

8th February 2024

RESPONSE TO THE DRAFT EARLY YEARS STRATEGY

Thank you for the opportunity to provide this response.

Family Planning Alliance Australia (FPAA) is a long-standing alliance of [the key sexual and reproductive health organisations](#) from each of the Australian states and territories and is their national policy and advocacy voice. We are the Australian [International Planned Parenthood Federation](#) (IPPF) country member organisation.

Since the 1970's our primary members have collectively and individually shaped the reproductive and sexual health landscape through advocacy, policy development, workforce development, school-based education, community education and capacity building.

Our Primary Member organisations are:

- True Relationships and Reproductive Health (Qld)
- Sexual Health and Family Planning ACT (SHFPACT)
- Family Planning Tasmania
- Sexual Health Victoria
- SHINE SA
- Sexual Health Quarters (WA)
- Family Planning NT.

Our Primary Members provide highly targeted patient care for vulnerable populations at times including children and young people who have experienced sexual abuse. These clinics also function as training and clinical teaching facilities for primary care professionals - doctors, nurses, Aboriginal health practitioners, midwives, and allied health professionals.

Response to the Draft Strategy

We support the development of this important strategy and congratulate you on your progress to date and provide the following feedback:

- We are concerned that the strategy does not recognise the value of health promotion, information, and education programs targeting parents, carers and workforces on supporting healthy sexual development in parallel with protective behaviours in their children.
- The strategy has yet to identify or respond to the international evidence regarding the importance of comprehensive relationships and sexual health education (CSE) as a protective factor in healthy development.

An international systematic review carried out in 2021 and spanning the last 30 years,ⁱ confirmed evidence for the effectiveness of CSE in delivering a range of outcomes for young people including:

- unintended pregnancy prevention
- STIs prevention
- dating and intimate partner violence prevention
- development of healthy relationships
- prevention of child sexual abuse
- an appreciation of sexual diversity



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- improved social/emotional learning
- increased media and porn literacy.

The purpose of CSE is to assist children and young people to live safe, productive and fulfilling lives. It is also proven to be a protective factor, building the knowledge, skills and attitudes to support healthy sexual development, and make good decisions about how to conduct themselves, as they transition into adulthood. It provides them with the tools to make safer choices, in the context of broader societal pressures from other adults, interest groups and the media.

CSE needs to be available consistently across Australia to support the rights of future generations to choose if and when they have sex, partner, get pregnant or parent. And if they do choose to parent, it will equip them to:

- **support a healthy pregnancy**
- **support the healthy development of their children**
- **recognise expected and unexpected sexual behaviours in their children**
- **reinforce protective behaviours being taught across childcare and pre-school settings.**

This education should be designed based on the *UNESCO (2019) International technical guidance on sexuality education: An evidence-informed approach*.ⁱⁱ

We note that your Strategy describes well some of the cross-government/policy linkages so have attached a summary of policy cross-references that relate to CSE. See Attachment A – Policy Cross References for CSE.

We also recognise that there can be a small but vocal minority of adults that have concerns about CSE. For information, we have also attached an extract from the UNESCO Technical Guidance that sets out common concerns and responses. See Attachment B – Common Concerns About CSE.

We would be pleased to provide further information or discuss if needed.

Thank you for the opportunity to express our support for the application made to MSAC and we look forward to the approval of this application.

Warm regards



Tracey Hutt

Chief Executive Officer

Attachment A – Policy Cross References for CSE
Attachment B – Common Concerns About CSE.

Attachment A – Policy Cross References for CSE

Portfolio & Strategy or Senate Report	Existing commitments or recommendations related to CSE
Health	
1.National Preventive Health Strategy 2021-2030	p8 Figure 1, schools as a prevention partner.
2.National STI Strategy 2018-2022 (2023-2030 pending)	p17 Priority area ... supporting sexual health education in schools
3.National Aboriginal and Torres Strait Islander BBV and STI Strategy 2018-2022 (2023-2030 (pending)	p23 Priority areas... Support sexual health education in schools.
4. National HIV Strategy 2018-2022 (2023-2030 pending)	p32 Key area for action 22. Implement initiatives to reduce stigma...
5. National Hepatitis C Strategy 2023-2030 - for consultation (pending)	p28 Key area for action 2 Implement.. public education initiatives for...the general community.
6.National Hepatitis B Strategy 2023-2020 (pending)	p30 Key area for action 2 Implement.. public education initiatives for...the general community.
7.National Women's Health Strategy 2020-2030	p28 Priority Action 1. Promote access to resources for students and parents to learn more about sexual and reproductive health.
8.Senate inquiry report - Ending the postcode lottery: Addressing barriers to sexual, maternity and reproductive healthcare in Australia	R34. ..the Australian Government work with jurisdictions to improve the quality of sexual health and relationships education in schools including building capabilities of educators to deliver this training.
9.National Strategy for the Elimination of Cervical Cancer in Australia 2023	p15 Priority Action 2.1... strong partnerships between health, education and non-government organisations to provide an integrated approach to HPV vaccination literacy that spans key learning areas, is supported by a whole-of-school approach, and fosters health literacy
10.National Action Plan for Endometriosis	p11 Priority 2. Promote early education on women's health, delivered in school settings, and provided for all genders.
11.National Strategy to Achieve Gender Equity (pending)	See UNESCO Policy Paper 39 The Case for Comprehensive Sexuality Education ⁱⁱⁱ
12.National Action Plan for the Health of Children and Young People 2020-2030	Priority Area 3: Tackling mental health and risky behaviours p22 Support respectful relationships and good sexual health; Work with partners to identify and promote effective anti-bullying strategies
13.National Men's Health Strategy 2020-2030	p28 Action area 1.3: Increase health literacy, including an understanding of risk and opportunities for improving health/Health promotion campaigns to focus on..Sexual and reproductive health including fertility, pre-conception health, parenting and fatherhood.
14.National Aboriginal and Torres Strait Islander Health Plan 2013-2023	P46 Early intervention across the life course...access to culturally safe and responsive sexual and reproductive health services, promotion activities and age-appropriate sexual development education
15.National Immunisation Strategy for Australia 2019-2024	none - however CSE supports health literacy to facilitate HPV vaccination uptake.



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Portfolio & Strategy or Senate Report	Existing commitments or recommendations related to CSE
16.Australia's Disability Strategy 2021 – 2031	p16 Policy priority 3... The Strategy should be considered in conjunction with other plans such as the next National Plan to Reduce Violence against Women and Children and the next National Framework for Protecting Australia's Children.
17.National Roadmap for Improving the Health of People with Intellectual Disability 2021	none - however CSE supports health literacy
18. National Action Plan for the Health of LGBTIQ People (10 year, pending)	CSE is LGBTIQ inclusive.
Women, Children, Youth, Family Violence	
19.National Plan to Reduce Violence Against Women and their Children 2023-2030	p47 Focus Schools Program was highlighted in 'recent reforms' as building on the success of the SHARE Project (2003-2005) which aims to improve sexual health, safety and wellbeing of young South Australians. It is this CSE program model in its current form that we propose scaling up.
Education/Prime Minister and Cabinet	
20.The Consent and Respectful Relationships Education (CRRE) measure.	A review and framework development is currently underway.
Prime Minister/Premiers/Attorney General	
21.National Strategy to Prevent and Respond to Child Sexual Abuse 2021-2030	p34 Theme 1: Awareness Raising, Education and Building Child Safe Cultures...Support the provision of resources for teachers, children and young people's education in areas focused on wellbeing, relationships and safety including online safety.
22.Senate inquiry report - Current and proposed sexual consent laws in Australia	R14, 5.87 The committee recommends that the Commonwealth government, through the Education Ministers Meeting and in consultation with relevant stakeholders, develops a strategy and delivers funding (in conjunction with the states and territories) for upskilling the education workforce, to achieve the consistent and effective delivery of comprehensive Respectful Relationships Education in Australian schools. This should include consideration of mandatory education in the Initial Teacher Education Curriculum.
Communications	
23.National e-Safety Strategy 2022.	p15 Strategic goals, prevention. e-safety is a key theme within CSE.

Attachment B – Common Concerns about CSE

The table below is a verbatim extract from the UNESCO Technical Guidance (Table 3 pp84-85). FPAA is proposing Australia follow this guidance closely, and so recommends drawing from this Table in communications.

Concern	Response
CSE leads to early sexual initiation	<ul style="list-style-type: none"> Research from around the world clearly indicates that sexuality education rarely, if ever, leads to early sexual initiation. Research has shown that CSE has either no direct impact on the age of sexual initiation, or that it actually leads to later and more responsible sexual behaviour.
CSE deprives children of their 'innocence'	<ul style="list-style-type: none"> Evidence illustrates that children and young people benefit from receiving appropriate information that is scientifically accurate, non-judgmental and age- and developmentally appropriate, in a carefully planned process from the beginning of formal schooling. In the absence of CSE, children and young people can be vulnerable to conflicting and sometimes even damaging messages from their peers, the media or other sources. Good quality sexuality education provides complete and correct information with an emphasis on positive values and relationships. Sexuality education is about more than sex – it includes information about the body, puberty, relationships, life skills, sexual abuse prevention etc.
CSE goes against our culture or religion	<ul style="list-style-type: none"> The Guidance stresses the need to engage and build support among the custodians of culture in a given community, in order to adapt the content to the local cultural context. Key stakeholders, including religious leaders, can assist programme developers and providers to engage with the key values central to the relevant religions and cultures, as people's religious beliefs will inform what they do with the knowledge they possess. The Guidance also highlights the need to reflect on and address negative social norms and harmful practices that are not in line with human rights or that increase vulnerability and risk, especially for girls and young women or other marginalized populations.
It is the role of parents and the extended family to educate our young people about sexuality	<ul style="list-style-type: none"> As the primary source of information, support and care in shaping a healthy approach to sexuality and relationships, parents and family play a fundamental role. However, through education ministries, schools and teachers, the government should support and complement the role that parents and family play by providing holistic education for all children and young people in a safe and supportive learning environment, as well as the tools and materials necessary to deliver high-quality CSE programming.
Parents will object to sexuality education being taught in schools	<ul style="list-style-type: none"> Parents play a primary role in shaping key aspects of their children's sexual identity and their sexual and social relationships. Parents' objections to CSE programmes in school are often based on fear and lack of information about CSE and its impact, as they want to be sure that messages about sexuality and SRH are rooted in the family's values system. CSE programmes are not meant to take over the role of parents, but rather are meant to work in partnership with parents, and involve and support them. Most parents are among the strongest supporters of quality sexuality education programmes in schools. Many parents value external support to help them approach and discuss 'sex issues' with their children, ways to react to difficult situations (e.g. when a child watches porn on the Internet or is bullied on social media) and how to access and provide accurate information.

Concern	Response
CSE may be good for adolescents, but it is inappropriate for young children	<ul style="list-style-type: none"> Young children also need information that is appropriate for their age. The Guidance is based on the principle of age- and developmental-appropriateness, reflected in the grouping of learning objectives outlined in Section 5. Additionally, the Guidance provides flexibility to take into account the local and community contexts and encompasses a range of relationships, not only sexual relationships. Children recognize and are aware of these relationships long before they act on their sexuality and therefore need the skills and knowledge to understand their bodies, relationships and feelings from an early age. The Guidance lays the foundations for healthy childhood by providing children with a safe environment to learn the correct names for parts of the body; understand principles and facts of human reproduction; explore family and interpersonal relationships; learn about safety, prevention and reporting of sexual abuse etc. CSE also provides children with the opportunity to develop confidence by learning about their emotions, self-management (e.g. of hygiene, emotions, behaviour), social awareness (e.g. empathy), relationship skills (e.g. positive relationships, dealing with conflicts) and responsible decision-making (e.g. constructive and ethical choices). These topics are introduced gradually, in line with the age and evolving capacities of the child.
Teachers may be uncomfortable or lacking the skills to teach CSE	<ul style="list-style-type: none"> Well-trained, supported and motivated teachers play a key role in the delivery of highquality CSE. Teachers are often faced with questions about growing up, relationships or sex from learners in a school setting, and it is important that they have a suitable and safe way of responding to these questions. Clear sectoral and school policies and curricula help support teachers, as does institutionalized pre- and in-service teacher training and support from school management. Teachers should be encouraged to develop their skills and confidence through added emphasis on formalizing CSE in the curriculum, as well as stronger professional development and support.
Teaching CSE is too difficult for teachers	<ul style="list-style-type: none"> Teaching and talking about sexuality can be challenging in social and cultural contexts where there are negative and contradictory messages about sex, gender and sexuality. At the same time, most teachers and educators have the skills to build rapport with learners, to actively listen and help identify needs and concerns and to provide information. Teachers can be trained in CSE content through participatory methodologies and are not expected to be experts on sexuality. This training can be included as part of the curriculum of teacher training institutes (pre-service) or as in-service teacher training.
CSE is already covered in other subjects (biology, life-skills or civics education)	<ul style="list-style-type: none"> Using the Guidance provides an opportunity to evaluate and strengthen the curriculum, teaching practice and the evidence, based on the dynamic and rapidly changing field of CSE, and to ensure that schools fully cover a comprehensive set of topics and learning objectives, even if the learning is distributed across a range of school subjects. In addition, effective CSE includes a number of attitudinal and skills-based learning outcomes which may not necessarily be included in other subjects.
Sexuality education should promote positive values and responsibility	<ul style="list-style-type: none"> The Guidance supports a rights-based approach that emphasizes values such as respect, acceptance, equality, empathy, responsibility and reciprocity as inextricably linked to universal human rights. It is essential to include a focus on values and responsibility within a comprehensive approach to sexuality education. CSE fosters opportunities for learners to assess and clarify their own values and attitudes regarding a range of topics.

Concern	Response
Young people already know everything about sex and sexuality through the Internet and social media	<ul style="list-style-type: none"> • The Internet and social media can be excellent ways for young people to access information and answers to their questions about sexuality. • Young people often use online media (including social media) because they are unable to quickly and conveniently access information elsewhere. However, online media doesn't necessarily provide age-appropriate, evidence-based facts and can in fact provide biased and distorted messages. It is difficult for young people to distinguish between accurate and inaccurate information. While online media can offer a lot of information, it does not offer the space for young people to discuss, reflect and debate the issues, nor to develop the relevant skills. CSE offers a forum for young people to understand and make sense of the images, practices, norms and sexual scripts that they observe via social media and pornography. It provides an opportunity to learn about the aspects of sexuality that are absent from pornography, such as emotional intimacy, negotiating consent and discussing modern contraception. CSE can also support young people to safely navigate the Internet and social media and can help them identify correct and fact-based information.
Religious leaders may not support sexuality education	<ul style="list-style-type: none"> • Religious leaders play a unique role in supporting CSE in schools. Faith-based organizations can provide guidance to programme developers and providers on how to approach religious leaders to begin a discussion about sexual health and sexuality education. Acting as models, mentors and advocates, religious leaders are ambassadors for faith communities that value young people's well-being. Young people seek moral guidance that is relevant to their lives, and all young people deserve reliable information and caring guidance about sexuality that enables them to engage in both emotionally and physically healthy relationships. • Sexuality education that is factually inaccurate and withholds information ignores the realities of adolescent life, and puts young people at unnecessary risk of disease and unintended pregnancy and, above all, endangers their lives and human dignity. • Many faith communities know from experience, and numerous studies show, that young people tend to delay mature sexual activity when they receive sexuality education that focuses on responsible decisionmaking and mutual respect in relationships (UNESCO, 2009).
CSE is a means of recruiting young people towards alternative lifestyles	<ul style="list-style-type: none"> • The main principle of the Guidance is that everyone has the right to accurate information and services in order to achieve the highest standard of health and well-being, without making judgement on sexual behaviour, sexual orientation, gender identity or health status. The Guidance takes a rights-based approach that is also focused on gender, and acknowledges that people express themselves differently in all societies, sometimes not conforming to gender or social norms, including on the issue of sexual behaviour and sexual orientation or gender identity. It does not endorse or campaign.



References

ⁱ Goldfarb E & Lieberman L (2021) Three Decades of Research. The case for CSE. Available at: [https://www.jahonline.org/article/S1054-139X\(20\)30456-0/fulltext](https://www.jahonline.org/article/S1054-139X(20)30456-0/fulltext).

ⁱⁱ UNESCO (2019) International technical guidance on sexuality education: An evidence-informed approach. Available at: chrome-

extension://efaidnbmnnnibpcajpcgclefindmkaj/<https://www.unfpa.org/sites/default/files/pub-pdf/ITGSE.pdf>.

ⁱⁱⁱ UNESCO (2019) Position Paper 39 The Case for Comprehensive Sexuality Education. Available at: <https://unesdoc.unesco.org/ark:/48223/pf0000368231/PDF/368231eng.pdf.multi>