



FAMILY PLANNING
ALLIANCE AUSTRALIA

Scaling up comprehensive relationships and sexual health education across Australia

Pre-budget submission
2024-2028



Our Members



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.

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Executive Summary

While Australia has a national school curriculum that supports the implementation of comprehensive relationships and sexual health education (hereafter called CSE) across Australia, as a nation our approach has been somewhat piecemeal and lagging behind other countries. While we have been making attempts at responding to violence against women with some targeted piloting of additional respectful relationships or consent education, this is only a fraction of what the evidence tells us would be a best practice approach.

In the last 30 years, research evidence has continued to build and now provides strong support for CSE across a range of topics and grade levels. This type of education goes further than just respectful relationships education, delivering a wide range of important health and social outcomes, including the prevention of child sexual abuse. The Australian government has already expressed the need for CSE (or the need to deliver education on topics that are delivered in CSE) to a varying extent within 20+ national strategies or plans, and two recent senate inquiry reports.

While progress to date has been patchy, FPAA believes that Australia is well-placed to undertake a rapid and cost-effective scale-up of CSE by leveraging existing work already funded by state and territory governments.

This submission proposes we implement CSE across Australia in a manner that is consistent with, and informed heavily by the **UNESCO International technical guidance on sexuality education: An evidence-informed approach** (2018) (hereafter, UNESCO Technical Guidance).

The program model we propose be scaled up is the **South Australian Focus Schools Program**, which has been running successfully for 20 years. This program has been assessed by FPAA as 100% compliant with the UNESCO Technical Guidance.

Commencing as a pilot program of 15 schools in 2003-2005 this program now has 122 government secondary schools (77%) participating, using a whole school, programmatic approach, with another 165 government primary and non-government schools choosing to use the same CSE training or support materials, even without the required funding for full implementation of the model.

This submission describes the Focus Schools Program model in detail, maps it against the UNESCO Technical Guidance and proposes a way forward, recommending a government investment of \$96.5M pa. This would resource programs in all states and territories, across all year levels in both primary and secondary schools.

This proposal is supported by the Australian Association of Adolescent Health (AAAH) and the Royal Australian College of General Practitioners (RACGP).

This submission has been developed in consultation with the FPAA Comprehensive Relationships and Sexuality Education Working Group which consists of lead educators, curriculum and resource developers involved in the design and delivery of schools-based, workforce and community education in states and territories.



1 What is CSE?

Globally there are slightly differing terms used to refer to CSE. In Australia our most common terms are 'comprehensive relationships and sexual health education' or 'comprehensive relationships and sexuality education'. For the ease of reading, this document uses the term 'comprehensive sexuality education' abbreviated to CSE, which is the term used in the *United Nations Educational Scientific and Cultural Organization (UNESCO) International Technical Guidance on Sexuality Education: An evidence-informed approach* (2018).¹ This submission draws heavily from this guidance.

Internationally some terms also include: prevention education, relationships and sexuality education, family-life education, HIV education, life-skills education, healthy lifestyles and basic life safety. Australian researchers sometimes use the term RSE.

Regardless of the local term used, the word 'comprehensive' refers to the development of learners' knowledge, skills, and attitudes toward positive sexuality and good sexual and reproductive health. Core elements of programmes share certain similarities such as a firm grounding in human rights and a recognition of the broad concept of sexuality as a natural part of human development.¹

The eight key concepts the UNESCO guidance recommends should be covered in CSE include:

1. Relationships
2. Values, Rights, Culture and Sexuality
3. Understanding Gender
4. Violence and Staying Safe
5. Skills for Health and Well-being
6. The Human Body and Development
7. Sexuality and Sexual Behaviour
8. Sexual and Reproductive Health.

In Australia, we also have a plethora of programs and providers operating that are not comprehensive but aim to deliver specific topics or sub-elements of CSE such as lessons in consent education, protective behaviours education and respectful relationships education (RRE). Delivered in isolation of all the other concepts, and/or outside a programmatic approach across the year levels, this topic-specific work has limited impact.

2 The role of CSE in society

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 also plays a pivotal role in the prevention of child sexual abuse.

3 The evidence

An international systematic review carried out in 2021² and spanning the last 30 years, 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
- improved social/emotional learning
- increased media and porn literacy.

Substantial evidence supports beginning in primary school, in a way that is scaffolded, of longer duration, LGBTIQ-inclusive, and takes a social justice approach. It should address a broad definition of sexual health and take positive, affirming, inclusive approaches to human sexuality.

We also know from Australian research that CSE programs are a trusted information source for young people with studies finding between 43-77% of young people cited school programs as a trusted source of information on relationships and sexuality.^{3,4}

Note: The acronym CSE is an update on RSE which was used in FPAA's earlier Pre-budget submission dated 7 November 2023.

4 Relationship to national policy

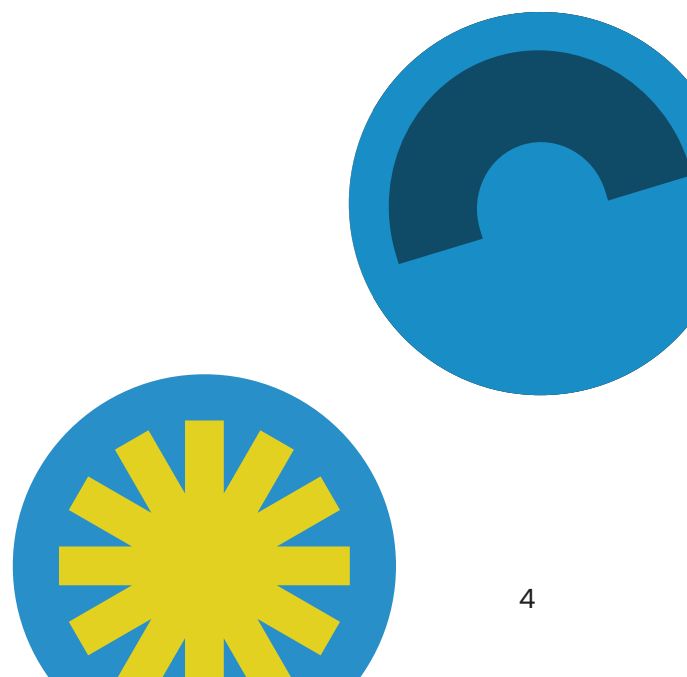
Sexual and reproductive health and rights are important to all Australians, articulated to varying degrees within more than 20 National Strategies and Plans across 8 government portfolios. We believe the fact Australia has expressed the need to progress sexual and reproductive health and rights across so many strategies, speaks to our readiness for government to increase investment.

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, Gender Equity and Strategy Reform
- Attorney General (National Office for Child Safety)
- E-Safety
- Foreign Affairs.

The state and territory policy and service delivery landscape in Australia is complex, which also speaks to the need for this work to be led from within the health portfolios where this level of complexity is routine.

Appendix A – Policy Cross References.



5 How we are faring in Australia

While Australia is one of the wealthiest nations in the Organisation for Economic Co-operation and Development (OECD), and the Department of Foreign Affairs and Trade promotes its investment in international programs supporting CSE within our region ⁵ the Australian Government has yet to consistently invest in developing a domestic approach to CSE.

This situation is not unique to Australia. The **UNESCO Global Status Report: The Journey Toward Global CSE** (2021) revealed few countries have a national policy specifically on CSE. Where countries mention it within their policies, there is sometimes no guidance on the components of a curriculum nor on how to implement it. In some settings, policies and strategies focus on a range of sexual and reproductive health issues, and others focus more specifically on life skills and prevention of HIV.

Decentralisation of policy-making, financing and decision-making can enable local governments to ensure that programs are more responsive to local needs, but it can also lead to inconsistencies in the implementation of CSE across a country. ⁶

In 2021, the **7th National Survey of Australian Secondary Students and Sexual Health** ⁷ reported that:

‘Over 95% of young people reported that they believe relationships and sexuality education (RSE) is an important part of the school curriculum, and 93.0% reported receiving RSE ^b at school, most commonly in Years 8 and 9. However, only 24.8% reported that their most recent RSE class was very or extremely relevant to them.’

In 2023 research by Curtin University ⁸ analysing an online survey of 2,427 parents found 89.9% of parents were supportive, with only modest differences being associated with particular demographic variables.

The researchers found that:

‘Beyond widespread support for RSE, ^c parents emphatically endorsed schools to address a diverse range of RSE-related issues (n = 40 topics). Parents’ responses also provided insight regarding when certain topics should first be introduced and the quality of current RSE provision in schools. Findings from this descriptive overview challenge the currently overstated assumption that parents do not support RSE in schools...’

While Australia has made some recent investments in ‘consent education’ and ‘respectful relationships education’ these are simply components of CSE curriculum. They are not CSE and as yet the investment has not been committed to a programmatic approach, year on year.

While we appreciate Australia’s federated system of government does provide unique challenges for implementation, FPAA believes there remains a significant opportunity to build a world-class, cost-effective and consistent approach to CSE by scaling up and supporting the best of our existing state-based programs and models of implementation, within the context of our unique political, geographical, cultural and industrial challenges.

Following below is a summary description of the SA Focus Schools Program Model, which we believe is Australia’s closest to best practice model.

^b Note: This LaTrobe University study uses the term RSE to refer to CSE.

^c Note: This Curtin University study uses the term RSE to refer to CSE.

6 Focus Schools Program Model

The Focus Schools Program (previously named the 'SHARE' program) operates across SA in partnership with SA Health and SA Department for Education and is known amongst education academics as the nation's closest to best practice, likely because it was originally established based on earlier international technical guidance. Piloted by SHINE SA in 2003–2005 as a joint initiative between the portfolios of health, human services and education, it is now a mature program that has been running successfully for 20 years in government secondary schools.

Commencing as a pilot of 15 government secondary schools, 122 now participate which is a 77% uptake. This exceeds the Norwegian CSE program uptake which is currently achieving 49%.^d

6.1 Key design elements

The Focus Schools Program models key design elements are:

1. Funded by SA Health, Communicable Disease Control Branch as part of SA's response to the National STI and BBV Strategies.
2. Delivered into the education system by SHINE SA under an Memorandum of Operational Collaboration (MOCC) with the Department for Education.
3. Memorandums of Understanding (MOUs) are also established between SHINE SA and each participating school governing council.
4. Curriculum is developed and reviewed by SHINE SA registered teachers with clinician input/ review.
5. Curriculum is mapped to the Australian Curriculum Assessment and Reporting Authorities Health and Physical Education Curriculum v9⁹ and the Keeping Safe: Child Protection Curriculum.¹⁰
6. A supported, train-the-trainer approach i.e. registered teachers training other registered teachers to deliver curriculum.
7. Curriculum is only provided to those who have completed the training which limits misinformation.
8. Ongoing support is provided using a customer relationship management system.
9. Student surveys, teacher feedback and parent/carer feedback inform program updates.
10. Linkage to sexual health and wellbeing services and health promotion campaigns.

^dPersonal email advice from IPPF Member Association.

6.2 Implementation methodology

The Focus Schools Program model's implementation methodology is:

Establishing whole-of-school commitment

- MOUs are signed between SHINE SA and each school governing council committing to deliver the program
- Assistance from SHINE SA is available to support school leadership in developing local policy
- Assistance from SHINE SA is available to support leadership present to their governing council
- Assistance from SHINE SA is available to support parent/carer/community communication.

Initial teaching supports

- Professional development training (2-day) for registered teachers and school counsellors
- Teacher Curriculum books with 15x50 minute classroom lesson plans per year in Years 7,8,9,10^e
- Classroom Activity packs to support interactive learning activities
- Current health promotion campaign materials
- Introductions for training participants to:
 - SHINE SA Sexual Health Library and Resource Centre Membership
 - SHINE SA Sexual Health Clinic.

Ongoing teaching support

- Schools are allocated a SHINE SA Schools Coordinator who is also a registered teacher who provides:
 - Advice to support contextualization for local student needs
 - SHINE SA Annual Update presentations at their school
- Schools nominate a key contact as the liaison point for SHINE SA staff
- SHINE SA Sexual Health Library and Resource Centre Membership
- Additional professional development opportunities/workshops
- Updates via direct email to key contact and e-Network Newsletter to any who subscribe.

^e Although not supported by the Focus Schools program, curriculum for years 3-4 and 5-6 is currently available.

6.2 Implementation methodology contd.

Engagement with the SA Department for Education

- A Memorandum of Operational Collaboration (MOC)
 - Confirms the expectations articulated above
 - Commits Department to support the program
 - Commits SHINE SA to partner with the Department on communications/information requests
 - Sets out reporting requirements.
- An experienced senior policy officer in the Department for Education with sound topic knowledge is allocated to support program implementation alongside their other duties.
- This officer meets periodically with the SHINE SA Team and if needed, SA Health.

Monitoring and reporting

- Quarterly activity and uptake reporting against KPIs
- Annual survey of 5,000+ students published in the SHINE SA Student Snapshot Report ¹¹
- Participation in iterative research by the Australian Research Centre in Sex, Health and Society, La Trobe University
 - National Survey of Australian Secondary Students and Sexual Health ^{vii}
 - Writing Themselves In: The health and wellbeing of LGBTQA+ young people in Australia. ¹²

Evaluation

The 2003–2005 pilot was evaluated by La Trobe University ¹³ who recommended that the program be continued and expanded to allow all secondary schools in South Australia to have access to the benefits this early pilot was showing. Since this time, while there has not been further third party program evaluation, student perspectives of the program were reviewed by Adelaide University in 2021 ¹⁴. This research confirmed students were finding the program very useful, and also documented a strengthening of students' interest in the 'social health topics' that are offered within the program, such as consent and respectful relationships education.



7 Is it best practice?

The FPAA have considered best-practice in terms of:

- 1. Compliance with the UNESCO Technical Guidance.** FPAA has mapped the SA Focus Schools Program against the UNESCO Technical Guidance and has found it was 100% compliant, meeting all recommended program characteristics related to content, design and implementation. See Appendix B – Mapping of Focus Schools Program Design.
- 2. Student views of the program.** The La Trobe research quoted in Section 5 above reveals that only 24.8% of students think the education they are getting is very or extremely relevant to them. The Focus Schools Program surveys every year, with 5,298 responses in 2022. This study showed that:
 - a. 82% rated the safety and support of the class environment as Good or Excellent.
 - b. 78% rated the course overall as Good or Excellent.
 - c. 92% believed the course will be useful to them now or in the future.
- 3. Uptake as a measure of teacher acceptance.** The Focus Schools Program currently has a 77% uptake. This compares to the Norwegian CSE program which is 49%.

While this program is only fully funded for government secondary schools, and so yet to be fully implemented in primary and independent schools, it is Australia's closest to best practice model.

8 How do we leverage this model?

Given the quality of the Focus Schools Program, the FPAA recommends drawing from both the SHINE SA Focus Schools Model and the existing schools, teacher and community worker training and professional development already occurring in family planning organisations by skilled education teams across Australia and scaling these teams up to deliver best-practice CSE.

This work has three key elements that could be achieved in the first funding cycle, which are to:

- develop a shared national framework
- scale up existing programs in states and territories
- work collaboratively in addressing community concerns and misinformation.

This scaled up program would implemented CSE in all year levels in primary and secondary schools.

8.1 Develop a shared national framework

FPAA are seeking government investment to develop a shared national framework for Australia that includes the creation of the following foundational resources:

1. National Standard for CSE Educator Competencies
2. National Standard for CSE Delivery Models (based on the Focus Schools Program)
3. National List of Recommended Resources
4. National List of Recommended Providers.

These resources are described in more detail below.

National Standard for CSE Educator Competencies

We believe Australia needs a National Standard for CSE Educator Competency (the Standard for Educators) modeled on the 2017 WHO Regional Office for Europe and BZgA '*Training matters: A framework for core competencies of sexuality educators*' but contextualised for Australia.¹⁵ This framework concentrates on the training of CSE educators as well as the competencies they should acquire, and supports the processes necessary to implement training programs for CSE educators.

This WHO framework supports both the evidence in the current literature and our reflections on our direct experience working in CSE across Australia. It provides a high-level foundation for us to tailor, update and contextualise to Australian contexts, as it details important principles and competencies necessary to deliver best practice CSE.

However, this document has some short comings for the Australian context such as:

- it focuses on European settings and is nearly seven years old
- notable populations and CSE topics are absent from this document, such as the inclusion of intersex variations and discussions of the diversity of biological sex (i.e. genitalia, hormones, chromosomes).
- the encompassment and inclusion of the diversity of sex, gender and sexuality in CSE needs to be more comprehensive for the safety, well-being and health of both young people and CSE educators.
- given our multicultural population it would also be important for CSE in Australia to prioritise cultural safety for CALD people, which should include community-specific consultations, tailored resources, and consideration of modified delivery approaches. Similar consideration to modifications should be given to Aboriginal and Torres Strait Islander people, and people with disabilities.

The Standard for Educators would target educators across numerous disciplines and settings that engage young people, as opposed to solely focusing on teachers or school settings.

While educational settings are undeniably important touch points to deliver CSE to young people in Australia, research shows that there is a concerning amount of young people who do not regularly attend school or who have no interaction with educational settings. As of 2022, the percentage of students with an attendance rate above 90 percent was only 49.9% nationally.¹⁶ Further research estimates there may be upwards of 50,000 unaccounted for young people who are fully detached from the educational system in Australia.¹⁷

These young people still need CSE, and thus various professions and sectors that engage young people across their life course need to be considered in the development of the Standard for Educators.

8.1 Develop a shared national framework contd.

National Standard for CSE Delivery Models

Given that the Focus Schools Program model complies 100% with the UNESCO Technical Guidance we would implement according to the methodology in SA which comprises of the same inputs:

- Establishing whole-of-school commitment
- Initial teaching supports
- Ongoing teaching support
- Memorandums of Operational Collaboration with Departments for Education
- Monitoring and reporting.

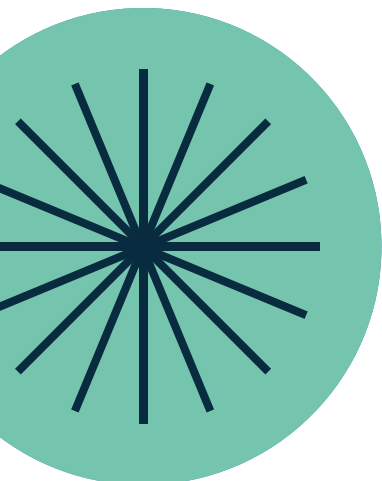
These are described in detail above in Section 6 Focus Schools Program Model.

National List of Recommended Teaching Resources

This would involve a desktop review of current resources by our educators, to determine whether or not they are recommended, and for which year levels. FPAA would provide this list to the state based programs so they can offer or recommend to trained teachers. Some departments for Education may already have this to some extent, however they will likely benefit from being reviewed and expanded.

National List of Recommended Program Providers

While it is acknowledged that based on the UNESCO Technical Guidance, no other providers are delivering a best practice model, there will be quality providers in each state and territory, delivering topic specific education, professional development and teaching resources. FPAA would provide this list to the state-based programs so they can provide or recommend to trained teachers. Some departments for Education may already have this to some extent, however they will likely need to be reviewed and expanded.



8.2 Scale up existing programs

FPAA believes that resourcing to scale up existing education activities in family planning organizations across Australia would leverage existing state-funded education activities. While most of the operational work would be driven by state and territory organisations, the FPAA would have a national support role.

Scaling up could occur by:

- Developing a National FPAA CSE Support Team of expert educators
- Building state and territory-based CSE Delivery Teams (that meet the standards)
- Offer the program across all states and territories in school settings.

This resourcing would need to be on an ongoing basis.

Developing a National FPAA CSE Support Team

A national support team would assist in coordinating the initial implementation and development of the suite of national standards and support materials. Post implementation this team would have an ongoing role in driving continuous improvement and collaboration across states and territories, including for the purpose of:

- updating teaching resources
- creating new resources that respond to new and emerging issues
- participating in research and evaluation.

The work of the National CSE Support Team would be informed by a National CSE Technical Advisory Group.

Building state and territory-based CSE Delivery Teams

State and territories need to be resourced to build CSE Delivery Teams. These would be structured using the National Standard for CSE Delivery Models which will be based on the Focus Schools Program model. The resources needed to build these teams will vary depending on number of schools, geography and current activity in the state. For example in SA, the Focus Schools Program is already funded by SA Health.

These teams would offer the program to schools on an individual basis across all states and territories, for all year levels, in all school sectors, government non-government.

8.3 Manage community concerns and misinformation

While the research is clear that only a vocal minority of parents and carers oppose CSE, our experience is that close collaboration between government, schools and the CSE Delivery Team is essential in ensuring accurate and timely information is available, and ensures school leadership and policy makers are all supported to provide appropriate, consistent responses.

FPAAC would expect to provide the government officers, and other stakeholders with examples of specific responses to common concerns, similar to what is already included in the UNESCO Technical Guidance.

An extract of the Q & A in the UNESCO Technical Guidance is provided for information in **Appendix C – Common concerns about CSE.**

Indicative costings for all the elements described above are provided in the following section.



9 Program costs

This section provides indicative costings at national as well as state and territory level. This shows the recommended investment averages over 4 years to be \$96.5M pa.

Table 1: Summary cost estimates for scaling up relationships and sexuality education across Australia 2024–2025 to 2027–2028

Program component	Y1 2024–25	Y2 2025–26	Y3 2026–27	Y4 2027–28	Total
Develop a shared national framework					
National FPAA CSE Support Team	1,674,468	1,738,147	1,804,372	1,873,247	7,090,234
Scale up State CSE Delivery Teams					
New South Wales	29,383,217	30,558,546	31,780,888	33,052,123	124,774,775
Victoria	21,462,933	22,321,451	23,214,309	24,142,881	91,141,574
Queensland	16,867,097	17,541,781	18,243,452	18,973,190	71,625,520
South Australia	5,405,759	5,621,989	5,846,868	6,080,743	22,955,359
Western Australia	10,510,151	10,930,557	11,367,779	11,822,490	44,630,977
Tasmania	2,467,437	2,566,134	2,668,780	2,775,531	10,477,882
Northern Territory	1,827,033	1,900,115	1,976,119	2,055,164	7,758,432
ACT	1,290,225	1,341,834	1,395,507	1,451,327	5,478,892
Total national plus state commitment	90,888,320	94,520,553	98,298,075	102,226,698	385,933,645
Average per year	96,483,411				

10 Conclusion

International evidence is that CSE brings long-term health and social outcomes across a population.

Australia already has a national school curriculum that supports the implementation of CSE across Australia, but our approach has been piecemeal and lagging behind other countries. While we have been making attempts at responding to child sexual abuse and violence against women with some targeted piloting of additional respectful relationships or consent education, current prevention initiatives are a fraction of what the evidence tells us would be a best practice approach.

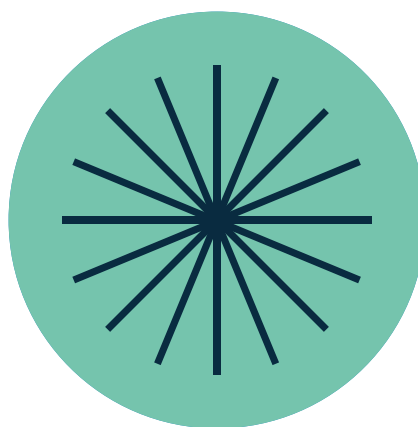
More than 20 national strategies and plans, and two senate inquiry reports point towards CSE, or would be met by a CSE program. The majority of Australian parents support schools delivering CSE, and students value it. However much of what they get now is falling short of everyone's expectations.

FPAA believes that Australia is well-placed to undertake a rapid and cost-effective scale-up of CSE by leveraging existing work already funded by state and territory governments.

FPAA proposes we implement CSE across Australia in a manner that is consistent with, and informed heavily by the **UNESCO International technical guidance on sexuality education: An evidence-informed approach** (2018).

The program model we propose to scale up is the South Australian Focus Schools Program, which has been running successfully for 20 years. This program has been assessed by FPAA as 100% compliant with the UNESCO Technical Guidance.

The recommended ongoing government investment is \$96.5M pa.



11 Appendices

Appendix A – Policy Cross References

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
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

Appendix A – Policy Cross References contd.

Portfolio & Strategy or Senate Report	Existing commitments or recommendations related to CSE
Health	
15. National Immunisation Strategy for Australia 2019-2024	none - however CSE supports health literacy to facilitate HPV vaccination uptake.
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.

Appendix B – Mapping of Focus Schools Program Design

This table maps the Focus Schools Program against the 'UNESCO (2018) International technical guidance on sexuality education'.

UNESCO Technical Guidance	South Australian Model Compliance
Characteristics of a CSE Curriculum	Characteristics of the SHINE SA Focus Schools Program
Preparatory phase	
<p>1. Involve experts on human sexuality, behaviour change and related pedagogical theory</p>	<p>Complies. Comments: The SHINE SA Year 7,8,9,10 Curriculum is updated every two years by SHINE SA Schools Education and Support Team (Registered Teachers) with review by Clinical Education Team. Curriculum update and review is also informed by current research evidence, as well as advice from intersectional peers. SHINE SA specifically draw from, and recommend the resource 'Traffic Lights a framework to Identify, Understand & Respond to sexual behaviours in young people', This resource supports professionals to understand and respond appropriately to sexual development in young people' and is published by True Relationships and Reproductive Health Queensland.</p>
<p>2. Involve young people, parents/family members and other community stakeholders</p>	<p>Complies. Comments: SHINE SA collects feedback to inform curriculum updates from:</p> <ul style="list-style-type: none"> • Students – Annual Student Survey of 5,000+ students. • Parents/carers – from Parent/Carer Information Evenings on school sites and online, as well as from Parent Feedback Surveys. • Teachers – delivering the curriculum provide feedback through site visits from SHINE SA Schools Coordinators as well as through targeted feedback surveys. • Department for Education – policy and curriculum advisors. <p>Note: SHINE SA also has a curriculum in Years 3,4,5,6 however is not offered/funded within a fully supported Focus Schools Program model.</p>
<p>3. Assess the social, SRH needs and behaviours of children and young people targeted by the program, based on their evolving capacities.</p>	<p>Complies. Comments: This is done in the following ways:</p> <ul style="list-style-type: none"> • Using specific feedback from the SHINE SA Annual Student Survey • Using feedback from teachers and school leadership regarding needs and behaviours of young people in their schools. • Informed by other professional networks and organisations speaking to current challenges (for example, the SA Commissioner for Children and Young People, Sexual Behaviours Working Group).

Appendix B – Mapping of Focus Schools Program Design contd.

UNESCO Technical Guidance	South Australian Model Compliance
Characteristics of a CSE Curriculum	Characteristics of the SHINE SA Focus Schools Program
Preparatory phase	
<p>4. Assess the resources (human, time and financial) available to develop and implement the curricula.</p>	<p>Complies. Comments: The Focus Schools Program (Years 7,8,9,10) is funded by SA Health, Communicable Disease Control Branch. Note primary schools are not fully supported as a program model, however, some elements such as teacher training and curriculum materials are available on a fee for service basis.</p>
Content development	
<p>5. Focus on clear goals, outcomes and key learnings to determine the content, approach and activities.</p>	<p>Complies. Comments: The Australian Curriculum (ACARA) outlines the general national curriculum framework and learning outcomes required, and the general capabilities expected at developmentally appropriate levels. Specifically, the Health and Physical Education curriculum informs the SHINE SA approach and activities that are built into each lesson that are in each year level. The structure of the SHINE SA lessons include:</p> <ul style="list-style-type: none"> • Learning intentions • Success criteria • Take home messages <p>This structure ensures that goals, outcomes and key learnings are met for each lesson. Each year level has 15 x 50 minute lessons. See sample lesson plan provided in Attachment – SHINE SA Sample Lesson Plans.</p>
<p>6. Cover topics in a logical sequence.</p>	<p>Complies. Comments: Content descriptions in the ACARA HPE curriculum are taught through focus areas that include: Mental health and wellbeing; Relationships and sexuality; and Safety. The SHINE SA lessons are mapped directly to the content descriptions and general capabilities of the Australian Curriculum (ACARA). SHINE SA topic areas are consistent for each curriculum year level and approached at a developmentally appropriate level.</p>

Appendix B – Mapping of Focus Schools Program Design contd.

UNESCO Technical Guidance	South Australian Model Compliance
Characteristics of a CSE Curriculum	Characteristics of the SHINE SA Focus Schools Program
Content development	
<p>7. Design activities that are context-oriented and promote critical thinking.</p>	<p>Complies. Comments: During our training, the focus is on how the educator could adapt to their local context. A lot of time spent on helping teachers understand that while it is a template for teaching of the curriculum, they may need to go away and contextualise for their students and/or school community. This is usual business for registered teachers as they differentiate curriculum across all key learning areas and promote critical thinking in their learners.</p>
<p>8. Address consent and life skills.</p>	<p>Complies. Comments: Sexual consent, sexual safety and wellbeing are specifically and substantially addressed in the context of 9 topic areas of the SHINE SA curriculum.</p>
<p>9. Provide scientifically accurate information about HIV and AIDS and other STIs, pregnancy prevention, early and unintended pregnancy and the effectiveness and availability of different methods of contraception.</p>	<p>Complies. Comments: The SHINE SA curriculum and bespoke teaching resources are reviewed by Medical and Nursing Educators. Current data is also incorporated into periodic curriculum reviews so that educators are presenting contemporary HIV, STI and pregnancy data, as well as contemporary information on the most effective contraception methods.</p>
<p>10. Assess how biological experiences, gender, and cultural norms affect the way children and young people experience and navigate their sexuality and their SRH in general.</p>	<p>Complies. Comments: Gender as a social concept can be broken down into three separate parts: gender expression, gender identity and gender roles. Biological sex is determined by a mix of hormones, anatomy, and chromosomes; and these can be expressed as a mixture of what has traditionally been labelled as male and female sex traits within the one person. The curriculum helps young people understand diversity and that expressions of identity and sexuality are on a spectrum that might be different to their own.</p>

Appendix B – Mapping of Focus Schools Program Design contd.

UNESCO Technical Guidance	South Australian Model Compliance
Characteristics of a CSE Curriculum	Characteristics of the SHINE SA Focus Schools Program
Content development	
<p>11. Address specific risk and protective factors that affect particular sexual behaviours.</p>	<p>Complies. Comments: By nature, young people are risk-takers as they experience and experiment with life. And so the curriculum specifically includes concepts of safety, wellbeing, and help-seeking to ensure young people make healthy choices and know where to get help when needed.</p>
<p>12. Address how to manage specific situations that might lead to HIV infection, other STIs, unwanted or unprotected sexual intercourse or violence.</p>	<p>Complies. Comments: This also relates to, and overlaps with the content around consent e.g. Do I wear a condom?, Do I engage in sexual activity or not? How do I ensure all relationships are healthy and consent by all parties to all and any relationships?</p>
<p>13. Address individual attitudes and peer norms concerning condoms and the full range of contraception.</p>	<p>Complies. Comments: Focus Schools also use resources that support learning activities such as:</p> <ul style="list-style-type: none"> • SHINE SA Contraceptive Kit • SHINE SA Condom Use and Condom Negotiation Cards
<p>14. Provide information about what services are available to address the health needs of children and young people, especially their SRH needs.</p>	<p>Complies. Comments: SHINE SA provide teachers delivering the program with face-to-face Annual Updates which keep them informed of current services, referral pathways, new health promotion campaigns and teaching resources available. Information is provided in period emails to schools and e-network newsletters available to educators who subscribe (2,000+)</p>

Appendix B – Mapping of Focus Schools Program Design contd.

UNESCO Technical Guidance		South Australian Model Compliance
Characteristics of a CSE Curriculum	Characteristics of the SHINE SA Focus Schools Program	
Program design and implementation features		
15. Stand-alone subject or integrated into the broader curriculum.	Complies.	Comments: The Focus Schools Program is specifically designed to be a whole-of-school approach, which allows leadership flexibility to determine the best approach for delivery of the curriculum at their site.
16. Includes multiple, sequential sessions over several years.	Complies.	Comments: Each of the nine subject topic areas of the curriculum, are presented at a developmentally appropriate stage and sequence.
17. Pilot tested.	Complies.	Comments: The Focus Schools Program commenced in 2003 as the 'SHARE Program' so has been operating 20 years. Commencing as a pilot over 15 schools it is currently running in 122 schools which is 77% of government schools with a secondary component. While SA Health is not currently using external evaluators, it is monitored under service agreement KPIs and uses an Annual Student survey 5,000+ students. See: www.shinesa.org.au/about/reports-documents
18. Employs participatory teaching methods that actively involve children and young people to help them internalize and integrate information.	Complies.	Comments: Lesson delivery includes interactive learning activities, designed for small workgroups and pairs that enable teachers to support more individualised learning. They are also supplied classroom Activity Packs and access additional SHINE SA Library and Resource Centre materials.
19. Utilises capable and motivated educators to implement in the curriculum in schools and non-formal settings.	Complies.	Comments: Teachers who deliver the program in schools and other non-school settings are self-selected to complete the training. Regular contact and annual updates from their allocated SHINE SA Schools Coordinator provides ongoing support. SHINE SA survey teachers at the end of their initial two-day training to ensure their capacity and confidence to deliver the curriculum. They are then provided regular support and updates from their SHINE SA Schools Coordinator. The SHINE SA Annual Student Survey data is fed back (deidentified) to each school so they can continuously improve.

Appendix B – Mapping of Focus Schools Program Design contd.

UNESCO Technical Guidance	South Australian Model Compliance
Characteristics of a CSE Curriculum	Characteristics of the SHINE SA Focus Schools Program
Program design and implementation features	
<p>20. Provides educators with sensitization, values clarification, quality pre- and on-the-job training and continuous professional development opportunities.</p>	<p>Complies. Comments: The SHINE SA curriculum materials are only made available to educators and school counsellors who have completed the initial 2 day training which gives them an opportunity to explore their values and understand the key concepts for delivering the curriculum. Other professional development opportunities for teachers and school counsellors are provided (e.g. Gender Diversity in Schools, Pregnancy Choices Training, Porn Literacy, Sexting etc).</p>
<p>21. Ensures confidentiality, privacy and a safe environment for all children and young people.</p>	<p>Complies. Comments: The initial 2-day training specifically addresses the need to deliver curriculum in a trauma informed way, ensuring privacy, safety and confidentiality of children and young people in the classroom. It includes strategies on safe ways to manage student question box.</p>
<p>22. Has multi-component initiatives i.e. offered alongside extracurricular, community or health facility-based services such as:</p> <ol style="list-style-type: none"> a. Training health providers in how to deliver youth-friendly services b. Condom distribution c. Involving parents and teachers. 	<p>Complies. Comments: SHINE SA also:</p> <ul style="list-style-type: none"> • have two sexual and reproductive health clinics targeting young people distributing free condoms and offering free sexual health checks • provide medical, nursing and allied health education, including the FPAA Sexual and Reproductive Health Certificate Course for GPs. This course includes guidance on youth-friendly service provision. <p>The Focus Schools Program also includes access to a SHINE SA Sexual Health Library and Resource Centre. This library connects to all government schools via the SA Department for Education courier service. Free in-date condoms are provided to educators for demonstration and education purposes.</p>

Appendix B – Mapping of Focus Schools Program Design contd.

UNESCO Technical Guidance	South Australian Model Compliance
Characteristics of a CSE Curriculum	Characteristics of the SHINE SA Focus Schools Program
Program design and implementation features	
<p>23. Assess the appropriateness of using digital media as a delivery mechanism.</p>	<p>Complies. Comments: Currently the SA Department for Education does not permit CSE to be provided online, however young people are targeted with multiple SHINE SA online sexual health promotion campaigns funded by SA Health. These campaigns are reinforced by materials/collateral distributed to teachers as they attend training and available via the online shop for use in the classroom. Online reels and memes are an appropriate mechanism to provide positive sexual health messaging via social media channels.</p>
<p>24. Maintains quality when replicating a CSE program.</p>	<p>Complies. Comments: Whilst the pilot program has now been replicated on school sites across the State, it is yet to be replicated across Australia. However, FPAA has assessed that there is significant expertise and capacity already in place to varying levels across family planning organisations funded by states and territories. Whilst not funded to the level that could deliver CSE currently, this provides a solid foundation for replicating and scaling up across Australia.</p>

Appendix C – 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	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'	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	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	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.

Appendix C – Common Concerns about CSE

Concern	Response
<p>Parents will object to sexuality education being taught in schools</p>	<p>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. 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.</p>
<p>CSE may be good for adolescents, but it is inappropriate for young children</p>	<p>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.</p> <p>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.</p>
<p>Teachers may be uncomfortable or lacking the skills to teach CSE</p>	<p>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.</p> <p>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 formalising CSE in the curriculum, as well as stronger professional development and support.</p>

Appendix C – Common Concerns about CSE

Concern	Response
CSE is already covered in other subjects (biology, life-skills or civics education)	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	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.
Young people already know everything about sex and sexuality through the Internet and social media	<p>The Internet and social media can be excellent ways for young people to access information and answers to their questions about sexuality.</p> <p>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.</p>

Appendix C – Common Concerns about CSE

Concern	Response
<p>Religious leaders may not support sexuality education</p>	<p>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.</p> <p>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.</p> <p>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).</p>
<p>CSE is a means of recruiting young people towards alternative lifestyles</p>	<p>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 notconforming to gender or social norms, including on the issue of sexual behaviour and sexual orientation or gender identity. It does not endorse or campaign.</p>

Appendix D – Focus Schools Program links to the Australian Curriculum

The following is an extract from SHINE SA teacher manuals explaining how the SHINE SA curriculum materials are mapped back against the Australian Curriculum content descriptions, and general capabilities for teachers.

Information for Educators: Curriculum Connections

Curriculum Connections

There are two relevant curricula for secondary years that educators within South Australia are required to comply with – the *Australian Curriculum* and the Department for Education’s *Keeping Safe: Child Protection Curriculum*.

The *Australian Curriculum* describes what is to be taught and the quality of learning expected of children and young people as they progress through school from Foundation to Year 8. The *Keeping Safe: Child Protection Curriculum* is mandated in all Department for Education (DfE) schools and preschools for children and young people aged 3 to Year 12 and delivered by teachers trained in this content.

The Australian Curriculum

The Australian Curriculum (AC) comprises eight learning areas, with Health and Physical Education being one. Within this learning area, *Relationships and sexuality* is one of its focus areas. A comprehensive relationships and sexual health curriculum, such as this SHINE SA Years 7-10 Relationships & Sexual Health (R&SH) Curriculum, aligns to this focus area under the content strand of Personal, social and community health.

Relationships and sexuality addresses physical, social and emotional changes that occur over time and the significant role relationships and sexuality play in these changes. The content supports children and young people to develop knowledge, understanding, and skills that will help them to establish and manage respectful relationships. It also supports them to develop positive practices in relation to their reproductive and sexual health, and the development of their identities. In doing so, children and young people will gain an understanding of the factors that influence gender and sexual identities.

Keeping Safe: Child Protection Curriculum

The *Keeping Safe: Child Protection Curriculum* (KS:CPC) provides a guide for children and young people to learn to recognise abuse and develop ways of protecting themselves from abuse; more broadly it covers relationships, rights, responsibilities and ethical behaviour. These concepts are complex and need to be taught in an age-appropriate way that considers the developmental stage of the child or young person. The SHINE SA Years 7-10 R&SH Curriculum can be used to complement the KS:CPC as there are many lessons that have the potential to overlap. If an alternative resource is used to meet the learning outcomes of a KS:CPC activity, it is important that these outcomes are clearly and adequately addressed. Explicit information and mapping documents detailing how the SHINE SA Years 7-10 R&SH Curriculum fits within both the AC and KS:CPC are provided to educators on completion of the *Teaching It Like It Is: Secondary 2-day* professional development course.

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