

No legal abortions, no equality, says expert

EQUALITY between the sexes will not be achieved until all women have easy access to safe and legal abortion, says

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Children

Vision of a condom to wear in your d-

DOCTOR Willard Cate vision of an ideal world includes people being se comfortable with con-

Tassie's teen mums hit 80% contraceptives good for preventing



The History of Family Planning Tasmania

Paul Duncombe and Esmé Murphy

Council's condom ban attack

By LIBBY SUTHERLAND
Local Government reporter
KINGBOROUGH Council's refusal to consider the installation of condom vending machines was attacked

sent seven voted for the motion, five against and two abstained.
To be carried, the motion needed a clear majority.

machines in the Kingborough Sports Centre, but they were not satisfied by the second part of the motion, asking for machines to

council has taken an "ignorance is bliss" approach.
"No doubt we'll have to wait for a few young people

asures which should be in place now.
"There is no way that this decision

conclusion approach was one.

He said a woman's decision to have an abortion included financial considerations but an enormous

of Sex — finished yesterday and attracted about 170 health workers from

munities, sex is not under the

Unprotected sex still a worry, survey reveals

Free vote on abortion

community or if they did



The History of Family Planning Tasmania

Paul Duncombe and Esmé Murphy

PART 1

Uphill all the way

The first thirty years of Family Planning Tasmania: 1972-2002

In the beginning...

It was on 10 December 1966, on Human Rights Day, that twelve Heads of State made a Declaration on Population and presented it to U Thant, then Secretary-General of the United Nations. They were motivated to do so by considerations of peaceful co-existence, the challenge of a rapidly expanding world population, and an increasing interest in the area of basic human rights. The declaration was an early attempt to put issues of population on the world stage, and to do so in relation to basic reproductive rights and choices. It recognised that there was a population problem and stated its belief that "... lasting and meaningful peace will depend to a considerable measure upon how the challenge of population growth is met." It stated in emphatic language that:

"The objective of Family Planning is the enrichment of human life, not its restriction: that family planning, by assuring greater opportunity to each person, frees man to attain his individual dignity and reach his full potential. The great majority of parents desire to have the knowledge and the means to plan their families; that the opportunity to decide the number and spacing of children is a basic human right"

The following year, 1967, eighteen further countries, including Australia, added their signatures to the Declaration. The stage was thus set for action at an Australian level. In 1969 the National Health and Medical Research Council recommended to the states that family planning facilities be established. At this time in Tasmania a family planning clinic was being offered at the Royal Hobart Hospital by Dr Gerard Gartlan. The clinic provided women who had given birth at the hospital with choices in ongoing contraception, but it was not accessible to those who were not patients at the hospital. Even for those able to access it there was a convoluted referral process in place ... and if it was hard for Hobartians to access, imagine the difficulties faced by those out of Hobart.

The Family Planning Association of Australia had been established in 1926 as the *Racial Improvement Society*. It changed its name in 1928 to the *Racial Hygiene Association*. The Association was involved in promoting sex education, preventing and eradicating venereal disease, and in educating the public in eugenics. It advocated 'the selective breeding of future generations for the elimination of hereditary disease and defects', and campaigned unsuccessfully for "the segregation and sterilisation of the mentally deficient and for the

introduction of pre-marital health examinations” (this to the embarrassment of its heirs and successors). A major interest being contraception, the Association ran a birth control clinic in Sydney from 1933.

The Racial Hygiene Association changed its name to the Family Planning Association of Australia at a time when family planning was becoming more popular as a topic for discussion (the word “contraception” was not allowed on Australian radio until the early 1960s!). The growth of the family planning movement in the late 1960s was stimulated by the women’s liberation movement and the movement’s champion, the Women’s Electoral Lobby. It was pushed by the increasing popularity of the oral contraceptive pill, first introduced in the early 1960s, by pressure for abortion law reform, and by the publication of mass consumer books such as *Everywoman* by Derek Llewellyn Jones and *The Female Eunuch* by Germaine Greer.¹

As state-based family planning associations were established in the late 1960s and early 1970s, the Family Planning Association of Australia performed a dual role: as a deliverer of services in NSW and as a national facilitating body for the state-based organisations. The Family Planning Association of Australia became The Family Planning Association of NSW in 1972 as moves were made to start up a separate national body called the Australian Federation of Family Planning Associations, this body gaining incorporation in 1975.

The Tasmanian representative on the national body was the driving force behind the establishment of accessible family planning services in Tasmania. Colin Wendell-Smith was Professor of Anatomy at the University of Tasmania. As such, Colin not only knew the medical profession in Tasmania but had been resident in the state long enough to understand the inherently conservative reaction of Tasmanians to anything new - especially anything new that threatened established hierarchies. Colin practised as an obstetrician and gynaecologist between 1951 and 1955 in the UK, Malaya and Singapore before branching into the field of anatomy, always retaining a special interest in the gynaecological aspects of anatomy.

Colin had been on the Council of the national organisation from its earliest times, and between 1972 and 1989 he was Australia’s representative on the international body, the International Planned Parenthood Federation. Colin was awarded an AO in the 1991 Australia Day Honours “for services to public health”, a euphemism for family planning at that time.

Although a “sexual revolution” had been in progress since the 1960s, a revolution which advocated “free love”, it had certainly not reached Tasmania. Perhaps it didn’t actually get much past Bondi in Australia. Sexuality education was unheard of in most homes and schools, despite the number of unplanned and unwanted pregnancies. The limited sexuality education that was on offer was mostly about the “plumbing” and was so euphemistic as to be almost unintelligible to those who needed it. Pregnant teenage girls had the choice of “shotgun” marriages or being packed off to the mainland to await the birth, and then, in many cases, experiencing forced adoption of the child. A powerful double standard existed that saw pregnant girls shamed while the male responsible was considered to be just “sowing his wild oats”.



The contraceptive pill had been around since the early '60s, but it was almost impossible for single women to obtain it in Tasmania. Many young women visited their doctors wearing genuine or borrowed engagement rings, requesting contraception before their marriage. Even in these circumstances not all were given advice, or left with a 'device'. The belief that sexual intercourse was only for procreation was common.

A Catholic Family Planning Clinic was operating in Hobart by 1969. Colin Wendell-Smith set out to cooperate, rather than compete, with this facility. Colin also worked with established associations such as the branches of the National Council of Women of Tasmania to get their support for the establishment of a local branch of the Family Planning Association of Australia, and he spoke to the Association of University Women Graduates, seeking their support for the establishment of family planning facilities.

A steering committee is established

In June 1972 a Medical Steering Committee for Family Planning was established in Tasmania. Membership included Colin Wendell-Smith, Dr Gerard Gartlan, Dr Valerie Davenport and Dr Muriel Rutledge. From the outset it is possible to detect a potential point of friction being smoothed over by the diplomacy of Colin Wendell-Smith. A resolution at the meeting on 16 June 1972 represented an olive branch that would be extended many times in the years to come to placate the medical profession:

This meeting considers that Family Planning and Counselling is the primary responsibility of the patient's family doctor. However, there is a need to provide family planning in its broadest aspects including youth advisory services, on a State-wide basis, as there are groups to whom appropriate advice is apparently not readily available.

Consider this statement against the story of a woman in north-west Tasmania who went to her gynaecologist for information and assistance on managing her fertility. She had six children. The 'treatment' was a pat on the back and advice that she should "do her duty"ⁱⁱ. And a doctor in Zeehan (the *only* doctor in Zeehan) stating his belief as late as 1977 that contraception was unnecessary because the only reason to have sex was for procreationⁱⁱⁱ. The organisation continued to grapple with the issue of a client's relationship with their GP. In December 1976 there was a debate in the State governing body that resulted in the "Council agree(ing) that clients should continue to be encouraged to return to their own GP when appropriate."

The Medical Steering Committee must have been both diligent and persuasive because, a few weeks after the formation of the Medical Steering Committee, the co-ordinator of Community Health Services Tasmania, Dr Eric Cunningham-Dax, was calling for the introduction of a family planning service, apparently with the support of the Australian Medical Association and the Association of Social Workers.

In September 1972 a Steering Committee meeting was held with a wide range of groups represented, including Catholic Family Welfare, the National Council of Women (some of whom had previously expressed reservations about the need for a service), and the Liberal Party. There was opposition from some doctors, but the Australian Medical Association was represented, as was the Tasmanian Medical Women's Society, the Royal College of General Practitioners and The Royal College of Obstetricians and Gynaecologists. Colin's diplomacy must have won the day; there was a resolution that an association be formed and that its aims should be:

1. To promote responsible parenthood, a healthy family life and marital happiness, and the birth and upbringing of healthy children
2. To relieve poverty and to prevent ill-health in the special field of family life
3. To attain the preceding objects by the promotion of Family Planning Centres and Clinics under qualified medical direction at which medical counselling, advice and instruction may be given on:
 - a. family limitation and the spacing of the birth of children by scientific methods of contraception
 - b. sub-fertility
 - c. difficulties connected with marital relationships for which such advice is appropriate
 - d. preparation for marriage in the field of family planning
4. To assist in community education concerning relationships and marital happiness by means of:
 - a. lectures or courses of lectures given publicly or privately
 - b. the publication and distribution of suitable literature
 - c. the use of newspapers, television and radio and the screening of educational films
5. To co-operate with other societies having similar objects in this field
6. To promote such legislative, social and administrative reforms as may be relevant to the objects of the association.

A very planned birth

On 17 November 1972 the Family Planning Association of Tasmania was formed. An interim committee was appointed to act until the 1973 AGM. It consisted of:

- Valerie Davenport – Medical Practitioner
- Eric Cunningham-Dax – Medical Practitioner (Government representative)
- Sue Dulfer-Hyams – Journalist
- Gerard Gartlan – Medical Practitioner, O&G

From the minutes:

Patron: The Chairman read a letter from the Official Secretary [to the Governor] stating that Lady Bastyan was 'indeed in sympathy' with the aims of the Association and would be glad to accept the position of Patron

Minutes of the Inaugural meeting of the Association 17/11/72



- Rosamund Grant – Social Worker
- Jean Hearn – Home Duties
- Audrey Hudspeth – Social Worker
- Clement Kilby – Catholic Minister of Religion
- Dolores Lewis – Librarian
- Ian Lewis – Professor of Child Health
- Barbara Payne – Home Duties
- Jean Perkins – Home Duties
- Muriel Rutledge – Medical Practitioner
- Elaine Watson – Home Duties
- David Walters – Medical Practitioner, O&G
- Colin Wendell-Smith – Professor of Anatomy

Members subsequently added to the list were Mr. B. Frappell, Miss M. Reid, Mrs S. Vincent, Mrs M. Campbell-Smith, Mr F. Farmer, and Dr G. Dick.

Looking back on this list from the twenty-first century, it is a remarkable achievement: two 'right to life' medical practitioners and a Catholic Minister of Religion on the steering committee of a family planning organisation is a testament to the negotiation and diplomacy skills of Colin Wendell-Smith. Reflecting on that during the writing of this history, Colin said that this situation could only have arisen in Tasmania at that time, because there were few people at the extremes of the debate. Colin recalls that he wrote to the Catholic Archbishop of Tasmania flagging his intention to start a family planning association. In that letter he reminded the Archbishop that they were both committed to seeing a reduction in the number of abortions in Tasmania and that Colin was taking positive steps to achieve this – his way. That must have had some resonance with the more practical-thinking Catholics.

Colin continued to promote the Family Planning Association during 1973, speaking to many groups of people.

Funding the dream and making it happen

In April 1973 the Family Planning Association of Australia was advised by the Commonwealth Department of Health that total funding of \$50,000 had been approved. Tasmania's share was \$3,500, intended to fund the service until the end of that financial year. This funding enabled the planning of service delivery.

Pat Hewitt (now Mavromatis) returned to Australia at the end of 1972 after working for five years in India on a health programme at village level. On her return she was advised that the two growing areas in nursing were community health and family planning. She started working in Tasmania as a child health nurse where she was not allowed to mention the topic of family planning to

mothers - this was seen to be the role of their GP. Pat was reprimanded by her manager for talking to a desperate mother with six children under age seven.

Pat was just the kind of boundary-pusher the fledgling Family Planning Association of Tasmania was looking for. She was appointed as Administrator, a very broad role which included such duties as clinic nurse, nurse educator, counsellor, book-keeper and community educator. Pat was to stay with the organisation until 1985, leading it through the sensitive early years as it was gaining credibility.

Funding for 1973/74 totalled \$11,000 from the Commonwealth and \$4,500 from the State^{iv}, enabling service delivery to commence. The first clinic was held at the Bellerive Child Health Centre on 26 July 1973. One client attended. The Launceston clinic opened on 13 August 1973, seeing three clients in its first three weeks of operation. Devonport services commenced shortly after, on 11 October. Total clinic client visits in 1973 were 63. This was to rise to 4,888 by 1980.

The early challenges

Many members of the medical profession saw the Family Planning Association of Tasmania as a threat to their skills and their profession. The language that the times demanded was highly diplomatic, and what better person to guide the organisation through these times than Colin Wendell-Smith, by then President of the Council (Board) and ready provider of advice, information and a peaceful, diplomatic solution to all issues.

Pat recalls Colin visiting the office every morning, bringing the mail with him and sitting down with her to discuss how each item should be dealt with, in his usual patient manner. Pat says that "being a very practical nurse, I must have driven Colin to distraction at times."

The services on the north-west coast were launched in a very volatile atmosphere. Dr Helen Cutts, who pioneered family planning services in Devonport, was accused by fellow members of the medical profession of being unethical, and publicly accused of being a witch!^v One of the staunchest advocates for family planning in the Devonport region was Judy Vandestadt, a nurse who was active in advocating for family planning services as early as August 1972. Judy was to go on to be trained at the same time as Pat, and to work with Helen Cutts in the Devonport clinic run out of the Mersey General Hospital, Latrobe. Judy's payslip for November 1973 records that she worked seven hours at \$2.78 per hour.

A small number of doctors were fully supportive of the organisation, and it was the dedication of these people that made service delivery possible. People like Jo Carter, Helen Cutts, Val Davenport, Mary Kille, Muriel Rutledge, Hilary Wallace and Jannette Hatwell were invaluable. Lending credibility from behind the scenes were people like Ian Lewis, Professor of Child Health, and Joe Correy, Professor of Obstetrics and Gynaecology at the University of Tasmania.

From Correspondence

[Letter from Judy Vandestadt to Dr Jannette Hatwell, family planning pioneer.]

3/10/72

Dear Dr Hatwell,

I have recently been in touch, and had discussions with, Dr Valerie Davenport in Hobart with regard to launching a campaign for Family Planning Clinics in Tasmania.

I am a nursing sister and would be very interested to help start a Family Planning Clinic in Devonport. Dr Davenport suggested that I write and ask if you would be able to give me some instruction. If this is convenient with you, perhaps you could suggest a day I could see you in Launceston

Yours sincerely

J. M. Vandestadt

From correspondence

[Letter from Pat Hewitt to Judy Vandestadt, nurse in the yet-to-be established Devonport clinic.]

Clare House

Clare St

8th June 1973

Dear Judy,

I'm just completing my first week here and have my desk covered with instruments, another table full of pamphlets and the floor is covered with papers, boxes etc. So things are moving, but perhaps a little slower than I'd hoped. However this may be a good thing in the long run as we must form good foundations and antagonise as few a number of people as possible! Easier said than done!

We hope to have a permanent 'home' sometime this month, but in the meantime Colin has given the go-ahead for me to buy to equip 3 clinics. So hope we soon have room to store things.

It seems I won't be up next week, Judy, as I thought, but will let you know as soon as I do. In the meantime try not to get too frustrated with waiting. Keep on reading and building up a FP



knowledge, and let's hope it will not be too long before you will be able to put it into practice.

Please don't hesitate to write if you've got any problems or questions. With warm greetings

Pat

From correspondence

[Extract from a letter from Pat Hewitt to Judy Vandestadt, nurse in the yet-to-be established Devonport clinic.]

Clare House
19th June 73

... go ahead with any speaking engagements and any queries you have on policy I hope someone can answer. As regards teenagers "the facts of life" encourage but always get parental consent. Even when a school asks you to speak to a group of children, still make sure you get parental consent, preferably written... I think we have to be ultra careful with our communications, and even 'fall over backwards' in doing the right thing – for a while anyway. We mustn't leave any loopholes that can be jumped on for criticism. I do believe though that feelings against us are waning, let's hope so anyway.

Sorry, no coloured condoms! In fact no condoms at all at the moment, though there may be some by the end of next week...

From the memory bank

Green Light for Sex Shop

Headline in the Saturday Evening Mercury at the time that FPAT clinics were about to start

Recollection of Pat Mavromatis (Hewitt) 2011

From the clippings

[This extract from an unsourced newspaper clipping (most likely The Advocate) in 1973 contains a fairly timeless message.]

It is perhaps on an international level that the need for family planning programmes is really apparent.

Trained staff were in short supply. Pat went to Sydney shortly after her appointment to receive accredited training as a family planning nurse. Two doctors and two nurses followed soon thereafter.

There was community opposition to the idea of providing young and unmarried people with contraceptive advice. A survey of General Practitioners in 1976 indicated that only 17% frequently raised issues of contraception in any of their consultations, 50% occasionally. Almost half did not see the need for wider availability of contraception and contraceptive advice, and many believed that giving information to young people would encourage sexual activity ... and this was a decade after the Pill became regularly prescribed, and the 'swinging sixties' had swung in the front door and out the back!

Pat recalls that even a midwife complained about the establishment of family planning facilities as it might have done her out of a job!

Much of the literature and publicity of the early years promoted Family Planning as a place where married couples could go to receive counselling about the spacing of their children. Given the times, the reality was a bit removed from the public message. Networks of young people (not necessarily married) quickly passed on the message that Family Planning was an OK place to go, where your views and needs were respected. A survey in 1981 indicated that 83% of clients were unmarried; 99% were sexually active before their first visit; and that 55% were under 20 years of age. Such a client profile was not without its challenges. Pat recalls a number of phone calls from angry parents who had discovered that their daughter (never their son) had consulted Family Planning and been provided with advice and contraception. Suddenly she was faced with a new "client", the parent, one who had a different set of needs and problems which, fortunately, could usually be addressed with gentle understanding. Paul Duncombe recalls some of these phone calls early in his term as CEO from 1985, but seldom later, as realities changed.

The organisation's work with young people received some affirmation in the late 1970s with the receipt of a legal opinion in relation to providing contraception to people under the age of consent to sexual intercourse (17 in Tasmania). That advice stated that the provision of contraception was not aiding and abetting the breaking of the law; it was merely altering the outcome.

Community education was a focus from the outset. Pat remembers that late night talkback on commercial radio was a good avenue for getting messages across and starting discussions.

Pat was awarded a Churchill Fellowship in 1977, and from April to July that year travelled to England, Italy, Hong Kong, Singapore and Malaysia looking at family planning education services, with an emphasis on youth services. The trip confirmed to Pat that Tasmania was not far behind the rest of the world in its programs, and, given the state's small population and size, the diversification of services, with a wide range being available from each centre, was an improvement on the more specialised services available in larger cities.



The money dries up

Just as things were starting to move ahead, Commonwealth funding cuts started to bite, and Tasmania was not exempt from these. In 1977 staff were advised that, because the organisation was operating on overdraft, their pay would need to be based on a throughput of patients rather than hours employed. It is doubtful that such a proposal would be approved by any workplace regulation authority today, but the pioneering spirit that was the mainstay of the early days of Family Planning saw general acceptance of this state of affairs. Such challenges inspired staff even more. The situation improved after the end of the year, when emergency funding was received from AFFPA, the national body, the International Planned Parenthood Federation, and from the State government.

Funding shortages were destined to plague the organisation throughout the first thirty years. As one of the smallest Commonwealth funded programs, the Family Planning Program (to use one of the many names it had over the years) was always an afterthought. Indexing of the funding never kept pace with CPI increases, even though successive governments admitted that health care costs were increasing at a faster rate than general inflation.

Enter some more volunteers who seemed determined to hang about

It was at about this time that Colin Wendell-Smith sought some assistance with managing the grant applications and acquittal processes for the organisation. He chose to seek the advice of an accountant who was the Budget Officer of the University of Tasmania. Thus began what was to be a long association between Paul Duncombe and Family Planning in Tasmania.

At about the same time, a recently settled UK doctor called Graeme Riddoch was invited to join the Education Committee by its convenor and his relative, Ian Lewis. Graeme had spent 1975 in Tasmania, deciding to settle permanently in 1976. He had completed his family planning training in London in 1972 and was to go on to a long association with family planning in Tasmania. He moved from the Education Committee to the Medical Advisory Committee in 1978, was the first male doctor to deliver clinical services for the organisation, and served as Convenor of the Medical Advisory Committee from November 1983 after Joe Correy's retirement from that committee. At a time when many other family planning organisations had a paid medical director, Graeme assumed these day-to-day responsibilities in an honorary capacity. He joined other medical directors across Australia in developing a national curriculum and examination for doctors wishing to train in family planning. This national group was also responsible for a national Biological Sciences Symposium, discussed elsewhere. Graeme's active involvement with the state organisation continued until the mid 1990s, and with the national organisation until 1999. He was awarded the Family Planning Australia President's Award in 1997 in recognition of his enormous contribution to the movement.

The threat to the future has become that of sheer numbers – too many children competing for love and attention within the family, too many people competing for a just share of the resources of the world, too many unplanned pregnancies, too many unwanted births.

Family planning is not something just for the less developed regions of the world to concern themselves with.

The more affluent inhabitants of the earth, whose numbers are also growing, are rapidly using up the world's natural resources, while various forms of pollution appear to be destroying the tenuous ecological balance on which life itself depends.

From an environmental point of view the consequences of rapid population growth are as serious for the rich nations as for the poor nations.

From the minutes:

Staff payments

The Council accepted a recommendation from the executive that clinic staff should be paid from November 1st 1973 at Health Department rates. These are – Doctors \$7 per hour; Nurses \$2.78 per hour plus 5c per certificate; Lay helpers [receptionists] \$1.50 per hour.

Council minutes 9/11/73

From a CEO report

Since 1971 it has been legal to talk about contraception but only since 1975 has it been legal to prescribe contraceptives....

Although 99% of the population is Catholic, most appear to follow their own conscience where contraception is concerned.

Report on a visit to the Family Planning Association in Milan Italy. Churchill Fellowship report Pat Hewitt (Mavromatis) June 1977



From the memory bank

It was really not until I encountered the angry literature of the feminist movement, in the late 1960s, that I became aware of the long-term injustices that had been imposed on women, in denying them control of their own fertility. A book, "*Gyn-e-cology*" by Mary Daly, exposed the patronising and prejudiced behaviour of gynaecologists to their patients. "What you need is another baby!" "Real women don't have a libido", "Your whole duty is towards your husband!"

Unpublished memoirs of Mary Kille

From the minutes:

AFFPA Council [national body]
Abortion Policy resolution – draft policy document..

Prof Wendell-Smith reported that at the [AFFPA] Council meeting he had abstained from voting on item 5 of the policy resolution (listed hereunder) and stated that he felt this to be necessary because to do otherwise would compromise some members of F.P.A.T. and probably lose the Association their membership. Concern was expressed by some members about the abstention by Tasmania, but a unanimous decision confirmed the abstention.

"Recognising the manifold political, legal, medical, social, religious, moral and personal implications of induced abortion, and the right of Member Associations to determine their own policies on abortion, this Council notes the widespread practice of abortion, whether legal or illegal, as a method of fertility regulation in Australia and resolves:-

1. that contraception is preferable to abortion
2. that reliance on abortion alone is not a responsible method of planned parenthood
3. that early abortion is preferable to late abortion
4. that skilled legal abortion is preferable to unskilled, illegal abortion
5. that abortion laws and practices should be liberated in order to

Finding secure homes and delivering services in the community

The Hobart family planning operation started at Clare House, a government-owned building in New Town, reflecting State government support for the fledgling organisation. Soon after, in August 1973, it moved to Ellerslie Road in Battery Point, then in 1978 into a government-owned building at 73 Federal Street in North Hobart which was renovated using joint state and federal government funds, with the specific needs of the organisation in mind. Some amazing negotiations obviously happened behind the scenes as Federal Street was made available on a peppercorn rent for an unspecified time - the diplomacy skills of Colin Wendell-Smith at work again!

In Launceston, by 1974, the Family Planning Association was running a clinic session at the Queen Victoria Hospital. It wasn't until June 1977 that the Minister for Health officially opened Family Planning's own premises at 77 Cameron Street, where the organisation was to remain until 2002. Access to more of the Cameron Street premises was granted in 1980, and again in 1987. The Launceston premises were also provided at a peppercorn rent by the state government.

Clinical services were started in Howrah from about mid 1975, and at Rokeby and Bellerive by 1976 after the ore carrier Lake Illawarra slammed into the Tasman bridge, collapsing several spans and dividing the city until the bridge was rebuilt in 1977.

By mid 1977 the Association's clinical services at the Women's Division of the Mersey General Hospital at LaTrobe just south of Devonport were recording a steady attendance of 5 to 6 per week. This clinic closed in 1978, a combination of funding and staffing issues. Services re-opened in 1987 in a former child health building in Madden Street, only to close again in December 1996 as client numbers dwindled. Perhaps a major influence was that other youth services had been established in the city by 1996.

The first FPA worker in the Burnie region was Philippa Sharman, a nurse who had completed her family planning training in Sydney in about 1975. She had made herself available as a contact, with her name in the telephone book, under "Family Planning". When Dr Mary Kille met her after Mary's arrival in 1973, she was so impressed by her kindness, her dedication and discretion, and her welcoming smile, that she knew Philippa was the ideal person to help her open a clinic in Burnie. Mary's application to the Board of Management of the North West General Hospital in March 1976 for a Family Planning Clinic in the Hospital was approved, and the clinic was opened in the Outpatient Department on April 5th 1976, to be held every Monday evening and staffed by Mary Kille and Philippa Sharman. While the clinic was funded by the hospital, it was run using protocols and policies of the Association, so was a Family Planning clinic under all accepted definitions.

Queenstown was early identified as in need of a family planning clinic. At the November 1973 meeting of the Council it was reported that the Matron of



the Lyell District hospital, the local clergyman, and a Child Health sister had all requested the establishment of a family planning clinic. According to Pat Hewitt it was not possible to buy condoms in Queenstown other than at the local service station. The local pharmacy did not stock them on ethical grounds. They did supply the Pill - because there was a legal obligation to stock this as a scheduled pharmaceutical – albeit reluctantly. At the November 1974 Council meeting it was agreed to start clinic activities in Queenstown as soon as funds permitted, but services were to be restricted to education and information only. Difficulties with both funding and staffing contributed to the dream being only partly achieved.

A clinic session at Zeehan started in 1977. Mary Kille's memoirs describe the situation. "I was telephoned one day in 1977 by the FPA, who were concerned that the only doctor on the Tasmanian West Coast, a Dr Bracken, at the mining town of Zeehan, was refusing to prescribe the contraceptive pill. I was much amused to receive from my sister, then living in California, a cutting from a San Francisco newspaper, describing this as an example of antediluvian attitudes in the outback of Australia! An "emergency service" was organised, and I travelled several times to Zeehan in an undercover operation to run some clinics for the women there." What dedication! Zeehan is 140kms from Burnie.

Learning to run

Alongside the major task of establishing clinic facilities, a great deal of effort was being invested in the areas of professional education and community education. The Association ran its first nurses' training course in May 1978. There were ten participants in the course held in the new premises in Federal Street. Many of the participants in this one week course were child health nurses. Prior to the commencement of nurses' training courses, the child health course of six months included only one hour of family planning content! The family planning course was later to become a compulsory part of the child health course.

In the same year the Association's first film, *For Better, for Worse*, about family relationships and birth control, was released.

In 1973 the organisation acquired the services on a voluntary basis of two women with the name Sue Williams. Both were volunteer receptionists, occasioning some confusion. The first Sue stayed with FPAT until she moved to Western Australia in the late 1970s. The second took a particular interest in community education programs. As Pat was fully occupied with education work for health professionals, Sue took on the work with secondary students and youth groups. She was to stay with the organisation until 1989, holding the position of Education Manager when she resigned to move to Sydney. There she worked for Family Planning NSW, returning to Family Planning Tasmania (as it was by then called) in the new century as CEO.

Sexuality Education had a high priority for the Family Planning Association of Tasmania. It was a controversial issue – as it was in other states and territories. In 1972 the Tasmanian Education Department introduced a Personal

facilitate access to medically skilled abortion; and

6. that all support service should be freely available for those women seeking abortion or wishing to continue their pregnancy.

It was agreed that the representative to the AFFPA October meeting should hold the same line.

Council minutes 22/8/79

From the minutes:

F.P.A.T. POLICY ON SMOKING IN CLINICS: It was a consensus of opinion that, as a health-oriented organisation, for health reasons we should be seen to set an example, and smoking should not be permitted in clinics.

Council minutes 7/3/80

From the newsletter

[In 1981 pregnancy testing was not the simple test it later became. Urine samples were processed in a pathology lab]

ODE TO THE URINE TEST

At nine o'clock the clinic opens, on most days of the week.

Lots of people come to see us, and many of them seek

Advice on contraception – for them we do our best.

For others, alas, 'tis too late, so we do a little test.

"Just a nice clean jar," we say, "and bring it in by ten,

A label to write your name on, in pencil or in pen."

Can you just imagine what a variety we see

Of jars containing specimens, of early morning wee?

Some, like vegemite and baby food, are small and really cute.

Others, previously contained the jam of some delicious fruit.

Coffee jars are very good – the big ones hold a lot.

And some containers, when they arrive, are really still quite hot.

Some have held tomato paste, and some tomato sauce,

And the dear old peanut butter jar – still popular of course.





Pickle jars we see quite often – some mild and some quite spicy,
And on chilly days, specs left in the tin, are decidedly icy.
Some contain a few small drops – other half a litre,
Some are wrapped untidily – others are much neater.
But there is definitely one type of jar we never, ever seek,
The worst containers of the lot – the ones that have a leak!

Anon. Staff Member!

Newsletter June 1981

From the newsletter

SCORED A TOUCHDOWN

F.P.A. correspondence to its treasurer is addressed to him at the University. Recently, a new member of the administrative typing staff opened an envelope from the Association and removed the contents to be sorted with the official mail.

Once parted from its envelope, the contents gave no clue to the intended recipient. It was delivered to one of the treasurer's colleagues, who looks after the University's Child Care Centre, amongst his other duties.

The F.P.A. correspondence finally reached its destination, bearing the following endorsement:

"No Mr Duncombe is the prevention man. I look after the ones which slip through his guard."

Now, that's teamwork!

Newsletter June 1981

From the newsletter

HOW AWARE ARE WE OF THE CLIENT?

'Jenny' is one of our clients, who is frightened of all doctors, and recently needed further assessment outside our clinic. I agreed to go with her, as she had no caring family support.

My rushed departure from home (early on my morning off) was made worthwhile by the greeting I received from an anxious Jenny who said:

"Gee I'm glad you turned up. I would have shot through if you hadn't."

However I was soon asked to leave by the doctor, who said he felt inhibited, with me there. When I said I had come at Jenny's request, he replied that she would have to learn to cope on her own sometime. I felt inadequate at that time to express my dissatisfaction and thought it wouldn't help anyway, so I reassured Jenny that I would wait outside the door.

I was there when the doctor came shortly to tell me Jenny would need an anaesthetic to be assessed, and that you can't help people like her – so anti-everything. Before I could explain that Jenny's aggressive stance protected a tender heart, which had known much pain, and I could therefore understand why she had never learned to trust people, Jenny herself joined us.

Over morning tea I asked her how she had felt when I was asked to leave, and her immediate reply was,

'Frightened! He was only thinking about himself. He didn't think about how I felt, without you there!'

I quote this incident in the hope that it can be used constructively. Anyone, but especially doctors and nurses (I include myself), often use time as an excuse for acting god-like in assuming we know what is best. I suggest clients have a right to know what our training can tell them about themselves, and to share in deciding what happens to them.

We need to allow time to listen to them – not just their words, but their feelings. Only then, I believe, will we be able to help people to be responsible for their own health.

Elaine Watson

Newsletter December 1981

From the newsletter

WE CELEBRATE OUR 10TH BIRTHDAY

It was on the 17th November, 1972 that an Inaugural Meeting was held in Hobart to launch the Family Planning Association of Tasmania. In May 1973 funding from the Federal Government

was forthcoming for the establishment of centres in various parts of the State.

Ten years is a long time, but looking back so much has happened. I still remember clearly my first 'clients' who made their way to our single room office at Clare House in New Town. I was so nervous! When we moved to Ellerslie Road, we were very close to the Catholic Family Planning Centre, and the sister there, would compare with me, week by week, the number of contacts we had had with the general public. For months we varied between none and two a day! F.P.A. now averages between 20-30 a day in Hobart alone.

In those first weeks Colin Wendell-Smith would collect the post from Sandy Bay and bring it to me each day, go through it with me and tell me what to do. What patience and dedication! And we still use his experience and expertise but not on such a regular basis!

Our first clinic was started in the Child Health Centre at Bellerive in July 1973. I remember one cold, wet night assisting Val Davenport with an I.U.D. insertion. The lights fused half way through the operation. No torch, pitch dark and we had trouble locating the fuse box, but surprisingly we were able to complete the insertion without mishap to patient or staff!

The clinic on the Eastern Shore continued until January 1978 when it was felt that sufficient doctors and nurses were now F.P.A. trained and were offering an adequate service in their own practice or in the Health Centres.

Sufficient funds were not available to have more than one clinical session a week in Devonport and it seemed right to close this session in July 1978. It would still be desirable to have an F.P. clinic in Devonport but money for an F.P.A. clinic is unfortunately not available. Dr Helen Cutts continues her education work with all trainee nurses at the Mersey general hospital – she has been doing this for 10 years – and with unemployed groups at the Technical College.

Our Launceston clinic started in August 1973. We borrowed room from the Child Health Centre as we did in Bellerive, but





Development Unit in the Grade 9 Social Science Course in ten secondary schools, on a trial basis. There was a storm of protest from parents and community leaders, and objections to the resource material used. The Education Department issued guidelines for teaching Personal Relationships in secondary schools which were adapted for use in primary schools in 1981. The guidelines meant that the course was voluntary at all levels and, as a result, many schools had inadequate and fragmented courses.

At the *Women's Health in a Changing Society* Conference in 1975, two views of school sex education in Tasmania were given. In one paper, Mrs Mollie Campbell-Smith (Vice-President of FPAT) emphasised the need for a graded course through the school years and for selection and training of teachers. In the second, Mrs (later Senator) Shirley Walters – member of Right to Life and wife of the Chairman of FPAT's Medical Advisory Committee, made a plea for a "return to and revitalisation of the conservative approach ... rather than going along with the radicals because they are vocal and feel the need to work off their neuroses".

By the mid 1970s Centacare was offering a three part program to primary schools based on a series of three BBC films. These programs were offered to parents and children in the evenings. One primary school was unable to access the Centacare program and so approached FPAT to present something similar, which it did. At the end of the sessions, the Principal (Don Dabner) commented to the FPAT educator that he thought the children, although very interested, were constrained by the presence of their parents and reluctant to ask questions. He also observed that the students who could benefit from the information were not present because their parents couldn't or wouldn't attend. He suggested that the program should be presented in school time with parents welcome to attend but with students able to attend without parents (provided they had parental permission).

The program was presented again later in 1975 under the new arrangements. Even though several parents attended, overall the students participated more and asked more questions. Apparently the reluctance to ask was because some students didn't want their parents to find out what they, the students, knew about. Over time, the format in which sessions were run in school time became the standard and, on the premise that all children should have the same status - either all had parents attend or none had parents attend - the sessions became parent-free. This was one of a number of improvements made to the fledgling school education programs offered by the Association. It contributed to the popularity of the programs such that, by 1985, 235 hours of program were delivered to 1,168 primary students, and 153 hours of program were delivered to 2,368 secondary students.

Parents were, however, required to sign permission forms for their child to participate and there would be frantic activity on the first day of the program, sorting out the notes and ringing parents whose children wanted to attend but did not have a note. There were other children who wanted to attend but had parents who, for one reason or another, would not sign the forms. After a couple of years of this, several schools changed their approach and sent a letter to parents informing them that their child's class would be participating

the demand for our services grew, and so in July 1977 we were given rooms of our own at 77 Cameron St. And now, having outgrown those rooms, the Government has renovated extra rooms at "77", some of which we share with the pregnancy Support Council (sic). Jannette Hatwell was our first doctor in Launceston and she remained with us until her untimely death in 1974. A special fund was established by the Northern Women graduates in memory of the work Jannette did for family planning in Launceston. This fund is used for training purposes, particularly those in the medical profession.

An advisory service continued in Queenstown for about 7 years with Alison Cowan being "our woman on the West Coast." Regrettably Alison recently felt unable to continue this service though I am sure she is still known as "the local expert."

Burnie clinic is well established at the Burnie General Hospital and although not actually funded by F.P.A. it is an F.P.A. clinic in every other respect. A first for Burnie was having the foresight to visit the post natal wards twice weekly.

Hobart moved from Ellerslie Road, Battery Point, to 73 Federal St, North Hobart in March 1978. This site has proved much more convenient to our clients and parking is no longer a major problem.

At a time when we have been turning over 100 clients away each month, the Federal Government has at last given us permission to increase our sessions to meet the demand. What a pleasant birthday present.

Community acceptance for the work of F.P.A. has been slow but our aim has been to work only in areas of need and not to duplicate existing services. An early criticism to our work was:-

"We don't need family planning in Tasmania, we don't have a population problem."

With increasing acceptance of our work and the understanding that it is much broader than just "birth control", the work has developed to include teenage counselling, pregnancy counselling and education programmes for educators



– that is, teachers, parents, nurses and doctors.

I wonder what the next ten years hold for F.P.A.?

PATRICIA HEWITT

Newsletter November 1982

Letters from prison

15/7/83

Dear Sr Hewitt

A few lines only, to tell you of our gratitude; of the great understanding, and the knowledge, which leaves one rather relieved that there are people, such as yourself, outside to help us. Thank you also for the fruit we are most grateful.

This morning I was filling in my chart & stopped when I had the thought that I now have no-one to show it to, to ask questions, to receive the answers and the reassurance that I and others need. For that I am sad and sorry. We will however, show others that come in, the pamphlets that are left and tell them of your clinic and your good work and friendliness.

There are always times when one misses opportunities- I feel our last Friday was such a day. An opportunity to say thank you for sharing your knowledge and experiences with us. From your friends.

Take Care, Kind Regards

Sally

27/7/83

Dear Sr Hewitt

I was so thrilled to receive your letter. I must confess that I hadn't been keeping up my charts – simply because – as I said before – there is no-one to show them to – but upon receiving your letter I started again. I'll bring them to you when I go to the clinic upon my release. Thank-you for showing interest – it makes a great deal of difference. Maxine did get her booklets back & she is also doing her exercises & eating properly – lots of raw vegie salads with nuts and cheese. She has gotten very big in the last two weeks.

in a *Growing Up* program and, if they had an objection to their child attending, they were to contact the school. This gave the staff the chance to address any parental concerns on a one-to-one basis. The Education Department decided that children could be withdrawn “if the principal was satisfied that the child was receiving the information from another reliable source”. These withdrawals were few. After another couple of years, schools didn't bother with this strategy either as parents knew that the *Growing Up* sessions were an integral part of the school program.

In the late 1970s, the FPAT Education Committee decided to offer evening parent sessions to schools, to be held before the student program started. This was a deliberate move to address potential protests from unhappy or aggressive parents or other community members. The attendees were shown the resources to be used and were given an overview of the content to be covered. There was a question and answer component as well, which usually elicited many and varied questions such as “Are you going to teach my son to be a homosexual?” The schools supported this question and answer approach because it was not uncommon for them to have angry parents (who hadn't attended the session) complaining about the *Growing Up* Program. They could now respond that the parent sessions had been offered and basically not to complain if they hadn't bothered to turn up.^{vi}

Teachers' seminars commenced in 1981 with Sue Williams playing a major role in designing the curriculum and delivering much of the content. The aim of these programs was to provide teachers who wanted to run their own school program with the necessary skills. They had the additional benefit of convincing teachers who were not confident about tackling the issues – even after their training seminar – to call in the ‘experts’ from FPAT to teach the children.

1981 also saw the release of FPAT's second film *Letting Go*. It pushed a few boundaries as it dealt with a sexual relationship between unmarried young people.

In those years a program was offered in Risdon prison covering personal relationships, anatomy and physiology, and any other issues prisoners wished to discuss. Pat still has two letters from a prisoner dated 1983 thanking Pat for her understanding – and for the fruit that she brought to the session. The author of the letter was a young woman in prison for murder.

Pat says that the early days of breaking down barriers were the most challenging and the most rewarding. One young woman, a friend of the prisoner mentioned above, stays in contact with Pat to this day. She is now a grandmother, and Pat attended both of her weddings.

In 1981 Pat wrote to Pope John Paul II about abortion, referring to the FPAT approach to reducing the number of abortions by a combination of community education, training of professionals and the provision of contraception. She recalls that, apart from an acknowledgement from within Australia, she did not receive a reply, perhaps because of an attempt on his life three weeks later. Perhaps not.



Early advisory committees

A Medical Advisory Committee established from the outset performed a guiding role in developing medical training and also in legitimising the clinical aspects of FPAT in the eyes of the medical profession. Key players on this committee were Dr David Walters, its initial Chair and a member of Right to Life, and Professor Joe Correy, his successor as chair. After Joe retired, Dr Graeme Riddoch took the role, ably assisted by Dr Roald Fullerton who joined the Medical Advisory Committee in 1981. As well as their role in defending the work of the organisation, they gave freely of their time in developing training course curricula and delivering the programs. In 1982 FPAT ran its first Doctors' Training Course which would not have been possible without the expertise and commitment of these generous and committed medical professionals.

An Education Committee acted as a source of independent expertise and a sounding board for the education programs that were being developed at this time under the guidance of Sue Williams. Chair of that committee was Professor Ian Lewis, a staunch supporter of FPAT from the beginning.

Meanwhile on the National scene ...

Colin Wendell-Smith was president of the Australian Federation of Family Planning Associations (AFFPA) when it appointed its first full time staff member in 1978. Wendy McCarthy had been a community educator with FPA in NSW and was active in promoting the FPAs at the national level. Her knowledge of the issues, as well as her membership of the Women's Electoral Lobby and her excellent presentation skills, opened many doors and many eyes at a national level. With some of those eyes being critical ones, a consequence of a higher profile at national level was greater scrutiny from those who did not agree with the aims and objectives of the family planning movement. It is fair to say that those eyes are still looking.

An annual Biological Sciences Symposium had been held since 1972, with the organisation of these events a major national exercise. Mary Kille remembers these events as "high-quality seminars, presenting new research. I attended their seminars in Adelaide in '78 and '90, Thredbo in '83 and '88, Leura in '86, Launceston in '87 and Hobart in '75 and '94"^{vii}. The last Biological Sciences Symposium was held in Adelaide in 1999.

Pat calls it quits

In 1985 Pat decided that it was time for her to move on and to make way for new skills at the helm of FPAT. Pat's expertise and reputation had been invaluable during the pioneering era. Her relationship with Colin was based on a long term friendship and mutual respect. Between them they achieved a great deal, maintaining a diverse support system for FPAT. By 1985 Colin had stepped back from the governance of the organisation while holding the title *Founder*

We started spinning the last two Monday craft days & it is such fun to do & so relaxing- the fleece is absolutely beautiful.

My sister is going extremely well with her pregnancy. She really does show – it suits her very well indeed.

Tomorrow the Gov and others are coming for afternoon tea, so I spent last night cooking, which means I'll have to spend extra time studying tonight but ive [sic] till 10pm so I should catch up. I think sometimes its just as well I really enjoy my studies otherwise I'd not put up with falling asleep with a textbook in my hand every night!

Anyway please give our regards to Sue & say that we are sorry she couldn't come for us to meet her.

Hope your vege garden grows well.

Take Care

Kindest Regards

Sally

From the newsletter

THE END OF THE BEGINNING

Volume 1 of F.P.A.T.'s history was closed at 5pm on Friday 1 March 1985. After a brief drink with Hobart staff, and among a few tears all round, Pat Hewitt finished almost twelve years with the Association. More importantly, it was the first twelve years of the Association's existence, so Pat was farewelled by staff who had all been appointed by her.

In addition to the small gathering on her final day, Pat was farewelled at a dinner in Hobart, a staff luncheon in Launceston and a luncheon arranged by Council.

Twelve years ago a nurse called Pat Said "Oh dear just look at that Unwanted pregnancies here and there Contraception advice is extremely rare. It's high time someone took a stand And repeat the message across the land. I'll start a clinic to show the way!" And so she established F.P.A.

It was slow at first and she sometimes wondered If perhaps she might have blundered. But after a time, things did improve;





It was hard to believe how fast they
could move.
People were coming from near and far...
By foot, by taxi, by bus and car.
For a packet of pills, or a pregnancy test,
For they knew that the service was the
best.
Then F.P.A. moved to Federal Street.
And Pat was there in the driver's seat.
She picked out her staff and trained
them well.
If they did things wrong she gave them
hell,
But she did it in a manner so kind
That people took notice, but didn't seem
to mind.
She was always there to take a hand
When our domestic problems got out
of hand.

Then she decided it was time to go
And find new fields that she could sow
To meet new people; do different things
To branch right out and spread her
wings.
So now she's left us for a different scene
It's great to know she's fit and keen.
Pat's off to a world of plants and trees
And she'll still be working with the birds
and bees!

SUE WILLIAMS

Newsletter May 1985

From the minutes:

ASSOCIATION POLICY ON ABORTION

The abortion policy was circulated before the meeting. Written suggestions from staff were tabled. Pat outlined the procedures which gynaecologists were insisting upon where termination was being recommended, and the procedures which the Association was following in order to meet these requirements while minimising the anguish to the patient. After discussion, it was agreed to circulate the following revised policy to staff and Council members and to discuss it further at the next meeting.

"In our clinics a client who proves to be pregnant is counselled, and, having made up her own mind, may be referred to an agency of her choice for further management in accordance with normal dictates of medical practice."

Council minutes 22/2/85

President and was always available for advice if asked. Colin was to return briefly as President from 1996 to 1997 at the request of Council.

President of Council at the time of Pat's resignation was Margaret Allwright. The Council put in place a selection process for a new Administrator with the luxury of an assurance from Pat that she would continue until the new appointee was in place and a handover had been completed.

One of the applicants for the position had a pretty good understanding of the organisation already. Since the mid 1970s Paul Duncombe had been assisting Colin with grant applications and acquittals. He was appointed as Treasurer when Brian Sampson resigned that position in 1979 having been elected to the Council in 1977. After due process, the selection committee decided that Paul was the best applicant for the position and he took up his appointment in February 1985.

Coming out as pro choice

During the two week handover period, Pat became increasingly concerned about the lack of clarity in relation to the organisation's approach to abortion referrals. The policy of the organisation was that it did not refer for abortions. Rather, if a client facing an unplanned pregnancy opted for an abortion, the FPAT doctor would refer her back to her own doctor for further management. This policy suited those policy makers on the Council who had a problem with abortion. If applied strictly it would put the client through further stress at a time when she least needed it. A practice had developed where one FPAT doctor would refer to another FPAT doctor in their capacity as a GP ('her own doctor' in the terminology of the policy). From there the practice was further streamlined to the extent that FPAT doctors brought their own letterhead to the clinic and made the abortion referral on the spot after a quick "change of hats". So the referral for abortion was coming from GPs, working in FPAT clinics.

Sue Williams recalls that at this time abortion could be obtained by women who had (or in many cases did not have) private health care. They would be referred to a private gynaecologist and the procedure would be carried out in a private hospital where it may or may not have been called something other than a termination of pregnancy. Many Tasmanian women went to the mainland for the procedure, bearing the cost of flights and accommodation as well as paying for the operation.

At a meeting of Council that had been scheduled at the conclusion of the two week handover from Pat to Paul, Pat recommended that the policy on abortion referrals be changed to reflect the reality: FPAT doctors could refer FPAT clients for abortions if that was the client's decision after the appropriate counselling. The policy passed the Council, and the change was reconfirmed at the next meeting. Not surprisingly this led to the resignation of those Council members who did not support it. FPAT had come out as a pro-choice organisation. At the same meeting it was agreed to recommend that the name of the organisation be changed at the next AGM to Family Planning Tasmania. The new Administrator



had a new policy and a new organisational image. Family Planning Tasmania was a bit short on Council members, but that was soon remedied.

The Council was not the only place to feel the aftershocks of the policy change. Margot Kingston, Clinic Manager from 1993 to 1999, recalls that among the staff there was a certain coyness about any reference to abortion. Perhaps it was a matter of old habits dying hard, but several staff member were ambivalent about the role the organisation played in relation to abortion. The word itself remained something of a taboo – some staff felt more comfortable if the medical term “termination of pregnancy” was used while others refused to provide consultations for women requiring referral for abortion. As time went on attitudes gradually changed, but staff recruitment also changed to acknowledge the realities of being a pro-choice organisation: carefully worded interview questions were included as part of the recruitment process, ensuring that potential conflict between personal beliefs and organisational values could be avoided.

Taking stock

A review of the organisation that Paul Duncombe inherited showed some ground-breaking achievements, many underlying strengths and some substantial challenges. FPT (as we shall now refer to it) had survived the amazing pioneering years with a good reputation. Much of this reputation had been built while “flying below the radar” in the face of opposition by the medical profession, conservative policy makers both within and beyond the organisation, and a community that was reluctant to come to terms with the realities of society in the 1960s, 1970s, and 1980s. The staff of the organisation were committed, enthusiastic and capable. They had been working for some time as a team and were obviously willing to tackle the challenges of the future.

There was great client loyalty. Clinic clients were fulsome in their praise of the service and were quick to tell others in their networks about the organisation. Many clinic clients had first heard about FPT in school education programs. Nurses, teachers and other professionals who had completed training courses were an enthusiastic band of supporters, ever willing to rally to its cause.

Money was still very tight, with demand for services outstripping affordable supply; for example, clinic waiting times were occasionally an unacceptably high two weeks.

A disease called AIDS was just starting to be talked about locally. Clearly there was a high priority to find out a lot more about it and to determine how this would affect clinical practice and educational messages.

The Police Offences (Contraceptives) Act of 1941 was still in force. This Act provided in part that “no person shall display contraceptives in view of persons in any place”. This legislation did not enhance the work of FPT!

A new national program called Nurse Practitioner was starting to be introduced interstate. Nurses who had undertaken accredited training and professionally

From the minutes

ABORTION POLICY

It had been agreed at the last meeting to examine further the following draft policy on abortion –

“In our clinics a client who proves to be pregnant is counselled, and, having made up her own mind, may be referred to an agency of her choice for further management in accordance with normal dictates of medical practice.”

It was agreed, unanimously that this should be the policy

Council minutes 17/5/85

supervised procedures were able to perform pap smears and other procedures, under medical supervision. There was enthusiasm by the nursing staff and some Family Planning Tasmania doctors for introducing this program to Tasmania. The challenge was to move Tasmania to a point where the national concept was able to be implemented locally.

School education programs had come a long way under the leadership of Sue Williams and the team which included Prue Lake in the North West and Denise Cook in Launceston. Sue recalls that they all got used to being greeted by primary school children in the local supermarket with “There’s the sex lady”. The team worked closely with the Education Department’s Health Education Officers – Bev Tracey and later Sharon Boyd. At first, secondary school education consisted of invitations to just talk about contraception. It was not uncommon to receive a request to address a hundred Year 10 students for fifteen minutes – on the day of the Leavers’ Dinner! - however, the support of the Health Education Officers meant that more comprehensive FPT education programs were taken up by more schools – both primary and secondary – and teacher training courses were also implemented. There was continuing debate about providing compulsory sexuality education programs as part of the school curriculum and about who should deliver them. Many teachers were only too happy to leave it to external providers, but there were many others who, with support and resources from FPT, proved to be very effective sexuality educators.

Working with the strengths, working on the challenges

Idiocy in an age of AIDS

The *Police Offences (Contraceptives) Act* had long been recognised as belonging to a previous era. In 1976 the Tasmanian Parliament passed the Therapeutic Goods and Cosmetics Act, designed to replace the 1941 legislation. It was a complex and convoluted piece of legislation that required a raft of regulations to restrict devices that did not require restriction. It had not been proclaimed because the regulations had not been written, so the even more cumbersome 1941 legislation remained in place, impeding safer sex messages and contraceptive availability throughout Tasmania.

The organisation had been pressing the Health Department and the Minister for some time to proclaim the 1976 legislation. It received the standard answer that there were insufficient staff to draft the regulations. From 1985 Family Planning Tasmania started calling publicly for the repeal of the 1941 Act on the grounds that it was detrimental to people’s health in the 1980s. While the absence of regulations in relation to the 1976 Act was always the response, FPT stopped calling for the proclamation of this Act, just the repeal of the 1941 legislation. The issue had all the makings of a Monty Python sketch. National AIDS campaigns were being developed urging safer sex practices, including the use

of condoms. Tasmanian legislation prohibited the display of any contraceptive, including condoms, and consequently the sale of condoms in vending machines. FPT painted word pictures of shy people in overcoats sidling into chemist shops with a “wink wink nudge nudge” attitude, looking for where the condoms were being hidden. There was a great deal of media exposure of the display of condoms in the reception areas of FPT centres, in clear breach of the outdated law. Regular invitations were issued for the authorities to come and arrest the staff. Unfortunately the invitations were not taken up. The stand by FPT was supported publicly by the Pharmacy Guild and other professionals.^{viii}

Paul Duncombe recalls that both he and FPT had a good relationship with Health Minister John Cleary. It was just that he did not place repeal of the 1941 legislation high on his priority list, despite ongoing efforts to embarrass him to do so.

A major publicity coup arrived on FPT's doorstep in 1986, just after FPT had launched its *Roll on Responsibility* t-shirts. Federal Health Minister Neal Blewett paid a visit, agreeing to be photographed in one of the promotional garments. This gained publicity not just for the t-shirt campaign and for the wider Commonwealth HIV/AIDS safer sex campaign, but for legislative reform in Tasmania.



Federal Health Minister, Dr Neal Blewett,
assists with our education campaign
Photo Courtesy: The Mercury



matic decrease in teenage pregnancies in Aus-
discussed, and Mr Duncombe pointed out that
ishment of family planning associations had
with this sharp decline.
r, the Australian rate is high by world stan-
d the Tasmanian rate is high by Australian
ist be doing something wrong, and I believe
m is the 'Claytons' policy on sexuality educa-
ools, which allows for opting out at all levels,
tributing to the high teenage birth rate.
retary of the National Council of Tas-
s Linley Grant, said the council was disturbed
ication policy-makers left it to individual sch-

From the clippings

Teenage pregnancy shocker for
Tasmania – Sex education taboo blamed
for skyhigh rate

Mercury 10/4/86

From the clippings

Condom ban to be revoked

Sunday Examiner 27/4/86

From the newsletter

ROLL ON RESPONSIBILITY

Our windcheaters and T-shirts launched on 18th April are about to go into their fourth printing. We underestimated their popularity enormously. The artwork is being offered to Family Planning organisations in other states if they wish to use them for their own promotions. Contact one of our centres if you would like one. It will be a matter of recording your order, as our wholesaler is out of stock at the moment.

The television interview with Tas. TV on the day of the launch was the most difficult I have done. The room was full of people – mainly from the media. They all quietened down when the television lights went on. The first question was "Mr Duncombe, what is the thrust of the campaign being launched today?"

The producer, who was in my line of vision, covered his face. The other people in the room broke into muffled giggles. I changed my line of vision, to avoid looking at the producer. I looked at the cameraman who was having a battle with his self-control. The only two people in the room with straight faces were the interviewer and me. The interview continued in a very serious vein. As soon as the camera lights went off the room broke into uncontrolled hysterics. The television interviewer said "What did I say?" I don't recall any more as I then collapsed on the floor.

It's tough being a multi media personality!

PAUL DUNCOMBE

FPT Newsletter July 1986

The Tasmanian election of February 1986 saw the Liberal party returned to government, but a new Health Minister was named. Very soon after being sworn in, the new Minister Roger Groom directed his office to negotiate a truce over the 1941 legislation on the promise that it would be repealed within six months. His strategy was to draw up new legislation to regulate the sale of condoms. The *Sale of Condoms Act 1987* provided for repeal of the 1941 legislation.

Roger Groom was a good friend to FPT during his substantial term as Health Minister. He was to go on to officially open new premises for the organisation in Devonport in March 1987 and Burnie in March 1992.

The *Sale of Condoms* legislation is an amazing story in itself, and will be covered in detail in a subsequent section, for we are getting ahead of ourselves. Back to the other challenges facing Family Planning Tasmania in 1985.

The Nurse Practitioner concept

Family Planning New South Wales had pioneered the concept of additional training for nurses, enabling them, on completion of training, to undertake Pap smears, manage routine ongoing well women's health procedures and (in collaboration with clinic doctors) to assess and recommend the continuation of oral contraception. There had been discussions, promoted by AFFPA the national body, about the other state family planning associations adopting this concept. Those discussions had been commenced in Tasmania under Pat's leadership, but no conclusion had been reached about adopting it.

Paul Duncombe was in favour of it because it was in accordance with new innovations interstate, because it recognised and enhanced the skills of the clinic nurses, and because it was a cost effective way to deliver a wider range of services.

The Medical Advisory Committee had the matter under discussion at most of its meetings. This committee welcomed clinic doctors to its meetings, alongside medical practitioners from the community who had an interest in FPT and its aims.

Many doctors saw it as a streaming process whereby the more routine matters could be dealt with by nurse practitioners, leaving doctors with the more interesting and challenging procedures. Others saw it as an undesirable breaking down of the respective roles of doctors and nurses. The age of the doctor did not seem to have any bearing on which opinion individuals held, but their sex did, with the male doctors supporting the concept while many of the female doctors were more sceptical. It was agreed that FPT had little option but to go with the national flow, at least to the extent of providing staff with the training and trialling the clinics.

Early in 1986 Helen Bird, Clinic Coordinator, and Aileen Buchan, Training Officer, attended the accredited training and supervision sessions in New South Wales. When they returned equipped to run their own clinics, such clinics were offered with a minimum of fuss, with the first clinic run in May 1986. Some



doctors resigned around this time, but it is difficult to say that any resignations were specifically related to the nurse practitioner concept.

Helen and Aileen's upskilling equipped them to train other FPT nurses as nurse practitioners. The 1986/87 Annual Report states that "Nurse Practitioner clinics are now a regular part of our services in the Hobart clinic, and are about to start in Launceston."

After services had started, there were some who began to feel chills to the feet. Clinic doctors had expressed some concern in relation to the legalities; two of them had their lawyers produce an opinion that the concept was illegal. This while the organisation was responding to concerns and seeking an opinion of its own. Clinics were suspended in February 1988, pending clarification of the legal aspects of the authorising of oral contraceptives by nurse practitioners under the Poisons Act. Clarification was received from the Health Department and presented to the November 1988 Council meeting where it was agreed that nurse practitioner clinics should re-commence, not surprisingly without the two doctors who had acted precipitately.

Clinic visits to a doctor in 1986/87 numbered just over 7,000; those seeing a nurse numbered just over 12,000.^{ix}

The term Nurse Practitioner subsequently took on a different meaning from that which was used in the early days of family planning in Australia. In many ways it was a "testing of the water" for the concept to be applied in other areas of nursing. The supply of medications by nurses remained a grey area during the early days, but some of the uncertainties were cleared up when the concept of the nurse practitioner moved beyond the area of family planning. What can be said is that the work undertaken by family planning organisations did result in better access to contraception, particularly by young people, in a cost effective way and in an environment that suited young clients.

School sexuality education programs

As mentioned above, much had been achieved in this area under the leadership of Sue Williams during Pat's time. The push for compulsory school sexuality education programs which had started in the early 1980s continued. While governments and the Department of Education never really opposed the concept, they didn't actively support it either. It always seemed to be on somebody's back burner, even with the lobbying of supportive Health Education Officers. The FPT 1986/87 Annual Report notes that the Education Department had made a pronouncement: that health education, including a component on human sexuality and personal relationships education, would become compulsory in government schools; however, the teacher training program to back such progress had lapsed because funding for training (that is, the provision of relief teachers) was not available, while the demands on teachers to be involved in many other health and safety education matters increased. So, it was a positive announcement, but Family Planning Tasmania waited a long time for some concrete action. FPT's annual report for 1987/88 noted that "despite

From the clippings

The Tasmanian Family Planning Association has called on all candidates in the State election to support the introduction of integrated sex education in schools to reduce the numbers of unplanned pregnancies...

Advocate 24/1/86

From the clippings

Would you believe that the result of the recent State election was decided by sex and birth control? Well that might be overstating it a little, but Tasmania's Family Planning organisation suggests that contraceptives, abortion and sex education were among the issues foremost in the minds of constituents as they went to the polls in February.

In its current newsletter, Family Planning publishes an article by association administrator Paul Duncombe headed "How we changed the Parliament" – described as a light-hearted look at the organisation's contribution to the downfall of some politicians.

Former Health Minister John Cleary, says the article, had been procrastinating on calls by the association to do away with the antiquated restrictions on display and sale of contraceptives. Mr Cleary lost his seat.

Former Opposition Health spokesman Dr Julian Amos had failed to respond to requests by the association to take up the cause of contraceptives legislation. He lost his seat, too.

Former speaker Max Bushby had been asked to support the association on issues relating to sex education, contraceptives legislation and the high number of abortions. He had declined to respond. Mr Bushby lost his seat.

Former Education Minister John Beswick had been asked by the association to introduce sex education programmes in schools. He did not respond. Mr Beswick held his seat "after a hard battle," but was according to the association demoted in the ministry.

The moral of the story, we suppose, is that politicians don't have to become



involved in sex scandals to get into trouble. All they have to do is ignore sex as an issue.

As Paul Duncombe concludes: "The question is will the new Government heed the warning?"

Wayne Crawford, Mercury 3/4/86

From the clippings

Teenage pregnancy shocker for Tasmania – Sex education taboo blamed for skyhigh rate

Mercury 10/4/86

numerous offers of help with the training of teachers, Family Planning's formal input has been limited to one educator talking to six teachers for one hour".

Despite the lack of policy action by the government, FPT continued to deliver programs at the request of individual schools. In 1986/87 programs were delivered in 33 primary schools, 23 secondary schools, 10 district schools, 8 special schools and 14 colleges.^x

FPT was now delivering sexuality education programs which encompassed not only anatomy and physiology but attitudes and values, communication and decision- making. The level of community acceptance of this education work had increased, with many schools no longer requiring permission notes from parents for their children to attend. In this time of HIV/AIDS most were only too happy that someone was enlightening the younger generation. It is interesting to note that FPT educators always addressed the Parents and Friends of any school they were to work in. These sessions became education programs in themselves as parents struggled to understand HIV and other sexually transmissible diseases^{xi}.

The scope of FPT education services became truly statewide when the organisation was invited to work in the schools on the West Coast. Each year, for one week, an educator from Hobart, one from Burnie, and the CEO would arrive in Queenstown to deliver sessions in the two Queenstown schools as well as those in Strahan and Zeehan – often in treacherous weather conditions. Parent meetings would also be held at each school and, to ensure time was not wasted, sessions were also conducted with the apprentices at Mt Lyell. Other outposts visited were King Island where Prue Lake worked at the school, with medical staff, and with community groups, and Flinders Island where Denise Cook from Launceston conducted similar programs.

On the national scene

National Coordinator Wendy McCarthy left the national office at the end of 1984, succeeded by Pam Simons. By 1986 the national organisation was called the Family Planning Federation of Australia. Soon after her appointment Pam co-ordinated a national lobbying campaign in order to obtain additional funding for the state-based associations. This was a national effort, with the emphasis on lobbying Federal politicians by the state organisations, coordinated with military precision by Pam - and it worked. The financial report included in the 1986/87 FPT Annual Report shows that the Commonwealth government's Health Program Grant, which funded clinical services, increased from \$219,000 to \$279,000. This was a major achievement. Having a federated constitution, where the power resided in the state- based organisations, state interests generally took priority over national concerns, but not this time. This lobbying campaign probably worked so well because it was furthering state interests: it would result in greater funding to deliver more services at a state level.

Pam was also instrumental in launching a national poster campaign using artwork developed at the Tasmanian School of Art as part of a poster competition for FPT.





'Ya Need Protection.'



Family Planning.



Tasmanian designed national poster, known locally as "The Cello Fellow"



From a CEO report

THE GIANT CONDOM

Unfortunately this is no more.
Somebody damaged it beyond repair.
We don't know whether it was
deliberate, but it could have been kids
running around it, and fell over. Still
it proved valuable for the time we had
it, and we caused a bit of a laugh in the
Police force when I reported the damage!

LEGISLATIVE COUNCIL

An interesting spin off from the lunch
was that a Member came into the clinic
to purchase some contraceptive supplies.
Said that was the least he could do after
we treated them so well!

17/11/87

The Family Planning Federation of Australia was starting to have an impact on the international family planning scene. It was the federation rather than the state-based organisations that held membership of the International Planned Parenthood Federation. This membership enhanced a move towards collaboration between the FPFA and IPPF to train nurses from other countries in the state-based Australian organisations as well as encouraging the national organisation to apply for its own funding to provide overseas aid programs using its own consultants. Overseas aid work was to become a major part of FPFA's future activities.

Community education

Under Paul Duncombe's leadership, the organisation started to emerge from its early "flying under the radar" stance. This was driven by the desire to have the 1941 legislation repealed and by FPT's involvement in the national campaigns in relation to HIV/AIDS. The organisation soon discovered that the media was interested in just about every aspect of FPT's work. Sex sells newspapers, and a conscious effort was made to increase the media profile of the organisation, introducing a number of topics in the public arena that were previously considered taboo. The media outlets were willing accomplices in the venture, ensuring that a number of education messages were put out there on a zero budget. It reached a stage where the media would contact FPT for a comment on most issues as they arose, and often for any issue Family Planning Tasmania wanted to introduce on slow news days.

This was not without its downside - the organisation was often the target of adverse criticism. The conservative community that Colin Wendell-Smith encountered in the early 1970s was still alive and well. As late as 1992 the Australian Medical Association was complaining about the high media profile of FPT, perhaps with some envy as medical practitioners were unable to advertise their services.

In 1985 FPT undertook a radio campaign with messages aimed at parents of young people. All Tasmanian radio stations were contacted and asked to broadcast the messages as community announcements. Several networks played the messages free of charge. This broadcast activity had the effect of raising FPT's profile even further, but it also caused some disquiet in the community. This was nothing new!

The *Roll on Responsibility* t-shirt campaign was followed up by the introduction of a character named Roland Responsibility. Roland was a larger-than-life, happy condom that could be used as a static display or walked round festivals and the like. He created quite a stir in the media, and put condoms on the public agenda at a time when the 1941 legislation was still impeding good education.



From the files

Radio messages launched in 1985:

No. 1

Teenage female:

Mum, what would you say if I told you I wanted to go on the pill?

Mother:

Well, I would worry about you getting into a heavy relationship at your age, because I would be frightened you would get hurt. But, if you ARE going to do it, and it's your decision, then I'd trust you were mature enough to take on your own and talk about it – or go to Family Planning.

No. 2

Teenage male:

Hey Dad, I've REALLY done it this time

Teenage female:

Mum, I need to talk to you about something serious

Announcer:

No parent wants to be faced with this situation. Educate your children about the facts of life. Family Planning have many resources to help you do this.

No. 3

Female child:

Daddy, why don't I have one of those?

Father:

Um, go and ask your mother.

Announcer:

Don't avoid the issue. Make sure that you are the primary source of your children's sex education. Call Family Planning and talk it over.

No. 4

Teenage male A:

Come on, you would if you loved me.

Teenage female A:

If YOU really love ME you won't pressure me.

Pause

Teenage female B:

Hey, I thought I really turned you on.

Teenage male B:

You do, but shit you're only fifteen.

Announcer:

If it's not the right time, the right person or the right place, say no. It's your life, it's your decision

No. 5

Teenage female:

Hey, that was close

Teenage male:

If we go on like this, it's really going to happen

Teenage female:

But I love you

Teenage male:

I love you too, but we should talk to someone, get some advice

Teenage female:

Who'd understand how we feel?

Teenage male:

Remember that person from Family Planning who talked to us at school last year?

Teenage female:

That's right. She said that lots of young people go there and they don't tell anyone about your visit.

Teenage male:

Great, let's do that.

No. 6

Announcer:

Has anybody ever touched you in a way that frightened you and made you feel bad? You don't have to put up with that. Your body belongs to you and nobody, but nobody has the right to touch it without your permission. There are people who can help you and advise you and some of those people are at Family Planning.

These advertisements provoked this reaction from a member of the public:

Dear Mr. Duncombe,

I write to you to voice a strong protest at a radio advertisement on a Launceston radio station of 11th August, 1985, advertising the Family Planning Clinic.

The advertisement concerned involves an obviously young teenage girl informing her mother that she wishes to "go on the pill", meaning, of course, oral contraceptives.

After very little conversation, the young girl is advised to visit her family GP, or even better still, the Family Planning Clinic.



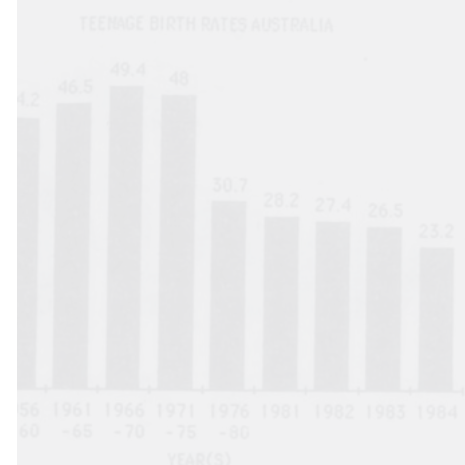
Now I realise the Family Planning

Clinic may indeed try to dissuade such a girl from "going on the pill"; nevertheless, the clear and unequivocal impression is that not only is it not morally objectionable for such a young girl to be on the pill but that it is a relatively easy process for her to go through in order to receive such contraceptives.

I strongly urge you to either withdraw the offending advertisement or radically alter the thrust of it away from implicitly encouraging the use of the pill by young teenage girls.

Radio is a powerful influence in the lives of young people, and it is quite irresponsible of the Family Planning Clinic to advertise in the manner I have described above.

From the files 1985.



matic decrease in teenage pregnancies in Australia, and Mr Duncombe pointed out that the Tasmanian rate is high by world standards.

the Australian rate is high by world standards the Tasmanian rate is high by Australian standards.

ist be doing something wrong, and I believe it is the 'Claytons' policy on sexuality education, which allows for opting out at all levels, contributing to the high teenage birth rate.



Family Planning Tasmania



Roland Responsibility takes to the streets

More regional, more conservative, and more challenging

If the story of Family Planning's Tasmania's struggle for acceptance was a difficult one statewide, that story was one of compounded difficulties when it played out in smaller, more isolated communities. Mary Kille recalls that shortly after arriving in Tasmania in 1973 and commencing work as an anaesthetist at the Burnie hospital, she developed her interest in providing family planning services in the community: "I was unprepared for personal attacks on the grounds of family planning being equated with population control and informed that, with its small population, Tasmania 'did not want a bar of it.'" Mary felt that there was such antagonism to the establishment of a service, from the general practitioners and also from some gynaecologists, and to a lesser extent amongst some church groups, that the best way to gain trust and medical respect was to work within the North Western General Hospital. This she was successful in achieving, working initially with Philippa Sharman, the nurse who had completed her family planning training in Sydney. Her experience was not dissimilar to that of Helen Cutts who was struggling to provide clinical services just down the road in Devonport.

Prue Lake, who worked with FPT from 1980 to 1996 as receptionist first, then as educator and project officer, reflecting on the early days of school and community education programs in the North West region, remembers the environment as "a totally closed shop. It was really only after I managed to wangle an invitation to speak at a regional principals' meeting that a few brave souls invited me to speak to their parents and friends groups in their schools. I vividly remember a special meeting convened one evening at Smithton Primary School. Over 100 people turned up and filled the assembly hall. I had to speak over a microphone and it was one of the scariest things I had ever encountered. I then went on to work in that school for years and they eventually requested grade 3/4 sessions as well."^{xii}

Prue was the right person to tackle this conservative environment. She had lived in the area since moving from Queensland. By nature both gentle and determined, Prue had excellent people skills and a fine sense of humour. Her determination saw her go on to lead a small team of educators covering vast areas of Tasmania. The emphasis was on primary school education programs, which in turn led to other education programs in other community settings. As she puts it "we (eventually there were three of us) worked in about 95% of all primary schools in the region, which went from Spreyton through to Marrawah, King Island and all the schools on the west coast including Savage River. We usually stayed five days in the isolated places and were invited to do sessions in the high schools, teacher training, women's health workshops and special sessions with the mining apprentices. Some of the schools had four or five grade 5/6 classes and some, like Wilmot and Sassafras, had about six children in grade 5/6. All those schools were happy to pay both session time and mileage, so they must have been happy with the product. We also worked in the high schools and matriculation colleges along the coast, plus lots of women's health with community groups before the Women's Health Unit existed.

From the memory bank

Thus began Prue Lake's work in a field where she would strive to extend the range of health services to women. Continuing as Sister in the Hospital Clinic, in 1986, FPT started their clinic, with the felicitous address: "Poke Street, Cooee"! So keen was Prue to get this up and running, that she, almost single-handedly, painted the inside of the three-roomed prefabricated building.

Unpublished memoirs of Mary Kille

From the minutes

Fax machines Council authorised the Administrator to purchase fax machines for Hobart Launceston and Burnie

Council minutes 18/5/90

From a CEO report

(Explaining how staff shortages in the education area were being managed). In the meantime we are holding the line fairly well. Prue Lake is spending some time in Hobart each week, and Karen Rutter is working increased hours in order to keep up with the additional work load. We are not refusing any bookings at this stage. We are one educator short in Launceston... We can cope there till the end of June with some help from Prue. Prue's load in the north west is being taken up by Carmen, our second Burnie educator. I never fail to be amazed at the way staff put the organisation first in order to keep things going. We have Prue spending large amounts of time away from her family and Karen changing her whole lifestyle in order to keep the show on the road. It's a privilege to work with such people.

21/3/90



From a CEO report

BUSY BUSY BUSY

As usual around this time of year clinics are booked well ahead. I had a Minister of the Crown ring yesterday saying that the Minister's daughter wanted to go on the pill, but couldn't get an appointment for a week. I confirmed that to be the case, and said that funding was always a problem!

16/1/91

From the minutes

Media issues Nick said that he was pleased to see Family Planning taking a lead in the debates around gay law reform and abortion during the previous week. His views were endorsed by other Council members.

Council minutes 22/4/94

From the poet

[In 1994 a Women's Health in the Middle Years Program commenced in the North West Region. Prue Lake, who had been a nurse in the Burnie Hospital clinic and an educator, was responsible for the setting up the program, and it was from this role that Prue retired. Mary Kille composed this poem for Prue's farewell function.]

Just a few years ago, as we all of us know,
there was doubt, desperation, despair,
and a fathomless fear
as midlife drew near,
and no knowledge, no help, and no care.

As the menopause loomed, it was
always presumed
there was little a woman could do;
she would just have to cope,
or abandon all hope,
til into the battle came Prue!

The medical profession, by its own
confession,
was really a bit out of touch,
and their waiting-room reading
was often misleading,
and the standard texts didn't help much.

And no one explained when a husband
complained

of a wife sweating, sleepless, and slow,
her libido all gone
and the weight she'd put on!
Not the lover he'd wed long ago.
So the challenge was there: Make the
public aware,
the doctors, politicians, the Press,
the husbands, the lovers,
and all of the others,
and what happened next you may guess

Women's groups all agreed that there
was a need
for the Government to learn what to do;
so next came a commission
to write a submission,
and the woman to do it was Prue!

So, she entered the fight,
and she knew she was right,
as she acted so firmly and swiftly,
with her posters unfurled, she showed
to the world,
that there's certainly Life After Fifty!

So, no more neurosis, no osteoporosis,
no hot flushes or "flushes" or faints.
Away with traditions!
Discard superstitions!
for we're never just sinners, or saints.

So now, in conclusion: a strong
resolution:
to challenge, to dare and to do!
There is pleasure in giving,
and Life is For Living!
and we all should be grateful for Prue.

From a CEO report

E-mail. In accordance with the decision
at the November FPA meeting, we
now have e-mail in both Hobart and
Launceston... It's fair to say that we are
yet to reap the reported huge benefits of
e-mail, though I'm sure that situation
will change.

27/2/97

From the clippings

Play safe plea

While the Health Department is
warning about the need for protection
from the sun, Tasmania's Family
Planning Inc is warning about
protection from the fun...

Tasmanian Mail 17/12/86

From the clippings

Condoms retreat

State government plans to liberalise
the sale and display of condoms were
yesterday thrown into jeopardy by an
unexpected backlash in the Legislative
Council.

During a bizarre eight-hour debate,
all but three MLCs warned that the
legislation would increase promiscuity
among young Tasmanians, encourage
homosexuality and do nothing to stop
the spread of AIDS....

The Council's extraordinary views
drew an angry response from the
Administrator of Family Planning
(Tasmania) Mr Paul Duncombe.

He slammed the MLCs, describing them
as less informed than school children...

During yesterday's debate -

- Mr Braid MLC (Mersey) said
that men who persisted with
homosexual activities which "even
animals don't do" should by law be
"made impotent."
- Mr Petrusma MLC (Hobart) said
that the bill was an invitation
to promiscuity and would cause
Tasmania to become a 'condom
culture.'
- Mr Chellis MLC (Westmorland)
said that the gay community was
exploiting the AIDS scare to validate
homosexuality
- Mr Hiscutt MLC (West Devon) said
that AIDS was not a real threat in
Australia because only a very small
percentage of people had died,
and the bill would do nothing but
increase "sleeping around."
- ...
- Mr Wilson MLC (Monmouth)
asked MLCs to bite the bullet and
not be afraid of discriminating
against homosexuals because they
(homosexuals) would all be dead in
15 years if they were "not dealt with
now"

The Examiner 6/7/87



Then of course there were the training courses for teachers and community workers and specialised Nurses Training courses. I would say in the NW region we touched people of all ages in most households in one way or another, mostly in a pretty positive way if the feedback was correct. Even today I meet people who tell me about sessions they attended when they were at school and what sort of impact it had on them. I soon learned after doing my in-service training in Hobart that the people in the NW - especially the teenagers surprisingly - were 'different', much more conservative and less sophisticated and needing a bit more gentle approach to begin with."^{xiii}

The Sale of Condoms Act

The much anticipated repeal of the *Police Offences (Contraceptives) Act 1941* reached a final stage in 1987 when the *Sale of Condoms Bill* was introduced into parliament. The debate on the Bill in the House of Assembly was rather sedate and straightforward, the Bill passing without amendment. Paul Duncombe was in the chamber at the time and does not recall anything that gave a hint of the storm that would break when the Bill reached the notoriously conservative upper house, the Legislative Council. The first day of debate, which went for eight hours, featured comments such as:

- *The gay community was exploiting the AIDS scare to validate homosexuality;*
- *AIDS was not a real threat to Australia;*
- *Homosexuals would all be dead in 15 years;*
- *The Bill would do nothing but increase sleeping around; and*
- *The Bill was an invitation to promiscuity and struck at the heart of the morals of the state.*

Sitting beside Paul in the advisors' area of the Legislative Council was the Director General of Health Services, Dr McKay Smith. Both he and Paul were astonished, ashamed and disillusioned with the low level of debate, as were those in the press gallery. When Paul and Dr McKay Smith left the chamber together, they were confronted with a media pack asking what they thought of the debate. The Director-General, usually a mild-mannered, gentlemanly figure, let forth with an attack on the content of the debate, and consequently on the members taking part in the debate. Journalists asked him if they could quote him. The Director-General quickly recovered himself, and said "No, you can't quote me, but you can quote him" pointing at Paul. Paul agreed to be the source of the Director-General's comments.

The media people that night and the next day were in a frenzied state. Paul had gone on to issue a statement suggesting that "the average fourteen year old had a better level of sex education than the average MLC", and invited the public to visit the Legislative Council on any sitting day to see what they were paying for. Other criticism came from the State Opposition, the AMA, the AIDS Council, community groups and the media through editorial comment.





Delivering effective education messages can be a huge job
Photo courtesy: The Mercury

From the clippings

Go-ahead for condom laws

The Legislative Council last night reluctantly agreed to allow condoms to be freely available in Tasmania.

In an about-face from the fervent speeches of the night before, MLCs passed the State Government's new condom legislation with only token amendments to restrict condom advertising in the print media....

However MLCs did not let the debate pass without launching a scathing attack on the administrator of Family Planning (Tasmania) Mr Paul Duncombe....

Mr Coates MLC (Tamar) said that although he had not seen the offending comments he was offended by them....

Examiner 7/8/87

While Paul was criticising the MLCs, the Director-General was busy organising an information session for MLCs for the next morning before the Council sat. Because Paul had taken the rap for the Director-General's outpourings, MLCs agreed to attend the briefing provided Paul did not speak. The head of the government's HIV/AIDS Unit, Dr David Evans, presented the MLCs with some information about the current research on HIV/AIDS prevention and the prevalence of other STDs.

Later that day the legislation was passed in a dramatic about-face.

The events in the Legislative Council had a sequel later that year when FPT hosted a lunch for MLCs at which peace pipes were metaphorically smoked over a cup of tea.

So what did the new legislation do? Significantly, it repealed the 1941 Act. Supermarkets, and, most importantly, late night petrol stations, now stocked condoms because it was both legal and commercially attractive to do so. In retrospect however, apart from providing a vehicle to repeal the 1941 legislation and providing MLCs with a sex education, the legislation had limited usefulness, according to Paul. The legislation was quietly repealed in 2000. Nobody noticed. The sky did not fall in.

Some important lessons were learned through the process of getting the legislation passed which would prove invaluable for a bigger campaign that was to come, just over a decade later.

The National scene

By August 1988 The Family Planning Federation of Australia had moved from Sydney to a new home in Canberra, and had a new Executive Director in Dianne Proctor. Dianne advanced the work of FPFA on the international scene.

National meetings, of which there were two per year, had their format revised such that the CEOs of the state organisations were included, alongside the volunteer state representatives. This move provided for the valuable input of day-to-day operational issues which informed national decision-making and advocacy. Alternate meetings were now held away from Canberra. The November 1989 meeting was held in Alice Springs. Paul Duncombe recalls that this was in the middle of an airline pilots' strike, and that he flew to Alice Springs in an RAAF Hercules. The 'away' meetings did a great deal to increase understanding of the issues faced by other state organisations, allowing a bit of extra-curricula activity time for bonding. And bonding was needed. Because of the constraints of the federated structure mentioned earlier, a very state-centred approach was adopted at national meetings.

The November 1990 meeting was hosted by Family Planning Tasmania.

A little help from our friends – The Family Planning Welfare Association

Family Planning Tasmania made a number of attempts to gain charity status with the Australian Taxation Office, as did many of its sister organisations. The convenient rumour was that those politicians in Canberra who did not support what we did and what we stood for were looking closely over the shoulders of the ATO bureaucrats whose task it was to assess such applications. The Tasmanian solution to this dilemma, dreamt up by FP's accountant CEO Paul, was to start a separate organisation that had as one of its objectives "the relief of suffering". The Family Planning Welfare Association was born in September 1988 and received the appropriate tax status. Family Planning had an ally, directing all of the donations that would have otherwise come to it to the Welfare Association instead. The Welfare Association stood ready to assist FPT with any requests for funding programs in disadvantaged areas.

By mid 1991 the accommodation situation in Burnie had become critical. The tiny building in Cooe, west of Burnie, was stretched to capacity. It housed the FPT education services, managed by Prue Lake, but did not have any room to run education sessions. Clinic services in Burnie had been provided via a weekly session in the Burnie hospital, using FPT processes and protocols. These were supplemented briefly by a bulk billing clinical service run from Cooe by Mary

From the clippings

'SEX UPDATE' FOR COUNCIL

Legislative Councillors will spend lunchtime today talking about sex – but all in a good cause.

Council of Family Planning Tasmania Inc. President Mrs Jean Hearn, has invited Legislative Council members to an informal lunch today to explain to them the work carried out by Family Planning staff in the State...

Tasmanian Mail 20/10/87

From the clippings

Council backs condom stall

The safe sex message won out at last night's Hobart City Council meeting, with an earlier decision to refuse a stall in Elizabeth Mall to promote National Condom Day reversed.

The Mercury 24/1/85

From the newsletter

PROTECTION OF OUR MORALS


You may have noticed that the Metropolitan transport trust has set itself up as a protector of our morals and has toned down art-work submitted by the Tasmanian AIDS Council for bus advertisements. It seems the M.T.T. objects to words like condoms and sex. Yet it actively promotes smoking, generally considered to be harmful to health. Perhaps tobacco companies have more money than the AIDS Council.

FPT newsletter Feb 1988

From the newsletter

NO SAFETY IN THESE CONDOMS

During the month of May 1987, our Hobart centre was robbed eight times, with the total 'haul' around \$1,500. But cash wasn't all that was taken. Some condoms were stolen from the front desk also. Other buildings in the area were robbed also, and despite intensive efforts by the Police, nobody was caught.



In the middle of July we were informed that some juveniles had been charged with the robberies in our area. The lead was an interesting one. Some premises were searched by Police in connection with another matter. The search turned up some condoms, and after more questioning, the thefts at Family Planning and other businesses in North Hobart were confessed.

As the Detective said, "I thought condoms were supposed to get you out of trouble".

FPT newsletter Feb 1988

From the Tasmanian Gay & Lesbian Rights Group website

It's over: 9 year gay law reform campaign ends in victory

An overview of Tasmania's gay law reform campaign.

Thursday May 1st 1997. After a nine year campaign which saw the involvement of the United Nations, Amnesty International, the Federal Government and the High Court, supporters of gay law reform have finally achieved their dream of equality before the law for all Tasmanians. The one remaining barrier to gay law reform was removed today when the Tasmanian Upper House voted against discriminatory amendments which had threatened to derail reform by making it unacceptable to the Lower House.

Tasmanian Gay and Lesbian Rights Group spokesperson, Nick Toonen, said that today is an historical day for supporters of gay law reform, for Tasmanian and for the nation.

http://tgllrg.org/more/76_o_1_o_M4/

Kille. It was an amazing contortionist feat to fit a clinic into such a tiny building. It showed what determination and ingenuity could inspire.

A solution to the cramped accommodation presented itself when the Tasmanian Government offered for sale a former child health clinic in Upper Burnie. The deal met all the criteria for attracting assistance from the Welfare Association, and after negotiations it was agreed that the Welfare Association would purchase the building and lease it to FPT at an affordable rent. The new accommodation was opened by Health Minister Roger Groom in March 1992.

This was to be a model used for other centres in the future. In 1996 the Welfare Association agreed to purchase a building in Midwood Street, New Town and develop it for the use of Family Planning Tasmania. This would alleviate the cramped situation in its Federal Street, North Hobart building, and solve a problem that had been identified in every FPT Annual Report since 1988. A few years later, the organisation was advised that it needed to vacate its accommodation in Civic Square (the 77 Cameron Street building with an upmarket address) in Launceston. Again, the Welfare Association came to the rescue, purchasing and developing a building on the outskirts of the city.

Gay law reform

In 1989 Council received a request from the Gay and Lesbian Rights Group seeking support for the repeal of legislation that criminalized sex between consenting male adults in private. For the group it was the start of what was to be a long and bitter campaign. Council agreed to adopt as policy the repeal of the law, regularly contributing to the debate until the legislation was finally repealed in 1997.

Nick Toonen, who was to be awarded an Order of Australia Medal in 2003 for his tireless work in reforming Tasmania's outdated laws, joined the FPT Council in October 1992, serving as President from 1997 to February 2000. He recalls that what started in 1980 as a small group of gay men wanting to change legislation that infringed on their rights snowballed over nine years into a major national and international movement to convince the conservative Legislative Council to accept the change. According to Nick, "Family Planning Tasmania, along with many groups and institutions in Tasmania, played an important public and behind the scenes role in supporting the campaign for change."

FPT works offshore

By 1992 the national association had changed its name again, this time to Family Planning Australia. By 1995/96 Dianne Proctor had left the position of Executive Director, but not before she had completed some solid groundwork in relation to funding for international projects managed by FPA (as we shall now refer to the national organisation). Planning had been undertaken in relation to a multi-faceted training program with nine family planning associations across the Pacific. Funding had been approved, and Family Planning Tasmania contracted to provide the services of Paul Duncombe to offer training for Executive Directors and Program Officers. Following a familiarisation and assessment visit by Paul to the Solomon Islands and Fiji in September 1996, it was decided that this training would be better if delivered by two trainers. Deb Gough from Family Planning Northern Territory was added to the team for delivery of the management component of the program. Other components of the program were the training of doctors, nurses and educators, each component being contracted out to a different state organisation.

Sue Kelly was appointed to the position of International Projects Officer during this time, facilitating an expansion in FPA's overseas work.

In 1997 the first of three training courses for the management component was run in Suva with participants from eight Pacific islands flying in to meet for the first time two excited but apprehensive trainers in Paul Duncombe and Deb Gough. Deb and Paul were good friends and good colleagues. The friendship endures past the first decade of the new century. Their team skills were given a strong workout in preparing the curriculum and training manual for the two-week course, all from different ends of the country and without the benefit of any face-to-face meetings.

The curriculum incorporated much laughing and much singing as an aid to learning. The participants voted it their "best training course ever". Strong and lasting friendships were established. The subsequent component of the training, a unique feature of the project design, involved Deb and Paul between them visiting each Pacific FPA to undertake follow-up training and to monitor the implementation of the learning from Suva. These follow-up visits occurred throughout 1998. In November 1998 a further training course for Pacific participants was held in Canberra. More follow-up visits occurred throughout 1999, then in September 1999 a third training course was conducted in Brisbane. This course was for Executive Directors and Board members. Follow-up to this course occurred throughout 2000.

As Paul's skills in overseas work became better known, other opportunities were offered. They included project set-up in Laos, project trouble-shooting and set-up in Pacific countries, and a role on the project evaluation team in Laos. Because the contracts for Paul's services were with FPT, it was a good source of untied money in an ongoing environment of scarce funds.

From the memory bank

In November 1998 Paul Duncombe and I ran our second Management Training workshop for Pacific island family planning organisations. Family Planning Australia staff capitalised on the course being held in Canberra to showcase the work of family planning in the region. Guest of honour at the opening ceremony was the Parliamentary Secretary for Foreign Affairs.

Representatives of each country were invited to say a few words about their homelands. All went extremely well, a great spirit of sharing and cooperation. Came the turn of Tuvalu, and Roger, who was attending his first training course was volunteered to tell us about his country. He described its location, approximately where the equator meets the international date line, he told us that because the country consisted of a series of small coral atolls, growing crops was not a possibility, and most food was imported. We heard that the major industry was fishing. And we heard that the major export was semen (here spelled the way I and I'm sure all the other family planners in the room assumed Roger meant).

There was a pause in the presentation for a new paragraph. It was probably no more than 5 seconds. It felt like 5 minutes. Roger then expanded on his theme. He said that as a seafaring nation, it was possible to find seamen (here spelled the way Roger intended) from Tuvalu all over the world.

While many of us in the room battled very hard to control ourselves, the Parliamentary Secretary, being the astute politician that she was, did not blink an eye, or change her expression from that of interested listener.

Deborah Gough

Recollections 2012

From the memory bank

Professional Indemnity Insurance was renewed each year on 1 July. The renewal process was usually a fairly straightforward one consisting of some form filling. A broker based in Western Australia had been serving FPT for many years, and there was a good relationship established. July 2002 looked to be no different from any preceding year, except that the insurance industry itself was in a great deal of turmoil, not unrelated to the events in USA on 11 September 2001. As 30 June approached the broker became increasingly nervous as companies one after the other declined to offer any cover to FPT, at any price. A similar situation was developing in NSW and NT. The broker worked incredibly hard right up until Sunday 30 June 2002, and at 3pm advised me that a replacement policy for the one to expire at 4pm had not been forthcoming. Services were suspended from the opening of business on 1 July 2002, pending a policy being obtained. A policy at 4 times the previous premium was obtained and put in place on 17 July, when services re-commenced.

My greatest disappointment was that the period of closure coincided with the departure of Clinic Manager Margot Kingston, who was moving to Queensland. Margot's contribution was huge. I really regret that she was not able to leave on a high.

Paul Duncombe
Recollections 2012

From correspondence

Dear Paul

I am so glad the documents that I gave to Helen have been useful. I recently had a clear out of FPA material and only kept a few papers just to let the grandchildren know what I was passionate about forty odd years ago.

My husband and I enjoyed the time in the 1970s that we lived in Devonport Tasmania and it was a big decision to come to the mainland, as it was called. In Melbourne I continued for several years working for FPA Victoria. Recently I met one of those women that I had

Projects and programs

The overseas work was just part of the diverse work of FPT from the early 1990s. Other projects undertaken at this time reflect a confidence in, and recognition of, the diverse skills that were available within the organisation. They reflect too the direction agreed in the strategic planning processes that were a feature of the organisation by then, coinciding with the time that Jo Crothers was President. It was a move away from "more of the same" to a desire to push more boundaries and to FPT showing a lead in new areas. It also reflected a growing confidence among the holders of purse-strings that the organisation had the skills and experience to successfully undertake projects and deliver good outcomes.

A glance at the Annual Reports from 1992 onward shows successful projects covering a considerable range:

- *HIV/AIDS education and support program in North West Tasmania. An ongoing program funded by the Tasmanian HIV/AIDS Unit to offer services in North West Tasmania. Project commenced in 1989.*
- *Women's Health in the Middle Years. A project based in Southern Tasmania funded by the National Women's Health Program. Consultations for the design of the service were undertaken in 1992 to provide the blueprint for a service that was started in July 1993. The program was devolved to the Southern Regional Health Board in July 1995.*
- *Sexuality and Disability. A state-wide project funded by the Disability Services unit of DHHS. A project officer was appointed in 1993 to assess needs and develop a pilot program. This project evolved into the core, comprehensive disability service of FPT.*
- *Cervical Screening strategies. Funding was provided by the Tasmanian Cervical Cancer Prevention Program to design a number of strategies to encourage Tasmanian women to access cervical screening. The program was commenced in June 1994. Additional funding in relation to new activities in North West Tasmania was provided in 1995*
- *Helping Hands. Funded by the Cervical Cancer Prevention Program, female nurse practitioners from FPT worked with GPs in their surgeries providing Pap smears to clients in regional areas. A small program but one that pushed aside a great deal of historical baggage between GPs and FPT.*
- *Pap Smear Awareness Week. Also funded by the Cervical Cancer Prevention Program, publicity and special programs to recruit women for cervical screening programs.*
- *Peer education project. Funded by the Health Promotion Resource Centre, the project piloted the training of year 11/12 college students as peer educators in 1993 and 1994.*



A new direction and a new structure

Throughout 1992 and 1993 the organisation undertook a strategic planning process designed to refocus it away from service delivery to a facilitation role, promoting the organisation as the experts to be consulted by others wishing to deliver family planning and sexual health services. This was not without its stresses as staff who were focussed on outcomes for individual clients attempted to come to terms with new directions that moved resources to different areas.

A major benefit from the review was to implement a new structure that meant a Management Team, consisting of the CEO, the Education Manager and the Clinic Manager, assumed much higher level oversight of operations previously undertaken by Council and its committees. Margot Kingston, based in the Launceston centre, was appointed Clinic Manager. This added some balance across the organisation that enhanced its statewide focus. The Management Team gained new strength with the appointment of Esmé Murphy as Education Manager from 1994. Her skills in policy development and plain English writing inspired a review and codification of all policies, which in turn provided a team building exercise involving staff, the Management Team and Council. At the May 1995 Council meeting, a motion was passed formally thanking the Management Team for promoting cohesiveness and providing sound advice to Council.

Sexuality and Disability Program

In 1993 FPT received funding for a special project to assess the need in the area of sexuality for people with intellectual disabilities, their carers and their families. The project officer was David Kearney who had been working in the area of disability support and teaching for many years.

David's report created a great deal of interest such that additional funding was provided for further study into the specific findings in the report. The follow-up work developed into a service delivery model. Sharon Wilkinson, appointed as an educator in 1994, developed formidable expertise and skills in the area and started running workshops to meet needs identified in the study that flowed from David Kearney's report. This work continued throughout 1995/96 with the Annual Report for that year noting that the organisation was ... "providing direct services to clients with disabilities as well as training disabilities services' workers. Again our challenge here is to affect statewide policy in relation to managing sexuality issues with disabilities clients." The workshops were identifying policy gaps.

One strategy to address the policy gaps was the establishment of a Sexuality and Disability Reference Group, facilitated by FPT, with membership from service providers, state and federal government disability bureaucracies, and disability educators in schools and tertiary institutions, among others. The group operated as a consultancy base and advocacy body. It met regularly throughout Tasmania, and served as a united voice for government and non-government workers, advocating for the rights of people with disabilities to express their sexuality and manage their relationships.

worked with on the education program in Victoria. She is still so enthusiastic about the work we did and reminded me that we were pioneers of our time.

Kind regards
Judy Vandestadt

Extract from correspondence Judy Vandestadt to Paul Duncombe 2012

From the clippings

Family clinic halts services

Family Planning last night suspended all clinical services after being unable to secure professional indemnity insurance.

The Mercury 1/7/2002

From the clippings

Premium up for Family Planning

Family Planning Tasmania has reopened after securing insurance at four times last year's cost.

The Examiner 17/7/2002

From the memory bank

One of the great things about working for Family Planning in the mid 1990s was the freedom that we had to develop policies and new ideas. I remember fondly the planning days that the education team had at our holiday house at White Beach. An amazing collection of innovative people tossing around ideas that were to be implemented in the coming year. Lots of good work, lots of camaraderie among work colleagues who were also good friends. Those friendships endure to this day.

Sharon Wilkinson 2012

By 1996/97 the organisation had received specific funding of \$25,000 per annum for direct education services to people with disabilities (previously delivered on a fee-for-service basis). Thus the Family Planning Tasmania *Human Relations Support Program* was launched, with a good media profile and much jubilation. The annual report for that year noted ...“This successful funding submission is attributable at least in part to our active advocacy work in the area of sexuality and disability. Many hours were spent during the year assisting in the development of both Tasmania’s *Human Relations and Sexuality* guidelines and *Reporting of Abuse* guidelines for use in state funded disability services. We had been agitating for years for these policy structures.” These achievements were a joint effort of FPT and the Sexuality and Disability Reference Group, facilitated by FPT.

By 1997 the program was well established and FPT was gaining recognition for its leadership in the area of sexuality and disability. The wide consultations that had been proceeding right from the time of David Kearney’s project were paying off. Sharon Wilkinson had been appointed Coordinator, Disability Services, supported by staff in both Launceston and Hobart with special interest and expertise in the area. The Program worked with the Guardianship Board, with sex workers, with the Royal Hobart Hospital, and with schools. It also worked with aged care facilities and disability support homes to assist them in updating their policies to include statements about their clients’ rights to express their sexuality in an appropriate manner.

Sharon Wilkinson recalls that some of the best work of the Sexuality and Disability Reference Group was undertaken at the Queen’s Head Hotel in North Hobart. “The Reference Group’s meetings were facilitated by the Hotel providing us with access to telephones and faxes, and of course a modicum of alcohol to help the creative juices flow. Some creative programs and at least one innovative conference had its origins in the Queen’s Head.”

Improving working conditions

In 1997 the Management Team recommended to Council that a workplace agreement be negotiated to replace the unwieldy range of award conditions that had been adopted for the various types of employees. A negotiated process with staff representatives was commenced. It was a very valuable process, with staff obtaining a better understanding of the budgetary pressures under which the organisation was operating and management getting a better understanding of day-to-day problems faced by staff. The negotiations took the best part of a year, with a Workplace Agreement being approved by the Industrial Commission in May 1999.

More help from our friends: Midington

Funding became increasingly tight in the mid to late 1990s. The Commonwealth funding was being indexed at a rate lower than the CPI, at a time when the Australian government was acknowledging that health costs were increasing

at a greater rate than the CPI. Paul Duncombe recalls regular meetings of staff to discuss ways of reducing costs, and remembers with pride the focus on organisational goals during these discussions in which staff participated in deciding on service cuts that would in part reduce their own hours. Paul led the way in this reduction, by reducing his own employment to four days per week. In 1996/97 and again in 1997/98 the funding was actually reduced by 5%.

The Commonwealth funding agreement specified that organisations funded under the agreement would not have access to Medicare funds for clinical services. If a way could be found to access Medicare, then the costs to the organisation of delivering clinical services could be reduced.

The organisation came up with an innovative scheme to outsource its doctors' services to a service organisation that would not have the access restrictions to Medicare funding. Paul Duncombe's fertile brain at work again! Midington was born. The "Mid" came from Midwood Street, the Hobart address, and the "ington" from Wellington Street, the Launceston address. Midington took over the employment of doctors working at FPT, while FPT allowed the Midington staff to work from their premises, with their clients on a fee-for-service basis, the fees refundable by Medicare. Midington played a major role in the financial survival of the organisation during the remaining years of Commonwealth funding. It became unnecessary in the mid 2000s as State funding took over from Commonwealth, the State funding not imposing the same restrictions in relation to accessing Medicare. While it lasted it contributed greatly to easing the financial pain of a neglected and inadequate Commonwealth funding stream. The agreement with Midington commenced in November 2003, resulting in savings in the first year estimated at just over \$100,000.

Abortion Law Reform

Prior to 2001 the community and government seemed quite happy to ignore the fact that abortions were illegal under the *Criminal Code Act 1924*. Despite this legislation, abortions were performed in Tasmania, but the shadow of the legislation always meant that access could become problematic at any time.

As 2001 progressed, abortion access across the state became more of an issue with public hospital access becoming more restrictive. In 1980 a community-based abortion clinic had been established in Moonah. This service filled a great need for services, the only alternatives being public and private hospitals, but it operated in a stressful environment, with small but vocal and relentless opposition. The service closed in April 2001, having achieved a major goal of proving that such a service was both viable and necessary. This closure heralded the start of a series of access problems, particularly in the public hospitals. Women requiring abortions had to compete with other patients at a time of limited resources ... and abortion access was not just about financial resources; it also depended on which doctors were prepared to perform the procedure.

There were now no free-standing, privately run abortion clinics in the state, so all procedures were undertaken either in public hospitals, or by a few private

From the clippings

Tassie crisis on abortions – Criminal probe hits operations

Fear of prosecution has led to all but one doctor in Tasmania refusing to perform abortions.

The crisis follows a police investigation of abortion at the Royal Hobart Hospital....

The Mercury 5/12/2001

From the clippings

Free vote vow on abortion

Tasmania's politicians will vote according to their personal convictions if new laws are needed to end the state's abortion crisis....

The Mercury 6/12/2001

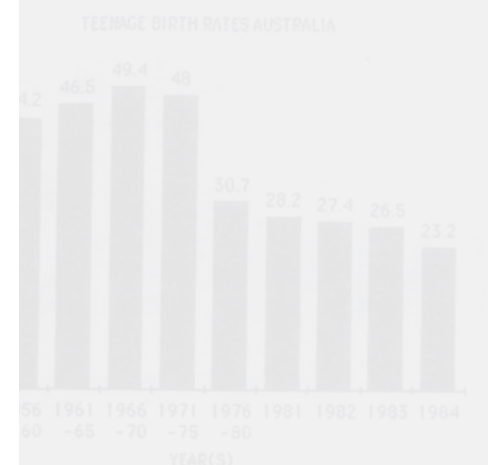
From the clippings

Pollies move on abortions

Both Houses of Parliament will be recalled next week to resolve Tasmania's abortion crisis.

Urgent legislation will be introduced next Wednesday to remove doubts surrounding the current laws....

The Mercury 12/12/01



matic decrease in teenage pregnancies in Australia, discussed, and Mr Duncombe pointed out that the decline of family planning associations had been associated with this sharp decline. However, the Australian rate is high by world standards and the Tasmanian rate is high by Australian standards. I think we must be doing something wrong, and I believe the problem is the 'Claytons' policy on sexuality education, which allows for opting out at all levels, contributing to the high teenage birth rate. The secretary of the Tasmanian branch of the Australian Family Planning Association, said the council was disturbed by the fact that education policy-makers left it to individual schools.

From the clippings

Bishop backs state laws on abortion

Tasmania's Anglican Church yesterday came out in support of the state's proposed abortion legislation.

The Mercury 13/12/2001

From the clippings

Women MPs unite

All female MPs in the Tasmanian Parliament will support legislation to clarify Tasmania's abortion laws.

The Examiner 14/12/2001

From the clippings

Abortion law sails through

Abortion laws clarifying women's right to terminate a pregnancy were passed in principle by the House of Assembly last night.

The Mercury 20/12/2001

practitioners using private hospitals. Many women travelled interstate to access services. Not surprisingly, access was always an issue in the public system, depending on rosters of doctors, availability of wards and the like. From the perspective of FPT, it was always a juggling exercise, with abortion availability often dependent on the goodwill in relationships rather than determined by fixed procedures. One instance of promoting these good relationships was an arrangement in Launceston from the late 1990s where supportive gynaecologists at the Launceston General Hospital who had worked in the UK and USA were so concerned about the access problem that they set up an arrangement with FPT to provide a regional service. General Practitioners would refer to FPT all women wishing to access abortion through the public system. FPT staff undertook the assessments and the women were then accepted into the Launceston General Hospital.

The Hobart Women's Health Centre was having similar issues. Emma Bridge from HWHC and Paul Duncombe from FPT sought a number of meetings with Health Minister Judy Jackson, in part to keep her informed of the issue and in part to see if she could do anything about improving access. These meetings became monthly affairs, with little progress from month to month.

Family Planning Tasmania and the Hobart Women's Health Centre, with support from their colleagues in their respective organisations, and drawing on the wider networks of these organisations for support, called a meeting of people concerned with the increasingly difficult abortion access issue. It was held at FPT's Hobart centre on 5 December 2001, those attending sharing information and ideas about the abortion access issue. It was decided to create an organisation called *People for Choice*. Many members were public servants who had to keep their membership quiet initially. These people were to prove invaluable once the government decided to change the laws as they were already well briefed - and because things moved so quickly, it was no time at all before their support was being called upon.

Naturally the meeting was called some weeks in advance of its occurring, and it was pure coincidence that on the day that *People for Choice* was formed the Mercury newspaper ran a story about 'Tassie crisis on abortions.' A challenge to the legality of Tasmania's abortion laws was made by a medical student about two weeks previously, resulting in a police investigation into abortions at the Royal Hobart Hospital. "Crisis" was the correct term to use in the headline. The matters that Paul, Emma and others had been warning about all year came to a very sudden head the very day after an enthusiastic and capable lobby group had been set up! It hit the deck running. All Tasmanian abortions stopped.

Paul Duncombe had planned to start leave at the end of that week, so had an empty diary. That was just as well because for the next fortnight he did very little else except play political ping-pong and support the work of *People for Choice*. Paul and Emma stepped back from the public face of *People for Choice*. The public and media face of the group was Kamala Emanuel, a doctor who worked in a number of community health settings, including Family Planning Tasmania. This allowed Paul and Emma to speak on behalf of their respective organisations. At the *People for Choice* meeting it had been agreed to stay

in touch by email. These group emails enabled good communication to be maintained to both foreshadow FPT's own moves and the moves of those with a very different agenda.

On 6 December then Premier Jim Bacon announced that should legislation be required to end the crisis, ALP politicians would be allowed a free vote. It looked likely to all that new legislation would be the only solution, so the lobbying started at that point and on that assumption, despite the fact that the Law Reform Commission, which had initially been asked to examine the issue and report on it, had yet to conclude its deliberations.

Suddenly those people who had been visiting the Minister for Health on a monthly basis complaining about abortion access, Paul and Emma, became resource people to the Minister, with somewhat easier access than they had been accustomed to up until that time.

The media ran hot with both sides of the abortion debate. Readers' letters were taking about half the available space each day, particularly in *The Mercury*, which perhaps considered that it broke the story and therefore felt a need to carry it through.

Things moved incredibly fast. Before the Law Reform Commission had been given an opportunity to report back, the media was counting heads in the Parliament and the Minister was outlining what the legislation might look like, insisting in a media interview that "This is not abortion on demand." That term was to be used more and more as politicians attempted to state their position in advance of Parliament, even before being called together, let alone having a Bill to consider.

By 8 December there was still speculation that legislation would be required, and this in the context of Parliament's next scheduled sitting in March 2002. The problem was that 2002 was an election year, and no side of politics wanted the distraction of an abortion debate in an election year.

On 12 December it was announced that both houses of Parliament would be recalled on 20 December to consider legislation to clarify the existing situation. The dogs saw the rabbit and were off and running. Letters pages of the newspaper contained little else in the way of discussion topics. *People for Choice* played their part with enthusiasm, their activity including petitions in the Salamanca Market and public meetings on the lawns outside Parliament.

Everybody had an opinion on abortion, and if they didn't they were asked to form one. The Anglican Bishop came out in support of legislation to clarify the situation if it confirmed the status quo and did not introduce an 'easy regime', a fairly progressive stand for a highly placed person in a mainstream church.

Paul and Emma were given access (off the back of a truck) to the draft Bill that came from the government. They were appalled with the first version, and spent a weekend at the Women's Health Centre with the *People for Choice* lawyer writing a submission to Cabinet explaining what was wrong with the Bill and



how it could be improved. The Cabinet submission had to be written without reference to the draft Bill, because no-one was supposed to have it! Many of the suggestions were taken up by the government and incorporated in the legislation that was submitted to Parliament.

Things moved from hectic to fever pitch as the day for the Parliamentary debate grew nearer. Parliamentarians of all parties were granted a free vote on the issue, and the women of the parliament, from three parties, announced that they would all be voting for the legislation.

By this time all newspapers were printing little other than the stories around abortion, and letters pages in all papers were devoted almost entirely to views about abortion. Even national breakfast television host Tracy Grimshaw was seeking the views of FPT staff about the issue. Locally the debate was getting a bit nasty, according to Paul Duncombe. Vitriolic telephone messages and personal attacks were the standard issue from the telephone message bank each morning.

People for Choice had adopted purple as their colour for the choice side of the debate. On the morning that the legislation was being introduced into the Lower House a rally was held outside on the lawns, with much purple on display, including many purple balloons. Paul recalls: "It was pleasing when we entered the Parliament to see all the women decked out in something purple. And there were a few purple neckties as well."

The free vote made for some interesting alliances, including the women of the Parliament already mentioned. The legislation was introduced jointly by Judy Jackson (ALP), Sue Napier (Liberal), and Peg Putt (Greens). Members of the same party were not necessarily allies at this sitting. The debate went well into the night and at one stage a Labor member who was known to be against the legislation fell asleep in the members' lounge and continued to sleep through the division bells. Nobody woke him, because to do so would be to have a vote against the legislation. As it happened the Labor members who were opposed to the legislation abstained from voting rather than voting against it. Five Liberals voted against the legislation, three Labor members abstained and the remaining 15 Parliamentarians voted for it. A number of amendments were moved, a few successfully, but they did not materially alter the intent of the legislation. It was over to the Legislative Council, who were to debate the Bill on 21 December, just a few hours after it passed in the Lower House.

The Legislative Council that considered the amendments to the Criminal Code in 2001 was a very different animal from that which debated the *Sale of Condoms* Bill in 1987, according to Paul Duncombe. "A major clean-out of the Council had happened over the previous decade. It's tempting to think that the asses they made of themselves over condoms and gay law reform contributed to this. I don't know if that's the case. Now we had a small Chamber of Parliament that was willing to be responsive to the more progressive views in society. In 1987 there were no women in the Legislative Council. By 2001 there were four women in the chamber, breathing new life into it," recalled Paul.

With only 15 members, most of them independents, the Legislative Council could operate in a different way from the lower house. They chose initially to sit as a committee, and to hear from both the Right to Life group and from *People for Choice*, represented by Emma, Paul and Audrey Mills - a member who was also a lawyer. Paul remembers that the order of the hearing was Right to Lifers first, *People for Choice* second. "That order suited us fine. We got to sit through the Right to Life presentation consisting first of a rambling, at times incoherent, diatribe by the President of Right to Life, Margaret Tighe. It was clear that she had two supporters among the 15 members, as they were trying constantly to bring the presentation back to a more coherent one. Then they wheeled in their trump card, an interstate lawyer from the Catholic Bishops' Conference whose role it was to scare the politicians by telling them that they could be sued if they passed the legislation. Unfortunately he made the error of not reading up on the local scene first. He was wearing a purple tie and had a purple handkerchief in his breast pocket! *People for Choice* got the last say and our lawyer got the right of reply to their lawyer. It was obvious at the end of the committee session that there were only two members who would speak against the legislation. When the Council was convened as a House of Parliament shortly after, the legislation was passed without amendment, and in time for us to retire for celebratory drinks."

The legislative changes were not universally hailed as a success. They did allow for services to resume, but many were disappointed that abortions continued to be controlled by the Criminal Code, rather than in health legislation

Abortion services resumed almost immediately. The Examiner newspaper reported on 17 January 2002 that St Luke's Hospital in Launceston had resumed pregnancy terminations. On 18 January The Mercury reported that a new abortion clinic was to open in Hobart within a week. Negotiations with this provider had been ongoing since the closure of the Moonah clinic in March 2001, so much of the planning was in place by the time the legislation was clarified. The clinic did not open within a week. It struck planning approval issues, not opening until April 2002. It remains one of two free-standing abortion clinics operating in Southern Tasmania at the date of publication.

Paul calls it quits

Paul Duncombe remembers the abortion law reform debate of 2001 as one of the most challenging periods in his tenure as CEO. "Indeed I did not realise how challenging until about six months after it was all over. I was invited to address a conference in Queensland, to explain the strategies that had worked and those that did not go so well. As I was preparing for that conference I realised that I had not dealt with the stresses of the nastier aspects of December 2001. Things like the personal attacks, checking the answering machine early in the mornings and sorting the abusive calls from the congratulatory, from the issues that needed to be followed up. Opponents of abortion sure know how to fight dirty."



From correspondence

I guess, you, like me, wouldn't have missed the battles, the progress, the successes and fun, which FP gave us all!

Best wishes,

Mary

Extract from correspondence Mary Kille to Paul Duncombe 2012

Throughout 2002 Paul reflected on his future with the organisation and discussed with Council a succession plan for the organisation. This coincided with a review of the management structure, following the resignation of Margot Kingston from the position of Clinic Services Manager in July 2002 and subsequently of Lynne Hemmings as Education Manager. The structure decided upon was for a Management Team consisting of a CEO, a Client Services Manager, and a Corporate Services Manager. Paul gave notice that he would be an applicant for the position of Corporate Services Manager, and, after conducting a transparent selection process, Council appointed Paul to the position of Corporate Services Manager (and acting CEO) from December 2002, with Sharon Wilkinson, previously Manager of the Disability Program, as Client Services Manager. After Council set in place a process for recruiting a new CEO, Michelle Swallow was appointed to the position from April 2003.

Paul's agreement with Michelle was that he would stay in the position of Corporate Services Manager (a fractional time appointment) until Michelle said it was time for him to go. He also promised never to say "we didn't do it that way in the past!" It was subsequently mutually agreed that Paul would depart in July 2004. His farewell party went all day, featuring songs, dances, orations and much laughter.

The legacy of the first thirty years

The roller coaster ride that was the first three decades of family planning in Tasmania was tough but rewarding. A stocktake of what was achieved would certainly include the following:

- *A committed and highly skilled staff working as a team, with good communications between geographic regions and different aspects of service delivery;*
- *A reputation among clients, the community and funders for high quality services;*
- *A high public profile;*
- *An agreed and current policy framework to guide planning and actions;*
- *A legal framework that enhanced, not encumbered, service delivery;*
- *Codified conditions of employment, with remuneration that was as good as the funding could provide;*
- *Purpose-designed accommodation in Hobart, Launceston and Burnie, with a sympathetic landlord and cheap rent;*
- *A sound financial situation, given the limited financial support that had been a feature throughout its existence.*

Contributors

This part of the history was written by Paul Duncombe, ruthlessly exploiting friendships and former working relationships for recollections and contributions from:

Emma Bridge
Helen Cutts
Deborah Gough
Mary Kille
Margot Kingston
Prue Lake
Pat Mavromatis (Hewitt)
Esmé Murphy
Graeme Riddoch
Philippa Sharman
Nick Toonen
Judy Vandestadt
Colin Wendell-Smith
Sharon Wilkinson
Sue Williams

Reflections by Esmé Murphy

Paul Duncombe is a towering figure in FPT history. Colin Wendell-Smith was the skilful diplomat who established the structure along with other forward thinkers of the early '70s, but it took a long-serving, utterly dedicated, extraordinarily hard-working and very competent CEO like Paul, building on the pioneering work of Pat Hewitt, to make Colin's vision operational in the long term, to cement FPT's position in the community as the principal player in the field of sexual and reproductive health, as a formidable advocate for the rights of Tasmanians to good sexual health services and to choice in relation to those services ...

And with what panache he achieved that laudable goal!

A tribute to Paul, entitled Farewell Paul Duncombe and written by the President at the time Esmé Murphy, was included in the 2003/04 Annual report ...

"It is salutary to be reminded occasionally that only about 30 years ago – when FPT first opened its doors (1973) – Tasmania was a very different place. The almost final departure of living legend Paul Duncombe from FPT's employ this year sharpened our focus on the organisation's colourful history and Paul's part in it. In those days the social climate of the state was an ultra-conservative one: sexuality education was a pie-in-the-sky, you've-got-to-be-joking notion, while contraception was definitely under-the-covers discussion material only, so to speak. Paul, a fresh-faced young accountant then, joined Council in '77 and was appointed CEO in



'85, a position he held for a stunning 18 years! He has lived most of FPT's history. It was Paul, dressed in his infamous giant condom suit, who led marches through the streets in the late '80s to force a repeal of legislation that prohibited any public advertising or display of condoms or other "contraceptive devices". Condoms had before that time been under-the-counter chemist shop items only. What a dramatic shift in public thinking in 20 short years!

Paul introduced Family Planning Practice Nurses into the state in the mid '80s, allowing increased service delivery for clients. He worked with Sue Williams to begin offering sexuality education to Tasmanian schools – a radical move indeed – and went on to fight alongside Tasmanian gay activists to force gay law reform in the early '90s. Abortion law reform, which took much of Paul's leadership energy in 2001, represented another landmark development in which FPT was a key player.

Paul's tenure saw the purchase and development of all three of FPT's regional premises with funds sourced through the Family Planning Welfare Association. It was in Paul's time too that FPT's disability program began, first as a pilot in the early '90s working with David Kearney, and now as a full-scale, partially state-funded, and very significant statewide service. In the past decade Paul has shared his management skills across the Pacific (in the Solomon Islands, Fiji, Tonga, Samoa, Kiribati, PNG, Vanuatu and Tuvalu) and in Laos with fledgling family planning organisations as part of the Federation's International Program. His contribution to the Federation of family planning organisations over the past 18 years has been enormous – reviewing financial systems, developing national datasets, rewriting its Constitution, participating as a member of the International Advisory Committee, and always being a staunch supporter of a national body. Paul's is a remarkable record of service, commitment, achievement and leadership"

At the end of 2004 Paul was awarded the Marjorie Milburn Award by family planning's national body, Sexual Health and Family Planning Australia, for his outstanding contribution to both national and international SH&FPA work and service development. A richly deserved accolade.

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- i Populate and Perish: Australian women's fight for birth control.
Siedlecky, Stefania 1990
- ii Recollection of Colin Wendell-Smith 2011
- iii Recollection of Pat Mavromatis 2011
- iv Audited accounts for 1973/74
- v Recollection of Helen Cutts 2012
- vi Recollection of Sue Williams 2012
- vii Memoirs of Mary Kille (unpublished)
- viii Recollections of Paul Duncombe 2011
- ix Annual Report 1986/87 Appendix 3
- x Annual Report 1986/87 Appendix 2
- xi Recollections of Sue Williams 2012
- xii Recollections of Prue Lake 2012
- xiii Correspondence with Prue Lake 2012



PART 2

The road levels out

The past decade: 2002 – 2012

Preamble

It was forty years ago, in 1972, that family planning services were first established in Tasmania, though it was the following year, 1973, before clinic services could be offered to the public. The history of the first 30 years has been written largely by Paul Duncombe, with input from significant others, leaving the past ten years to cover - beyond Paul's tenure as CEO. The past ten years is very recent in historical terms; indeed, it could well be argued that it is impossible to gain any useful or valid perspective of that decade so soon. There have been turbulent times and major changes, considerable changes in FPT personnel, including a number of substantive and acting CEOs, a host of initiatives and new programs, and a notable shift in the funding sources for the organisation – but nothing quite like the drama of first the 30 years! In comparison the past ten years have been relatively peaceful. Paul's departure as CEO coincided with the end of an era, an era of struggle, debate, energetic and combative advocacy, and the breaking of new ground at every turn. So, this chapter will offer no more than a broad and somewhat contemplative overview of these ten years, with some anecdotal material in the mix, leaving it to others in the future to flesh out the detail - if the record and the memories remain intact.

Outreach work

Tasmania is the most decentralised state in the country. People in rural and remote areas have never had the same access to services as have city folk. Over the years Family Planning has tried to compensate by engaging in outreach work, taking the service to the clients – but it has never been enough to fully meet the needs, and probably never can be without vast buckets of money.

For years, funding from the state government's Cervical Cancer Screening programs funded outreach clinics that enabled Launceston clinical staff to travel to rural areas in the north and north-east, including Flinders Island. They were great occasions, much appreciated by local women and much enjoyed by FPT staff. A "special report" from Lisa Haas, Clinical Nurse in Launceston was included in the 2004 Annual Report, recording her experience of Rural Pap Clinics:

"The clinics in the North East are very social events with the women in the communities arriving for their check-up with plates of morning tea, jars of preserves and other produce that I have

been packed off with at the end of the day. They all make cups of tea for each other and enjoy having the time to sit and chat without needing to rush back to chores on their farms. I have asked the question as to why they wish to have their clinics in the dead of winter and have been told that this is when the farms are most quiet, no harvesting, no planting, and the cows have dried off, so no milking, and the women have more time!"

Most of these clinics came to a grinding halt in 2009 when funding constraints and a state government policy change withdrew funding for rural areas where there was a female GP available, the assumption being that this would be sufficient to ensure service usage. The above quote from Lisa suggests there were other factors at work. Some of these rural clinics continued in this decade, but were mostly funded by other, local organisations.

Every one of FPT's strategic plans - written since strategic plans became de rigueur - has stressed the need to service more marginalised young people. It was 2002 when Health Minister Judy Jackson asked FPT to find ways for disadvantaged young people in the northern suburbs to access family planning services and information. FPT's long relationship with the Pulse Youth Health Centre in Glenorchy began back before then and has continued ever since. Eight years after the Minister's request, FPT moved its Hobart premises into the Glenorchy city centre, a stone's throw from Pulse, fulfilling a long held commitment to go where disadvantage and populations of young people were greatest. Clinic sessions at The Link Youth Health Centre in the centre of Hobart where the client group is homeless young people, and at Claremont College where teenage pregnancy has been high over the years, have also been features of the past decade.

Professional education and training programs

Nurse Practitioner training courses and Doctors' training courses had flourished in the late '80s and early '90s, but demand dropped off in the late '90s, quite possibly because the market had been saturated, and, increasingly because a specific focus on sexual and reproductive health was being incorporated into their core training. Nurses' courses in particular were intense affairs, taking months of planning, lasting two weeks and hosting as many as 50 nurses at a time. Helen Bird was a splendid facilitator, her reputation attracting participants from around the state.

FPT nurses completed the course along with external people. It was a powerful learning experience for many. In the 2001/02 Annual Report, Launceston nurse and hospital midwife Gaylene Worthington related her exciting experience of the clinical component of the family planning course. It is a delightful piece which highlights, among other things, the effects of FPT's encouragement for staff professional growth:

"... it was with trepidation and excitement I finally undertook the clinical component ... I was entering into an area of pap smears, breast checks, STI checks, etc. I was well and truly outside my



comfort zone and very nervous of performing my first pap ... The poor woman who was to be my guinea pig (oops, client)! ... My first pap was performed under the watchful eye of Margot [Clinic Manager from 1993 to 2002, based in Launceston] who made the whole experience a great learning and supportive one. My thanks must also go to the woman who allowed me the opportunity to do her pap and stated she felt comfortable and confident in the skills I had shown. What a buzz to have such positive feedback. It set me up to be far more confident and sure I would be OK.

Little did I know at the time how elusive those cervixes could be and how different they all could look. I truly thank everyone for their patience and understanding as I made my way through the course ... Margot had set me on the road to discovery that I will never forget ... There were some truly memorable moments and some truly exhausting times. The clinics were busy and constant, but there was never a time where I felt I didn't have the full support of all staff ..."

Doctors and nurses training courses are rarely offered now, though clinical training for individuals who have completed the course on-line or on the mainland with other family planning organisations is offered on demand. Several more targeted programs, the Pap Smear Provider Training Course and the Cervical Screening Training Course, were accredited in 2007 by the Royal College of Nursing Australia and have been regularly offered in the past ten years.

Student placements have remained a feature of the Family Planning landscape throughout the decade, with a constant string of undergraduate and postgraduate students from TAFE, the University, other family planning organisations and from overseas. Clinical placements tripled in the 2008/09 financial year compared to the previous one, stretching FPT's resources. Efforts have been made in recent years to source special funding to support this crucial education role of FPT, but those efforts have proven unsuccessful to date.

The first open reference to the waning of demand for openly advertised training workshops appeared in the 2006/07 Annual Report. It noted the shift to tailor-made courses for groups like SASS, TAFE, the University of Tasmania, teachers, doctors and aged care staff. This reflects a general trend in education, acknowledging the disparate learning needs of particular groups and individuals: the classic workshop can be a blunt instrument for learning, and specially designed workshops for particular groups are becoming the norm.

Professional development programs continued in the past decade to target every possible group working with clients whose sexual and reproductive health needs demanded thoughtful and expert attention: pharmacists, doctors, foster carers, teachers, teacher aides, social workers, disability workers, child protection workers, prison staff at Risdon and Ashley, youth and community service workers ... and many more. Workshops and programs covered every possible aspect of human sexuality, according to the group's needs: childhood sexuality, prevention of pregnancy, gender and transgender issues, peer education, STIs, making friends, managing relationships ...

The Human Relations Support Program

Few programs run by FPT have been so enduring and so much in demand as the Human Relations Support Program, nor striven so hard to respond to the diverse needs of its client group. Demand has outstripped supply ever since FPT started the service in the mid '90s, and in some quarters it has grown exponentially. For instance, the inclusion of children with every kind of disability in non-specialist schools across the state since the '90s has dramatically increased the calls for support from teachers, teacher aides, social workers and others. The consultancy work of the Human Relations Support Program has burgeoned, while the need for professional development programs is never satisfied. Other organisations call on FPT educators as consultants, including official bodies such as the courts, the Parole Board and the Guardianship Board. Referrals come from Disability Services, Forensic Mental Health Services, Mental Health Services, Youth Justice and Children's Services, and many others, including parents with dependent adolescent or adult sons and daughters with disabilities. Consultants have continued to deliver accredited training at TAFE in the Diploma of Disability courses across the decade.

Every professional group requires support in their engagement with people with disabilities. While the early work in the '90s focused on people with intellectual disability, it wasn't long before it extended well beyond that group. Much of that work is still done quietly given the struggle of some in the Tasmanian community with, for example, the facilitation of access to sympathetic sex workers for people with disabilities, or the teaching of non-harmful masturbation techniques to people who were hurting themselves inadvertently. Skill development is always matched with education about management of moods and emotions and an acceptance of rights and responsibilities within the context of respectful human relationships.

The work of the Human Relations Support Program has been informed almost from its inception by the Sexuality and Disability Reference Group with its wide and expert membership.

Over the years some extraordinary work has been done by FPT's Disability Consultants. It was the inimitable Sharon Wilkinson (1994 – 2005) who worked her socks off in the second half of the '90s to build a new and desperately needed service for people with disabilities. Her expertise grew quickly as she read widely and engaged in formal study to grow her knowledge and skills. One of her crowning achievements was a series of residential workshops for Vietnam Veteran couples, called Igniting the Spark. Their focus was a mix of communication, health, conflict resolution, and sexuality and intimacy exploration that would confront the effects of combat-related post-traumatic stress disorder (PTSD) on intimate relationships, something that was at the time receiving very little attention. Only in the late '90s did research begin to demonstrate the damaging effects of PTSD on families, not just on the men themselves, but on their wives and their children, and even into the next generation.

Sharon conducted the first four-day residential in 2002 in tandem with a psychologist and a fitness instructor, a specialist in heart health. It was the first of many. They were obviously extremely powerful experiences for participants.



Sharon's words in the 2001/02 Annual Report tell it all: "It is an absolute privilege to be part of this venture, a first for Family Planning Tasmania. It is an extremely challenging experience filled with laughter, emotional upheavals, tears and growth. But above all it has been a time of learning and doing a job that I love. As always, Family Planning Tasmania allows this to happen by continually encouraging and supporting staff to pursue their professional goals."

School education

FPT's band of fine educators continued to work in a majority of the state's primary schools (68% of them in 2005/06, including Catholic and Independent schools) and many secondary schools throughout the past decade, despite the significant cost to each school in program and educator travel costs. Years of training teachers in how to deliver sexuality education to their students had borne little fruit. In fact, with the media and advertising being saturated with sexual references, with children being increasingly sexualised, and with heightened attention being given to sexual abuse of children – among a variety of other social changes – teachers generally appeared less inclined than ever to tackle the sensitive subject. The words of one Independent school teacher summed it up: "You have to be joking. There's no way I will talk about penises and vaginas to my grade 3 and 4 kids. If one of them misquotes me at home to their parents, my career's over!" He had sat through hours of a professional development workshop with his arms tightly folded across his chest, avoiding all eye contact with the educator, and he was not atypical.

The most effective work has always been done in schools which employ the same educator year after year, such that the children get to know their "sex lady" very well. One of FPT's "sex ladies" was Victoria Bishop (with FPT from 1986 to 2009 and still teaching the Growing Up program in 2012 under licence to FPT) who outlined in the 2001/02 Annual Report the difference between two schools, one an old hand (school G) and one new to FPT's education work (school M), both in low SES areas and both with large and crowded grade 5/6 classes:

"G: the parent turn-up was minimal due to our attendance every year – we're usually very popular when the word gets around. Then to the classroom – noisy, welcoming, chatty ("Remember my mum was having a baby last year? She's having another one!"). They settle quickly, full of excited anticipation ... Eye contact! Only a reminder of agreements (confidentiality, etc.) is needed and we're ready to go. Knowledge is a little rusty but embarrassment levels are low (except in 3 new students who at first are giggly and shy but who quickly fall in with the 'experienced' class). No pressure, no stress, and we get into open and comfortable discussion and questions from the start ... the 1.5 hour session (10 min video, group activities, game, interaction and discussion) goes fast. Much more is achieved than expected which leaves more time to do extra work at the end – excellent ...

M: School M had not previously had any similar program and both staff and parents were positive though apprehensive ... Twelve

parents attended the pre-program session – surprisingly few for the first visit. The 30 minutes was enough to dispel their concerns and they left confidently. To the classroom – and we were greeted with giggles and smirks and inappropriate comments from the noisy group – to the concern of the teacher. Then some settling and shuffling – the boys all across the back of the room trying to act cool and the girls in the front in an embarrassed huddle away from the boys. To start! Establishing guidelines took some time, then on to basic body stuff with the baby dolls – shrieks and embarrassment at the sight of minute genitals! ... then followed talking around sexuality, trying to overcome gender related put-downs and slang and ‘rude’ talk. After 1.5 hours there was visible improvement in comfort levels and behaviour all round and the children were looking forward to the next session. The teacher looked relieved and the educator was in need of a strong coffee.”

While research on the impact of sexuality education suggests that one-off programs are not effective, Victoria went on to say that in her experience “ ... providing a regular program each year ensures that children are much more receptive learners as the emotional barrier has been overcome early in their schooling. Regularity and familiarity make it possible to ask questions with less embarrassment and to learn these life skills in a relaxed way.”

In the past decade a range of new, innovative education workshops has been developed for offering to teachers and child care staff, programs like *Managing Challenging Social and Sexual Behaviours*, *Sex in Cyberspace – Sexting*, *Communicating about Sexuality (0 – 5 years)*, *Girls Too Much Too Soon*, and *Surviving Puberty* (for parents). Moving with the time has always been essential as FPT strives to meet its clients’ needs and to stay tuned to the changing times. *Sexuality, Intimacy and the Ageing* and the extremely successful *Take Control* resource are excellent examples of new programs designed to meet the needs of this new century. A statewide project in collaboration with the Sexual Assault Support Service (SASS), *Take Control* addresses unsafe and non-consensual sexual activity among young people. The package has been delivered to numerous young people alongside training of teachers, health workers and others.

The changing needs of the new century triggered not only a raft of innovative programs and production of new resources but also development of an FPT website and a wholesale move to electronic files in the organisation’s clinics.

Family Planning Tasmania has been advocating for compulsory, comprehensive and sequential sexuality and relationships education in Tasmanian schools forever, such education to be delivered by appropriately trained teachers, but the debate heated up in recent years with a concerted push by FPT in collaboration with a formidable list of joint advocates: a major campaign in 2010 was joined by such power brokers as the Australian Education Union, the Tasmanian Principals’ Association, TasCOSS, Relationships Australia, SASS, and the Tasmanian Association of State School Parents and Friends organisations. A statewide meeting was held in Campbell Town to explore the issue, with politicians and other luminaries present. The consensus was for re-focusing



effort on training of teachers as well as educating parents and carers as the primary educators of their children. To support that effort, resource production would also be a priority. The same determination had been reached several times in FPT's school sexuality education history, but, for the reasons outlined above, had never borne fruit – FPT had reverted to direct delivery to children. This time however, with the support of the new National Curriculum and a sympathetic Education Minister, the time may be ripe, despite the continuing reluctance of some teachers.

Diversification of funding

FPT always knew that heavy reliance on government funding was risky. In the past decade the relentless search for alternative sources of funding has kept many FPT staff fully occupied. Government requests for competitive bids for relatively short-lived project funding have forced the acquisition of submission writing skills within the organisation. Writing submissions is a hugely time-consuming task, often fruitless. One positive outcome of this shift of emphasis has been the drive for FPT to form partnerships with contingent agencies to seek funds and jointly offer particular programs and services, with government privileging funding to such partnerships. Excellent work has been done with the Hobart Women's Health Centre, the Sexual Assault Support Service, the North West Tasmania Women's Health Program, the Divisions of GPs, the Department of Education, Disability Services, the South East Tasmanian Aboriginal Corporation (SETAC) ... and other organisations.

In 2005, after decades of federal government funding, with payments often arriving so late that FPT suffered major cash flow problems, the Commonwealth handed the baton to the states, wrapping up all health services' funding into what is still known as the Public Health Outcome Funding Agreements (PHOFAs) with states. FPT now receives its funding directly from the Tasmanian Government, with a number of historically diverse funding streams rolled into one. Funding for FPT's disability work, for instance, once separately provided, is now included in triennial core funding with annual CPI increases – a far cry from the days of tardy annual funding and uncertain CPI receipt. Since PHOFA funding began, FPT has more deliberately and strategically aligned its organisational objectives with those of the state government. The state's health priorities and the Tasmania *Together* benchmarks have become key considerations in strategic planning.

Major project work stretching over much of the decade has provided employment and opened new doors for FPT staff. The *Making Choices* project, for instance, with its concern for young people who are pregnant and/or parenting, is ongoing, and has been included in core funding since 2009. A contract between FPT and *Good Beginnings* has provided triennial funds for an antenatal parenting project. Significant grant funding over two and a half years came from the Commonwealth in 2010 under the *Closing the Gap* strategy for education and training of Aboriginal people in Tasmania.

While there has rarely ever been revenue to support the work, FPT has persisted with its annual participation in numerous one-off events such as National Condom Day, World AIDS Day, the Hobart Safe Summer Campaign, University “O” Week events, National Youth Week activities and stalls, and so on, at some cost to the organisation but always viewed as excellent opportunities for raising FPT’s profile, engaging in advocacy, and introducing many people to the possibilities of FPT services.

Some pressure was taken off the usual funding worries in the 2007/08 financial year when FPT finally figured out how to attract Medicare funding for its doctors. Bulk billing simplified the payment of doctors following years of a convoluted but effective arrangement with Paul Duncombe’s invention, Midington, described earlier.

It was this year too when the first mention of the Hobart building starting to look tired was made. The old building renovated for FPT use in the late ‘90s had cracks developing, and its maintenance costs were beginning to spiral. With a new strategic plan about due, talk was also beginning about FPT becoming more agile, more flexible and mobile, more accessible in its service delivery to rural and remote clients, young people, and to other more disadvantaged population groups. It would take another three years for that thinking to mature and bear fruit with the 2010 move to Glenorchy. By late 2009 the building’s condition had deteriorated to such an extent that some rooms could not be safely occupied. Planning for a move became urgent.

By 2012, well settled into its new Glenorchy premises, FPT’s strategic intent - to locate its clinics in areas of greatest disadvantage (socially, geographically and financially) and with the highest concentrations of young people - was being fulfilled, beginning in the south of the state. Service usage was very high and the client demographic was shifting: more young people were coming in; more Aboriginal clients were attending; more contraceptive services were being delivered; and, most importantly, the client group included a high percentage of people from the northern suburbs, including Brighton and Bridgewater, and from the more remote New Norfolk. In 2012, the future for the north-west and northern clinics remains on the strategic agenda.

The north-west out on its own

While the northern FPT service has always flourished, the north-west has always felt like a poor cousin in FPT, a long way from the administrative centre in Hobart and always struggling to find doctors to staff clinics. While the Burnie service has remained open, the Devonport service has waxed and waned, closing for years at a time. The pessimistic tone of north-west staff writing in the 2001/02 Annual Report reflected a feeling that persisted for years, well before the last decade: “Family Planning Tasmania services in the North West continue to survive yet another year amidst turmoil and change.” There were halcyon days in the ‘80s and ‘90s when education services were flourishing and growing, and there have been many immensely loyal reception and clinic staff over the years, staff whose names became synonymous with Family Planning in the region, but the battle against Tasmania’s inherent conservatism has always been



a bigger challenge in the north-west. On top of that, resistance from local GPs to the “competition” offered by FPT has always been a disincentive for interested doctors to sign on with the organisation - though this has changed in recent years.

In 2006 Burnie was given a massive boost when a state government review of sexual and reproductive health services in the north-west resulted in a transfer to FPT of the management and delivery of clinical sexual and reproductive health services offered previously in the North West General Hospital. Burnie clinic’s hours were extended and the Devonport service was also re-opened, proving highly successful with excellent patronage.

Where to now for Family Planning Tasmania?

“... it’s impossible to imagine a time when Family Planning Tasmania’s job will be done.” So said Esmé Murphy in 2009 in her President’s Report. An interesting observation that offers the frame for thinking about the organisation’s future.

“So much has changed in the past 40 years,” is such a predictable cliché; yet, while it is absolutely true in so many respects, it is not universally true in the broad context of sexual and reproductive health. Major battles were fought - and largely won - in the first thirty years. Further progress was made in the new century ...

- Contraception has become easily accessible to most Tasmanians, though it is worth remembering that it was only in January 2004 that emergency contraception became available over the counter at pharmacists. Access issues remain, especially in more conservative rural areas where one doctor and one pharmacist serve the whole community, and where there is no family planning centre offering confidential services and free condoms to young people.
- Termination of pregnancy continues to be embedded in the Criminal Code in the state. Despite its availability in public hospitals and in several private clinics, the legal position remains ambiguous, with politicians reluctant to tackle the issue, while in 2012 Right to Life protestors continue to demonstrate outside the private clinic in the Hobart CBD.
- Tasmania still has the second highest teenage pregnancy rates among Australian states and territories (behind Northern Territory), while rates of Chlamydia have increased 400% in the past decade, and other sexually transmissible infections are on the rise.
- Prospects are good, but still Tasmania has no compulsory sexuality and relationships education in schools, and certainly no guarantees that the National Curriculum will ensure that what is eventually provided starts early enough, is sufficiently open and comprehensive, is always delivered by teachers who know what they are doing, or includes a universal preparedness to honestly answer children’s questions. In a complex social environment where children are exposed to a barrage of sexual images and messages, deliberately or subliminally, where new technologies permit

access to information as never before and social media poses new threats as well as endless communication opportunities for young people, where any notion of “normative sexual behaviour” is contested, where social norms are constructed by a self-interested, commercially-driven media ... in such an environment, even the best sexuality and relationships education will be but one of the multitude of factors affecting young people’s attitudes and behaviours.

- Even within our wealthy society (and “wealth”, like “poverty”, is relative), there are poor, disadvantaged, marginalised and under-served groups of people who still need particular attention from providers of services such as those of family planning. Where barriers remain to accessing the privileges enjoyed by middle class Tasmanians, barriers such as language or mental health issues or the powerlessness of poverty or disability or incarceration or distance from services or sexual diversity or homelessness, Family Planning and other service providers still have a critical role to play.

There are battles still to be won. The question is: who should be fighting them? It could well be argued that much of what has traditionally been the province of family planning organisations has been taken over by mainstream services. Women’s and men’s health organisations, state sexual health services, GPs and community health services are all much more likely nowadays to offer sexual and reproductive services to their clients, and to do so without judgment. Has FPT done its job? Is it time to retire gracefully and leave the field to mainstream services? If not, what should be FPT’s core business into the future?

The question is for others to answer. In the last decade Family Planning Tasmania has demonstrated that it is open to change. Its strategic objectives acknowledge the need to stay agile, flexible and mobile, to work in partnership with others, including governments, and to seek out the unoccupied ground where mainstream services fail to tread.

In Hong Kong in 2010 at the annual regional meeting of the International Planned Parenthood Federation (IPPF), Dr Anna Whelan, then the new Regional Director, spoke passionately to the representatives present. She argued that: “... it is not our clinical services that will change society; it is our advocacy and our education services that will do that.” Nevertheless, she added, we have to be sure that our direct services, both clinical and educative, are accessible to the most vulnerable and most under-served population groups in our countries.

Does the field of sexual and reproductive health still need a dedicated voice? While there are still battles to be won, and while Tasmania remains a relatively conservative state, coy about matters sexual, and while social change is placing enormous pressure on our young people ... yes, it probably does. Advocacy and education served up from an expert base will continue to be vital. And does the field of sexual and reproductive health still need dedicated clinic services? While ever there are people on the margins of our society in Tasmania ... yes, it probably does.

Esmé Murphy



Appendix A: The Long Timers

A review of the (at times sketchy) records of the many individuals who have served Family Planning Tasmania over the formative years uncovers some amazing tales of dedicated service. Here is a pocket synopsis of some of them, all of whom have over 10 years of service.

| Name | Role | From | To | Their story |
|-----------------------|---|------|---------------------|---|
| Helen Bird | Clinic nurse, clinic co-ordinator, educator extraordinaire, and training manager based in the Hobart office | 1981 | 2004 | During her time with the organisation, Helen served in many roles, as well as being general support person to everybody who sought her assistance or opinion. Best remembered for her brilliant education skills and joyous laugh, which infused others with the same joy. |
| Victoria Bishop | Receptionist, primary school educator. | 1986 | 2009 | Vic started as a receptionist in the Burnie centre. While there she was trained 'on the job' by Prue Lake as a primary school educator, a role in which she excelled. When her family moved to Hobart she was recruited into the team of Hobart based educators. In 2012 she continues to work as an educator under licence to FPT. |
| Richard Bourke | Clinic doctor | 1981 | 1994 | Richard's Tuesday night Hobart clinic was very popular, with both clients and the rest of the clinic team. |
| Chris Bush | Clinic doctor | 1977 | 2008 | Chris is one of the stalwarts of the Launceston clinic service delivery. Always very much part of Family Planning despite having a busy practice in the suburbs. |
| Mollie Campbell-Smith | Council | 1972 | 1983 | A member of the original steering committee, Mollie joined Council at the first AGM. She served as member and Vice President, and succeeded Colin Wendell-Smith as President in 1979. |
| Pauline Carruthers | Clinic doctor | 1973 | 2002 | Another of the 'founding' doctors at the Launceston FPT clinic. Always calm, always willing to do an extra clinic. |
| Susan Carruthers | Clinic doctor | 1995 | Date of publication | Susan has a great commitment to the Launceston team, always ready to go that 'extra mile' |
| Jo Carter | Clinic doctor | 1980 | 1990 | A great asset to the Hobart centre, and a doctor who was supportive of the nurse practitioner concept. |



| | | | | |
|-----------------------|---|------|---------------------|--|
| Miriam Court | Council | 1986 | 2012 | Miriam served on the Council as a member, Vice President and Secretary/Treasurer over her long time with the organisation. |
| Helen Cutts | Clinic doctor | 1973 | 1993 | Helen pioneered family planning clinics in the early years in the Devonport area. She subsequently served on Council from 1984 to 1993 as a vice president. |
| Joan Dolbey | Receptionist, Regional Co-ordinator | 1979 | 2008 | A stalwart of the Launceston centre, Joan always had things under control. Her quiet and pleasant manner and her amazing commitment meant that nobody could decline a request from Joan for an extra clinic or a relief clinic. |
| Julie Fuglsang/Downie | Education assistant, receptionist | 1984 | Date of publication | Julie joined the staff as an education assistant and became a relief receptionist initially and then receptionist. She has served five and a bit CEOs. It can be easily said that she made the transition from electric typewriter to fully computerised, integrated client management system. |
| Paul Duncombe | Honorary consultant, Assistant Treasurer, Treasurer, CEO and Corporate Services Manager | 1976 | 2004 | Over almost 30 years with the organisation, Paul followed the sound work of the pioneers and brought a new profile to the organisation in a variety of roles. |
| Annie Self/Fagan | Clinic nurse | 1982 | 1997 | A member of the successful Tuesday night clinic team in Hobart, and a fun person to have around, Annie's knowledge and skills were always appreciated. |
| Helen Fotheringham | Clinic nurse | 1981 | 1994 | Helen's reassuring smile and quiet manner were a great asset to the clients in the Launceston centre. Helen was the first staff member to retire from an appointment with FPT. |
| Robin Gamlin | Clinic nurse | 1986 | 1996 | A clinic nurse in Hobart, very popular with clients for her gentle approach and empathy. |
| Gerry Gartlan | Council | 1972 | 1986 | Gerry ran the family planning clinic at the Royal Hobart Hospital and was an enthusiastic supporter of FPT from the time he joined the steering committee in 1972. He served as chair of the Medical Advisory Committee and as a vice-president. |



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| Michael Graham | Clinic doctor | 1988 | 2010 | A member of the Friday afternoon team in Hobart, he was always ready to receive Virginia's advice and guidance. As one of the few male doctors at FPT, Michael should be proud of the number of clients who sought an appointment with the 'nice man I saw last time'. |
| Sandra Green | Cleaner | 2001 | 2011 | Sandra undertook the cleaning of the Hobart centre just after it moved to Midwood St, staying with the organisation until the move to Glenorchy. |
| Lisa Haas | Clinic nurse | 1994 | Date of publication | Lisa's quiet efficiency is a great asset to the Launceston clinic team. Always ready with a reassuring smile to clients and staff alike. |
| Jean Hearn | Council | 1972 | 1991 | Jean was a member of the original steering committee. She served on Council from the first AGM. She was appointed a vice president in 1983 and President from 1985 to 1990. |
| Carmen Heathcote | Clinic nurse, educator, project officer | 1987 | 1997 | You name it, Carmen has done it for FPT in the Burnie centre. Nurse, primary school educator, professional training course presenter, program officer, all with an apparent ease and her trademark smile. |
| Nancy Jiracek | Council | 1979 | 1995 | Nancy served as Treasurer from the date of Paul Duncombe's appointment to the staff. She was also a delegate to the national family planning body from 1988. |
| Annie Kaczmariski | Clinic doctor | 1992 | 2002 | Clinic doctor in Hobart, Annie was always ready with advice and suggestions about how to improve clinic service delivery. A great team player. |
| Margot Gounds/Kingston | Clinic nurse, clinic manager | 1983 | 2002 | An ideas person, Margot's vision was a great asset to the management team at FPT during her time as Clinic Manager from 1993, and during the planning of the new accommodation in Launceston. |
| Mary Kille | Clinic doctor | 1976 | 1996 | Mary started a family planning clinic at the then North West Regional Hospital in Burnie in 1976, the first 9 years unpaid! She was a great advocate of family planning and had a role in the training of many doctors and nurses. She ran clinical services in FPT buildings in addition to the hospital clinic sessions, and travelled extensively in the north-west region delivering family planning and women's health services to remote communities. |



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| Prue Lake | Clinic nurse, educator | 1980 | 1996 | Prue completed her Family Planning training in 1980 and worked as a nurse in the family planning clinic in Burnie run by the Burnie hospital. In 1983 she joined the education team at FPT, and developed our profile enormously in the North-West region. A 'get on with it' person, you would not have wanted to be the obstacle between Prue and one of her goals! |
| Frank Lawrence | Clinic doctor | 1980 | 1991 | Frank was always willing to do an extra Hobart clinic, and always had a smile for staff and clients alike. |
| Nicky Lawrence | Clinic nurse | 1988 | 2008 | Nicky came back to work at FPT in Hobart after the birth of her youngest child, who attended the job interview in his pram. Her wonderful open face and friendly smile was a hit with clinic clients and staff during her time with the organisation. |
| Liz Ling | Receptionist | 1983 | Date of publication | The other half of the efficient administrative team in Launceston. The teamwork between Joan Dolbey and Liz was appreciated by all in Launceston, as well as at head office. |
| Pat Hewitt / Mavromatis | Pioneer | 1973 | 1985 | First staff member appointed at FPT. A true pioneer who persevered though the very tough early years. |
| Avner Misrachi | Council | 1989 | 2003 | Avner served on Council as the Tasmanian Government nominee. Always a strong advocate for FPT. |
| Esmé Murphy | Education Manager, Council | 1994 | 2010 | Esmé was appointed Education Manager in 1994. When she resigned that position in late 1999 she joined the Council, serving as FPT President between 2003 and 2009, President of SH&FPA 2008 – 2009, and SH&FPA's IPPF representative for four years from '07 to '10. |
| Helen O'Neill | Clinic nurse, educator | 1993 | 2004 | Helen is another 'all rounder' who contributed much to Family Planning's profile in Burnie. Clinic nurse, educator, counsellor, all in a day's work for Helen. |
| Graeme Riddoch | Clinic doctor, Council, Honorary Medical Director | 1977 | 1995 | Another true pioneer, Graeme's commitment to the organisation saw him serve as relieving clinic doctor, a member of the Education Committee, Council, and Medical Advisory Committee during the formative years. He was Chair of the Medical Advisory Committee from 1983. That role included a voluntary day-to-day commitment as Medical Director. His contribution at the state and federal levels was recognised in 1997 when he was awarded the Family Planning Australia President's Award. |



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| Clare Roberts | Clinic doctor | 1997 | Date of publication. | Clare's clinical skills are matched by her management skills, making her ideal for the role of senior medical officer, which she held from 2010, based in the Hobart clinic. |
| Jill Roberts | Council | 1975 | 1985 | Jill Joined Council as a west coast representative where she was active in promoting family planning education programs. She subsequently moved to the north-west, where she continued this work. She served as a vice president from 1978, and Secretary of Council from 1981. |
| Philippa Sharman | Clinic nurse | 1976 1986 | 1979 1996 | Set up the Burnie clinic with Mary Kille in 1976. In 1979 moved to Launceston, and joined the Launceston staff in 1986, retiring in 1996. A wonderful, quietly competent person adored by clients and staff alike. |
| Lerell Sharp | Cleaner | 1988 | 2007 | Lerell was a cleaner at the Launceston centre in both Civic Square and Wellington St. |
| Judy Smyth | Clinic nurse | 1994 | Date of publication | A quiet achiever, Judy had a good handle on what was needed in the Burnie clinic and set about achieving it. |
| Kate Snooks | Receptionist | 2000 | 2010 | Kate came for a little while and stayed a decade. As part time receptionist in the Burnie centre, her organisational skills were much appreciated. |
| Virginia Thorold-Smith | Clinic nurse | 1986 | 2012 | Virginia joined the staff as a clinic nurse in Launceston. When her family moved to Hobart she joined the Hobart team. Referred to by many as the matron, she always had an eye for improving the efficient running of something. For many years part of the successful Friday afternoon clinic team. |
| Colin Wendell-Smith | Pioneer | 1972 | 1989 | The organisation would not exist without the vision, determination and negotiation skills of Colin. Justifiably awarded an AO for his services to the family planning movement locally, nationally and internationally. |
| Sharon Wilkinson | Educator, Manager -disability program, Client services manager | 1994 | 2005 | Sharon joined the organisation as an educator, and was a prime driver in the establishment of the disability program, a role in which she excelled as the co-ordinator before being appointed as Client Services Manager. |

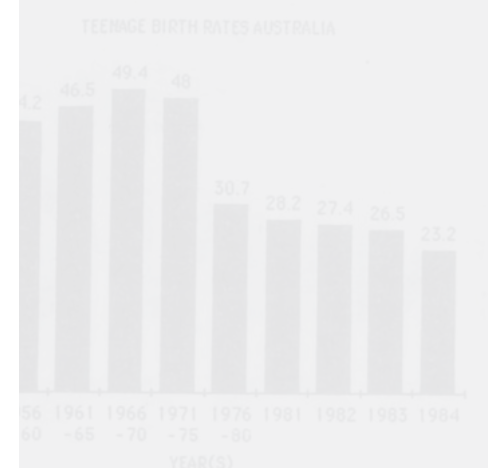


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| Sue Williams | Pioneer, educator, Education Manager, CEO | 1973 2006 | 1989 2011 | A pioneer of FPT's education services, Sue's natural ability as a communicator laid the foundations for the high reputation the organisation enjoys. All that with a great sense of humour. |
| Diane Wilson | Admin assistant, relief receptionist | 1978 | 2004 | Diane was appointed as accounts clerk during Pat Hewitt's time. She started with a cash book and calculator and finished with a computerised accounting package. She was the administrative backbone of the organisation throughout her time with it, and was receptionist in the infamous Tuesday night clinic team in Hobart and its party aftermath. |

The review of staff records reveals three successful mother daughter teams at FPT. Philippa Sharman was a clinic nurse in Burnie from 1976 until 1981 and Launceston from 1988 to 1995. Her daughter Jenni joined the education team between 1998 and 2001. Pauline Carruthers was a clinic doctor between 1976 and 2002 and her daughter Susan joined as a clinic doctor from 1994. Nicky Lawrence was a nurse in Hobart from 1988 to 2008 and her daughter Anna was a doctor in Hobart from 2010 and in Launceston from 2011.

Some staff worked in more than one service delivery centre. Philippa Sharman worked in Burnie then Launceston, Victoria Bishop in Burnie then Hobart, Virginia Thorold-Smith in Launceston then Hobart.

Staff members have made the transition from staff member to council (board) member. Maree O'Sullivan was a clinic doctor in Launceston between 1983 and 1992. She served on the council between 1994 and 2000. Esmé Murphy was Education Manager between 1993 and late 1999. She joined Council in 2000 and served as Vice President and President until 2009. And Paul Duncombe made the transition from Council to staff in 1985. Many doctors served as both staff members and council members from time to time. Among them were Mary Kille, Helen Cutts and Hilary Wallace.



Appendix B

The Lifers. Those granted life membership for services to family planning.

| Name | Year | Description |
|------------------------------|------|--|
| Jean Perkins | 1975 | Jean was a member of the original steering committee and the inaugural treasurer when the Association was established. She resigned in November 1974. Jean's involvement presaged the first of three generations to be interested in FPT. Her daughter Judy Jackson was to be the health minister who reformed the abortion laws in Tasmania in 2001, and her grandson Jonathan Jackson was to join the Council in 2004 and become treasurer of FPT from 2005. |
| Dr Valerie Davenport | 1979 | "For her services to FPAT". Val was a member of the initial steering committee, ran clinical sessions in the early days, and joined the Council as a member from 1972 to 1978. |
| Prof. Colin Wendell-Smith AO | 1981 | "Good and hard work since the Association started nearly 10 years ago. Three major sections: The initiation of the Association; in the development stage as President; and in the supervisory stage where he is still continuing to guide and give advice on the work of the Association." Colin was to be awarded an AO in the Australia Day honours list of 1991 for his services to family planning locally, nationally and internationally. |
| Sue Williams | 1982 | Not to be confused with the Sue Williams who was a volunteer and educator, this Sue Williams was a receptionist through the pioneering days. She moved to Western Australia with her family in 1981. |
| Dr Eric Cunningham-Dax | 1985 | "In recognition of his services to the association, particularly in the early years'. Eric was a strong advocate for a family planning association, and was the government nominee on the Council from the first AGM until 1978. |
| Pat Hewitt/Mavromatis | 1985 | "In recognition of her services to the Association as foundation Administrator'. Pat weathered all the early storms and set the Association on a strong growth path. |
| Jill Roberts | 1986 | Elected to Council in 1975, Jill served as a vice president and as Secretary. She left the Council in 1985. |
| Topsy Evans | 1989 | Topsy was elected to Council in 1982 and served as a vice president. She was a very active member of Council, and a strong advocate for the gay law reform issue. |
| Jean Hearn | 1992 | "... in recognition of her long and valuable service." Jean was a member of the 1972 steering committee and served on Council from 1973, including as President from 1985 to 1990. |
| Dr Helen Cutts | 1993 | ".. for her long and valuable service...particularly in relation to the establishment of the Devonport clinic in 1987." Helen ran the early family planning clinics in the Devonport area, and subsequently joined the Council. |



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| Helen Fotheringham | 1994 | “Helen was the first staff member to retire from Family Planning and it was to her credit that she never lost her ability to communicate with young clients.” Helen was with the organisation for 13 years. |
| Jan von See | 1995 | Jan was elected to Council in 1986, and was a vice president from 1987 to 1994. |
| Nancy Jiracek | 1996 | Elected to Council in 1979, Nancy served as Treasurer from 1985. She was also a delegate to the national family planning body from 1988. |
| Dr Graeme Riddoch | 1996 | Graeme’s commitment to the organisation saw him serve as relieving clinic doctor, a member of the Education Committee, a member of Council, and of the Medical Advisory Committee during the formative years. He was Chair of the Medical Advisory Committee from 1983. |
| Jo Crothers | 1996 | Served on Council for 7 years, 5 of them as President. Jo’s vision for a strategic planning exercise, which in turn changed the structure of Council and the Management Team, was a major contribution. |
| Prue Lake | 1997 | “Prue was instrumental in setting up our education services, and subsequently our clinic services in the Burnie area in the mid 1980s, and was successful in lifting our profile and expanding our services on the north-west coast.” |
| Nick Toonen OAM | 2000 | Nick joined the Council in 1993 and served as President from 1998 to 2000. |
| Margot Kingston | 2002 | Margot joined the organisation in 1983 and was appointed Clinic Manager in 1993. Her contribution in relation to finding new accommodation in the Launceston area was very much appreciated. |
| Dr Pauline Carruthers | 2002 | Pauline retired in September 2002 after almost 30 years with the organisation. She gave many hours as a volunteer in the early years. |
| Paul Duncombe | 2004 | Paul retired in 2004 after almost 30 years with the organisation as a volunteer and staff member. CEO from 1985 to 2003. |
| Helen Bird | 2006 | Helen joined the organisation in 1981 and worked as a nurse, educator, training officer and clinic manager. |
| Esmé Murphy | 2010 | Joined the organisation as Education Manager in 1994. She joined the Council in 2000 after her resignation from the staff, serving as FPT President between 2003 and 2009, President of SH&FPA 2008 – 2009, and SH&FPA’s IPPF representative for four years from 2007 to 2010. |
| Virginia Thorold-Smith | 2012 | Virginia joined the staff as a clinic nurse in Launceston in 1986. When her family moved to Hobart she joined the Hobart team. Virginia retired in 2012. |
| Chris Bush | 2012 | Joining the Launceston team in 1977, Chris became one of the stalwarts of FPT. Always very much part of Family Planning and interested in furthering its aims. |





Family Planning Tasmania
sexuality education & clinical services