



Comprehensive Sexuality Education: A Framework

April 2021

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1. WHO WE ARE

Family Planning NSW is the leading provider of reproductive and sexual health services in New South Wales and Australia. We are experts in clinical service provision, health promotion, education and training facilitation and the delivery of comprehensive sexuality education (CSE) to people of all ages. Our services are targeted to marginalised and disadvantaged members of the community, including people from culturally and linguistically diverse and Aboriginal and Torres Strait Islander backgrounds, refugees, people with disability, young people and people from rural and remote communities.

Our work is evidence-based, and shaped by our research, published clinical practice handbooks on reproductive and sexual health, nationally recognised data and evaluation unit and validated through extensive clinical practice.

Comprehensive sexuality education is an organisation wide priority. Our work is grouped across four interdependent pillars, underpinned by robust organisational and corporate support. Each pillar provides CSE to our community using a holistic approach and is underpinned by strong structural support.

Integrated Health Services

We are experts in contraception, pregnancy options counselling, abortion services, sexually transmissible infections (STIs), common gynaecological problems including menstrual disorders, cervical cancer screening, breast awareness and women's and men's sexuality and sexual function. We provide CSE through a variety of interactions with individuals including community education sessions, health promotion projects and events, telephone information through our Talkline services and during clinical consultations. Our services are evidence-based and are primarily delivered to young people, people with disability, parents and carers, people from culturally and linguistically diverse and Aboriginal and Torres Strait Islander backgrounds.

Education Services

Family Planning NSW's education and training activities are evidence-based, broad-ranging and include programs for clinicians, disability workers, teachers, youth workers, and other health, education and welfare professionals, both locally and internationally. Our education services build the capacity of health, education and community sector professionals to provide CSE in a range of setting to address the reproductive and sexual health needs of their communities and region, beyond our clinical services.

The Research Centre

The Research Centre leads and partners with universities and other research organisations to grow the body of knowledge about reproductive and sexual health, including CSE. We focus on translating research findings into clinical practice and teaching and guiding governments in best practice reproductive and sexual health. We conduct rigorous evaluations of all our work to continuously improve the quality of our services and to ensure we are achieving optimal results. The Research Centre acts as an organisational keeper and maker of evidence relating to reproductive and sexual health, CSE and organisation related projects.

International Development

Our international development program works to develop the capacity of government and civil society to assist poor and marginalised communities in developing countries in the Pacific region to provide quality reproductive and sexual health information, education and clinical services. This includes developing capacity of government and non-government organisation partners to deliver quality CSE in school, community and clinical settings.

2. INTRODUCTION

Family Planning NSW has developed *Comprehensive Sexuality Education: A Framework* to outline our approach to CSE provision nationally and internationally. The goal of CSE is to build knowledge, skills and behaviours that enable people of all ages to make informed and healthy choices about their sexuality, relationships, wellbeing, and reproductive and sexual health.

CSE is learning that begins during early childhood, and continues throughout life, concerning sexuality and the physical, emotional, mental and social aspects of reproductive and sexual health and rights and relationships.(1,2) Considered to be a lifelong process, CSE extends beyond the school curriculum and should be accessible to all individuals regardless of age and their engagement with the formal education system.(2)

CSE builds on and promotes an understanding of universal human rights, including the rights of women and girls, and the rights of all people to access health, education and information equally and without discrimination.(3) As a foundation for exercising reproductive rights, CSE includes information about access to family planning services, the right to choose whether or not to have children, and the right to decide freely on the number, timing and spacing of these children.(3)

Access to CSE is enshrined within the *2030 Agenda for Sustainable Development*.(4) In this way, the Framework will contribute to realising the *2030 Agenda for Sustainable Development* with a focus on supporting achievement in the following goals:

- SDG 3 – Good Health and Well-being
- SDG 4 – Quality Education
- SDG 5 – Gender Equality
- SDG 10 – Reduced Inequalities

This Framework has been designed to orientate staff and stakeholders to Family Planning NSW's expansive position regarding the organisation's expertise and leadership in the provision of CSE, and support staff and stakeholders to understand how we provide CSE to individuals, clients and communities. As the organisation's premier CSE Framework, it positions CSE as an organisational priority and Family Planning NSW as a CSE authority. The Framework will be updated annually as CSE develops, and the Family Planning NSW body of resources expands.

The Framework highlights the importance of evidence and best practice in tailoring education to suit the diverse needs of all people across the lifespan. Developing sexuality, wellbeing and relationship life skills is essential to the attainment of optimal reproductive and sexual health. The Framework utilises conclusive evidence that CSE develops skills and behaviours required for optimal reproductive and sexual health and wellbeing, and enables positive societal engagement.

The Framework has been developed with input from across the organisation. For more information about Family Planning NSW's commitment to CSE, please see the [Comprehensive Sexuality Education Policy](#), or contact the CSE project team at: cse@fpnsw.org.au.

3. A DEFINITION OF COMPREHENSIVE SEXUALITY EDUCATION

3.1 What is CSE?

When considering the definition of CSE, it is imperative to understand that CSE may be known by numerous terms depending on context and geographic location. Across the world there are many different names for, and approaches to, CSE. Despite these differences, CSE is underpinned by a sound evidence-base and best practice principles. Some well-known and widely accepted definitions of CSE include:

“An age appropriate, culturally relevant approach to teaching about sexuality and relationships by providing scientifically accurate, realistic, non-judgemental information.” – (2)

“Comprehensive sexuality education is a curriculum-based process of teaching and learning about the cognitive, emotional, physical and social aspects of sexuality. It aims to equip children and young people with knowledge, skills, attitudes and values that will empower them to realise their health, wellbeing and dignity; develop respectful social and sexual relationships; consider how their choices affect their own wellbeing and that of others; and understand and ensure the protection of their rights throughout their lives.” – (5)

“A rights based and gender-focused approach to sexuality education for young people whether they are in school or out of school.” – (6)

It is widely acknowledged that CSE is a term that encompasses a diverse range of sexuality and relationship education. Alternative search terms, including family life education (FLE), holistic sexuality education (HSE), life skills and sexuality and relationship education (SRE) have similar aims and goals to CSE.(7)

In summary, CSE is an age appropriate and culturally relevant approach to teaching and learning about sexuality and relationships, inclusive of the cognitive, emotional, physical and social aspects they encompass.(2) CSE views sexuality holistically and aims to equip individuals, especially children and young people, with knowledge, attitudes, skills and values empowering them to make informed decisions about their sexuality, and to achieve optimal reproductive and sexual health, respectful relationships and positive life skills.(5,6,8)

3.2 Family Planning NSW’s approach to and understanding of CSE

CSE is relevant to people of all ages as sexuality is a lifelong process and human experience (9). Family Planning NSW’s understanding and working definition of CSE is “learning that begins during early childhood, and continues throughout life, concerning the physical, emotional, mental and social aspects of reproductive and sexual health and rights, inclusive of sexuality and relationships.”(1,2) As an organisation, Family Planning NSW acknowledges that CSE is a lifelong process and extends beyond the school curriculum, meaning that it should be accessible to all individuals regardless of age and their engagement with the education system.(2,9)

Family Planning NSW acknowledges that CSE builds on and promotes an understanding of universal human rights, including the rights of women and girls, and the rights of all people to access health, education, and information equally and without discrimination.(8,10,11) As a foundation for exercising reproductive rights, CSE includes information about access to family planning services, the right to choose whether or not to have children, and the right to decide freely on the number, timing and spacing of these children.(11)

Adapted from the United Nations Educational, Scientific and Cultural Organization’s (UNESCO) eight key concepts of CSE (see Figure 1),(12) Family Planning NSW are experts on the following topics as part of their provision of CSE.

CSE topic areas provided by Family Planning NSW:

- bodies, development and integrity
- puberty and body image
- sexual rights
- respectful relationships
- fertility, pregnancy and pregnancy options
- contraception
- sexual health and sexual behaviour
- gender and sexual diversity
- influence of technology and media
- health literacy and decision making
- sexuality across the lifespan

Comprehensive sexuality education: Key concepts, topics and learning objectives

<p>Key concept 1: Relationships</p> <p>Topics:</p> <p>1.1 Families</p> <p>1.2 Friendship, Love and Romantic Relationships</p> <p>1.3 Tolerance, Inclusion and Respect</p> <p>1.4 Long-term Commitments and Parenting</p>	<p>Key concept 2: Values, Rights, Culture and Sexuality</p> <p>Topics:</p> <p>2.1 Values and Sexuality</p> <p>2.2 Human Rights and Sexuality</p> <p>2.3 Culture, Society and Sexuality</p>	<p>Key concept 3: Understanding Gender</p> <p>Topics:</p> <p>3.1 The Social Construction of Gender and Gender Norms</p> <p>3.2 Gender Equality, Stereotypes and Bias</p> <p>3.3 Gender-based Violence</p>
<p>Key concept 4: Violence and Staying Safe</p> <p>Topics:</p> <p>4.1 Violence</p> <p>4.2 Consent, Privacy and Bodily Integrity</p> <p>4.3 Safe use of Information and Communication Technologies (ICTs)</p>	<p>Key concept 5: Skills for Health and Well-being</p> <p>Topics:</p> <p>5.1 Norms and Peer Influence on Sexual Behaviour</p> <p>5.2 Decision-making</p> <p>5.3 Communication, Refusal and Negotiation Skills</p> <p>5.4 Media Literacy and Sexuality</p> <p>5.5 Finding Help and Support</p>	<p>Key concept 6: The Human Body and Development</p> <p>Topics:</p> <p>6.1 Sexual and Reproductive Anatomy and Physiology</p> <p>6.2 Reproduction</p> <p>6.3 Puberty</p> <p>6.4 Body Image</p>
<p>Key concept 7: Sexuality and Sexual Behaviour</p> <p>Topics:</p> <p>7.1 Sex, Sexuality and the Sexual Life Cycle</p> <p>7.2 Sexual Behaviour and Sexual Response</p>	<p>Key concept 8: Sexual and Reproductive Health</p> <p>Topics:</p> <p>8.1 Pregnancy and Pregnancy Prevention</p> <p>8.2 HIV and AIDS Stigma, Care, Treatment and Support</p> <p>8.3 Understanding, Recognizing and Reducing the Risk of STIs, including HIV</p>	

Figure 1. UNESCO comprehensive sexuality education key concepts, topics and learning objectives

4. A VISION FOR COMPREHENSIVE SEXUALITY EDUCATION

Our vision is for all people to have high quality reproductive and sexual health and for our organisation to be leaders in the provision of CSE in NSW, Australia and across the globe. To achieve this, all people must have access to evidence-based, age appropriate and culturally safe CSE.

Family Planning NSW are leaders in the provision of contraception services, cervical cancer screening and CSE. We provide CSE that is evidence-based and is centred on a human rights approach. We believe that everyone has the right to access evidence-based CSE.

As an organisation, we work to provide innovative CSE programs that meet the needs of all people across the lifespan by incorporating our CSE work into funding contracts, and ensuring that our CSE related work is self-sufficient, suitable and meaningful. Through our Research Centre, the organisation's keeper and maker of evidence, we aim to be leaders in all reproductive and sexual health research, develop best practice guidelines and provide technical guidance on all matters relating to CSE.

5. EVIDENCE SUPPORTING COMPREHENSIVE SEXUALITY EDUCATION

In recent years, the role of CSE has become recognised as essential education and has increasingly gained traction within the international community. However, Australia still remains without a consistent approach to its implementation despite the large body of evidence pointing to its essential nature.(13) CSE is widely regarded as an important means to inform and educate people of all ages about their reproductive and sexual health and rights, as well as improving public health outcomes and contributing to lifelong wellbeing.(13)

CSE aims to provide people of all ages with the knowledge and skills to make conscious, healthy and respectful choices about relationships and sexuality.(2) Traditionally, CSE has been youth-focused; however, evidence acknowledges the importance of CSE throughout and across the lifespan.(9)

It is widely acknowledged that there are many benefits of CSE. Commonly, CSE leads to improved RSH, resulting in reductions in the rates of STIs and BBVs as well as unintended pregnancy.(2) Importantly, CSE promotes gender equality and equitable social norms, including having a positive impact on safer sexual behaviours, delaying sexual debut for young people and increasing condom use.(2) A 2014 review of school-based sexuality education programmes also found that the delivery of evidence-based CSE increased HIV knowledge, increased self-efficacy related to condom use and refusing sex, increased contraception use and reduced the number of sexual partners.(14,15)

As support for the delivery of CSE increases, there is greater focus on the need to address gender, power relations, relationships and human rights in order for CSE to contribute to holistic RSH outcomes. Integrating content on gender, rights and respectful relationships makes CSE even more effective and relevant to people of all ages.(6) Haberland's review of 22 curriculum-based CSE programs found that 80% of programs that addressed gender, social norms and power differences were associated with a significant decrease in pregnancy, childbearing or STIs and that these programs were more than five times more effective than those that did not address concepts of gender and/or power.(16)

Those who participate in CSE are able to critically reflect on their environment and engage in behaviours that promote gender equality, equitable social norms and redistribution of power.(2) UNESCO notes that promotion of gender equality and equitable social norms are important contributing factors for improving RSH outcomes for people of all ages. The effectiveness of CSE also increased when programs are delivered with knowledge of

referral pathways that increase access to a range of RSH services including contraception, abortion, STI screening and preventative cancer screening.(17)

There is strong evidence regarding the benefits of CSE, however, it should be noted that the majority of research has previously focused on youth-specific CSE. UNESCO assert that school-based sexuality programs should be part of a holistic strategy that encompasses multiple settings, mediums and stages during one’s life.

It is recommended that further research into the specific impact of CSE on biological outcomes such as STI or HIV rates is conducted. There are still relatively few high-quality evidence based research studies available, particularly those that take a longitudinal approach.(14,15,18)

Overall, sexuality is central to identity, sexual fulfilment and a fundamental aspect of being human.(19) By acknowledging human sexuality as an integral aspect of being human, and essential for achieving health, we, as health professionals, are able to develop effective and holistic prevention and health promotion programs including programs that prioritise the delivery of CSE.

Summary of UNESCO’s key findings	
<ul style="list-style-type: none"> • CSE has positive effects in relation to increased knowledge about sexuality, risk of pregnancy, STIs and BBVs • CSE that uses a holistic approach is more effective than single focused programs • CSE programs are most impactful when delivered in a holistic sense across multiple settings and mediums 	<ul style="list-style-type: none"> • A human rights-based approach leads to positive effects on knowledge about one’s rights, attitudes, communication skills and behaviour management skills • CSE programs that are transformative and include discussion around questioning social and gender norms develop gender equitable attitudes

6. GUIDING PRINCIPLES OF BEST PRACTICE

To provide effective CSE it is important to incorporate best practice methods to ensure accurate provision of information and a safe, productive and enjoyable experience for all. Based on best practice principles from UNESCO,(12) and the International Planned Parenthood Federation,(8) Family Planning NSW ensures that the provision of CSE meets the needs of all population groups and target audiences. As an organisation, we acknowledge that there is not ‘one size fits all’ approach in regard to CSE provision, research and delivery.

Adapted from UNESCO’s principles of best practice, we utilise the following principles in the development, provision and evaluation of CSE programs and activities.(12)

1. *A holistic approach:* Discussing reproductive and sexual health in a way that includes social, spiritual, psychological, emotional and biological factors for individuals, delivered in a way which meets their needs
2. *Human rights approach:* CSE builds on and promotes an understanding of universal human rights, including the rights of children, young people, women and all members of society to access CSE. This approach states that all people have rights to health, education and information equality. This raises awareness and encourages individuals to recognise their own rights, acknowledge and respect the rights of others, and advocate for those whose rights are violated

3. *A strengths-based approach*: Using the individual's strengths and understanding and building upon these skills
4. *An evidence-informed approach*: Translating evidence in a way that is scientifically accurate and understandable to individuals and dispels myths surrounding CSE
5. *Promote gender equality*: Building awareness of the centrality and diversity of gender in people's lives, examining gender norms and encouraging respectful and equitable relationships
6. *Sex positive approach*: Discussing sex in a safe, healthy and pleasurable way using inclusive terms and avoiding heteronormative language
7. *Positive role modelling*: Demonstrating respectful relationships and good communication skills
8. *A constructivist approach*: Encouraging individuals to take an active approach to their learning using problem solving skills
9. *Scaffolding learning*: Delivering education from a young age in a structured way, revisiting concepts to build on them with increasing complexity and supporting students to become independent learners
10. *Inclusive*: Represents key issues faced by minority groups including sexuality and/or gender diverse people, people from different cultural backgrounds and people with specific learning needs including people with disability
11. *Culturally relevant and appropriate*: CSE should be inclusive and delivered in a culturally sensitive manner with content appropriate to international and domestic settings, including with Indigenous and culturally and linguistically diverse populations.

7. THE PROVISION OF COMPREHENSIVE SEXUALITY EDUCATION AT FAMILY PLANNING NSW

Family Planning NSW seeks to promote a model of CSE that is inclusive of people of all ages, across all mediums and utilises a whole of life approach. Family Planning NSW's model of CSE considers the various inter-related power dynamics that influence reproductive and sexual health and the resulting emotional, mental, physical and social impacts on a person.

Our approach to CSE is not limited to formal education settings. We believe that CSE should be available across all settings and medium, including, but not limited to, school and out of school programs, clinical consultations and international development programmes. For example, Family Planning NSW supports the provision and delivery of CSE in formal education settings, in community programs, in clinical consultations, through online information and education and through peer-based conversations. This education must be available to all people throughout all stages of their lives.

7.1 CSE Provision: Integrated Health Services

Clinical services

CSE is embedded throughout clinical practice. As part of every consultation, clinicians provide clients with information relating to their personal reproductive and sexual health needs. This may include information on healthy relationships, consent and domestic violence screening and counselling to shared decision making discussion around contraceptive choices or pregnancy options. It may also include discussing STI protective behaviours, including the use of condoms and regular STI screening. Health professionals in the Integrated Health Services team who provide CSE to clients include medical officers, registered nurses, nurse practitioners, social workers, psychologists and health promotion officers.

The Family Planning NSW Talkline service is staffed by registered nurses experienced in reproductive and sexual health care. Community members from anywhere in NSW can interact with Talkline nurses via phone call, email or online chat and receive evidence-based clinical information and referrals to appropriate clinical care providers. CSE provision through Talkline can cover the broad range of reproductive and sexual health issues, including sexual health key messages, sexuality and diversity discussions and support, pregnancy options support, and information on contraception, healthy relationships and consent.

Health Promotion

The Family Planning NSW Health Promotion team delivers community education programs and projects relating to CSE. In order to achieve our vision of high quality CSE for everybody, our services are targeted at communities who suffer some of the poorest levels of reproductive and sexual health. In particular, we reach out to priority communities including people from culturally and linguistically diverse (CALD) and Aboriginal and Torres Strait Islander backgrounds, people with disability, and young people.

Within the Health Promotion team, a variety of requests are received for the delivery of community education sessions to groups. These sessions are delivered to a diverse range of audiences, and often cover a diverse range of topics. Although our work, particularly community education delivery, is stream specific, there is a commonality of topics that make up the majority of community education sessions. These topics are generally focused around puberty, STIs, contraception, safe sex, cervical screening, menopause, consent and healthy relationships. Similarly, the Health Promotion team develop a suite of resources and projects related to these topics and others.

The Health Promotion team adopts a ‘settings-based approach’ to community education delivery. The World Health Organisation (WHO) defines a setting as ‘the place or social context in which people engage in daily activities in which environmental, organisational, and personal factors interact to affect health and wellbeing’. Community education strategies are facilitated in a variety of settings and are designed to reach participants outside of traditional health care environments. Each setting provides a unique opportunity to reach people, usually in their own environment. See below for an outline of the different settings where community education is delivered.

Schools

Community education programs may be provided in the formal school setting. These settings complement existing curriculum and programs that individuals are enrolled in. This can include:

- primary schools
- secondary schools
- Intensive English Centres
- behavioural/supported education centres
- tertiary education institutions.

Community centre/community space

Community spaces can be an ideal location to meet individuals in a comfortable and familiar setting. This can include:

- community health centres
- libraries
- police citizens youth clubs (PCYC)
- specialised services (e.g. domestic violence)
- women’s health centres
- youth centres.

Other settings

As a part of the ‘settings-based approach’ it is vital to be flexible with the settings of community education programs. Some other settings may include:

- employment support services
- disability support services
- out of home care/youth accommodation
- recreational centres
- religious organisations
- festivals and events
- juvenile justice centres.

Table 1. CSE platforms and mediums: Health Promotion

Format	Content	Target Group
Face to face education	Most traditionally, community education is provided through face-to-face interaction in a group setting. Facilitating face-to-face education creates comfort with participants, and maximises group dynamics and shared learning opportunities. The delivery of face-to-face community education is mostly conducted in the settings detailed above.	Young people, people with disability, parents and carers, educators, people from Aboriginal and Torres Strait Islander and CALD backgrounds
Digital education	The delivery of face-to-face community education is not always a feasible option. Where appropriate, Family Planning NSW deliver community education online through web-based meeting and teleconferencing platforms. This enables reach to individuals who are otherwise unable to access the education, due to barriers such as location. Digital education can extend beyond the delivery of a structured session. Digital media campaigns which focus on CSE can target a large number of people through popular social media platforms.	Young people, people with disability, parents and carers, educators, people from Aboriginal and Torres Strait Islander and CALD backgrounds
Self-directed (resources)	Health information resource development is another avenue that Family Planning NSW use to deliver CSE. Resources are developed in a variety of formats, including website, video, posters, factsheets, booklets and brochures. These must be tailored to the target community to ensure the information is received effectively.	Young people, people with disability, parents and carers, educators, people from Aboriginal and Torres Strait Islander and CALD backgrounds

7.2 CSE Provision: Education

Schools and community sector education

CSE forms the basis of the courses provided by Family Planning NSW to professionals working in schools and the community sector. By providing training for these professionals, we are building their capacity to provide CSE to their students, clients and program participants as part of their job roles.

All courses provide participants with an understanding of a holistic approach to sexuality and sexual health, and cover a range of best practice principles and strategies for delivery of effective CSE based on current evidence. Educators deliver the courses using engaging, interactive teaching and learning activities in order to model strategies professionals can use in their provision of CSE. All courses also provide a range of

recommended resources and referral points for professionals and their students or clients to support CSE delivery, further learning and access to health and support services.

Courses are tailored to meet the specific needs of professionals working with priority populations, particularly children and young people, people with disability, people from culturally and linguistically diverse backgrounds and Aboriginal and Torres Strait Islander people. Below is a description of courses provided for key groups of professionals.

Teachers: Courses are provided for teachers to support them to deliver effective CSE in classroom lessons and outside the classroom, taking a holistic approach. Content is aligned to the current syllabus in Personal Development, Health and Physical Education, as well as key policy documents for health and wellbeing in schools to support students in this area through conversations outside the classroom when needed. Recognising and advocating for a whole of school approach, our courses are also open to professionals working with students alongside teachers in wellbeing and support roles, such as school learning support officers, school counsellors, year advisors and other school staff in leadership roles. We offer a range of full day and short courses, each focussing on the specific needs of teachers working in primary schools, secondary schools and those who work with students with intellectual disability and autism.

Youth workers: These courses focus on strategies for providing CSE to young people outside of school settings, providing information and support to individuals or within group programs. Content of this training provides strategies for talking with young people about respectful relationships and reproductive and sexual health. Training aims to develop the knowledge base of professionals about issues young people are likely to face around sexuality, particularly challenges that may be faced by young people from priority populations. Courses also develop workers' skills and knowledge to support young people to address these issues and challenges with relevant strategies, resources and referrals.

Disability sector workers: We offer a suite of courses for those working with people with disability and autism with a particular focus on working with people with intellectual disability. Courses provide an overview of the importance of taking a holistic, rights-based approach, then unpack and reflect on myths surrounding sexuality and disability and the importance of providing appropriate and effective education on relationships, sexuality and sexual health to people in this priority group. Sessions explore key topics and delivery strategies to support education in disability services to meet the needs of clients at all stages of life, along with relevant practical resources for workers and clients. Participants in the *Sexuality Matters! Part A* course may also undertake a workplace based assessment task to complete a nationally recognised unit of competency. Our more advanced courses develop workers' skills in developing and delivering tailored education programs for clients, developing sexuality policies for their services and focussing on ways to understand sexualised behaviours and support positive behaviour in clients.

Professionals working with Aboriginal and Torres Strait Islander communities: This training models and provides strategies to plan and deliver culturally safe and appropriate CSE for Aboriginal and Torres Strait Islander participants. It builds the capacity of Aboriginal Health Workers to provide reproductive and sexual health information to clients and community members. Topics covered include values and attitudes, reproductive and sexual health rights, men's and women's business, contraception, STIs and strategies for working with the community. It comprises workshop sessions and participants may also undertake a workplace based assessment task to complete a nationally recognised unit of competency.

Professionals working with CALD communities: This one day course enables community workers to increase their knowledge and confidence to talk to people from culturally and linguistically diverse (CALD) communities about reproductive and sexual health. Sessions explore a range of issues and

considerations particular to working with these clients and provide strategies and resources workers can use to have conversations about reproductive and sexual health with CALD clients and communities and support them to access relevant and appropriate information and services.

Table 2. CSE platforms and mediums: Education

Format	Content	Target Group
Face to face education	<p>Full day courses: 1 or 2 day courses covering best practice approaches to sexuality education and sessions addressing relevant CSE content and strategies to support the delivery of CSE for the target audience. All courses feature practical activities to model and practice CSE delivery, along with a range of current recommended resources for professionals and their clients or students.</p> <p>Short courses and customised sessions: 1 – 2 hour sessions focussing on one or two topics, addressing identified learning needs for the target audience.</p>	Teachers, disability workers, youth workers and community sector workers
Digital education	<p>Webinar series: a series of interactive sessions conducted online in real time with learning activities and discussion amongst participants. The content is equivalent to full day face-to-face courses.</p> <p>Webinar short courses: 1.5 – 2 hour interactive online sessions developed to address one or two identified topics of interest.</p> <p>Webinar recordings: available for a limited time following each session to registered participants who are unable to attend, as a review or on request. Recordings are also utilised for staff training purposes.</p> <p>Self-paced online learning: Participants work through one or more modules at their own pace. Each module provides learning activities and a list of current recommended resources for workers and their clients.</p>	Teachers, disability workers, youth workers and community sector workers
Blended learning	<p>Courses consisting of combinations of self-paced online learning, webinars and/or face to face sessions. Enrolment in these courses may extend over several weeks or months. Some blended learning courses also include clinical placement and assessment components.</p>	Teachers, disability workers, youth workers and community sector workers

Clinical education

Family Planning NSW is the leading provider of reproductive and sexual health education for clinicians, primarily doctors, nurses and midwives. Our courses provide up-to-date, evidence based clinical information delivered by Family Planning NSW expert clinicians and specialist guest presenters. Many of our courses include clinical placements and participants get to work alongside our expert clinicians in one of Family Planning NSW's clinics.

Whilst the focus is on the development of clinical knowledge and skills, our clinical education courses also have aspects of CSE embedded within them, providing clinicians with strategies to provide information and

education to clients in appropriate ways in order to support their understanding of reproductive and sexual health across the lifespan. For example, training includes case studies and role plays to build skills in communicating effectively during consultations, sexual history taking with appropriate questions, the importance of an inclusive and non-judgemental approach to ensure clients feel comfortable, and informing clients of their rights in relation to confidentiality. Courses advocate for a rights-based approach and talking to clients about the range of services and support available, making referrals if needed. Clinicians are informed about information resources available to support client education, such as Fact Sheets and health promotion resources developed by our organisation and available on the Family Planning NSW website. Our courses for international medical graduates include a particular focus on working with clients in the Australian context and building awareness of legal and social expectations for client education and support.

Several courses provide opportunities to develop an understanding of working with priority populations to ensure that education clinicians provide considers the particular needs that may arise for clients in these groups. For example, strategies for providing youth friendly services, supporting people with intellectual disability to understand their reproductive and sexual health needs and options for decision-making, and using language and information resources with clients that are inclusive and culturally safe for people with diverse gender and sexuality and those from diverse language and cultural backgrounds, including Aboriginal and Torres Strait Islander people.

Table 3. CSE platforms and mediums: Clinical

Format	Content	Target Group
Face to face – clinical consultations	Health professionals provide CSE to clients within clinical and outreach settings, either face-to-face, via telehealth or via our tele-information service, Talkline.	Individuals 12 years and above
Face to face education	<p>Full day courses: 1 day to semester courses, usually delivered by a range of clinicians specialising in particular areas of reproductive and sexual health.</p> <p>Short courses and customised sessions: 1 hour to half day sessions focussing on one topic or a limited number of topics.</p>	Health professionals seeking post graduate education
Digital education	<p>Webinar short courses: 1 - 2 hour interactive online sessions developed to address one or two identified topics of interest.</p> <p>Webinar recordings: available for a limited time to registered participants. Recordings are also utilised for staff training purposes and within blended learning courses.</p> <p>Self-paced online learning: Participants work through the online content at their own pace, including learning activities and current recommended resources for clinicians and their clients.</p>	Health professionals
Blended learning	Courses consisting of combinations of self-paced online learning, webinars and/or face to face sessions. Enrolment in these courses may extend over several weeks or months. Some blended learning courses also include clinical placement and assessment components.	Health professionals

7.3 CSE Provision: International

We provide evidence-based CSE programs, resources and materials that meet the learning needs of communities, inclusive of vulnerable populations, and support them to make informed choices regarding their reproductive and sexual health.

Out-of-School CSE (Family Life Education)

Operating internationally as Family Planning Australia, we work with government partners, including ministries of health, young people and women, as well as civil society organisations in Fiji, Kiribati, Samoa, Solomon Islands, Tonga, and Vanuatu. Our primary purpose is to review and develop out-of-school CSE curricula and materials that follow international standards, with the aim to ensure consistency of the quality of materials used in community settings nationally. Our work primarily focuses on developing training packages for delivering CSE in an out-of-school setting, to reach young people outside of the formal education system.

Currently, our projects in Timor-Leste and Fiji focus on increasing access to evidence-based and culturally sensitive information about reproductive and sexual health and rights to communities, including access to age-appropriate and CSE among young people. This includes distribution of materials, supporting out-of-school CSE programs and social media campaigns.

In-School CSE (Family Life Education)

We are currently working with ministries of education in Kiribati, Samoa, Tonga, and Vanuatu to review and edit CSE curricula, known as Family Life Education, in formal school settings to ensure it meets international standards.

Using a capacity building approach, we are also developing teacher training packages of curricula and materials, and mentoring teams of master family life education trainers who will train in-service teachers in 2021.

Youth Friendly Health Services

We are working with Fiji, Kiribati, Samoa, Solomon Islands, Tonga and Vanuatu to revise their national youth friendly guidelines to follow international standards developed by the World Health Organisation. We will support these countries with a training package for health care workers on how to ensure their services offered are youth friendly. This includes a focus on non-judgemental counselling and educating young people on their sexual health rights.

Contraception and Cervical Cancer

We are currently working in Fiji, Kiribati, Samoa, Solomon Islands, Tuvalu, Tonga, and Vanuatu to deliver clinical training on contraception and cervical cancer to clinicians and providing community information to support the demand for these services.

Table 4. CSE Platforms and mediums: International

Format	Content
Digital (webinars and workshops)	We are currently providing remote technical assistance and training to clinicians, health care workers, teachers, community educators, and communities in Fiji, Kiribati, Papua New Guinea, Samoa, Solomon Islands, Tonga, Timor-Leste, Tuvalu, and Vanuatu.
Face to Face	Due to international travel restrictions we are unable to provide in-country technical assistance.

8. STRATEGIES FOR IMPLEMENTING CSE PROGRAMS

There are three key elements that should be addressed in the implementation of evidence-based CSE program, resources and information. These are planning, delivery, and evaluation.

Planning

Family Planning NSW utilises the following key planning considerations when developing national and international CSE programs, resources and materials. These are summarised in the table below.

Table 5. Strategies for planning CSE programs

Strategy	Description
Establish collaborative partnerships	We work collaboratively with key internal and external stakeholders to develop CSE programs, information, services and resources for people of all ages.
Establish internal planning processes	CSE within Family Planning NSW is led by a committed Steering Committee and supported by an organisational Working Group. These groups act as advocates for CSE, assist in the development of new material, including policies and programs, and provide CSE related updates to the wider organisation.
Engaging in meaningful participation	Family Planning NSW is committed to meaningful consumer engagement in the development of new CSE related materials, as referred to in our consumer engagement policy.
Identify learner needs and interests	We are committed to evidence-based practice and work closely with The Research Centre to identify gaps in our CSE resource and program provisions. All our CSE materials are developed based on identified community needs and evidence. Planning should also ensure content is relevant to learners' age and level of development.
Develop an organisational policy	We have developed Family Planning NSW's first organisation CSE Policy that includes a clear definition of CSE and what it aims to achieve. Those providing education also need to be aware of current policies and legal requirements relevant to their context and audience which may impact on program content, planning, delivery and evaluation.
Establish clear objectives	All CSE materials are developed with clear objectives that are specific, measureable, achievable, resourced and timed (SMART). This ensures effective and meaningful resource and program development.

Delivery

CSE must be delivered in supportive and enabling environments that are safe, free from judgement and conducive to learning. CSE may be delivered in formal education settings, community settings, clinical environments, through self-directed learning and via peers.

Table 6. Strategies for the delivery of CSE programs

Strategy	Description
Establish a safe environment	Establish a safe learning environment in which open and non-judgmental discussions about sex, sexuality and sexual health can be held.
Identify and outline learning expectations	Identify the intended learning objectives or outcomes and the expectations, behaviours and levels of engagement expected from group participants. This ensures acceptable boundaries for discussions are identified that inform and safeguard all participants.
Ensure confidentiality	Respect the privacy and confidentiality of all participants and educators.

Promote a participatory approach to learning	Deliver CSE using a participatory approach that encourages participants to play an active role in their learning.
Using a trauma informed approach	Ensure safe delivery of CSE programs and promotion of resources and materials through use of a trauma-informed approach to health education.
Provide a variety of learning experiences	Deliver CSE programs that utilise a variety of learning experiences including, self-directed learning, face-to-face, online and blended learning delivery mechanisms.
Use learning activities and resources that are inclusive and reflect diversity	Ensure that CSE learning activities, resources, information and programs are inclusive and are reflective of all people within the community, including those who are sexuality and/or gender diverse.
Develop learners' health literacy	Support learners' to develop health literacy skills to navigate sources of information and critically appraise evidence and materials relating to CSE.
Support critical thinking skills	Support learners' to develop critical thinking skills so that they are able to challenge negative attitudes and behaviours and identify evidence-based sources of information.
Provide opportunities for informal discussion and question asking	Ensure that learners have the opportunity to engage in informal discussion and ask questions relating to CSE.

Evaluation

CSE resources, programs and materials must be evidence-based and evaluated to monitor their effectiveness. Assessment and evaluation of CSE related materials should use the following strategies.

Table 7. Strategies for the evaluation of CSE programs

Strategy	Description
Focus on learning and effectiveness	Design programmes to include informal and/or formal assessment of learning and an evaluation of programme effectiveness. There are a variety of methods that can be used to assess learning and evaluate programmes, such as quizzes, surveys, discussion and interviews.
Utilise suitable research methodologies	Identify the most suitable research methodology to evaluate program delivery and materials.
Actively participate in process and outcome evaluation.	Conducting an evaluation of the programme should establish what methods have or have not worked (process evaluation) and whether the programme has been effective in the short, medium and long term (outcome evaluation). It is vital that SMART objectives are stated at the beginning of the programme and that milestones and evaluation methods are set.
Document and share outcomes and implications for future programs	Evaluation reports should document intended and unintended outcomes of CSE provided. Findings arising from the evaluation should be used to inform the future planning and delivery of programs and resources. Outcomes and recommendations should be shared with relevant internal and external stakeholders and partners.

9. REFERENCES

1. Family Planning Australia Alliance. Relationships and sexuality education in schools: Position statement. Ashfield; 2016.
2. United Nations Educational Scientific and Cultural Organization. Emerging evidence, lessons and practice in comprehensive sexuality education: A global review. France: UNESCO; 2015.
3. Australian Association for Adolescent Health Ltd. (AAAH). Comprehensive sexuality education: Position Paper. Sydney: AAAH; 2018.
4. United Nations Educational Scientific and Cultural Organization. UNESCO strategy on education for health and wellbeing: Contributing to the Sustainable Development Goals. France: UNESCO; 2016.
5. United Nations Educational Scientific and Cultural Organization. International technical guidance on sexuality education. France; 2018.
6. United Nations Population Fund. Operational Guidance for Comprehensive Sexuality Education: A Focus on Human Rights and Gender. New York: UNFPA; 2014.
7. Panchaud C, Anderson R. Demystifyign Data: Using Evidence to Improve Young People's Sexual Health and Rights. New York: Guttmacher Institute; 2016.
8. International Planned Parenthood Federation. IPPF Framework for Comprehensive Sexuality Education (CSE). London: IPPF; 2006.
9. Arbogast A. Sexuality educatoin is a lifelong process. *The Gerontologist*. 2015;55(2):479.
10. Haberland N, Rogow D. Sexuality education: Emerging trends in evidence and practice. *Journal of Adolescent Health*. 2015;56(1):15-21.
11. United Nations Population Fund. Comprehensive sexuality education: Advancing human rights, gender equality and improved sexual and reproductive health. Columbia: UNFPA; 2010.
12. United Nations Educational Scientific and Cultural Organization. International technical guidance on sexuality education: An evidence-informed approach for schools, teachers and health educators. Paris: UNESCO; 2009.
13. Hague F, Miedema E, Mat M. Understanding the 'Comprehensive' in Comprehensive Sexuality Education: A Literature Review. Amsterdam: University of Amsterdam; 2017.
14. Fonner V, Armstrong K, Kennedy C, O'Reilly K, Sweat M. School based sex education and HIV prevention in low- and middle-income countries: A sysrematic review and meta-analysis. *PLoS One*. 2014;9(3).
15. Oringanje C, Meremikwu M, Eko H, Esy E, Meremikwu A, Ehiri J. Interventions for preventing unintended pregnancies among adolescents. *Cochrane Database of Systematic Reviews* 2009. 2009;4(1).
16. Haberland N. The case for addressing gender and power in sexuality and HIV education: A comprehensive review of evaluation studies. *International Persepctives on Seuxal and Reproductive Health*. 2015;4(1):31-42.
17. United Nations Educational Scientific and Cultural Organization. School—Based Sexuality Education programmes. A cost and cost-effecitvenss study in siz countries. . Paris: UNESCO; 2011.
18. Lopez LM, Bernholc A, Chen M, Tolley EE. School-based interventions for improving contraceptive use in adolescents. *Cochrane Database of Systematic Reviews*. 2016(6).
19. Cyprus Family Planning Association. Comprehensive sexuality education material available in Cyprus, Norway and Europe. Nicosia: Cyprus Family Planning Association; 2015.