

THE HISTORY AND DEVELOPMENT OF
THE FAMILY PLANNING ASSOCIATIONS : NSW

14th September, 1988

INTERVIEWEE: MS JOY GAGELER

INTERVIEWER: MS HEATHER HANCOCK

MS JOY GAGELER: Our premises are located at 74 Darby Street, Cooks Hill. I've been with Family Planning for ten years. I came from a nursing background, had been working for five years in the maternity section of the Mater Hospital and when I came to Family Planning I virtually knew very little about family planning, I didn't really know what I was getting into. I was told that I needed a broad mind to work here and I figured that was okay I've got a reasonably broad mind. I started in June as a Co-ordinator, without a training course. My assistant beat me by one day, she was here one day earlier than I was so we were like babes in the woods, didn't know what even half the things in the stock cupboard were that we were supposed to be selling and promoting. We didn't do a training course for some months after we'd been here.

When I first started working for Family Planning we were struggling for survival. We had three and a half clinics a week, a half a clinic being a fortnightly clinic. One was located in Royal Newcastle Hospital. There were two here at Darby Street and there was one at Charlestown. The Charlestown one was reasonably well attended but the others at Darby Street were fairly poorly attended and the one at Royal Newcastle Hospital was a total waste of time and energy, people virtually got lost. It was held in the outpatients section of the Royal on Thursday night so there was absolutely no-one around and if people didn't know where to find us there was not even anyone to ask directions. So I closed that clinic just after I'd started and moved it to Darby Street, went on a recruiting drive to find staff because there was only one Doctor that I could count on to work at the clinics and she was also working elsewhere.

Over the years we've expanded up until the present time where we're now offering twelve sessions a week, that's twelve clinics that are staffed by a Doctor and a Nurse and a Receptionist. People book in and come and see us about various problems. We've also increased our staff incredibly, we now have a staff of approximately twenty people. They're basically made up of permanent part-time people or casual people who only work one or two or maybe three sessions a week. Family Planning has not only been accepted by the community at large it's also been accepted by health professionals. Family Planning NSW as do other States run professional training courses and that's for Doctors and Nurses and health workers, also for teachers. Many GP's now are wanting at least one member of their practise to do Family Planning training because women are becoming a lot more assertive and a lot more demanding in what they want from health care and they want to receive more than a neurotic label from the Doctor that they see and they certainly don't receive a neurotic label at Family Planning.

Our professional training is done in Sydney, even though we have an education unit here at Darby Street they run assertiveness training courses for the community and they

do education in the schools, virtually community education wherever it's needed but still our Doctor and Nurse training is done in Sydney, that's the theory component. The practical component can be done in Newcastle and very often is.

Community acceptance of Family Planning has grown incredibly over the years. We now never ever have to cancel a clinic through lack of attendance, which we frequently used to have to do in years gone by. In fact our clinics are overflowing to the brim. Newcastle has a reputation that no matter what the weather or what the time of year we will always be able to fill our clinics and surprisingly Family Planning frequently in Sydney is seasonal, they have their busy times of the year and their quiet times of the year, we've never quite worked out why but that's just the way it is but Family Planning in Newcastle is really well accepted particularly by teenagers. We here, particularly at the Darby Street clinic we see approximately double the State average of teenagers in this centre here. I think there's a number of reasons for that. One is there's less choices in Newcastle than there are in Sydney. Secondly Newcastle's, even though it's a big place it's small enough for the grapevine to work and the grapevine works very well amongst teenagers in that they know you can go to Family Planning, that we won't moralise or judge, we will treat them as intelligent human beings and let them make decisions for themselves and we are totally confidential and we don't charge them which is a big factor. Not only do we see a lot of school kids who haven't got any money we also see a lot of students and a lot of unemployed people and Family Planning functions in a way that we are able to provide contraceptives to women that haven't got any money. We don't need proof, we just take it at face value, if they say they haven't got any or if we think they can't afford it we suggest that we will give them to them for nothing.

Over the years we've also seen an increase in the number of women, and in fact men too that attend for investigation of sexually transmitted diseases. Even before the AIDS scare we noticed that our work was increasing in that area. I think once again community awareness is raised. Even amongst the teenagers who don't read the newspapers and don't read the Womans Weekly they do read Dolly and Cleo and Cosmo and those sort of magazines and those magazines are a good source of education for young people about sexually transmitted diseases and unplanned pregnancies and all matters dealing with sexuality so we see a lot of women for investigations. We also, they will bring their partners in, their male partners and some guys come in without their female partners although they're in the minority. The AIDS scare, when the grim reaper first came on television and we were all terrified we didn't get the response that we thought we would, Family Planning NSW don't see that many people for AIDS screening and to date we haven't had one positive which we're all pleased about. The majority of people that are concerned about any possible contact with the AIDS virus usually, particularly

in Sydney go to the Albion Street Centre or to the Sydney STD clinic. I think a number of them also go to the STD clinic here in Newcastle at Royal Newcastle Hospital. We've just started to keep figures on what sort of, how many AIDS tests we're doing and in August we did six, which I was surprised about I didn't even think that we'd do that many in a month.

Another area in which Family Planning's I don't know, I guess been accepted is the media, whenever there's any issues being publically debated on sexuality, whether it's how often to do a Pap smear or herpes virus or contraception we are frequently contacted by the media, both myself and Rite Carby who's the most senior educator in the Hunter do spend a deal of our time talking to Journalists or television people or anyone that's in the media that's wanting our comment, which I guess speaks highly for us, I mean we're recognised as professionals and we specialise in an area which means we're good at it and we do do a good job and we are good at what we do and that's recognised not only by the public but by as I said other professionals and the media.

In October 1986 we received an increase in funding which allowed us to expand for the first time in ten years. This was excitedly welcomed by all Family Planning workers. Even though we'd been on what we call a no growth situation for the previous years we had naturally expanded, we just tried to remain within our budget and still accommodate the number of people that we were seeing. However as I said in October 1986 we got more money, that enabled us to start some new initiatives here in the Hunter particularly. One thing that we started was a sex counselling clinic, we have a Doctor that works here that's also a trained therapist and Newcastle has not many facilities for people with sexuality problems so we started a, one clinic a week which only accommodates four people but nevertheless that's what we started and it's been incredibly successful, so much so than whenever we've got some spare hours left over we try to put them aside for additional sex counselling sessions. At the moment we've got around about a two month waiting time to get in for an appointment. The majority of people we find, particularly women because they're mostly the people that we deal with want to see a female. There are a couple of male sex counsellors in Newcastle and there was one other female but she's, most of her time now is committed to other things so not only are we popular because we're basically the only place offering the service but also the counsel that we have has very good results.

A couple of other things that we were able to do with our increased funding, apart from putting on additional services which were filled the day that we put them on, was we were able to make one of our suburban clinics, that's the Toronto clinic, we were able to make it a weekly clinic rather than a fortnightly clinic. That clinic had been operating for quite a number of years on a fortnightly basis but the demand was there to make it a weekly service and so that's what we did and that's been very successful.

We also opened a clinic at Raymond Terrace which was a new area for us. We'd been asked by a number of health and welfare workers in that region to provide a service in that area for some time. That started in December, 1986. It hasn't been as successful as we were hoping. We operate from the community health centre. Normally suburban clinics take about a year to become viable, well it's nearly two years down the track for Raymond Terrace and we don't know if that clinic's going to survive because of the lack in numbers. That's really our only failure, I don't know if you'd label it a failure actually but it's our only area that we're not really happy with.

We also started when we got our increased funding a new initiative what we call a drop in clinic. That means it's obviously a non appointment clinic, people can just come in and wait their turn to be seen. We scheduled it for Wednesday afternoons because we were quite aware that all the inner city high schools have sports afternoon on Wednesday afternoon and frequently young people need to come and see us without their parents consent or knowledge and that often meant that they would take the day off school so we figured to try and accommodate them in some way we'd put it on sports afternoon because they often find it more easy to get away from sports day than they do more formal school time. That clinic has been so popular we can't believe it. They've started a similar session in the western suburbs in Sydney with the same sort of success we've had here. We find that teenagers like a less structured type of thing, often teenagers cannot or will not use a telephone to make an appointment, their life isn't structured enough to be able to handle appointments and so the sort of service where they can drop in and be seen by someone suits them very well.

Over the years my role with Family Planning has expanded and changed quite significantly. When I first started here I had purely an administrative role and was only employed for twenty hours a week which financially I couldn't survive on anyway. My hours changed and after I'd been working here for a couple of years I started to work in the clinics. Initially the Nurses for Family Planning played very much a hand maiden role I guess in that we saw the clients before the Doctors did and we took their blood pressure and weighed them and talked to them about why they were here and we took the notes and then sent them into the Doctor. The only thing we could really do without the Doctors seeing the client was a pregnancy test. However that's changed. Family Planning NSW took up training of Nurse Practitioners, that is an expanded Nurses role whereas we now do most of the things that the Doctors do in that Family Planning do. Nurses do, Nurse Practitioners that is, do Pap smears and breast checks and pelvic examinations and prescribe the Pill and fit diaphragms. The only thing we really can't do is prescribe things for infections and prescriptions that have to go to the chemist, that's something that we can't do but almost all the Nurses in Family Planning NSW are now Nurse Practitioners. It's given us all a whole

lot more satisfaction in our work. Family Planning has also, in NSW has also been training Nurses from other States so that they can go back and train their own Nurses in the expanded Nurse Practitioner role. I think had we not gone that way we would have had trouble maintaining our funding for Nurses because the Government wasn't about to continue funding Family Planning Nurses just as Doctor's Assistants, we hope to have a greater role than that, a more expanded role than that and a vital role and I think that the role that we play now is vital. We have patients actually booked in to see us, not just to see the Doctor so that we can see a lot more people, so it's good for the Nurses and it's good for the clients and it's good for Nurses in general. I think that this is the way Nurses will have to go in the future even though there'll be considerable opposition from Doctors who see us as competing for their clients and therefore their money but studies have shown that in fact that's not the case.

Where do I see Family Planning going to in the future? I and many other Family Planning workers see our role being extended, our services having to expand because we are so busy and we are so well accepted rather than offering as we do now four hour sessions at a time. I think what we're going to have to move towards is all day sessions, as your local GP offers, you know nine to five sessions all day and not only nine to five with Family Planning, I think we'll have to offer evening services as well, which we do at the moment but I think it will have to be on probably five evenings a week. I also see our suburban clinics expanding from one session a week, that means one four hour service per week in the suburbs which really is only tokenistic, it doesn't fill the need, seeing twelve or twenty women, or twelve or twenty people a week in a suburban clinic isn't servicing that suburb so suburban clinics I think will have to be expanded to offering you know maybe two or three day services per week where once again it's offering from say 9.00 a.m. to 9.00 p.m., that sort of service. Personally, because I really love what I do and I get a lot of job satisfaction working with the women that I work with who are all, I consider them friends as well as colleagues, highly professional women, I get a lot of support here and also from the clients, mostly seeing young healthy women. Even those who are in crisis we are usually able to help through their crisis with a really positive outcome. So for all those reasons I see myself staying with Family Planning maybe until I'm old and grey and they tell me I'm too old to relate to teenagers any more.

This has been Joy Gageler and the date is the 14th September, 1988.

30 SEPTEMBER 1988

PAGE ONE

SUMMARY OF TAPE: REGARDING THE DEVELOPMENT OF THE FAMILY PLANNING ASSOCIATIONS'

TAPED CONVERSATION WITH MS JOY GAGELER, (14 SEP 1988.)

Joy Gageler has been involved with Family Planning for 10 years' and previously come from a nursing background, where she was involved in the maternity section of the Mater Miserecordiae Hospital.

Joy Gageler became involved with Family Planning in June, 10 years' ago as a co-ordinator within the clinic. When Joy became involved with Family Planning the clinic's were struggling ^{financially} and there were only three clinics per week. Two clinics ^{at} Darby Street, Newcastle and one clinic at Charlestown, both clinic services were well attended by clients.

Over the years Family Planning has expanded and now offers twelve clinics per week, all clinic services are staffed by a doctor, a nurse, and a receptionist. People usually phone and book in for clinic appointments. The staff at Family Planning Darby Street has increased considerably where now there are approximately twenty staff who work part-time, or on a casual basis and work one to three clinic sessions per week. Family Planning New South Wales as also where in other States run and encourage training courses for nurses, doctors, and health professional workers. Professional training is done in Sydney, even though Family Planning has a professional educational training unit in Darby Street, Newcastle. Doctor and nurse professional theory training is implemented in Sydney, New South Wales.

Family Planning clinics in Darby Street, Newcastle are well attended and are in fact booked out with continual appointments. ~~There~~ as clinic sessions sometimes in the past had to be cancelled for lack of attendance this is definitely not the case with Family Planning at present times.

Family Planning Newcastle is well accepted by teenagers as the majority of young people seen in clinic feel confident and comfortable talking with clinic staff and also there is no charge involved with consultation visits.

Over the years' Family Planning Darby Street has seen and spoken with many people concerned over.

PAGE TWO

Sexually transmitted diseases, even before the on-set of Aids within our community. Women attend clinic sessions for screening, as well as men in the community. Generally, aids testing is not held in the Darby Street, clinic as the Royal Newcastle Hospital (S.T.I) clinic caters for Aids related problems.

Family Planning Darby Street is frequently contacted by the media for information about health related matters and also for insight into Family Planning Services being provided for the community.

A sex training clinic opened within the Darby Street premises and a doctor who is a trained sex therapist is available for consultation visits. One clinic a week is available for people and the clinic is extremely successful. There is at present a two month waiting time for appointments in the clinic's counselling sessions.

A new drop-in clinic was made available at Darby Street Newcastle. This is a clinic where people can see Family Planning staff without having to make an appointment.

Over the years Joy Gageler's role as a nurse has expanded and changed quite considerably within Family Planning. Nurses used to see the patients before patients went into clinic to see the doctor. Generally nurses played a hand-maiden role of checking blood-pressure and weight and many other tasks the doctor would not attend to normally. However, the role of nurses has altered, and nurses have taken up the role of nurse-practitioners; this is an expanded nurses role within the sphere of Family Planning clinics. Nurse-practitioners now perform most services a doctor normally provides. About the only area nurse-practitioners cannot service, is the provision for medical prescriptions, which warrants a doctor's supervision.

Joy Gageler sees the future role of Family Planning in Newcastle as having to expand both within areas of nurse-practitioner training programmes and also for more clinics to service the public's needs.

Personally Joy Gageler gains enormous job satisfaction from her role as a nurse within Family Planning and also working with other members of the staff whom she not only regards as professional

PAGE THREE

colleagues but friends as well. Joy, also gains personal satisfaction in supporting and helping healthy women in our community and also dealing with women who may be experiencing a crisis in their lives. Joy, sees herself being actively involved with Family Planning Newcastle for many years to come.

Thankyou.

Maack Hancock.

30 SEP '88

BIBLIOGRAPHY: -

Wyndham, DIANA.
'Family Planning Associations in Australia:
'Key Events from 1926-1983',
HEALTHRIGHT VOL 3. NO 1 November 1983. P. 7.

Wyndham, DIANA.
'The Family Planning Association of N.S.W.',
HEALTHRIGHT DECEMBER, 1978.

Wyndham, Diana and Needham Rose,
'Family Planning Associations in Australia:
'Key events from 1926 to 1983',
HEALTHRIGHT VOL 3. NO 1 November 1983 PP. 7-18.

Wyndham, Diana.
All about the Family Planning Association
HEALTHRIGHT NOVEMBER 1987.

Wyndham, Diana.
'RUBY RICH, Family Planning Pioneer',
1888 - 1988
HEALTHRIGHT VOL 7, NO 3, MAY 1988

OPEN FOUNDATION COURSE.

AUSTRALIAN HISTORY.

LECTURER: MS/ MARGARET HENRY.

ESSAY: 'THE HISTORY AND DEVELOPMENT
OF THE FAMILY PLANNING ASSOCIATIONS.'

DOE DATE: SEPTEMBER 1988.

CLASS: THURSDAY 10AM - 12NOON.

NAME: MS/ HEATHER HANCOCK.

30 SEPTEMBER 1988

PAGE ONE:

In 1916 Jessie Street and Anne Golding formed the New South Wales ^{Social} Hygiene Association in an attempt to provide sex education and to try and eradicate prostitution and venereal disease. The Association was short-lived because it failed to gain public support (1). However, its work was revived a decade later with the formation of the Racial Hygiene Association of New South Wales. Jessie Street was one of several vice-presidents of the new association. The Racial Hygiene's aims were to promote State wide campaigns on sex education and for the prevention and eradication of venereal disease and to educate the community on eugenic principles.

Although all these early names sound unacceptable now, it must be remembered that the now familiar Family Planning title would have been unacceptably explicit in those days.

Ruby Rich, a famous Australian feminist who for most of her life campaigned for peace and improvement for the status of women became the first founding president in 1926 for the Racial Hygiene Association. (2) The Racial Hygiene Association was the forerunner of the Family Planning Association, in which Ruby Rich maintained a life time involvement (with Family Planning). As a tribute to her pioneering work, Ruby was made life Vice-President in 1939 and is now life Vice-President of the Family Planning Association of New South Wales. Ruby Rich was presented with the United Nations peace medal in 1976 and has been awarded the M.B.E. In March 1988 the new Parramatta premises of the Family Planning Association of New South Wales was named the Ruby Rich centre in her honour. Ruby Rich passed away on 10 May 1988 just a month before her 100th birthday (3).

- (1) Diana Wrydham, 'Family Planning Associations in Australia: Key Events from 1926 to 1983'.
HEALTHRIGHT Vol 3, No. 1, November 1983, P. 7.
- (2) Diana Wrydham, 'Ruby Rich, Family Planning Pioneer 1888-1988'.
HEALTHRIGHT Vol. 7, No 3, May 1988, P. 10.
- (3) ibid., p. 10.

PAGE TWO:

It was not until the 1950's that more New South Wales clinics opened at Leichhardt and Newcastle and the association was established in Victoria. In 1960 the name was changed to the Family Planning Association of Australia (F.P.A.A.) but it was not until 1967 that it significantly changed its structure and established a national family planning policy. The 1960's saw not only changes in contraceptive technology but also in official and public attitudes to family planning. (4)

By the end of the 1970's Family Planning Association New South Wales had adopted its organisation and structure to cope with changes with the introduction of family planning nurse practitioners, specialised counselling services by the association's doctors, development of training courses and community education programmes by the Education Unit. The Family Planning Association saw the evolutionary change from dependence on a few dedicated volunteers to a sizeable paid workforce allowing the elected honorary Board to oversee policy and directions. (5)

Clinics everywhere give advice and help to anybody regardless of age or marital status. Currently, there are 34 clinics in Sydney, 1 in Wollongong, 3 in Newcastle and 1 in Darwin, providing services for approximately 60,000 clients per year. Clinics provide night-time and some Saturday morning sessions. Family Planning Clinics concentrate on providing contraceptive counselling and supply, referring other related health care to appropriate agencies.

The education and training sections provide two basic services, a training programme for medical personnel and lay workers in Family Planning health delivery. These courses are open for people wishing to work in the organisation, as well as for people working generally in the community. Family Planning Associations provide training courses for doctors, nurses, educators, receptionists,

(4) Diana Wrygham & Rosa Needham. 'Family planning associations in Australia: Key events from 1926-1983.'
HEALTHRIGHT, Vol 3, No 1, November 1983, pp. 7-18

(5) ibid., p. 7.

welfare workers, Health Commission employees, pharmacists and other health and welfare professionals. (6)

Another service provided by Family Planning Association is within educational programmes in family planning designed for schools, tertiary institutions, government workers, ethnic groups, Aboriginal groups, factory workers, women's groups, handicapped adults and children, welfare, health and education workers. A charge is made to organisations and individuals who can afford the programmes, but much education work is provided free by the Association. (7)

Family Planning clinics have developed preventive health promotion programmes and resources to raise community awareness of sexually transmitted diseases. The need for preventive health checks such as pap smears and the range of contraceptive choice are readily available to all clientele.

Clients, particularly young people, consider the clinic's presence within the community a non-threatening, non-judgemental environment where they can come to discuss their problems and concerns. Since Family Planning, New South Wales introduced additional clinic sessions in the Hunter Region there has been a 27% increase in client visits in the first quarter of 1987. A new drop-in clinic in Newcastle has been extremely popular with adolescents in the region. (8)

A study of Family Planning Association's clientele carried out by MS. SUE TRELOAR (Vice-President 1977/78, Board of Directors) indicated that (F.P.A) clinics and education services do not reach vast numbers of women. Few members of ethnic populations use (F.P.A) clinics and at present no provision is made specifically to reach them.

(6) Diana Wyndham. 'The Family Planning Association of New South Wales'. HEALTHRIGHT December 1978, p. 2.

(7) ibid., p. 2

(8) Diana Wyndham: 'All about the Family Planning Association'. HEALTHRIGHT November 1987, p. 10.

The need for interpreters and ethnic workers employed by (F.P.A) is paramount if contraceptive information is to be made available to these women. Similarly, the aboriginal population has been excluded from the use of (F.P.A.) clinics. The need for an easy-to-reach clinic for young people and services extended to country areas to provide for country women is also enormous. (9)

The Association is funded to meet the clinic service costs for people who do not have private health cover and for people financially unable to meet such medical costs. The (F.P.A) is also funded to meet some of its costs in providing educational and training services. The current annual turnover is approximately \$1,800,000 and the difference between this turnover and funding is in general raised by the association's levelling fees for education and training programmes. (10)

The Australian Government responded to the growing acceptance of family planning by the Australian community in several ways. In December 1972 the 27% per cent luxury goods tax on oral contraceptives was lifted. Until 1973 family planning services within Australia had been entirely reliant on client fees, donations, bequests and occasional small State government grants for their financial survival. In the five years' between 1977 and 1982 the (F.P.A's) consolidated their activities, took new initiatives despite funding restrictions and saw community acceptance of their work increase. A need to incorporate some client voice in the delivery of services is also recognised but is difficult to implement. (11)

(9) Diana Wyndham, op. cit., December 1978 p. 5.

(10) ibid., p. 5.

(11) Diana Wyndham. Vol 3, No 1, November 1983, op. cit., p. 17

PAGE FIVE:

The work of (A.F.P.A.) and each of the State associations have built on and developed the aims, work and goals of the Racial Hygiene association. (F.P.A's) have pioneered the delivery of a different model of service and are visibly successful systems for other health professionals who are interested in preventive health models. All Family Planning clinic workers and supporters are proud of the work they are doing and are continuing to build upon new ideals to help achieve the goals and objectives they strive for. (12)

(12) ibid., p. 16.