:

- Sex Education for Young Children
- Foetal Development
- Disability
- Safer Sex
- HIV/AIDS
- Homosexuality
- Women's Health
- Aboriginal Health
- Adolescent Development
- Birth
- Contraception
- Sexually Transmitted Diseases
- Relationships
- Men's Health
- Professional Training

Here are just a few of the range of video resources available:

I am Sam, Sam I am

Through a series of interviews this documentary explores what it means to be a man in the age of change in the 90's. The interviewees are aged between 18 and 30 and discuss their attitudes and beliefs about masculinity.

Toward Intimacy

In this video, four disabled women from across Canada share their personal experiences and raise important issues including sexuality, self-esteem, stereotyping and parenting. It is their opportunity to say, "This is the way it is and not the way you think it is".

Don't Leave Your Undies Without One!

A drama exploring adolescent attitudes to relationships, trust, intimacy and safe sex practices. It encourages adolescents to take responsibility for their actions and to look at ways they communicate both individually and within a group.

If You Want To Dance ...

A drama about a teenage girl and boy faced with the consequences of an unplanned pregnancy. One of the main objectives of this program is to impress upon boys that pregnancy is not just a girl's responsibility. Designed for use with all groups concerned about family life, teenage sexuality and pregnancy.

In the year to June 1996, the Resource Centre processed 3,368 loans for the 190 registered members.

FPSA's wide range of leaflets are also accessible through the Resource Centre. They provide information on various sexual and reproductive health issues and over 64,000 were distributed for the year.

Current titles include all methods of contraception: pregnancy issues; safe sex; and sexually transmitted diseases. Further titles are planned for release in the near future.

For more information, contact the Resource Centre on 8364 5536.

Library Services

The Janet Browning Library has continued to redefine its services in the past year and a more streamlined, personal service is now offered to participants in our professional education courses.

The usual demand for research and/or project information from school and tertiary students does not seem to have diminished, although these services are now available at both our Northern and Southern Primary Health Care libraries. There were 4262 information requests serviced by the Janet Browning library in the last financial year.

In February a Library Assistant position was offered to a young woman under the JOBSKILLS scheme. This has been a very successful placement as it has enabled several other projects to be undertaken in the library.

One of these concerned a trial process for the review and development of all of FPSA's leaflets. This was, in fact, part of a much larger project which reviewed all written material which is given to FPSA clients.

The development of the leaflet process was, of necessity, slow and painstaking. The final outcome however, means we have a system which ensures current, accurate information and is of a standard literacy level. There is also a major cost saving benefit as the new system is designed to allow for closer monitoring of stocks held, and all our leaflets are now printed in-house.

After a long wait, a user access terminal has been installed in the library. An upgrade of the library software to DB/TextWorks is currently in progress. This will provide catalogue access for library patrons.

Access to the HEAPS (Health Education & Promotion System) data base is also available from this point.

Interaction with the Primary Health Care teams has continued according to their individual needs, and the cataloguing, processing and data entry for the East/West Primary Health Care team library is finally complete.

Interwoven with these "extra curricular" activities, normal library services continued. There were just on 2000 loans processed for approximately 1100 borrowers, and 218 individuals made appointments with the librarian to undertake research on specific topics.

In accordance with our Operational Plan, emphasis has been placed on increasing

COMMUNITIES AND HEALTH FESTIVAL

In March 1996 FPSA took part in a festival of health, aimed at celebrating:

- diversity of our communities,
- creativity and strength of agencies working in partnership with community members.
- ways of promoting and fostering community well being.

It was a showcase of health and arts community work, showing the positive outcomes of preventive, primary health care approaches.

This was a collaborative venture between primary health care groups, under the banner of the South Australian Community Health Association.

FPSA played a major role in organizing the event along with CHASP, Inner Southern Community Health Service and Noarlunga Community Health Service.



our holdings in those areas specifically targeted in the Strategic Directions document. With this in mind, over 500 new books have been catalogued for inclusion in the collections of all the libraries i.e the Primary Health Care team libraries and the Janet Browning Library.

Assistance has again been provided for other small specialist libraries, when requests have been made for help with collection development and systems advice.

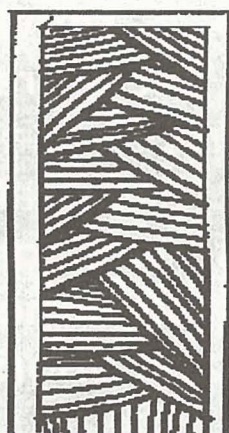
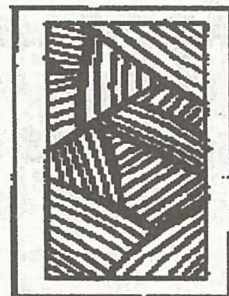
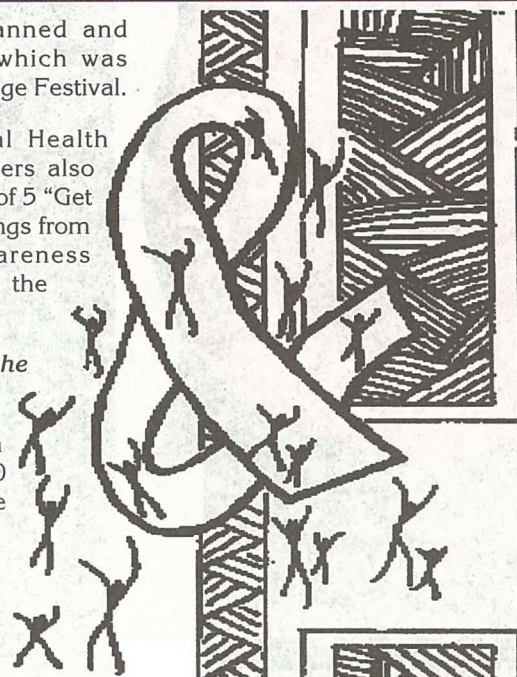
Planning is already underway for new initiatives which will be introduced in the coming year. These plans are being designed to improve library services for all our library users.

A small work group planned and coordinated the event, which was registered as part of the Fringe Festival.

We had an FPSA Sexual Health Promotion stall, and workers also supported the participation of 5 "Get Real" bands, performing songs from the STD's/HIV/AIDS Awareness competition held earlier in the year.

We achieved at the end of the project:

- Community participation in health! (Over 600 people participated on the day)
- Promotion of the and health.
- Good sharing of community development strategies between workers.
- Demonstration of Primary Health Care in action.
- Promotion of FPSA services (we provide a whole lot more than clinics).



FPSA Superstar Organiser

Resource Centre

A selection of videos and teaching resources are available for loan to organisations and individuals delivering health information and education programs.

All borrowers are required to sign a Membership Agreement prior to bookings being accepted. There is an Annual Membership Fee payable which gives unlimited access to all videos and teaching resources as listed in the catalogues. A small range of resources are for sale.

Consultations and previews are by appointment only. Previews can be arranged free of charge. The Resource Centre is open for bookings and consultations as follows...

Monday, Tuesday, Thursday, Friday
9.00 am - 3.00 pm

On Wednesdays orders and bookings can be **FAXED** through on 8364 2389 as the Resource Centre Coordinator is unavailable. Collection and returns can be made during clinic hours as follows:

Monday and Thursday
8.30 am - 7.00 pm

Tuesday, Wednesday & Friday
8.30 am - 5.00 pm



For further information contact the
Resource Centre Coordinator
on 8364 5536 or 008 188 171 (country callers)



Get Real Competition: And the band played on ...



To work in partnership with Aboriginal and non-Aboriginal organisations and the Aboriginal community to plan and provide culturally appropriate and acceptable services on a basis of need and priority.



No Funding For Indigenous PHC Workers

Indigenous Primary Health Care Workers are often the Aboriginal community's link to other services in the community. Also referred to as Aboriginal Health Workers, they are the experts in providing culturally appropriate and acceptable services to their community. With this in mind and in response to the Commonwealth Review of Family Planning Organisation's and Family Planning Australia, and the Strategic Directions of Family Planning South Australia specifically, a proposal for the research, development and pilot of a Sexual Health Education Program for Indigenous Primary Health Care Workers was submitted to the Department of Human Services and Health (now Family Services and Health) in early 1996, unfortunately this was rejected.

The professional development of Aboriginal people working in health has been identified as the most significant strategy in reducing morbidity and mortality.

It is indeed reasonable to question why proposals for small grants with national application and tangible outcomes are not funded, when substantial amounts are invested into reviews with questionable outcomes and no commitment to implementation of the recommendations.

Nunga Women's Clinic

Brady Street - Drop In
28-30 Brady Street Elizabeth Downs
Tel: 8223 5011

Tuesday 2.00 pm - 4.30 pm

No Appointment Necessary

ABORIGINAL ART

Artwork by: Roulie Rankine, February 1996 for Family Planning South Australia

FPSA commissioned Aboriginal artwork which includes a painting currently displayed in the foyer of our Kensington site.

This painting depicts FPSA's inter-connectedness in:

improving the sexual health of the community;

increasing the community's access to appropriate and effective sexual health services; and

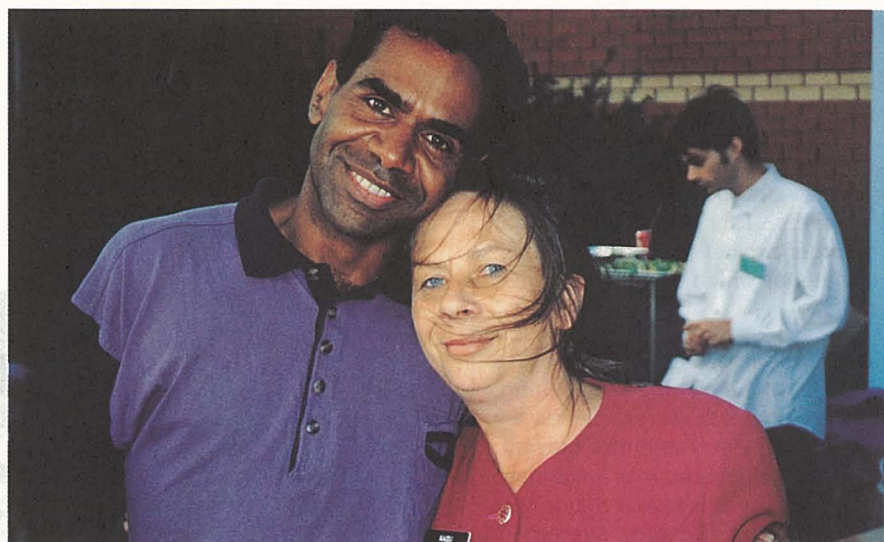
encouraging the community to be open and supportive around issues of sexuality.

The inter-locking rings represent the continuum of connections between people and is the symbol of FPSA. These inter-locking rings are connected by strong, straight lines to the community. These lines are never ending.

The background of infinite space, represents the importance of sustainable sexual health for the global community.

Aboriginal Painting

Roulie Rankine & Kaisu Vartto, CEO



Aboriginal Women's Health Forum

Family Planning South Australia's representation on this state wide forum is critical to our strategic alliances with Aboriginal communities, Aboriginal organisations and other organisations providing services for and with the Aboriginal community in South Australia.

The Forum places particular emphasis on Aboriginal women's healing and health. It has provided guidance and oversight for the Aboriginal Healing Project as well as real support and advice to Family Planning South Australia as we develop into an organisation more responsive to the needs and priorities of Aboriginal South Australians.

The Forum is like no other. At the heart of it is the awareness and general acknowledgment of historical injustice and the fire of commitment to making a real difference through personal, family and community reconciliation.

Some of the fun at the Aboriginal Women's Health Day



Brady Street

FPSA is coming to the end of the third year of providing sexual and reproductive health services for Aboriginal women at Brady Street Neighbourhood House at Elizabeth Downs.

The number of women seen at the clinic over the last twelve months has remained steady, with many clients having complex sexual health issues.

Two Aboriginal Health Workers from Nunkuwarrin Yunti assist a doctor and nurse from FPSA to staff the clinic.

The opportunity has arisen this year to employ a nurse to focus specifically in the area of Aboriginal health, and the Brady Street clinic.

We are currently planning:

- to continue providing clinical services from Brady Street, and consulting with Nunkuwarrin Yunti about the ongoing development of our role.
- to establish informal and formal links with local Aboriginal networks.
- to increase utilization of the Brady Street Neighbourhood House by other agencies. This will also hopefully increase Nunga women's awareness of the variety of services available.

ABORIGINAL WOMEN'S HEALTH DAY

Representatives from all of FPSA's Primary Health Care Teams and Support Services were involved in providing information to and networking with Aboriginal women at the Aboriginal Women's Health Day held at Nunkawarrin Yunti on 3rd November 1995. A large variety of written information was made available and a small 'counselling' area set up for anyone wanting to talk privately.

We also consulted with women from the Aboriginal communities to get ideas about what they thought about "Family Planning" as a name; whether they had any ideas about a name that would be more comfortable for people to use and how we could provide 'user friendly' services for Aboriginal people.

Many women came up to our staff to have a chat but no-one used the counselling area. It was a wonderful opportunity to



FPSA's display at the Aboriginal Women's Health Day

A quiet place for a health chat.



Stop Press

Negotiations have begun between FPSA and Nunkawarrin Yunti for a partnership program to provide a range of sexual and reproductive health services from the Wakefield Street premises.



An Introduction to Sexual & Reproductive Health Care

Post-Graduate Medical Education for Doctors

Family Planning South Australia offers the following Post-graduate Medical Course in Sexual and Reproductive Health Care.

A guide to the essentials for the survival of the new General Practitioner.

This course is designed for the new graduate entering general practice to equip them with basic skills in sexual and reproductive health care.

Course Content:

- Basic Physiology & Pharmacology
- Basic Contraception (e.g. pill prescribing and problem solving)
- STD Screening and Management
- HIV Testing
- Pap Smears
- Menopause Management
- Primary Care Gynaecology

For further information please telephone the Course Administration Worker on 8431 5177.



The use of a broad range of FPSA services by Indigenous people increased by 150% over the previous year.





To work in partnership with the non-English Speaking community and other service providers to plan and provide culturally appropriate and acceptable services on a basis of need and priority.

A Culturally Appropriate Front Desk

Instigated by the Administrative Support Worker in the Southern Primary Health Care Team, ten front line staff from FPSA recently attended a valuable in-service day at the Migrant Health Service. The day was designed to increase the skills and awareness of reception staff when providing services to people from Non English Speaking Background.

The communication gap looms even larger when there is no common language, and our "duty of care" extends to ALL our clients, regardless of ethnic or cultural differences. With this in mind, the aims of this in-service were to provide front line staff with an opportunity to:

- be more culturally aware, and sensitive to the needs of NESB clients;
- effectively use the Translating and Interpreting Service - TIS;
- increase their understanding of cultural and language differences;

- increase communication skills when providing services to NESB clients

For each of us, the opportunity to reflect on our own non-verbal communication; the way we interpret non-verbal behaviour of others; and our own communication style was an eye-opening experience.

A demonstration of how easy it is to access the Telephone Interpreting Service completed an informative and worthwhile day.

It is hoped that this collaborative venture will result in improved services to, and increased empathy with people from Non English Speaking Backgrounds. A better understanding of the barriers faced by NESB people will lead to more accessible and culturally appropriate services for NESB clients.



Buon Giorno from FPSA's Front Desk!

Arabic Women's Health Forum

In May this year, following a request from the Migrant Health Service, two members of FPSA's Nurse Education Team attended an Arabic Women's Health Forum, as guest speakers.

There were a number of speakers who addressed a broad range of women's health issues. Our nurses delivered short talks on Pap smears and breast examinations using a number of resources such as models, written information, posters etc. to support the presentation.

Although an interpreter was provided, it was difficult to communicate with those women who were unable to speak English.

This highlights the necessity for information on women's health issues to be available in the language appropriate to the user group.

Most of the women who asked questions of FPSA staff, were those who had some English skills.

Our nurses commented on how unsettling and strange it felt, to be in a group where they did not understand what was being said. However, they gained a useful insight into ways of working with women from another culture.

Multicultural Task Group

The Multicultural Task Group is a project of Noarlunga Health Services in the Southern Region. Two workers from FPSA have been involved in this group over a twelve month period to develop networks, gain relevant information regarding non-English Speaking Background sexual health needs/issues, and to direct the vision of future sexual health services within FPSA.

FPSA's role has also been to offer support

where appropriate and act as an ally to the NESB community.

The meetings occur fortnightly and are well attended by community members who inform the direction of the project.

We have learned about some of the cultural differences which need to be considered when delivering sexual health education to people from NESB such as language, religion and taboos.

The Southern Team has decided to sponsor two members of the Multicultural Task Group in the FPSA Community Educators Course to contribute to the skills development of individuals within communities in the area of sexuality and sexual health. Each fortnightly meeting of the Multicultural Task Group is a learning experience about other cultures.

Sexual Trivia

In Victorian times, prudery went so far as to cause some people to put pantaloons over the legs of Grand Pianos.
(True)

There was a young woman from the Hills
Who decided to try her friends "Pills"
But their dose wasn't the same
So a little egg came
Now there's a pregnancy to add to her ills.

NESB Women's Participation Workshop



Stop Press

FPSA received a grant from Living Health (formerly Foundation SA) for a Sexual and Reproductive Health Needs Project for Recently Arrived Women in the Humanitarian Aid Program. This project will be run during the 1996/97 financial year.



Sexuality Program For Young People With A Disability

This kit contains a comprehensive sexuality program comprising two parts. Part One deals with menstrual management and is intended for females. Part Two is a general sexuality program and is relevant for both males and females.

The kit is a result of the experience of workers in conducting sexuality education with young people with disabilities. It aims to increase knowledge and awareness of a range of sexuality issues and to develop skills associated with the expression of sexuality and maintenance of personal safety.

The text is set out in detailed session format and provides wording for explanation of difficult topics. A set of worksheets is provided with each program to assist teaching and enable demonstration of learning.

The basic themes contained in both parts of the program include:

- ♥ Self esteem and valuing difference
- ♥ Importance of feelings in relation to sexuality
- ♥ The right to feel safe
- ♥ Development of skills to keep safe

\$50 each

Telephone (08) 8364 5537
for more details



3-2-1

A lot has been happening in our work with people with disabilities. Team members have been involved in the delivery of a new, intensive model of training for workers in the disability field. The Sexuality and Disability 3.2.1 Train the Trainer Workshop consists of six days of training and requires the practical application of course learning to be completed as part of the certificate. This happens in the participant's workplace with support from FPSA workers. Therefore staff have been busy with the follow up involved in supporting participants with their workplace projects.

The Primary Health Care teams have seen an increase in the demand for educational counselling with individuals with a disability and this has been a major area of work. Consultative services have continued to be provided to disability organisations and workers on a regular basis. The amount and diversity of the work has resulted in increased skill and confidence amongst team members in working with people with disabilities around sexuality issues. This has been a very exciting and rewarding process.

We look forward to contributing further to the creation of supportive environments for people with disabilities with their sexuality and sexual health in the coming year.



To work in partnership with people with disabilities, their advocates and service providers to plan and develop services for people living with a disability.

Explaining HIV/AIDS

This book is intended for use when working with people with learning difficulties around HIV-AIDS and associated issues. The book aims to provide a basis for education and discussion in assisting people with special needs to understand more about HIV-AIDS and how to keep safe.

The text and illustrations provide clear and easy to understand information which can be moved through at the pace of the learner in a developmental manner. Included at the end of the book are notes for the worker which provide guidance and suggest significant points to discuss.

Explaining HIV-AIDS covers:

- ▲ the concept of infection
- ▲ the HIV - AIDS disease
- ▲ modes of transmission
- ▲ strategies for prevention



\$25 each

Telephone (08) 8364 5537
for more details

Disability Awareness Training

FPSA supports the right of people with a disability to access mainstream sexual health services and to have control over their own sexuality and sexual health. Providing appropriate, easily accessible services requires an understanding of the specific barriers they face and particular skills are needed to ensure this occurs. With this in mind, two Disability Awareness Training workshops were designed for FPSA staff, and implemented in May this year, with financial assistance from the Disability Services Office.

Both two day workshops were facilitated by an external consultant, who was chosen for her expertise in disability work and in sexual and reproductive health.

Overall, staff were exposed to a variety of issues affecting them as workers and affecting people with disabilities and their carers. Participants had the opportunity to reflect, on their practice and to undertake awareness raising exercises.

This has been just one strategy in ensuring that FPSA services are appropriately and positively oriented towards the special needs of people with a disability. We will continue to increase our awareness in this area.



A Family Approach to Protective Behaviours: for children with Special Needs.

The package was developed as an inter-agency project by Child, Adolescent & Family Health Services, Family Planning South Australia and Intellectual Disabilities Services Council.

The Package is unique in that it is aimed at the parents of children with an intellectual disability and passes on resources and information which parents and the extended family can use to teach their children Protective Behaviours.

Feedback from parents who have participated in workshops indicate that the package is also useful in teaching Protective Behaviours to other siblings. These siblings are then able to reinforce the Protective Behaviours principle for the child with a disability.

The workshops have been fully evaluated and benefits include the fact that parents can use their knowledge of their child's level of understanding when teaching about Protective Behaviours.

Sections of the package can be repeated at home until learned before presenting the next aspect of the course. This self-paced learning is supported by the large number of resource handouts and strategies which are an integral part of this package.

\$25 each

Telephone 8364 5537
for more details

Stop Press

In 1994 FPSA purchased a special bed for people with disabilities & installed it in the Kensington site.

In 1996 the South Australian Cervical Screening Program provided funding for FPSA to purchase similar examination beds for the Northern and Southern regions.





To support rural and remote communities in advocating for sexual health services.



Women's Business in Ceduna

FPSA staff continue to go to Ceduna to provide the women of the region with sexual and reproductive health services. This is now a private arrangement between the staff, a doctor from the Port Adelaide Community Health Service, a nurse from Family Planning South Australia, and Ceduna/Koonibba Aboriginal Health Service. The project is currently funded under the Cervical Screening Campaign.

Since December 1995, the number of visits per year has increased to four, to try to decrease the work load on staff while they are in Ceduna, and to endeavour to provide a better overall service to the Ceduna community. It is hoped that the shorter actual clinic hours per trip will enable more community and professional education to occur around the issues of sexual and reproductive health, and other related issues that impact on their rural community.

One of the pleasing aspects of these visits is that the Aboriginal women of the Ceduna area are now starting to use the service in increased numbers - between 50 - 52% for both the 1996 visits. Also, as well as clients, other professionals in the area are seeking us out for consultations to do with sexual and reproductive health, as well as for help with education around these issues.

Without the continued support and encouragement of Family Planning South Australia and the Port Adelaide Community Health Service the people of Ceduna and district would not have access to the same sexual and reproductive health service as those of us who live in the metropolitan area.



Worker training in practical solution focused strategies, values clarification and the fostering of a multi-disciplinary approach was seen as essential.

Young people require education and motivation to maintain their health and special emphasis is suggested for young men's issues.

"Rural Rainbows and Remote Dreams" is of a more local nature and was the result of rural consultation with young people and people working with young people in South Australia. The objectives of the study were, to identify key health issues for young people living in rural areas, to highlight key issues for the development of a state wide service, to foster the development of strategies for consideration in the planning of a state-wide service and to explore ways young people can participate in the development of services.

The major findings of the report were, that young people living in rural areas are disadvantaged when it comes to accessing health information and services and this is further compounded for some more marginalised groups.

While there are some highly committed service providers, there is a major need for youth specific services. The planning and delivery of services will need to be intersectoral, coordinated and collaborative.

Young people's health has not always been a priority and attention will need to be given to making young people's health a high priority. The need for greater resourcing of workers will be necessary to allow for the additional costs incurred when working in the country ie travel time

Country Cousin's Cause for Concern

In the past year there have been three reports published which give us an indication of the current situation for young people in rural Australia. While these reports are all of a slightly different perspective they are all relevant to the sexual and reproductive health and well being of country South Australian young people.

The reports I refer to are "The Rural Mural" (Lyn Hillier, Deborah Warr and Ben Haste), "A Bird in the Ute is Worth Two in the Bush" (Anne Sommerville), and "Rural Rainbows or Remote Dreams" (Pip Messent).

"The Rural Mural" sexuality and diversity in rural youth was researched and written with the aim of gathering baseline information on sexual knowledge, attitudes and behaviours of rural young people with particular attention to barriers to safer sexual practices.

This report outlines research carried out in a number of small rural communities in Queensland, Victoria and Tasmania and identified that 28% of the young people surveyed were sexually active under the age of 16 and that many more have engaged in sexual touching.

They indicated that access to sexual health services was a major concern and this was compounded by the privacy and confidentiality issues experienced in small communities. Young people who are non heterosexual or confused about their

sexual orientation were intimidated by community attitudes, 11% of the young people surveyed indicated these concerns.

While HIV knowledge was high, knowledge of other more prevalent STD's was lacking and there was confusion over safe sex practices. Difficulty and discomfort over access to condoms combined with a feeling of invulnerability were quite common.

Mothers were the most common source of information, and a desire was expressed for more sexuality education in schools.

"A Bird In the Ute is Worth Two in the Bush" is a study of culture affecting rural young people in North Western Victoria. This report draws many conclusions. Rural communities have very definite cultures and these are maintained from within generally closed communities. While young people benefit from these cultures they can also be a disadvantage.

Transport is identified as a major issue both in a social sense and in an access to services sense. Services need to be multi-disciplinary and confidential. Strategies should be developed to enhance young people's access to mainstream services and the use of technology such as the Internet explored.

Young people's meeting places such as sporting and social event's could be potential sites for prevention education.

Continued on page 13

Continued from page 12

and phone charges.

Confidentiality, lack of transport, difficulty accessing services and the lack of choice were also listed as major barriers.

There are common threads through all of these reports which may give those charged with the provision of health services for rural South Australian young people an opportunity to make an impact when planning future services.

There are some positive opportunities to maximise the effort including, the Divisions of General Practice, the Regional Health Boards and the Child and Youth Health proposed youth health services to rural South Australia.

As an agency with Young People as a major focus, Family Planning South Australia has an opportunity to work collaboratively in the development of appropriate services to meet the needs of our rural young people.



Aboriginal Health Workers from Ceduna

RURAL NURSE SUPPORT

On site peer support visits were provided to nurse practitioners at Minlaton, Laura and Murray Mallee by FPSA nurses from East/West and Northern regional teams during November/December 1995 funded by the SA Cervix Screening Program.

These visits enabled rural nurses to update their knowledge of any changes to procedures and protocols, skills development, assessment of clinical practice and relevant readings.

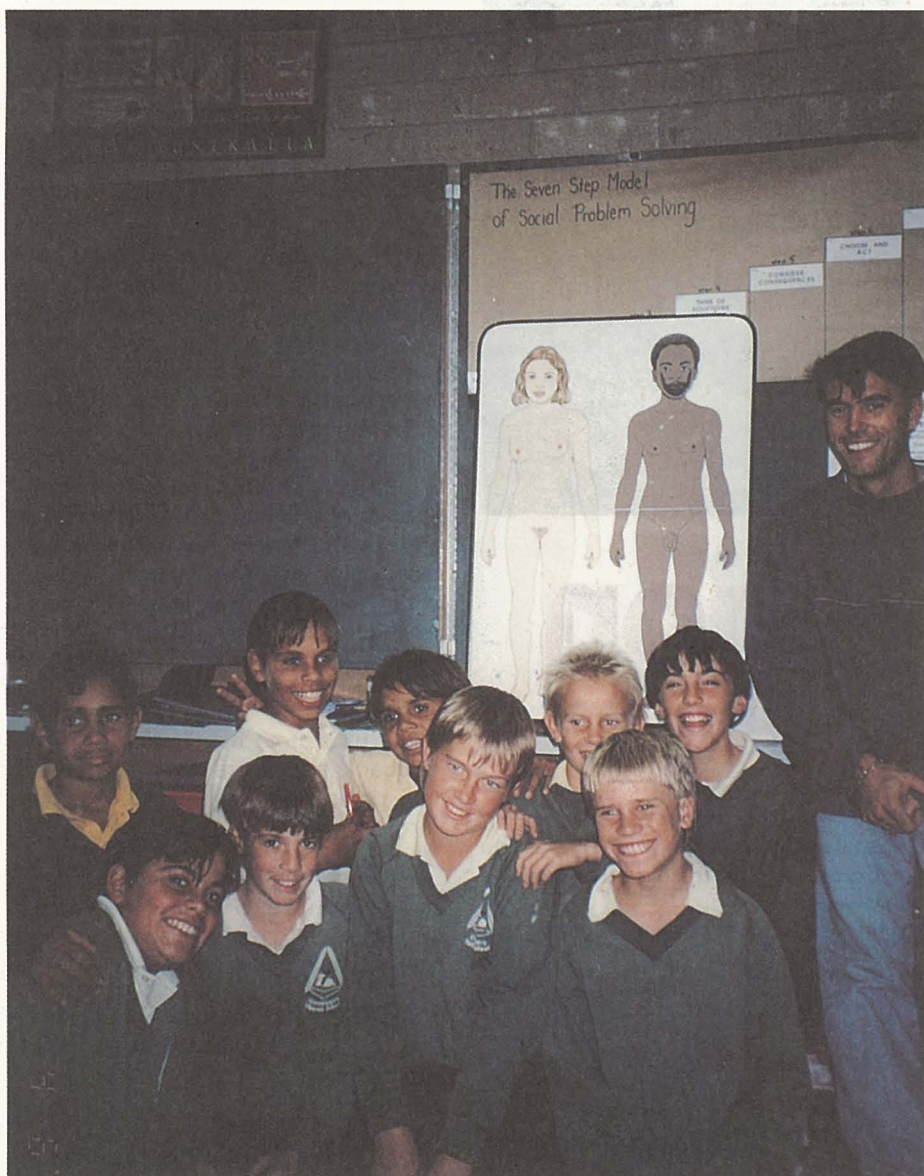
FPSA nurses, in turn, were able to develop an understanding of rural health issues. Domestic violence and incest issues were noted as an addition to the sexual health needs of a number of clients seen during these visits.

What does this mean for FPSA clients?

In response to discussion of the issues, the Management Team has now convened a working party to begin the process of developing a policy on Domestic Violence for Family Planning South Australia.

A follow up meeting with Country Women's Health Nurses, FPSA nurses and the State Coordinator of the National Women's Health Program, held in February highlighted the need for FPSA to continue ongoing professional peer support for Country Women's Health Nurses.

Sexual Health Education goes to Ceduna



Sexual Health Hotline



(08) 8364 0444

or

008 188 171

Country Callers (Free Call)

A confidential free phone-in service providing information and referral on all areas of contraception, relationships, sexuality and sexual and reproductive health.

The service is run by family planning nurses and operates:

Monday to Friday

9.00 am to 5.00 pm

Sexual Trivia

Young people get approximately three-quarters of their sex education from their peers. (True)

WOMEN

Take charge of your personal health.

Are you over 18 years of age?

Have you ever had sex?

Is it more than two years since you had a Pap smear?

If you answered YES to all three questions its time you had a Pap smear.





To increase the capacity of workers in the community to provide services to their clients in the area of sexual health.



RED LIGHT RADIO

Consorting on the Airwaves

On Monday evenings at 10pm, Red Light Radio broadcast 13 one-hour radio programs created by and for sex workers. These programs used music, live discussion, interviews, humour, drama and phone-ins from listeners to provide information about sexual health, sexual behaviour and sexual politics. Red Light Radio aired on Community Radio 5UV from the 8th of December 1995 through to 5th March 1996.

Sponsorship was received from a number of sources eg AIDS Council of South Australia, Australian Federation of AIDS Organisations, Family Planning South Australia, Sex Reform Association and South Australian Health Commission AIDS Unit.

Personnel

A core collective of six prostitutes determined and presented the content on a weekly basis. Ten other sex workers participated from time-to-time, and one professional radio producer engineered Red Light Radio every week.

Topics Discussed

Topics included safe sex techniques (a weekly feature with Dr Trustia Lust, MD), the spectrum of sex work, prostate massage, anal techniques, stress, myths and legends, facts and fantasy, the decriminalisation of prostitution, bondage & discipline, S&M, fantasy work, living off the earnings, disclosure, clients, sex work

as performance, worker's rights and unionising.

Outcomes - Public Awareness

The people at Radio 5UV and the University of Adelaide were impressed with the cordiality, punctuality, originality, professionalism and good humour of the Red Light Radio personnel. Listeners wrote to us, phoned us (on and off air), and clients told their favourite hookers about it - often. Many people asked for Red Light Radio to be continued. Three people who did NOT tune in wrote to have it taken off the air. Red Light Radio created a relaxed atmosphere about sexuality for all who heard it.

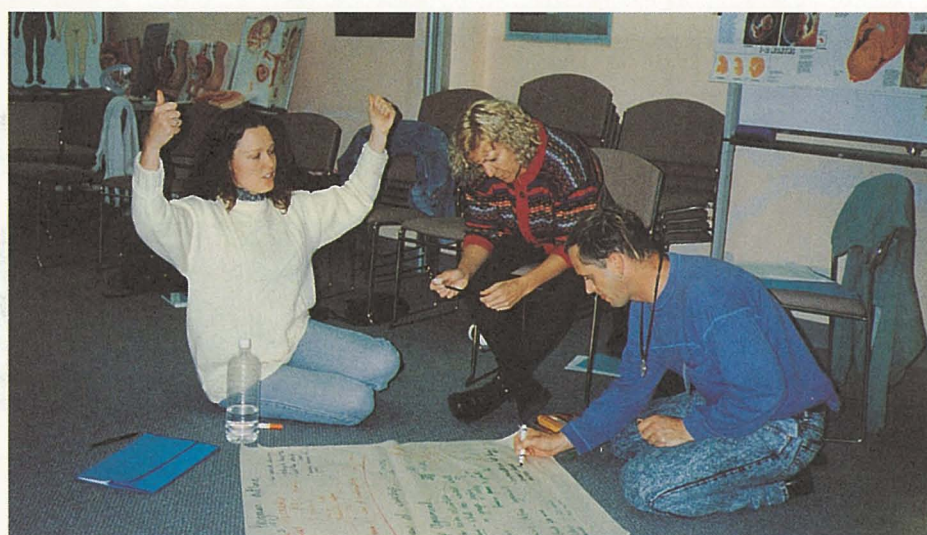
Red Light Radio to be continued. Three people who did NOT tune in wrote to have it taken off the air. Red Light Radio created a relaxed atmosphere about sexuality for all who heard it.

5UV is nominating Red Light Radio for a National Community Radio Association Award. Radio Station 2SRE in Sydney has requested copies of the show, as have other community stations who receive on the Comradstat satellite. Four

tapes will be produced of the "best of" Red Light Radio, both for re-broadcast and for sale to libraries, schools and individuals.

Family Planning was mentioned at least twice on each program and we have anecdotal evidence that SA prostitutes have been using the services of Family Planning more than before. The Red Light Radio Collective thanks Family Planning SA for their enthusiastic support of the project.

A Workshop in Progress



Observation of Clinics

FPSC has collaborated with the Department of Obstetrics and Gynaecology at Flinders Medical Centre to provide opportunities for 5th Year Medical Students to increase their sexual and reproductive health knowledge.

FPSC staff have facilitated education programs for the students as well as organising observation of client consultations in the clinical setting at Flinders Medical Centre and Noarlunga sites.

The students were surprised at the variety of sexual health issues to be dealt with and all commented that the experience was a valuable one.

Sexual Trivia

The capacity for erection in males begins at puberty. (False. It begins prior to birth.)

New Kid on the block

- Community Education Coordinator

Since moving into the position of Community Education Coordinator in early May 1996 I have been busy familiarising myself with the demands of the position and in preparing for the forthcoming Community Education in Sexuality courses to be held in each region. This includes a role in the facilitation of courses.

I see my work over the coming year as building upon and consolidating the work done in 1995, thereby strengthening the regionalisation of professional education within FPSA and maintaining a purposeful role on the relevant external committees related to our work in schools.

My vision for the coming year includes the development of a practical component within the Community Education in Sexuality Course which will provide participants with the opportunity to apply course learning in their workplace. It will also be a priority to develop a pro-active and planned approach to the provision of training in rural areas.

As part of the work in supporting community education staff I plan to develop an opportunity for them to meet regularly throughout the year to share and reflect on practice and to explore new strategies and methodologies.

This position draws and depends upon the vast experience and expertise of FPSA staff across the organisation and I value the opportunity to work collaboratively with others. I look forward, in the coming year, to providing support for education staff to implement our professional education programs and to ensure our education work is on track in meeting FPSA Strategic Directions.

Nurse Education in the regions

As the organisation regionalised, so did nursing education. Effective nurse education in the regions, based on the education principles of adult learning, competency based practice standard's, preceptorship and reflective practice. One of the principle changes for nurses in their clinical education role has been the need to apply clinical education theory to practice and to adopt and evolve the role of the preceptor. Nursing education works in collaboration with the nurses in regions to provide the regions with frameworks, procedures and policy, enabling them to work independently in the clinical education/nurse education role.

Nurse Educators have gained excellent feedback from nurse participants who have completed FPSA Clinical Education Part B.

Due to the ongoing work and commitment and support of the Nurse Education team, the transition to regional nurse education has been extremely successful.

A special thanks to June Cox for writing and re-writing the curriculum and her ongoing support to nurses in the regions.

'Quick Fix'

Quick Fix Workshops have been presented by ACHPER for the last three years. Facilitators have been teachers with experience in (and a passion for) health education with assistance from such agencies as Drug and Alcohol Services Council, Heart Foundation and Family Planning South Australia.

The workshops in aiming to foster creativity and 'green thinking' have had a

Who said teachers don't have fun.



theme each year, for example previous workshops have been based around a Rock 'n' Roll theme and a Pirate Adventure. This year's workshop had the theme "A Journey Through The Secret Garden." The venue was decorated as a garden, the presenters wore fairy costumes and participants joined in the fun with gnome's hats.

There were lots of exchanges of ideas and expertise as participants were encouraged to share. This, along with expert input and the chance to join in experiential learning activities, kept people interested in the workshop and eager to return to schools to put their learning into practice.

Medical Student Education in the North

1996 has seen the introduction of Sexuality Education to 5th year medical students in the Northern region. We have had the opportunity to work with students from the Modbury Hospital and the Lyell McEwin Health Service who are undergoing their gynaecological/obstetrician studies.

Initially we were approached by Dr Greene from Modbury Hospital, who asked if his students could observe at one of our clinics to learn about contraception.

After much discussion within our team it was decided that it would be more appropriate if the students had some input before attending a clinic to make it more meaningful. This decision resulted in the development of a 3 hour workshop facilitated by a doctor and a nurse from the Northern team. It was compulsory for the students to attend before observing a clinic session.

The primary focus of the workshop was on contraception, but they gave us the opportunity to provide information about FPSA's goals, mission, what we believe about sexuality and the services we

provide, as well as an opportunity to explore the broader aspects of sexuality.

We presented information about contraception using the "Lucky Dip" activity and followed up with case studies. This practical approach gave the students the opportunity to explore the advantages, disadvantages and side effects of the different methods of contraception. It also introduced such issues as the physical, social and emotional aspects, including confidentiality, age of consent, cost and very importantly, values. Safe sex and STD's were also discussed briefly.

The evaluations we received from the students were very positive, and highlighted how useful it was to discuss contraception from a very practical aspect.

Following attendance at the workshop the students were rostered to observe one clinic session, either at the Modbury or Elizabeth clinic, to assist them in consolidating their knowledge about contraception, and to gain a better understanding of the way we work at FPSA. Some students found these sessions more useful than others, most clients were happy to have a student observing, some were not, particularly if the student was male.

I believe this program has been very successful and will hopefully be continued in 1997. It has also increased our networking with the Gynaecological Department at the Lyell McEwin Health Service and Modbury Hospital.



Group Activity or the Conga!!!!

Excellence in Education

For over twenty years, FPSA has provided continuing education courses for post graduate nurses. Of necessity, over the years these courses have evolved to meet current nursing needs and have been re-designed in collaboration with both participants and staff.

Today, the course is provided as Part A: the theoretical component and Part B: the clinical education component.

The course articulates with tertiary awards in nursing and as such is attractive to nurses pursuing academic qualifications and career paths in Primary Health Care Nursing, Community Nursing and Women's Health.

The aim of this course is to increase the capacity of workers in the community to provide services to their clients in the area of sexual and reproductive health. This aim exactly matches Objective Nine in FPSA's Strategic Directions document.

Priority for acceptance into this course is given to nurses who work in women's health with people from non-English speaking backgrounds; Aboriginal people and young people. In fact any nurse who works where access to services is limited, where there is little or no choice, or in rural/remote areas.

In the past year, the competency standards (the basis of the new draft curriculum developed in 1994) have been through a critical validation process. This means that the implementation of the final curriculum document has continued relevance for contemporary nursing and ensures the best possible outcomes for our client communities.

The valuable experience gained during this process forms the basis of future planning around the development of a formalised documented and accountable system which will continue to ensure high quality practice standards in FPSA nursing services.

The FPSA CHASP Accreditation Review Report states in the executive summary:

"Professional education courses are well developed and comprehensive, and include a variety of experiential learning techniques and opportunities to put learning into practice"

FPSA was also awarded a commendation for "it's education role in training Primary Health Care workers in sexual and reproductive health".

We believe that our current thinking and the forward planning now underway, will make sure we live up to these commendations.

FPSA's Council: Role of Staff Nominee

Family Planning South Australia Inc is governed by a constitution which clearly describes the aims and objectives of its operation, and states that "The organisation shall have a Council responsible for the general administration and Policy of the organisation".

The Constitution also includes provision for a staff nominee to be a member of the Council. This is an elected position and all permanent full time and part time staff are eligible to vote. Casual staff who have worked for FPSA for more than three months within the past year are also eligible to vote.

The person elected by the employees has the same rights and obligations as other members of Council, as one who brings expertise and experience to Council from a particular background. This person is a nominee, not a staff representative.

There are ten Council members, each of whom has a portfolio based on one of the objectives identified in the Strategic Directions document. All council members have a broad organisational oversight role in respect to their particular portfolio (objective) and are also involved in guiding the development of policy.

My portfolio is Objective Nine: "To increase the capacity of workers in the community to provide services to their clients in the area of sexual health."

This links directly with the professional training provided by FPSA which includes a post-graduate course for doctors; a post-graduate course for nurses (this has a theoretical component, Part A, and a clinical component, Part B) and a Community Education in Sexuality course. This latter is designed to increase the skills and confidence of those who provide sexuality education such as youth

workers, teachers, community health nurses and disability workers. The course is structured around a core component and a choice of electives. Planning is currently underway to provide several "stand-alone" electives.

Library & Information services and Resources Centre services, both of which support FPSA's professional training, also provide valuable assistance to teachers and other health and welfare professionals, as well as clinic clients and students.

More information about each of these services can be found elsewhere in this paper.

As a staff nominee I enjoy the opportunity to have a view of the "big picture" at both a state and a national level. I find it an added advantage to be able to blend my council role and my staff role. As librarian, I am uniquely placed to be aware of many of the activities taking place at each local level. This knowledge, I believe, adds to the expertise I am able to bring to council.

During the recent Community Accreditation and Standards Program (CHASP) review, as one of the two internal reviewers, I was able to liaise with council during the preparation phase of this process, prior to the review itself. The CHASP accreditation was of particular satisfaction, as were the commendations awarded for FPSA's "education role in training Primary Health Care workers in sexual and reproductive health" and "both the library and resource services".

Being a council member carries a certain amount of responsibility, which I am happy to accept. The bonus is the challenge of the work, which I enjoy.



To plan for and develop FPSA into an organisation that is responsive to community needs in a competitive economic environment.



Breakfast with Politicians

During 1996 the Northern and Southern FPSA Primary Health Care teams invited Federal and State Politicians to breakfast meetings at local regional offices.

FPSA Council and staff members facilitated the sessions.

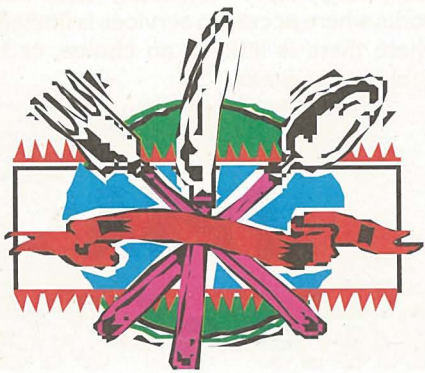
The following politicians responded:

- Scott Ashenden
- Robert Brokenshire
- Trish Draper
- Julie Grey
- Annette Hurley
- Lorraine Rosenberg
- Lea Stevens

These meetings were provided so that elected members, who have such busy schedules, could be updated on the work FPSA is currently doing in their communities.

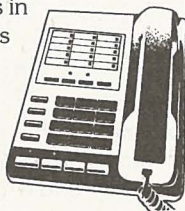
FPSA has received very positive feedback from those who attended the briefing sessions.

A breakfast meeting is planned early in the financial year to include Politicians in the East/West Primary Health Care team's region.



Sexual Health Hotline Advisory Committee

FPSA provided a confidential telephone counselling referral and information service to 15,000 callers in 1995/96. The service is staffed by Community Health Nurses. The SHH Advisory Committee was established to coordinate the development of a computerized data base and Operations Manual for SHH Workers with the aim of increasing the efficiency and effectiveness of this important service. A Project worker was appointed to help with this task. The data base can now provide up to date information and referral sources on a broad range of sexual and reproductive health issues and services. At the "click of a mouse" any requested information can be printed and sent to the caller. The system also allows workers to communicate electronically with each other regarding issues of updating information or service to particular callers.



Launch of New Publications

The importance of education about sexuality, sexual health and personal protection for young people and people with a learning disability is recognised by Family Planning South Australia.

Four new publications were launched in June at Family Planning's Kensington premises by the Minister for Health, Dr Michael Armitage.

"I want to take the opportunity whilst launching the books, to talk about the fabulous job Family Planning has done over the past 20 years in the very sensitive area of sexuality and sex education. It is interesting to see the evolution of the role into the broader sexual health needs of the community but continuing to focus on high quality, accurate, up to the minute and indeed very relevant education, for a number of target groups" the Minister said.

Dr Armitage went on to say, "how important your (FPSA's) work is, how much it's acknowledged as a building block for sexuality and for all South Australians and that, of course, has enormous benefits down the track for the overall health and well being of South Australia. So, you do very important work, please keep up the efforts."

Three of the publications "Explaining HIV/AIDS", "A Family Approach To Protective Behaviours" and "Sexuality Program for Young People with a Disability" aim to provide education to people with a learning disability. Many of these people have received no information about sexuality, appropriate behaviour, assertiveness or protective behaviours. There is evidence that people with an intellectual disability are many times more likely to be the victims of

exploitation and sexual abuse. The provision of information geared to the person's level of understanding and personal protection strategies that can be used by people with a learning disability must be seen as a welcome step in their education.

The book "A Family Approach to Protective Behaviours" was printed with

funds from a Disability Services Office Grant and was written as a joint project by Family Planning SA, Intellectual Disability Services Council and Child and Youth Health. The book aims to provide information, resources and strategies for parents who are seen to be in an excellent position to give ongoing education and support to their children.

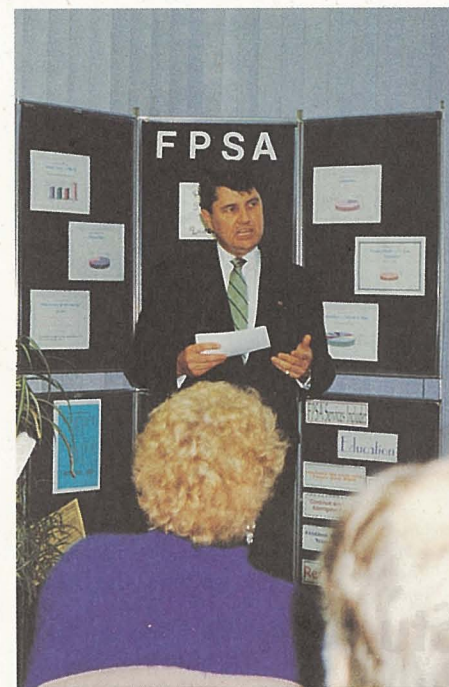
A grant from Intellectual Disability Services Council was used to provide the HIV/AIDS publication and the sexuality program. This was

a co-agency initiative between Family Planning SA and Regency Park Centre.

The fourth publication "Word Is Out", is designed to help train young people to become effective health educators amongst their own peer groups, communities and families.

Young people learn from and relate well to each other and this strategy is seen as a positive way to help reduce the high incidence of Sexually Transmitted Diseases and unplanned pregnancies in the 15 to 25 year old age group.

The books are available for sale from the Family Planning library, enquiries phone: 8364 5537.



The Hon Dr Michael Armitage, Minister for Health launches FPSA's new publications.



There was a young man named Fred
Who never took anyone to bed
Despite lots of urg'in
He remained still a virgin
And had "sex for one" instead

The Volunteer Corps

Over the years FPSA, like many organisations, has made great use of volunteers. These are the people who, for a variety of reasons, donate a considerable amount of their time and energy applying themselves to a broad range of tasks.

These activities have variously been described as challenging; interesting; educative; unusual and unbelievable!

Whatever the task undertaken and whatever the time able to be donated, we are very, very grateful. Our volunteers are considered as staff members and are very much a part of the FPSA family.

In times past, volunteers were only used at Kensington. However since the restructure there is a need for volunteer services at both the Northern and Southern bases as well. So....if you have any spare time which you would like to put to good use, and you would enjoy some congenial company, please contact one of our Primary Health Care team bases :

- **Northern base**, at Munno Para, telephone: 8254 8200
- **Southern base**, at Woodcroft, telephone: 8325 8164
- **East/West base**, at Kensington, telephone: 8431 5177

and ask to speak to the Team Leader.

We can promise you will be more than welcome.

Sexual Trivia

A change in hormones in the woman who is past menopause often creates an increased sex-drive.

(True)

Community Education in Sexuality

"Community Education in Sexuality" is an accredited certificate course with Family Planning Australia. It is designed to increase the skills and confidence of those who provide education, whether 'formally' or 'informally', about sexuality. The course is relevant for those working in group settings as well as one-to-one situations, and includes those workers from a wide range of community health and development agencies such as youth workers, teachers, community health nurses.

The course aims to increase participants awareness of issues related to sexuality and sexual and reproductive health, and to equip them to develop effective and sensitive strategies in providing community-based sexuality education in the format most acceptable to those with whom they work. This is achieved through the provision of a flexible group-based workshop program which is founded in the principles of experiential learning (ie 'adult education'). It draws upon the existing knowledge, skills and values towards sexuality and sex education in both participants and facilitators.

This course acknowledges that our own values, beliefs and views, impact upon our role as sexuality educators. It will assist participants to clarify their own values base which underpins their approach to sexuality education. The course also provides accurate, current information and many opportunities to practice skills and strategies.

Participants need to complete a minimum of 30 hours (usually 4 days) training. This consists of firstly participating in the Core Component of two days and then completing two elective topics. There is no limit to the number of electives that may be completed, and a new range of topics may be available in future years.

For more information or to enrol telephone the Course Support Worker on 8431 5177.

SEXUAL HEALTH COUNSELLORS ADVISORY COMMITTEE

FPSA employed its full complement of Sexual Health Counsellors in April 1995 as a result of freeing up resources from the Kensington clinics. The SHCAC therefore convened its first meeting in May 1995 and set about establishing referral and intake systems for the new counselling services in the Northern and Southern regional teams.

Local promotion and liaison has occurred to inform other agencies of this increase in accessibility. Counselling is now offered from Elizabeth, Munno Para, Modbury, Woodcroft and Kensington and after hours appointments are available by negotiation.

A directory of referral resources has been compiled and a practice reflection forum established.

FPSA Sexual Health Counsellors provide around 30 individual appointments per week across metropolitan Adelaide per week.

In addition they have offered:

Group Programs:

- Women Survivors of Domestic Violence
- Men with an Intellectual Disability who have sex with men.

Facilitation:

- HIV Test Counselling Course
- Community Education Electives

Social Work Student placement supervision.

Contribution to state policies on Men's Health and Child Abuse and Neglect.



Nursing Advisory Committee

Affectionately known as the "NAC", the Nursing Advisory Committee has representation from Community Health Nurses in each Team and the Chief Executive Officer.

The following are key achievements in the last twelve months:

- update of all nursing protocols for the Clinic Procedure Manual.
- regionalisation of Nurse Practitioner Clinical Education.

- development of Memorandum of Agreement under National Womens Health Program to provide support to Country Womens Health Nurses.

- guidance for the development of the expert Community Health Nurse Preceptor role and statement.

- review of Gynaecological Teaching Associates and Nurse Practitioner Clinical Education.

- Review of existing and newly developed client information.

The Committee meets quarterly or more frequently if necessary.

Medical Advisory Committee

The Medical Advisory Committee has had a very productive year.

During the last twelve months the committee has organised several successful evening forums for doctors.

As well, input has been provided into the development and implementation of many new clinical procedures, including a Pap Smear notification system for women who have Pap smears at Family Planning South Australia.

Currently, the Medical Advisory Committee is acting as the Steering Committee for the Emergency Contraceptive Pill Primary Health Care Project. The aim of this project is to provide general practitioners with accurate information about the Emergency Contraceptive Pill, thereby making it more accessible to people in the community.

Finance Committee

The Finance Committee meet quarterly to:

- review the financial affairs of FPSA
- review and develop policy, procedures & practice in financial management.
- ensure transparency and accountability for all expenditure.
- make recommendations to Council.

The Committee has representation from external agencies, Council and Management. In 1995/96 external expertise was provided by Ms Julie Holmes, of Lyell McEwin Health Service and Mr Phil Widdas, Noarlunga Health Service.

Mr Jim Birch and Mr Danny Broderick were the Council representatives and Jen Hamer and Kaisu Vartto represented Management. The audited financial statement for 1995/96 is an addendum to this report and details the financial result.



To provide sexual and reproductive health services to young men.



A Men's Health Policy for South Australia

In late 1995, following the first National Men's Health Conference in Melbourne, the Social Health and Policy Development Branch of the South Australian Health Commission initiated a Steering Committee to direct development of a Men's Health Policy for South Australia. It is planned for this to be completed in late 1996. An FPSA worker is one of about fifteen people initially invited onto the Steering Committee that consists of health workers, interested professionals and community members.

The Committee's role is to:

- oversee the development of a discussion paper, a draft policy statement and policy implementation plan including strategic directions;
- amend these papers after broad consultation with the wider community; and
- develop a plan for the evaluation and review of this policy.

The policy will be based on Primary Health Care Principles, and will address the substantive health issues for men from a social health perspective with a population focus. It will also address the social construction of masculinities and its connection to men's health issues.

To date a reference group of workers in the areas of:

- Rural Men's Health
- Boy's and Young Men's Health
- South Australian Health Commission and Mental Health
- Male Suicide
- Health of Gay and Other Homosexually Active Men
- Older Men's Health
- Violence
- Injuries, Accidents and Men's Health

have developed issues papers to be brought together in a discussion paper which will inform the policy. A parallel process is underway to include the health of Aboriginal men.

Policy goals are to:

- Improve the health and well being of all men in South Australia.
- Address the health status of groups of men in the South Australian population who suffer significant health disadvantage.
- Develop a framework within which the health system delivers appropriate and relevant health services for men in South Australia.

Policy Objectives:

- Promote a social environment that encourages men's health and well being in an equitable, caring and responsible manner.
- Increase awareness of the impact of socially constructed attitudes, values and behaviours on the health and social relations of men, women and children.
- Promote a men's health perspective in the development of coordinated health services that are accessible and responsive to the needs of different groups within the population.

Sexual Trivia

The right testicle usually hangs lower than the left.

(True)



Talking Young Men's Health

- Increase participation by individual men in decision making about their own health and in relationships with health service providers.
- Encourage the health system to facilitate the participation of men from different groups in the development of policies that affect their own health.
- Encourage co-ordination and collaboration between government and non-government agencies involved in services that affect men's health and well being.



**Adelaide
Independent Taxi
Services**
99 Henley Beach Road
Mile End
Telephones:
Taxis: 13 22 11
Office: 8202 1200

HIV Test Counselling Course

This course is designed for health workers of any discipline who have skill and experience in counselling and who have a reasonable working knowledge of HIV/AIDS.

The program will involve experiential learning and will also include speakers who can discuss:

- Legal overviews of Duty of Care in relation to Confidentiality & Informed Consent.
- Personal experiences of receiving positive test results and living with HIV.
- Professional & personal experience in delivering HIV test results.

The AIMS of the program are:

- To improve the delivery of quality counselling to all clients considering having an HIV antibody test, or who have had an HIV antibody test.
- To increase the range of agencies available to the South Australian community who can offer a comprehensive HIV test counselling service.

For further information please telephone the Course Administration Worker on 8431 5177.

Men's Sexualities Elective

The first Men's Sexualities Elective in the Community Educators Course was very successful. The second is to be run in September 1996. In between, participant feedback has been reviewed and the program revamped accordingly. The first was an action packed day for participants who were enthusiastic about the opportunity to explore and understand more about men's sexualities. A consistent theme in feedback was the need for 2 days rather than one for this process. This workshop was described as an accordion being played with little opportunity to expand it properly and fill it with air and a variety of musical notes. Instead it was tight and the music was fast and of limited range.

Men's Sexualities is an important area for us to be developing and providing in our education and training programs. Men are an important part of the equation of sexual health and sexual responsibility.

The clumsy and odd-sounding phrase "Men's Sexualities" attempts to explicitly recognise diverse sexualities and expressions of sexuality. Referring to

Men's Sexuality singularly may suggest only one male sexuality, by not explicitly acknowledging and reflecting diversity.

Sexual health services, along with many other health and community services, are increasingly trying to make themselves accessible and engaging for men. Many have had females as the main focus of service delivery and their major client group. This is not an argument that women have had most of the resources, rather that it is time to give men a higher profile.

Starting to focus on men's health and men's sexual health acknowledges that men have particular health problems and needs. These rate high on a number of indicators of poor health. This must be addressed in taking a population approach to health promotion and service provision. It also acknowledges the connections between men's health and women's health. If men's health and sexual health improve, that will also contribute to achieving women's health targets.



Coffee and a chat

JOBSKILLS & FPSA ...A SUCCESSFUL PARTNERSHIP

There once was a lad from JOBSKILLS who needed to work on his ills so his woes (what a load!) could be dumped on the road, and his life he'd improve. What a will!

He came then to FPSA.
(How well we remember the day)
This charming young man,
although shy, soon began
to boost his self-worth, day by day.

As his knowledge and confidence grew,
he thought of the things he could do
to streamline the way
we do things each day
by setting up systems brand new.

How lucky we are that we had
the sense to employ this young lad.
He works hard all day,
I'm happy to say,
if we lost him we'd really be sad.

The above is dedicated to a very special young man who came to us through the Jobskills scheme. Happily, we've been able to keep him employed, which has been mutually beneficial.

National Men's Health Conference

Report on the 1st National Men's Health Conference, Melbourne 9th and 10th August 1995

Conference Objectives were to:

- draw together interested groups and individuals from across Australia to focus on men's health issues;
- raise awareness of issues affecting men's health, particularly those of a behavioural or environmental nature;
- identify areas of particular disadvantage (eg relating to rural and remote areas, socioeconomic background, Aboriginal and Torres Strait Islander men or men from non-English speaking backgrounds); and
- identify ways to strengthen the implementation of existing strategies to address these problems.

Quote from the opening: the chair (Dr Norman Swan) opened the conference with the statement that we are "not redressing the balance, but are addressing specific health issues in the community". He also read a letter from the organisers of the 3rd National Women's Health Conference which offered general support for this conference, and affirmed as one of the themes of this conference "Masculinity as a Health Hazard", expressing the thought that if we addressed this theme well, as well as

improving the situation for men, it would also improve the health of women and children.

Who was there: almost 500 people from all states of Australia and from a wide range of agencies including: Community Health, Aboriginal Health, Sexual Health, Anti-Cancer, Aids Councils, Veteran's Affairs, Private Enterprise (eg Shell Refining), Tertiary Institutions, Women's Health, Drug Companies (eg Upjohn), Divisions of General Practice, Public and Environmental Health, Violence Intervention and Prevention, Councils AMA, Department of Defense, Youth Services, NESB organisations, Office of the Status of Women, Australian Bureau of Statistics, Alcohol & Drug Services, and Men's Health Services.

The conference was organized as a series of plenary and keynote sessions of about 1 hour in length. Each day also had 1 hour set aside for concurrent sessions. There was a choice of 1 of 8 topics on each day, and each session consisted of 3, 1 hour slots for papers to be delivered. The unstated agenda of the conference was that by the end of the 2 days, we had time set aside for a plenary session "Future Directions for Men's Health" during which the organisers sought to distill from the conference the priorities for Men's Health Policy development at the national level.

Stop Press

FPSA received a Primary Health Care Initiative Grant from SAHC for a Men's Health Project called "Guys Talk Too". The project will train young men to become peer educators in the area of sexual health and reducing sex based violence.

Clinics

Northern Primary Health Care Team

For appointments ring:
(08) 8254 8200

Elizabeth

Lyell McEwin Health Service
Thursday 1.30 - 4.00 pm

Modbury

Tea Tree Gully Community Health Centre
Monday 2.30 - 5.30 pm
Wednesday 5.30 - 8.00 pm

Munno Para

Munno Para Shopping City
Tuesday 1.30 - 4.30 pm

Clinics

East/West Primary Health Care Team

For appointments ring:
(08) 8364 5033

Port Adelaide

Port Adelaide Community Health Centre
Thursday 4.30 pm - 7.00 pm

Kensington

Monday 1.00 pm - 7.30 pm
Thursday 1.00 pm - 7.30 pm
Friday 1.00 pm - 3.30 pm

Hindmarsh

Hindmarsh Community Centre
Tuesday 1.30 pm - 4.30 pm

Enfield

Enfield Community Health Centre
Wednesday 1.30 pm - 4.30 pm

PRESIDENT'S REPORT

The 1995/96 financial year has been both fulfilling and challenging for Family Planning South Australia (FPSA). During this year FPSA celebrated 25 years of service to South Australians. These 25 years have seen many changes in FPSA's response to community needs and expectations, government policies and priorities, reproductive technology, the position of women in society and the ever decreasing resource base for operations.

The Strategic Directions document, FPSA's long term plan, was developed from research into population demographics and service needs, health policies at state and national levels, the principles of Social Justice and equity; Primary Health Care and Client Rights and Client Focus through a process of community, Council and staff participation.

This year has seen the consolidation of Primary Health Care teams delivering services in three regional areas (South, East/West, and North). This has resulted in more equitable access for people with most need and least choice. In line with the Strategic Directions there has been an increase in work with such target groups as Aboriginal people, from a non-English speaking background (NESB) and youth. Some of these initiatives, documented elsewhere in this Annual Report, have included a number of Youth Peer Education programs and an increase in Youth Outreach Services; the establishment of close links with the Aboriginal and non-English speaking background communities; production of a video "Inside Out" and the launch of three publications for teaching in the area of Sexuality and Disability and a Peer

Education publication. The provision of courses in Sexual and Reproductive Health for Doctors, Nurses, Community and Disability workers has continued.

During this period applications for additional specific project/program funding have been successful. This has allowed FPSA to make real progress in the organizations key areas of work.

The major highlight for this year was, of course, the three year CHASP



Mr Jim Birch
President, FPSA Council

accreditation. CHASP has been instrumental in the introduction of a total quality management system to FPSA and has eased the reorientation of the organization towards Primary Health Care service provision.

I must congratulate Management and staff on their efforts during the year. I would also like to pay tribute to members of FPSA Council who dedicate time and

energy to support their belief in the work of FPSA. Each Council member is assigned a portfolio based on one of the ten key areas of work in the Strategic Directions and consistent with their particular interest and expertise.

In November 1995 two new Council members were elected and the Council orientation program provided a firm foundation for their involvement with FPSA.

A large part of the agency's success is due to the strategic alliances that have been formed with other service providers and community organizations. Partnership agreements have been formed, for example, with Aboriginal Women's Health Forum, Aboriginal Health Division and Migrant Health Service. We continue to have a high credibility with the South Australian Health Commission and indeed, the South Australian community.

During this year I had the honour of being elected to the position of Regional Representative for the East and South East Asia and Oceania Region of International Planned Parenthood Federation. At a meeting in Bangkok I was able to show copies of FPSA's Strategic Directions document, the Annual Report and the Report of the CHASP Accreditation Review. These were received with enthusiasm and in June the FPSA Council endorsed a proposal that we work in partnership with CHASP to develop a Quality Assurance Program for Sexual and Reproductive Health suitable for Family

Planning Organisations in the South East Asia region.

Despite the challenge for Management caused by funding cuts, FPSA continued to provide the same level of services with an increasing Primary Health Care focus, by increasing accountability and efficiency.

In the 1996/97 financial year there will be a further reduction in funding, however I believe Family Planning South Australia has the capacity to continue it's outstanding level of services to and with the South Australian community.

In conclusion, I again offer my thanks and congratulations to the Chief Executive Officer, Management, Staff and Council. The excellent achievements are due to enthusiastic, creative, energetic work and a high commitment to the organization's vision.

Council Members 1995/96

Jim Birch
(President)
Vicky Toovey
Brian Dixon
Milena Vasekova
Paul Gardner
Jenny Baker
Andrew Street
Patricia Cox
(Staff Nominee)
Helena Johnston
(Minister's appointment)
Danny Broderick

Nationally Accredited Certificate Course

Post-Graduate Medical Education for Doctors

Family Planning South Australia offers the following Post-graduate Medical Course in Sexual and Reproductive Health Care.

This course is designed for the doctor working in general practice or primary health care who has had at least 12 months experience in these areas. The course will provide an opportunity for participants to further develop their professional skills, knowledge and awareness in the areas of contraception, sexuality and reproductive health care.

The certificate course consists of both a theoretical and practical component. The theory component is spread over 6 full days. (The theoretical component can be undertaken without the practical training, but the certificate cannot be issued). The practical component requires a minimum attendance at 8 FPSA clinics at times negotiated.

Course Content:

- Contraception - hormonal, barrier and natural
- Sexually Transmitted Diseases (including HIV/AIDS)
- Primary Care Gynaecology (including Menopause Management)
- Subfertility
- Sterilisation
- Pregnancy Issues
- Sexual Abuse
- Breast Conditions

For further information please telephone the Course Administration Worker on 8431 5177.

Chief Executive Officer's Report

The process of restructuring FPSA from centralised, functionally specific work units to regionally based Primary Health Care teams and Support Services was completed in 1995/96 when we secured a base at Munno Para for the Northern Primary Health Care Team.

Our new organisational structure, clarity about our work and the commitment by Council, Management and Staff to the South Australian community, social justice and primary health care has produced exceptional results in 1995/96. Many of the success stories are described in the body of this Annual Report.

The newspaper format has been maintained as community feedback indicates it is more accessible as a resource.

Much of our work has occurred in a challenging external environment. The Commonwealth Review of the National Family Planning Program was completed in 1995 and a Review Implementation Committee formed with the first task of addressing a number of factual errors and inaccurate assertions in the report. Since the election of a new Federal Government no progress has been made in implementing the many recommendations that had potentially positive benefits for sexual and reproductive health of the Australian community. Even as this report goes to print the future level of funding for Family Planning Organisation's is under threat, while we begin to negotiate the planned devolution of funding from the Commonwealth to the States and

Territories.

Nevertheless, there has been progress... a 3 Year CHASP Accreditation was a major developmental and total quality management achievement for Family Planning South Australia and we are very proud to have been the first Family Planning Organisation to achieve national accreditation.

Our 3 Year "Strategic Directions" developed in 1994/95 is two years into implementation through annual Operational, Work Unit, and individual planning and review.

I am pleased to report significant achievements in all of our objectives (key areas of work) and a report was presented to Council on the review of the 1995/96 period. I sincerely thank the President, Mr Jim Birch and Council members for their input into these achievements, particularly in their individual portfolio area.

The achievements could not have been possible without the specific purpose grants FPSA obtained from the South Australian Health Commission, SA Cervix Screening Program, Intellectual Disability Services Council, and Living Health. Many outcomes have set national Best Practice Standards.

There are many people to thank - the Management Team members and staff, for without you nothing is possible, Council and a very special person Ms Desiree Schild, Executive Secretary for your tireless enthusiasm and exceptional ability.

Family Planning Australia

Family Planning South Australia is a member state of Family Planning Australia and the International Planned Parenthood Federation.

Mr Jim Birch, President, FPSA Council, was elected the IPPF Representative for Australia in 1995/96

1995/96 has been a challenging time for Family Planning Australia. Changes in management and staff after a long period without an Executive Director, coupled with significant external pressures, made this period difficult for all involved. However, Family Planning Australia has emerged with a clear sense of direction for the future and with renewed determination to meet the challenges ahead.

1995 was the year of the Review of the Family Planning Program. Much effort was put into participating in the Review, and hopes were high that it would provide the organisation with a meaningful framework for meeting the challenges of the late 1990s. It was therefore of considerable disappointment to all that no such positive outcomes resulted. Furthermore, a change in federal government in March 1996 meant that this initiative has largely been lost, as a much broader reform agenda has now taken centre stage.

Events so far in 1996 are indicative of the urgent need for Family Planning Australia to return to its principle role of advocacy. Indeed, the entire health and community services reform agenda of the new federal government contains veiled serious and hitherto unexpected threats for Family Planning in Australia. The Federal Government's wish to remove itself from involvement with direct service delivery will see the Family Planning Program devolved to the States and Territories in the very near future.

It is alarming to note that threats within Australia parallel challenges being experienced right around the world. International Planned Parenthood Federation (IPPF) reports that opposition to the new global agenda of sexual and reproductive health, coupled with severe

financial restraint from donor countries, has renewed the need for advocacy from all Family Planning Organisations. Issues such as women's empowerment, the elimination of unsafe abortion, and the rights of adolescents to reproductive health education, which came to the forefront as a result of the 1994 Cairo International Conference on Population and Development has evoked the same kind of negative reaction from some quarters that the family planning movement marked 50 years ago.

And so we turn a new page. A new year is upon us, and the road ahead looks steep. For many of us who had grown comfortable in the knowledge that the value of family planning and the importance of sexual and reproductive health was well recognised in Australia, there are, I believe, some shocks ahead. However, we will move forward with renewed confidence, and together develop co-ordinated strategies to cope within whatever environment we find ourselves.

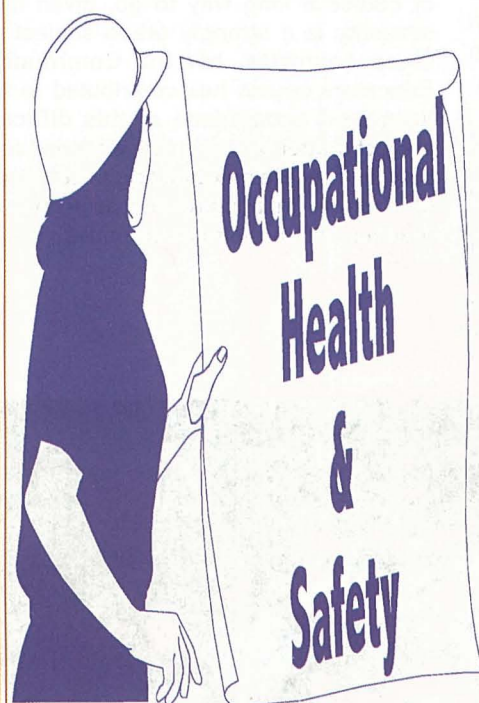
Di Manning
Executive Director, Family Planning Australia

Pregnancy Testing

A pregnancy testing service is available at all regional bases.

Mon - Fri, 9.00 am to 4.30pm
Cost: \$8.00 (negotiable)
Please bring an early morning urine sample.

North: 8254 8200
South: 8325 8164
East/West: 8431 5177



The Occupational Health & Safety Committee of Family Planning South Australia has representation from each Work Unit and the Chief Executive Officer. The major tasks of the Committee during 1995/96 has been to research and develop policy and procedures for Occupational Health & Safety in the work place, to implement staff education in Occupational Health & Safety (eg First Aid, Fire Warden Training) and to monitor health and safety in each Work Unit. These have all been achieved.

No claims were made by Family Planning South Australia to WorkCover in 1995/96, however two claims from the previous period were ongoing.



Family Planning Organisation's Chief Executive Officers: Back Row Left Hand Side Paul Duncombe (Tasmania), Marjorie Millburn (Queensland), Deborah Gough (Northern Territory). Front Row Left Hand Side: Sandy MacKenzie (ACT), Anna Lavelle (Victoria), Trish Dorian (New South Wales), Kaisu Vartto (South Australia), Ian Pitman (Western Australia)

FPSA Course for

Registered Nurses in Sexual & Reproductive Health care

The Family Planning Course for Registered Nurses offered by FPSA is a continuing education program consisting of two separate components:

- Theoretical
- Clinical Practice

The course leads to a Certificate in Sexual and Reproductive Health Care awarded by FPSA and/or a nurse practitioner certificate in Sexual and Reproductive Health Care awarded by the national body, Family Planning Australia.

This course is designed at a Post-graduate level and provides specialist study in the theory and practice of Sexual and Reproductive Health care for registered nurses.

The curriculum is based on core elements which have been endorsed by Family Planning Australia, however, it is needs based and can respond with flexibility to the needs of participants, key stakeholders and of course current trends and new knowledge in sexual and reproductive health.

Theoretical Component:

This component is run intensively over 6 days with a minimum of 45 hours contact.

Clinical Practice Component

This component is generally conducted over a 2 week period with a minimum of 56 hours.

Participants are expected to complete all of the prescribed theoretical and/or clinical practice components.

For further information and/or an enrolment form ring the Course Support Worker on 8431 5177.

Sexual Trivia

The most popular birth control method is the Pill.
(True)

Work in the South Pacific

Family Planning South Australia was invited to conduct the Community Education component of the South Pacific Family Planning Training Project on the basis of its nationally accredited Community Educators' Course (CEC). This is a modular training package aimed at equipping people to work effectively in the area of sexual and reproductive health.

The overall aims of the community education component for the project are:

To equip participants with appropriate knowledge, skills, culturally appropriate attitudes and values to enable them to provide quality sexual and reproductive health education programs to their communities.

To further develop the CEC to ensure optimum appropriateness to Pacific workers and cultures.

To recruit a Pacific counterpart to the project and ensure that person is sufficiently confident and competent to continue to run the training after the life of the project.

The South Australian CEC was adopted for the first round of training after consultation with Family Planning Australia, and a Pacific counterpart to the project was nominated from the South Pacific Alliance for Family Health (SPAFH).

Participants

Participants came to the course with varying levels of experience and skills in the area of sexual health, from minimal to extensive. Not all participants were Community Health Workers. The gender mix was 13 women and 5 men. There were two church ministers in the group.

Participating countries included Fiji, Solomon Islands, Western Samoa, Tuvalu, Tonga, Vanuatu plus two SPAFH staff.

Results

There were significant results in the area of values clarification - participants were clearly able to demonstrate increased acceptance of diversity in sexuality at the end of the course.

The facilitators observed an enormous shift in participant's comfort levels from the first week to the last. In the first week, sex was viewed as taboo and individuals censored their discussion to an "appropriate" level. By the final week, sexuality was discussed openly (even raucously!) and debate and expression of difference was more accepted.

The exposure to experiential and participatory learning created opportunities for participants to develop ideas for programs using more effective learning strategies. There were many comments expressing excitement at the prospect of rethinking how they would deliver future programs.

Both the process and the content of the course proved to be very "transportable" to the Pacific region. In short, the course worked. Whilst ongoing development is essential to further tailor the course to the needs of Pacific workers, the aims and objectives were well met in the first round of training.

The use of local expertise in the HIV/AIDS sessions was of significant value. The tendency, at times, to dismiss

information as pertaining only to Western cultures was challenged with the input of local statistics. It also provided participants with a welcome change in facilitators.

The first steps towards collaborative,



interagency work were established through the program planning activities.

Overall, the first round of training was very successful. Evaluations from participants were very positive and confidence levels in working in this difficult area improved dramatically. Not to be underestimated as an indicator of success was the amount of discussion, reflection, debate and laughter about sexuality that went on outside the training room. This was three weeks of shared learning, both for facilitators and participants.

Follow Up

Participants were followed up in the South Pacific in February and March 1996, to evaluate the impact and effectiveness of the training. Information gathered from this phase has informed the future development of the course and changes will be implemented in the second round of training.

The objectives of the follow up visit were as follows:

- To reinforce practical application of the learning from the training within the participants cultural, social and economic environment.
- To gain feedback and insight into the successes/failures of the training in order to make necessary adjustments to subsequent courses.
- To provide the basis for the development of an ongoing relationship between the participating South Pacific NGOs and Family Planning South Australia in order to foster mutual support.
- To liaise with the South Pacific Counterpart to the project in order to provide support to implement her role.
- To provide feedback to the Family Planning Australia Project Officer responsible for the monitoring and evaluation of the project in its entirety.

Methodology - Observation of Participants

This was the primary method used during the follow up. Participants were asked prior to the visits to organise a number of workshops or community education session in the area of sexual health with their target groups. Participants facilitated

these sessions and the consultants observed them work.

The key things the consultants were looking for were:

Use of participatory learning styles

Utilization of some of the resources acquired by participants throughout the training.

Evidence of appropriate program planning.

Confidence and competence in facilitation.

Working with the groups values in a way that reflected the values of the initial

training.

A degree of comfort by the facilitator with the subject material.

Delivery of accurate sexual health information.

Results for the Course Participants

Participants identified a significant increase in confidence and comfort levels when delivering programs on and/or discussing sexuality. Participants commented on how it had been easier to open up discussions about the diversity of sexuality within their communities by focusing on the broader definition of sexuality as outlined in the training. That is that sexuality has social, emotional, and spiritual components and well as physical/behavioural. Prior to the training, most of their sexuality work had focused only on the physical aspects of sexuality.

The use of values clarification exercises had increased in sexual health programs with a recognition of the importance of exploring participant's values, when discussing sexuality issues.

Of significance was participants feedback that they had developed an increased understanding of and new skills in the area of program planning. This was evident in workshops that the consultants observed. Most participants had prepared written program plans for the workshops they ran and for many this was a new thing.

The exposure to experiential and participatory learning also had an enormous impact on the way in which participants delivered training programs. (Experiential and participatory learning were new concepts to many people in the course). Many indicated that being given practical "tools" such as the contraceptive lucky dip, the safe sex card game and even the setting of group norms was of enormous value. They had learned that they did not have to have all the answers, but rather could provide opportunities for learning. Participants said that being shown how to apply the principles of adult learning was an integral component of their learning and for the implementation of future

training programs.

The training course created opportunities for participants from the same island to develop sexual health programs together. This strategy was successful in fostering increased co-operation and collaboration between agencies as well as creating an environment where participants could develop and share different ways to apply the information and skills they had learned from the course.

The consultants observed that many of the participants had learned how to implement sexual health programs within a religious framework. This was very exciting to see, as during the training religion was often viewed as a barrier to this kind of work. It was clear that the course's emphasis on values had had an enormous impact in that participants had taken on the challenge of balancing their role as community health workers with their role as leader in a highly Christianized culture.

Participants cited that they had gained a much broader understanding of the complexities of confidentiality and would continue to wrangle with the issues for some time. Many had implemented changes in their work practices around confidentiality since returning from the training.

All participants agreed that the latest information regarding issues such as HIV/AIDS, STDs and contraceptive methods were an essential component of the course and were able to be used in all settings.

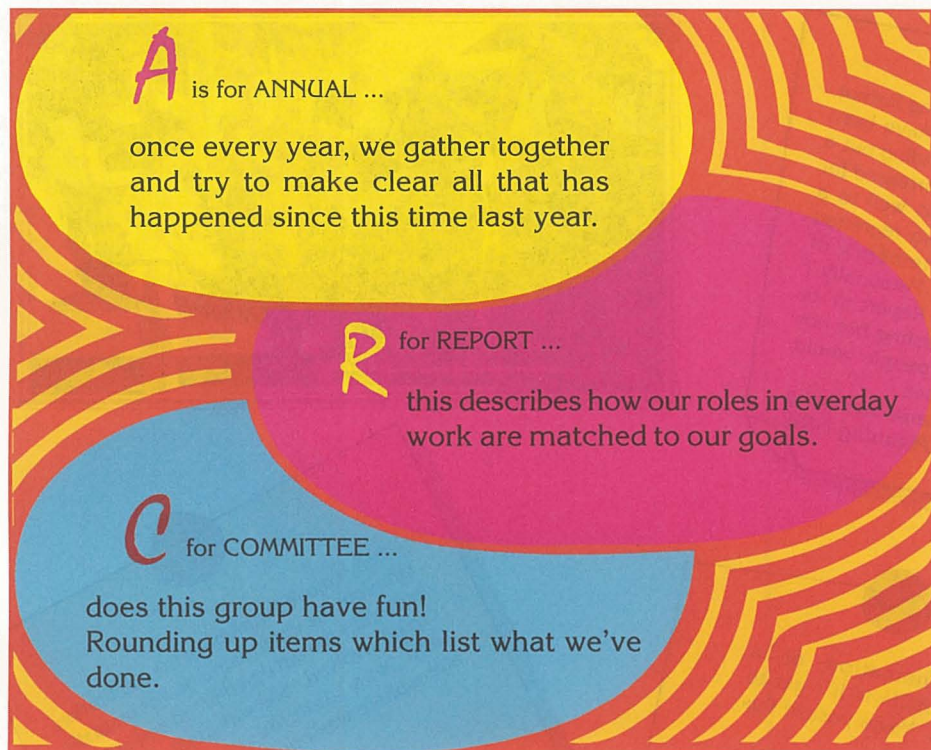
Results for the Community

The community members who gave feedback were excited about the inclusion and recognition of diversity in the training course and believe the increase in the number of workers equipped to do this work would lead to a higher profile of sexual health issues within their communities.

Conclusion

Overall, the follow up was a success and all the objectives were met. Participants had clearly gained an enormous amount from the training and were utilizing new skills and information on a daily basis. Managers, co-workers and organisations had also had positive gains as a result of the training, and communities were reaping the rewards of this through a positive reframing of sexuality issues and a new openness on the part of workers to acknowledge and embrace diversity and to encourage other leaders in the community to do the same. There is still, of course a long way to go, given that sexuality is a strongly taboo subject in these countries, but the Community Educators course has contributed to an increased acceptance of this difficult subject matter by those who attended and they, in turn, are now building acceptance of change, in a culturally appropriate manner, within their communities.





The members of the Annual Report Committee (ARC) hope you find this newspaper both interesting and informative.

If you would like to comment on this (or on any of our services) please write to the Chief Executive Officer, FPSA, 17 Phillips Street Kensington 5068, or Telephone 8431 5177.

Would You Like to Become a Member!

We invite you to become a member of Family Planning South Australia.

The benefits of becoming a membership include:
Voting entitlement for Council members
Eligibility to stand for Council.

For further information or a Membership Form contact the Executive Secretary on (08) 8431 5177.

Word Search

Aphrodite	B	F	A	N	T	A	S	Y	F	E	H	G
B&D	T	U	X	A	W	T	O	H	R	O	N	D
Bubble Baths	O	E	B	T	Y	T	S	O	O	I	I	R
Dams	E	T	A	B	X	X	T	F	T	E	T	E
Dressing Up	S	I	A	E	L	I	E	A	T	L	T	S
Empowering	U	D	S	L	C	E	B	S	A	P	E	S
Erotic	C	O	Y	L	L	R	B	E	G	P	H	I
Fantasy	K	R	&	E	U	I	D	A	E	I	G	N
Frottage	I	H	N	T	N	B	N	A	T	N	A	G
Fun	N	P	S	U	&	O	E	A	M	H	P	U
Honey	G	A	F	D	F	U	H	C	V	S	S	P
Hot Wax	M	E	M	P	O	W	E	R	I	N	G	N
Ice												
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Nipple												
Sex Toy												
Sexy												
Spaghetti												
Toe Sucking												
Vanilla												

Answer: _____

This publication, in conjunction with the 1995/96 Audited Financial Statement, constitutes the 1995/96 Annual Report of Family Planning South Australia Incorporated (FPSA).



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Council, Management and Staff of FPSA would like to thank the Hon Dr Michael Armitage, Minister for Health and the South Australian Health Commission for their support and grant funding.

We would also like to thank the Department of Health and Family Services, Living Health, South Australian Primary Health Care Initiative Grants, South Australian Cervix Screening Program and the Disability Services Office for their support and grant funding.

Clients Rights

When you use FPSA services you will be treated with respect, and receive the best quality health care at all times.

This means that:

- You will be listened to and taken seriously.
 - You will be given full information about your health, and your choices for treatment.
 - You will be spoken to in a clear and respectful manner and in a language you understand.
 - You can say NO to any treatment or advice offered.
- At FPSA we keep records to help plan your health care.
- You have access to your file.
 - Your personal information is kept strictly confidential. (*No one other than you and your FPSA health workers have the right to see your file unless your permission has been obtained. In certain legal situations information may have to be released - ask us about how this may relate to you.*)
 - You can refuse to be seen by a student.
 - You can refuse to have other people present during your appointment.
 - You can ask to change the worker you see.
 - You will have control over decisions about YOUR health.
 - You have the right to make a complaint & have it followed up.

If you have comments or complaints about FPSA services you can:

- speak directly to your health worker
- ask to speak to a manager
- fill out one of our comment forms, usually kept at reception
- contact a member of our Council.
- write to or call our Chief Executive Officer at:
 17 Phillips Street Kensington 5068, or telephone 8431 5177.

FPSA supports the recycling of waste products. Please recycle this paper.



Celebration Feedback

Very well organised and managed.
Best celebration I've been to for
over 12 months. Congratulations.
Peter Kunst
Migrant Health Service

Unconventional but interesting format.
Possibly too long - should have been
tighter. It became cold standing out a
the grounds and I felt embarrassed for
the performers who did so well to a
dwindling audience. I also regretted
that more interstate members of
Council did not attend. Personally I
enjoyed it. The Annual Report in its
new format is also interesting but not
necessarily one which people would
keep for archival purposes.
Stefania Siedlecky
Family Planning NSW



Although this was an important
milestone for FPSA (with CHASP
Accreditation and 25th Anniversary
celebrations) the atmosphere was
most comfortable (no pomp and
jargon!) The speeches were short,
sweet and challenging, especially the
CHASP poem. Food and drink were
wonderful and staff were great. Thank
you.
Jan Dolman
Migrant Health Service

A good indication of a
successful AGM is if I get to
dance at it. Yours passed this
test.
Paul Duncombe
CEO, Family Planning
Tasmania

I really enjoyed working at the celebration.
I thought the entertainment was fantastic
especially the girl that danced and got the
crowd involved. She was great. Also the
food was delicious. The whole
atmosphere was pure energy and fun!
Rebecca van der Wyst
Walter

Loved outdoor idea, on your own premises.
Entertainment - unexpected and quite jolly. Little
stories about award recipients - were fun and
made it better for those of us who know no-one.
Food was yummi. Young waiting staff were also
yummi. FP personnel were delightful and
inclusive. Posters were great. Name tags
essential.
Helen Vicqua
Secretary
Prostitutes Association of SA



Congratulations on breaking new
ground, being innovative and daring
to be different. As an outsider, my
impression was this event gave real
recognition to staff working in the
organisation, and made a great start
at reaching out to the community
and the people you exist to provide
services to. Keep forging ahead.
Anne Barrey
Community Member

"If AGM's are all like FPSA's I'd be
going to them all." It was a lively
and entertaining afternoon. The
CHASP presentation was an
unexpected piece of publicity for
CHASP, but more importantly it
demonstrated the creativity and
commitment of FPSA in achieving
3 years accreditation. Well done.
Heather Petty
CHASP

As a visitor, I enjoyed the event, which I
thought was well presented and very well
catered for. I didn't stay until the end,
so I didn't witness any indecorous
behaviour! But from the comments
made by other visitor the combined
AGM, CHASP Presentation & 25th
Birthday was much appreciated by all.
Ian Pitman
CEO, Family Planning WA



It was a privilege to be able to
attend the celebration functions -
a joyous occasion for a visitor.
Laurie Gilbert
Council Member
FPQueensland



Food very good, although I was very worried
about the Ethiopian people. They looked very
lonely. The African dancing man was very nice.
A female mistress of ceremonies would be a
nice change. Loved the young people.
Andrew Street was great. He could have
opened it. Security is an issue. Very easy for
people to pinch things. Speeches could be
taped in future. Thank you.
Anonymous

