FAMILY PLANNING
ALLIANCE AUSTRALIA

Re-establishing a sexual and reproductive health and rights peak body in Australia

Pre-budget submission 2024-2025

Table of Contents

Our Members

Family Planning Welfare Association of NT Inc.

Family Planning Tasmania.

Sexual Health Quarters

SHINE SA

Sexual Health Victoria

SHFPACT

true relationships & reproductive health

About FPAA

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.

FPAA works primarily at the national level to uphold, strengthen, and advance sexual and reproductive health and rights, so that all people have freedom and autonomy over all matters related to sexuality, reproduction, gender and wellbeing.

Our work cuts across 20+ national government strategies and policy frameworks in the portfolios of health, education, gendered violence, equity, e-safety, prevention of child sexual abuse and international development.

Through the International Planned Parenthood Federation (IPPF) network, FPAA connects internationally with organisations of like mind to further sexual and reproductive health and rights for all.

1 Summary of Commitments Sought

The Australian health system is complex and multi-tiered, so we require a national sexual and reproductive health and rights, peak advisory body that has a 'helicopter view' but is also explicitly networked with state and territory family planning organisations, with an understanding of federal, state and private sector health care delivery models.

While the FPAA is the Australian International Planned Parenthood Federation (IPPF) country member, currently the Australian government is not providing any peak funding. This lack of funding is limiting cross government collaborative activity, impeding the federal government's ability to effectively leverage and/or compliment state-funded services. It also impedes our ability to fully collaborate with our global partners in protecting our existing health gains, and driving forward.

This submission seeks three key commitments from the government:

Commitment #1: Adopt a new national definition of sexual and reproductive health and rights to provide the foundation for strengthening policy making.

Commitment #2: Re-establish FPAA as a globally networked national peak, with a goal of 'sexual and reproductive health and rights for all'.

Commitment #3: Resource a suite of new, highly targeted national health initiatives to the value of $87.3M over 3 years for the purpose of closing gaps and strengthening sexual and reproductive health and rights across Australia.

2 Purpose

The Family Planning Alliance of Australia (FPAA) is the Australian International Planned Parenthood Federation country member. We have been approached by the IPPF who have raised concerns regarding the fact that Australia currently lacks a funded national peak body with the goal of furthering sexual and reproductive health and rights for all.

The purpose of this document is to describe the history, current, and proposed activities of the FPAA and propose the Australian Government re-establish funding.

We also propose a suite of new, collaborative and highly targeted activities, which we feel could best assist the government to achieve their current national priorities.

3 History

On 1 February 1961, a new technology became available in Australia - the first oral contraceptive pill. It was released under the brand 'Anovlar' and ushered in a momentous change in women's lives. Initially available only to married women, and burdened with a 27.5% luxury tax, the pill had the potential to give women the freedom to avoid unintended pregnancies and plan parenthood.

Despite this innovation, by the early 70's, many women continued to find it difficult to access contraception, sex education was limited, rates of sexually transmissible infections (STIs), teenage pregnancy and unintended pregnancies were high, and there was a lack of facilities where health professionals could be trained in what was a rapidly expanding field.

In 1972 in his first 10 days in office, Prime Minister Gough Whitlam abolished the luxury tax on all contraceptives, and placed the pill on the Pharmaceutical Benefits Scheme (PBS) list, reducing its cost to $1 per month. By the mid-1970s, advocacy efforts culminated in the establishment of Commonwealth-funded Family Planning Organisations (FPOs) in each state and territory plus a national peak. Around 100 family planning clinics operated throughout Australia.

The state-based FPOs were specifically designed to have highly integrated information, education, and clinical services – a model that persists today, with states broadening further to include HIV and LGBTIQ+-specific services.

These clinics were important for several reasons: they took away some of the stigma of having to approach your family doctor for a prescription for the pill, especially for young single women, and the location of clinics in lower socioeconomic areas helped increase the uptake of the pill among working-class women.

Access to this essential health care afforded more women choice and control over their futures.

FPOs were established at a similar time as women's safety services, working women's centres and child care centres. Combined with better access to education, more women entered the workforce. Increased workforce participation became the basis for ongoing social and legislative change.

3 History contd.

Approximately 20 years ago the government abandoned funding a national peak. The FPAA was defunded and state/territory FPOs shifted to largely state funding, with many becoming contractually obligated to prioritize actions as part of their state's response to the suite of National HIV, STI, and Viral Hepatitis Strategies, without being tied to Women's Health Strategy. Two remain linked explicitly to the National Women's Health Strategy with a primary focus on reproductive health. All have experienced consistently shrinking state levels of funding as a result with around 24 clinics still remaining.

While many Australians consider themselves reasonably well off in terms of sexual and reproductive health and rights, these gains were made over a very short period in our country's history and in the context of the current international environment, are considered fragile. Today is a particularly important time in history to ensure that sexual and reproductive rights are maintained, and that further gains are made including the strengthening of systems to ensure universal access to sexual, reproductive and relationship health for all Australians.

In response to this concern, in March 2023 the FPOs collaborated financially to temporarily appoint a CEO again, and seek to re-establish FPAA as a national health peak and advisory body as soon as possible.

Since March 2023 the FPAA has been commencing re-building sector relationships and establishing collaborative advocacy and initial capacity building activities across states and territories.

This proposal seeks to re-establish FPAA as a globally networked, national peak.

4 Defining Sexual and Reproductive Health and Rights

FPAA support the definition proposed by the Guttmacher-Lancet Commission in 2018 which is provided below:

'Sexual and reproductive health is a state of physical, emotional, mental, and social wellbeing in relation to all aspects of sexuality and reproduction, not merely the absence of disease, dysfunction, or infirmity. Therefore, a positive approach to sexuality and reproduction should recognise the part played by pleasurable sexual relationships, trust, and communication in the promotion of self-esteem and overall wellbeing.

All individuals have a right to make decisions governing their bodies and to access services that support that right. Achievement of sexual and reproductive health relies on the realisation of sexual and reproductive rights, which are based on the human rights of all individuals to:

- have their bodily integrity, privacy, and personal autonomy respected;
- freely define their own sexuality, including sexual orientation and gender identity and expression;
- decide whether and when to be sexually active;
- choose their sexual partners;
- have safe and pleasurable sexual experiences;
- decide whether, when, and whom to marry;
- decide whether, when, and by what means to have a child or children, and how many children to have;
- have access over their lifetimes to the information, resources, services, and support necessary to;
- achieve all the above, free from discrimination, coercion, exploitation, and violence.

Essential sexual and reproductive health services must meet public health and human rights standards, including the "Availability, Accessibility, Acceptability, and Quality" framework of the right to health.

The services should include:

- accurate information and counselling on sexual and reproductive health, including evidence-based, comprehensive sexuality education;
- information, counselling, and care related to sexual function and satisfaction;
- prevention, detection, and management of sexual and gender-based violence and coercion;
- a choice of safe and effective contraceptive methods;
- safe and effective antenatal, childbirth, and postnatal care;
- safe and effective abortion services and care;
- prevention, management, and treatment of infertility;
- prevention, detection, and treatment of sexually transmitted infections, including HIV, and of reproductive tract infections; and
- prevention, detection, and treatment of reproductive cancers.'

4 Defining Sexual and Reproductive Health and Rights contd.

The FPAA supports the definition proposed by the Guttmacher-Lancet Commission, we believe it accurately reflects the rights and needs of all Australians, and provides a foundation for building greater coordination and integration of sexual and reproductive health services across national, state and territory boundaries and within key health sectors.

Commitment #1: Adopt a new national definition of sexual and reproductive health and rights to provide the foundation for strengthening policy making.

5 Policy Landscape

Sexual and reproductive health and rights are important to all Australians, with goals and/or activities already articulated within more than 20 National Strategies and Plans across 7 government portfolios. We believe the embedding of sexual and reproductive health and rights intentions across strategies, speaks to Australia's readiness for a broad definition of sexual and reproductive health.

These 20+ policy documents fall across multiple government portfolios including:

- Health and Aged Care
- Education
- Early Childhood and Youth
- Women and Family Violence
- Prime Minister and Cabinet
- E-Safety
- Foreign Affairs.

For a full list of policy documents see **Appendix D – Cross References to National Strategies and Plans**.

The state and territory policy and service delivery landscape is complex with some developing clear state-based strategies and/or action plans in response to national strategies, with only two states so far pivoting towards greater integration of sexual health and reproductive health policy.

Globally, sexual and reproductive health and rights policy integration is considered a valuable aim as it more closely reflects the needs of individuals in the primary health care system, and facilitates greater intersectionality in the design and modification of services. If well governed and monitored, integrated policy can drive collaboration, cost-effectiveness, and more equitable healthcare systems.

Until Australia can achieve this, FPAA is committed to providing leadership and advice to support all current strategies and plans, should greater integration be considered desirable.

For a lengthier description of the benefits of integrated sexual and reproductive health policy see **Appendix A – Benefits of Integrated Sexual and Reproductive Health Policy**.

As a funded national peak, FPAA would perform a key role in networking and providing policy advice across government portfolios supporting greater integration.

6 Priority Populations

Access to comprehensive sexual and reproductive health and rights is a basic human right. Across the world, women, girls and other important priority populations, experience restricted or no access to information and services about their reproductive health and rights. Some of the barriers to sexual and reproductive health and rights include discrimination, stigma, restrictive laws and policies, and entrenched traditions.

This compounds with overlapping forms of discrimination or disadvantage based on attributes such as Aboriginality; age; disability; ethnicity; gender identity; race; religion; and sexual orientation.

These are articulated across the 20+ national strategies relevant to sexual and reproductive health and rights in Australia as:

- young people
- women
- Lesbian, Gay, Bisexual, Transgender, Intersex, Queer, Asexual, and other sexuality, and gender diverse people (LGBTIQA+) people
- Aboriginal and Torres Strait Islander peoples*
- racial and ethnic minorities; migrant and refugee groups, displaced people
- regional and remote communities
- those living in lower socioeconomic areas
- sex workers
- people living with HIV
- homeless people
- people with disabilities.
- people who inject drugs.

The FPAA primary members have expertise in delivering highly targeted and integrated public health programs across intersecting priority populations.

Re-establishing FPAA as a national peak will leverage this expertise across multiple national strategies and action plans to help achieve more equitable access to care.

7 Membership

The FPAA has a primary membership structure consisting of two levels, Primary Member and Associate Member.

Primary Members

The Primary Members of Family Planning Alliance Australia have collectively and individually shaped the reproductive and sexual health landscape through advocacy, policy development, networking, and capacity building at the national and international level for more than fifty years. We work collaboratively with non-government organisations, governments, and the private sector to lead policy changes and advocate for improved sexual and reproductive health and rights.

Our primary members are:

- True Relationships and Sexual Health Queensland
- Sexual Health and Family Planning ACT
- Family Planning Tasmania
- Sexual Health Victoria
- SHINE SA
- Sexual Health Quarters
- Family Planning NT.

Within this primary membership base, we have national working groups and alliances that can provide expert advice and rapid responses to the government.

Currently, these include:

- FPAA Medical Advisory Committee
- FPAA Clinical Reference Group
- FPAA Comprehensive Relationships and Sexuality Education Working Group
- FPAA Communications/Campaigning.

Expanding in 2024/25 to include:

- FPAA Nursing Alliance
- FPAA Abortion Alliance
- FPAA Youth Alliance.

Associate Members

Associate Members play an important role in shaping the priorities of the Family Planning Alliance Australia in alignment with the strategic priorities. Associate members:

- have a strong commitment to the vision of the organisation and are engaged in improving the reproductive and sexual health of all Australians.
- have a genuine desire to collaborate with all stakeholders to deliver safe and respectful reproductive and sexual health for all.
- can articulate and demonstrate their alignment to our values and ethos.
- operate within relevant state and national codes of conduct, frameworks, and legislation.

Since commencing work in March 2023, FPAA has begun building a broad Associate Membership base.

Re-establishing FPAA as a funded peak will build and maintain a membership structure that supports consultation and collaboration across peaks, portfolios, policy themes and intersecting communities.

8 Future Work

Should FPAA be successful in achieving Health Peak and Advisory Bodies Funding, we will commit to undertaking an Annual Work Plan, that will be reviewed and refined each year, in collaboration with stakeholders and in response to the epidemiology, community needs and emerging evidence base. This Annual Work Plan will report on Core Activities plus summarise any additional projects or externally funded complementary work so there is transparency across all of our activities.

8.1 Core Work Plan Objectives

Core Work Plan Objectives would include those specified under the Australian Health Peaks and Advisory Bodies program:

- effectively consult, and share information with our members, the wider sexual and reproductive health and rights sector, the community and the Australian government
- function as a repository and source of sector knowledge and expertise
- provide well informed and impartial advice within the sexual and reproductive health and rights sector
- provide education and competency-based training to health practitioners working in sexual and reproductive health and rights
- lead the development of new and innovative approaches to service delivery to meet the needs of priority populations.

Plus, upholding the activities already established or underway.

> **Commitment #2:** Re-establish FPAA as a globally networked national peak, with a goal of 'sexual and reproductive health and rights for all'.

For an indicative budget proposal to re-establish the FPAA please see **Appendix B – FPAA Peak Budget.**

8.2 Suite of National Health Initiatives

In addition to this core work, we propose the government also fund a suite of key national projects within the health portfolio to progress a range of challenging gaps in current strategy responses and accelerate sector collaboration.

These projects respond to key priorities gleaned from consultation with government and sector partners since FPAAs re-commencement in March 2023. Collectively they seek a commitment from the Australian government totalling $87.3M over 3 years.

These are titled:

1. Strengthening Comprehensive Relationships and Sexuality Education for Children and Young People
2. Delivering Local, Collaborative Syphilis Campaigning Across Australia
3. Strengthening Sexual and Reproductive Health Nursing in Australia
4. Collaborating Nationally to Drive LARC Uptake
5. National Abortion Information Service
6. Reproductive Health Care Hardship Fund
7. Designing a Peer-Led HIV Response for Women and CALD Communities (Phase 1)
8. Implementing a Peer-Led HIV Response for Women and CALD Communities (Phase 2)
9. Delivering Local, Collaborative HIV Campaigning Across Australia.

> **Commitment #3:** Resource a suite of new, highly targeted national health initiatives to the value of $87.3M over 3 years for the purpose of closing gaps and strengthening sexual and reproductive health and rights across Australia.

For more details including indicative costs per initiative, see **Appendix C – Suite of National Health Initiatives.**

For confirmation of cross-referencing of these initiatives to existing national policies, plans and reports see **Appendix D – Cross References to National Policy and Plans.**

9 Appendices

Appendix A - Benefits of Integrated Sexual And Reproductive Health Policy

Sexual and reproductive health and rights (SRHR) policy integration is cruicial for several reasons, as it leads to more comprehensive, cost-effective, and equitable healthcare systems. SRHR policy should be integrated as it drives:

1. Improved Access: Integration can help reduce barriers to accessing SRH services. When SRH services are fragmented, individuals may need to navigate multiple healthcare providers and facilities, which can be daunting and time-consuming. Integration streamlines the process, making it easier for people to access the care they need.
2. Comprehensive Care: SRH encompasses a wide range of health issues, including family planning, maternal health, sexual education, prevention and treatment of sexually transmitted infections, and access to safe and legal abortion services. Integrating SRH policies ensures that individuals receive holistic care that addresses all these aspects, rather than fragmented services.
3. Enhanced Efficiency: Integrating SRH services can lead to more efficient use of resources and healthcare facilities. When different SRH services are offered separately, there may be duplication of efforts and resources. Integration allows for better coordination and resource allocation.
4. Holistic Approach to Health: SRH is closely linked to overall health and well-being. Addressing SRH within the context of broader healthcare ensures that individuals receive a more holistic approach to health, taking into account the interplay between SRH and other health issues.
5. Gender Equality: SRH policies are intimately connected to gender equality. Integrated policies can help address gender disparities in healthcare access and outcomes by promoting gender-sensitive services and addressing the unique SRH needs of different genders.
6. Reduction in Stigma: Stigmatization of certain SRH issues, such as abortion or sexually transmitted infections, can deter individuals from seeking care. Integration can help reduce this stigma by normalizing discussions about SRH and providing services within the same healthcare setting.
7. Better Health Outcomes: Comprehensive SRH care leads to better health outcomes. For example, when family planning services are integrated with maternal health care, it can lead to improved birth spacing, which in turn can reduce maternal and child mortality rates.
8. Cost Savings: Integration can lead to cost savings in the long run. By preventing unplanned pregnancies, reducing the incidence of sexually transmitted infections, and addressing SRH issues proactively, healthcare systems can save money on treating more serious health complications.
9. Patient-Centered Care: Integration can result in more patient-centered care, where individuals are actively involved in decision-making about their SRH, leading to higher satisfaction with healthcare services and better adherence to treatment plans.
10. Global Health Goals: Integration aligns with global health goals, such as the Sustainable Development Goals (SDGs), which emphasize universal access to SRH care as part of broader efforts to improve health and well-being.

Appendix B – FPAA Peak Budget

Cost Summary	Year 1	Year 2	Year 3	Total
Salaries	647,353	686,194	727,366	2,060,914
Salary Oncosts	161,838	171,549	181,842	515,228
Total Salaries	**809,192**	**857,743**	**909,208**	**2,576,142**
Professional Development Costs	7,000	7,420	7,865	22,285
Web development and design	10,000	10,600	11,236	1,836
Phone and IT	40,460	42,887	45,460	128,807
Consultancy	6,000	6,360	6,742	19,102
Resources/ Memberships	10,000	10,600	11,236	31,836
Conferences and travel	35,000	37,100	39,326	111,426
Start-up and property costs	20,000	21,200	22,472	63,672
Administrative overhead 16%	150,024	159,026	168,567	477,617
Total expenses	**278,484**	**295,193**	**312,904**	**886,581**
Grand total	**1,087,675**	**1,152,936**	**1,222,112**	**3,462,723**

Appendix C – Suite of National Health Initiatives

#	Program/ project name	Short Description	Year 1	Year 2	Year 3	Total
P1	Strengthening Comprehensive Relationships and Sexuality Education for Children and Young People	- Establish an FPAA Education Collaborative - Develop a National Accreditation Standard for Educators delivering Comprehensive Relationships and Sexuality Education (RSE) - Develop and/or collate a national suite of FPAA Recommended Teaching Resources - Develop a National Standards for RSE Delivery Models - Develop a National List of Recommended Program Providers - Review local delivery models and advise on strengthening to meet the National Standard for RSE Delivery Models - Assist educators, schools and governments in responding to misinformation and community and media concerns.	1,412,362	1,497,104	1,586,930	4,496,397
P2	Delivering Local, Collaborative Syphilis Campaigning Across Australia	- Raise awareness of syphilis - Increase access to syphilis testing - Increase integration within other health promotion activities including schools education.	1,255,733	1,210,070	0	2,465,804
P3	Strengthening Sexual and Reproductive Health Nursing in Australia	- Aligning current national and state-based family planning clinical nurse training, including state-based Sexual Health Nurse Certificate Courses already running in most states, to create one common national FPAA Sexual Health Nurse Certificate; - Aligning processes for competency assessment for clinical placements; - Working collaboratively with federal, state and territory governments (and their leadership and advisory groups) on aligning legislation/regulations facilitating nurse-initiated medications; - Working collaboratively with the nursing bodies and the Australian government on a system and process of endorsement for sexual health nurses and midwives to provide Medicare-funded services, including the ordering of diagnostic tests; - Working with the Australian Government to expand the number of endorsed sexual and reproductive health nurses in primary care.	554,412	587,677	622,937	1,765,026

Appendix C – Suite of National Health Initiatives contd.

#	Program/ project name	Short Description	Year 1	Year 2	Year 3	Total
P4	Collaborating Nationally to Drive LARC Uptake	- Establish an ongoing national FPAA LARC Educator Network - Develop an Australian LARC Training Guideline - Develop an Australian LARC Train the Trainer curriculum and delivery approach (all LARC options) - Collaborate on national contraception information and awareness resources, including resources used by teachers in schools - Increase the number of GP and Nurse training courses offered - Support GP practices to attract adequate patient numbers to maintain skills - Strengthen clinical supports and referral pathways for complex patients - Establish a LARC Inserters network for GPs and Nurses - Develop a national online FPAA Directory of IUD and Contraceptive Implant Inserters.	3,782,862	4,009,833	4,250,423	12,043,118
P5	National Abortion Information Service	- Support an FPAA National Abortion Collaborative - Establish a National Abortion Information Service (NAIS) - Collaborate across states/territories to enhance access to abortion information including young people - Collaborate across states/territories to promote existing sexual and reproductive health hotlines - Collaborate across states/territories to enhance workforce development and close information gaps - Collaborate on ongoing advocacy on system barriers to continue to close access gaps and address misinformation.	1,128,612	1,196,329	1,268,108	3,593,049
P6	Reproductive Health Care Hardship Fund	- Remove financial barriers to care for vulnerable people who are ineligible for other support - Increase access sexual and reproductive healthcare.	232,000	245,920	260,675	738,595
P7	Designing a Peer-Led HIV Response for Women and CALD Communities (Phase 1)	- Establish an ongoing national FPAA Women and Multicultural Sexual and Reproductive Health and Rights Collaborative - Co-design a peer-led HIV response as sub-programs within family planning organisations (FPOs) or in partnership with key collaborators.	730,356	774,177	820,628	2,325,161

Appendix C – Suite of National Health Initiatives contd.

#	Program/ project name	Short Description	Year 1	Year 2	Year 3	Total
P8	Implementing a Peer-Led HIV Response for Women and CALD Communities (Phase 2)	Strengthen or establish across Australia: - Peer-led community development and health promotion teams in each state/territory - Engage to create community connections and undertake capacity building - Enhance sector workforce development - Establish peer navigation, case management and counseling services - Establish peer-led integrated sexual and reproductive health clinical sessions within existing family planning organisations and/or partner services.	17,977,951	9,056,628	20,200,026	57,234,606
P9	Delivering Local, Collaborative HIV Campaigning Across Australia	- Raise awareness of HIV in hard to reach populations - Increase access to HIV testing - Increase awareness within other health promotion activities including schools education.	1,311,953	1,390,670	0	2,702,624
Total recommended commitment			**28,386,242**	**29,968,409**	**29,009,728**	**87,364,379**

Appendix D – Cross References to National Strategies and Plans

Health and Aged Care

	P1 - Comprehensive RSE	P2 - Syphilis Campaign	P3 - SRH Nursing	P4 - LARC Uptake	P4 - LARC Uptake	P5 - NAIS	P6 - RHC fund	P7 - Designing HIV Response	P8 - Implementing HIV Response	P9 - HIV Campaign
1. National Preventive Health Strategy 2021-2030	●									
2. National STI Strategy 2023-2030 (pending)	●	●	●							
3. National Aboriginal and Torres Strait Islander BBV and STI Strategy 2023-2030 (pending)	●	●	●							
4. National HIV Strategy 2023-2030 (pending)	●		●					●	●	●
5. National Hepatitis C Strategy 2023-2030 (pending)	●		●							
6. National Hepatitis B Strategy 2023-2020 (pending)	●		●							
7. National Women's Health Strategy 2020-2030	●	●	●	●	●	●	●	●	●	●
8. Senate inquiry report - Ending the postcode lottery: Addressing barriers to sexual, maternity and reproductive healthcare in Australia	●	●	●	●	●	●				
9. National Strategy for the Elimination of Cervical Cancer in Australia	●		●							
10. National Action Plan for Endometriosis	●		●							
11. National Strategy to Achieve Gender Equity (pending)	●		●	●	●	●	●	●	●	●
12. National Action Plan for the Health of Children and Young People 2020-2030	●	●	●							
13. National Men's Health Strategy 2020-2030	●	●	●							
14. National Aboriginal and Torres Strait Islander Health Plan 2013-2023	●	●	●	●	●					
15. National Immunisation Strategy for Australia 2019-2024	●		●							
16. Australia's Disability Strategy 2021 – 2031	●									
17. National Roadmap for Improving the Health of People with Intellectual Disability 2021	●									
18. National Medical Workforce Strategy 2021-2031				●	●					
19. Australia's Primary Health Care 10-Year Plan 2022– 2032		●	●	●	●	●				
20. National Action Plan for the Health of LGBTIQ People (10 year, pending)	●		●							

Appendix D – Cross References to National Strategies and Plans contd.

	P1 - Comprehensive RSE	P2 - Syphilis Campaign	P3 - SRH Nursing	P4 - LARC Uptake	P4 - LARC Uptake	P5 - NAIS	P6 - RHC fund	P7 - Designing HIV Response	P8 - Implementing HIV Response	P9 - HIV Campaign
Women, Children, Youth, Family Violence										
21. National Plan to Reduce Violence Against Women and their Children 2023-2030	●		●							
Education										
22. The Consent and Respectful Relationships Education (CRRE) measure	●									
Prime Minister and Cabinet										
23. National Strategy to Prevent and Respond to Child Sexual Abuse 2021-2030	●									
24. Senate inquiry report - Current and proposed sexual consent laws in Australia	●									
Federal Communications										
25. National e-Safety Strategy 2022	●									

Family Planning Alliance Australia

www.familyplanningallianceaustralia.org.au