

Submission of Family Planning NSW

Inquiry into the child protection and social services system

December 2020

Family Planning NSW welcomes the opportunity to make a submission to the Committee on Children and Young People regarding the 'Inquiry into the child protection and social services system.' We commend the Committee for their commitment to transparency and accountability in relation to vulnerable families, children and young people at risk.

We would like to acknowledge and thank ACON, a global leader in community health, inclusion and HIV responses for people of diverse sexualities and genders, for their contributions in the development of the submission.

About us

Family Planning NSW is the leading provider of reproductive and sexual health services in NSW and Australia. Our mission is to enhance the reproductive and sexual health and rights of our communities by supporting all people to have control over and decide freely on all matters related to their reproductive and sexual health. We have been operating for over 90 years, working with communities across NSW, including in regional, rural and remote areas.

Family Planning NSW has significant experience in the provision of reproductive and sexual health information and services. We provide over 30,000 clinical occasions of service to clients annually, information and health promotion activities to communities, and best practice education and training in reproductive and sexual health for doctors, nurses, teachers, disability support workers and other health, education and welfare professionals.

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.

Recommendations

Family Planning NSW recommends the following:

1. improve communication and collaboration between government services and the non-government sector
2. include domestic violence and reproductive coercion screening as part of routine reproductive and sexual health clinical services
3. increase access to cultural competency and trauma-informed care training for clinicians, health professionals and educators
4. invest in and increase access to comprehensive sexuality education programs both within schools and through community programs
5. provide access to professional development and evidence-based resources for teachers, educators and health professionals to facilitate evidence-based inclusive comprehensive sexuality education
6. invest in a comprehensive national data collection system regarding domestic violence, child abuse, neglect and underage forced marriage

7. improve joint responses with health, police, community services and the justice system to support children and young people affected by domestic, family and sexual violence
8. invest in evidence-based family psychosocial early intervention programs, parent education and comprehensive sexuality education as part of a holistic early-intervention program
9. invest in sexuality support services and early intervention for vulnerable families, children and young people with disability
10. increase the level of funding to both tertiary services and the non-government sector to provide proactive and responsive support to children, young people and families
11. provide culturally and linguistically diverse communities from FGM/C practicing countries with culturally appropriate and accessible resources and education on the legal status of FGM/C in Australia
12. invest in a bilingual community educator program to support and educate newly arrived families about Australian legalisation and adverse health effects of FGM/C on women and young girls
13. utilise a bilingual community educator program to facilitate access to support services for women and girls living with FGM/C
14. provide evidence-based training for clinicians and specialist reproductive and sexual health professionals in providing culturally safe services in response to clinical presentations of FGM/C
15. provide access to education and resources to assist reproductive and sexual health professionals identify children and young people with FGM/C (or at risk of FGM/C), to enable effective intervention including referral, reporting and support

Key points

The health, safety and wellbeing of children and young people is fundamental to ensure their full and meaningful engagement and participation within Australian society. Managing and maintaining the health of children and young people, including their reproductive and sexual health, is important not just today, but for their lifelong wellbeing and the health of the next generation.(1)

While there is much to commend in terms of how the NSW health, education, justice and social services systems currently support and empower some children and young people to thrive in Australia, there are also areas which can be enhanced, gaps in equity that must be closed, and growing challenges in many areas of sexuality education and reproductive and sexual health and wellbeing that must be addressed.

Children and young people are widely acknowledged as some of the most vulnerable population groups within contemporary Australia and therefore, a priority population group in regard to reproductive and sexual health experiences and outcomes.(2) Children are considered vulnerable not only because of their young age, but their dependence on adults to ensure their rights are met. Young people, a priority population in the *NSW Sexually Transmissible Infections Strategy: 2016-2020* continue to experience higher rates of sexually transmissible infections (STIs) and engage in sexual risk-taking behaviours that adversely affect their health at a much higher rate than their older counterparts.(3-5)

Supporting children and young people to develop protective behaviours and respectful relationships is essential to ensure the attainment of optimal health, wellbeing, relationship and life outcomes. These respectful relationships and protective behaviours should be inclusive, ensuring that all young people have skills and knowledge relevant to their lives, including those who are sexuality and/or gender diverse.

Our key points, in relation to the inquiry *Terms of Reference*, are outlined below.

1. How vulnerable children and families are identified and how the current system interacts with them including any potential improvements, particularly at important transition points in their lives

The need for prevention

We are concerned that the current child protection and social services system is based on a reactive response, rather than holistic proactive measures to ensuring child safety. Too often, at risk children and young people, including those with disability, are not adequately supported by the child protection and social services system.

The systemic responses provided by tertiary services are not adequate to provide an optimal level of support, with mechanisms that trigger support for children and young people at risk of significant harm often lacking. As a result, children and young people are not receiving intervention and support in a time sensitive way, placing pressures on the youth sector and other health services who are working with increasing numbers of clients presenting in crisis with complex needs.

To reduce the burden on the child protection and social services system evidence-based prevention and early intervention strategies should be explored. Effective early intervention and prevention strategies should focus on vulnerable groups including children, young people and families who are Aboriginal and Torres Strait Islander, homeless or at risk of homelessness, refugees and vulnerable migrants, geographically disadvantaged (due to living in a low SES and/or rural/remote area). Further focus should be given to people with disability, young parents, and young people in contact with the criminal justice system.

Better communication and coordination

Limited opportunities for communication between government agencies, including healthcare services and the non-government sector result in an increased risk of harm for children and young people. We believe there should be greater opportunity for communication and collaboration between government and non-government organisations. This is an essential component of providing holistic prevention, early intervention and to achieve improved outcomes for families, children and young people.

Improved access to reproductive and sexual healthcare

Access to appropriate, relevant and inclusive reproductive and sexual health services is an essential aspect of healthcare for people, including children and young people, experiencing family, domestic and sexual violence. There are links between domestic and family violence and negative health consequences on children and young people. Reproductive and sexual health services are well placed to provide significant value to child protection and social support services. However, there is a need to improve access to reproductive and sexual health services, particularly in rural and remote areas.

Domestic violence and reproductive coercion screening

Family Planning NSW first introduced domestic violence routine screening in 2012. Domestic violence screening is a strong component of delivering holistic services to our clients and is a core

element of our clinical services. Screening for both domestic violence and reproductive coercion provides clinicians and other health professionals opportunities to identify vulnerable families, children and young people at risk and provide sensitive intervention to ensure safety. These vital services should continue and must be respectful of the bodies, identities and experiences of those undergoing screening. In some instances, young people at risk are identified when accessing emergency contraception or seeking pregnancy management services.

Trauma-informed care

Health professionals, including social workers, psychologists and educators often provide evidence-based reproductive and sexual health education and information to children, young people and their families. These professionals must be trained in an appropriate trauma-informed care approach, including how to respond to disclosures of child abuse, reproductive coercion and domestic, family and sexual abuse. The needs of young trans and gender diverse people should be especially considered, given the often traumatic experience of engaging with healthcare services as a trans person.

Recommendation:

- Improve communication and collaboration between government services and the non-government sector.
- Include domestic violence and reproductive coercion screening as part of routine reproductive and sexual health clinical services.
- Increase access to cultural competency and trauma-informed care training for clinicians, health professionals and educators.

2. The respective roles, responsibilities, including points of intersection, of health, education, police, justice and social services in the current system and the optimum evidence based prevention and early intervention responses that the current system should provide to improve life outcomes

The health, safety and wellbeing of children and young people is a shared community responsibility requiring collaboration between government agencies including health, education, police, justice and social services, with the non-government sector and families. Importantly, an informed, collaborative and joined up service response is needed to ensure that all children and young people are supported to achieve optimal life outcomes, particularly in regard to relationships, sexuality and reproductive and sexual health.

Comprehensive sexuality education

Reducing vulnerability of families and protecting children and young people from abuse and neglect requires an early intervention and prevention approach, including protective behaviours education as part of comprehensive sexuality education.(6, 7) It is crucial that all children and young people, including those with disability, receive high-quality and evidence-based comprehensive sexuality education.

Comprehensive sexuality education utilises an integrative learning approach and is a crucial early intervention strategy for promoting the health and wellbeing of children and young people through the learning of preventive health activities and protective behaviours.(6) Comprehensive sexuality education includes education on the following topics to support personal knowledge and skill development:

- the human body, development and integrity
- puberty and body image
- respectful relationships
- fertility, pregnancy, pregnancy options and contraception

- sexual health and safe sexual behaviour
- gender and sexual diversity
- the influence of technology and media
- health literacy and decision making.

Evidence shows that comprehensive sexuality education improves health and safety outcomes in children and young people including development of protective behaviours to safeguard against violence, identification of healthy and unhealthy relationships, reduced risk-taking and reduced engagement in gender-based violence.(6, 8) Comprehensive sexuality education also fosters good sexual health, including delayed initiation of sexual intercourse and increased use of contraception and condoms. Importantly, comprehensive sexuality education supports students to create respectful relationships at all stages throughout their lives.(6, 8, 9)

From a rights perspective, it is crucial that all people, including people with disability, those who are vulnerable and marginalised and sexuality and/or gender diverse, receive high-quality and evidence-based comprehensive sexuality education. A global review found that "failing to provide marginalised adolescents and young people with comprehensive sexuality education will deepen the social exclusion that many experience, limiting their potential and putting their health, futures and lives at greater risk."(6)

When comprehensive sexuality education is not adequate the impact can be significant, especially for vulnerable groups of young people. Teenage pregnancy is experienced more frequently by people in lower socio-economic circumstances, Aboriginal or Torres Strait Islander people, and people in remote or rural locations.(10) The Australian Human Rights Commission found young people who are at risk of poor health are more likely to be on a low income, have difficulty obtaining stable housing, face significant stigma and are less likely to complete school or obtain qualifications.(11) Similarly, their children, too, experience higher rates of health difficulties and are more likely to be placed in out of home care.(11)

The responsibility of comprehensive sexuality education currently sits almost entirely within the school curriculum; however, many teachers feel under-prepared and under-skilled to provide it.(12) Education is most effective when provided by trained and confident teachers, educators and health professionals who are able to address a range of essential topics to children and young people, including those who have diverse needs.(13)

Consistent with this, the 2018 Australian Trans and Gender Diverse Sexual Health Survey found that trans and gender diverse people reported experiences of marginalisation in sexual healthcare and education.(14) Further, Private Lives 3: A national survey of the health and wellbeing of LGBTIQ people in Australia found that only 40% of trans people felt supported in education settings.(15)

The role of teachers in delivering appropriate and inclusive comprehensive sexuality education should not be underestimated. Two percent of respondents in the Private Lives 3 study reported family violence or intimate partner violence to teachers.(15) Teachers should be supported to deliver evidence-based comprehensive sexuality education, so that children and young people can develop protective behaviours and respectful relationships.

Recommendations:

- Invest in and increase access to comprehensive sexuality education programs both within schools and through community programs

- Provide access to professional development and evidence-based resources for teachers, educators and health professionals to facilitate evidence-based inclusive comprehensive sexuality education

Safety and violence

Safety and security are paramount to the health and wellbeing of children and young people. Some children and young people are exposed to crime, violence and other harmful behaviours or environments from a young age impacting on their immediate and long-term health and wellbeing.(16)

In recent years, children and young people’s exposure to domestic and family violence has become an Australian policy priority.(17) The need to prevent and protect children and young people from physical, sexual, emotional and psychological abuse of family members has led to increased funding for specialist family violence services across Australia. These responses reflect the increasing awareness of the pervasiveness of domestic and family violence, whilst acknowledging the significant number of children and young people with a lived experience and at risk of domestic and family violence.

While parents and carers play the primary role in ensuring their children are safe, child protection requires a shared responsibility within the wider community and social services system. An interagency and multidisciplinary collaborative approach facilitates improved identification of risks, individualised care needs and intervention strategies, providing a model of best practice for working with children, young people and families affected by domestic, family and sexual violence.(18) Police and the justice system need to be responsive to reports of domestic, family and sexual violence, child abuse and sexual assault and must ensure that children and young people are safe. Where this is not possible, they must ensure a safe transition to out of home care.

We are concerned that there is still no national data collection system regarding instances of family and domestic violence, child abuse and neglect. This is further compounded by the significant increase in reported levels of child abuse and neglect.(19)

Recommendations:

- Invest in a comprehensive national data collection system regarding domestic violence, child abuse, neglect and underage forced marriage
- Improve joint responses with health, police, community services and the justice system to support children and young people affected by domestic, family and sexual violence

3. The adequacy of current interventions and responses for vulnerable children and families and their effectiveness in supporting families and avoiding children entering out of home care

Greater investment in evidence-based, comprehensive and multi-tiered early intervention approaches has potential for improved outcomes for families, children and young people at risk of harm. Delayed intervention increases the likelihood of children and young people presenting with multiple traumatic experiences, and complex psychosocial issues. Overall, this requires a more intensive intervention from all systems, increasing the burden on the child protection and social services system.

We strongly believe that early intervention, particularly for vulnerable groups, and greater investment in family supports, parent education and comprehensive sexuality education is required to support families and prevent children and young people from entering out of home care. This must form part of a holistic approach if early intervention to supporting children in vulnerable family situations is to be effective.

Currently, the child protection and social services system is fragmented: vulnerable children and families do not receive effective support. The silos in the system mean that school-based preventive education (including comprehensive sexuality education), parent support and follow up is lost if a child does not attend school. Once outside the school system, a range of services from all levels of government may assist a child in a vulnerable situation, but many fall through the cracks. No single organisation, agency or service can provide sole support to families experiencing child protection issues. An integrated and multi-disciplinary service response is required.

Recommendation:

- Invest in evidence-based family psychosocial early intervention programs, parent education and comprehensive sexuality education as part of a holistic early-intervention program

5. The availability of early intervention services across NSW including the effectiveness of pilot programs commissioned under Their Futures Matter program

We strongly encourage the Government and Department of Education to increase access to teacher and educator training so that teachers are better equipped to provide evidence-based comprehensive sexuality education. Family Planning NSW's needs assessment of 339 NSW teachers and principals found that limited time and resources were primary constraining factors in the effective provision of comprehensive sexuality education. Further, 54% of teachers reported that they need more assistance to address new and emerging issues in relation to sexual safety and reproductive and sexual health.(13)

Regarding people with disability, there is limited sexuality support available that fosters good reproductive and sexual health, including sexual safety. Sexuality support and information can help people with disability in to develop healthy relationships, explore and express their sexuality, and access sexual health information and services. Greater investment in sexuality support, as part of the NDIS, will improve the availability and capacity of services to support vulnerable families, children and young people with disability.

We also acknowledge that while there are many benefits of early-intervention to keep children out of care, such services may not be well suited or appropriate for families of children and young people in circumstances of extreme risk and significant harm. For Aboriginal families, kinship care strategies are important and should be strengthened.

Recommendation:

- Invest in sexuality support services for vulnerable families, children and young people with disability

6. The adequacy of funding for prevention and early intervention services

We are concerned that the child protection and social services system is under resourced and underfunded, as are associated prevention and early-interventions services. It is imperative that greater funding is provided to tertiary services and the non-government sector to provide evidence-based proactive and responsive support to children, young people and families.

Similarly, investment in comprehensive sexuality education within school and community settings should be enhanced. Health and education systems need to work collaboratively to invest in comprehensive sexuality education for people of all ages, including children and young people.

Recommendation:

- Increase the level of funding to both tertiary services and the non-government sector to provide proactive and responsive support to children, young people and families

7. Any recent reviews and inquiries

Inquiry into the Review of the New South Wales School Curriculum

Family Planning NSW strongly advocates for the inclusion of evidence-based comprehensive sexuality education within NSW schools. We recently contributed to the *Inquiry into the Review of the New South Wales School Curriculum* and the subsequent *Discussion Papers*.

We believe that everybody in every family should have access to high-quality reproductive and sexual health services and comprehensive sexuality education. We strongly affirm the need for consistent provision of comprehensive sexuality education to people of all ages, particularly students and young people, to ensure that the reproductive and sexual health and rights of all people are met.

The Masters Curriculum Review, tasked with reviewing the NSW School Curriculum, identified students' wellbeing, emotional development and safety are important priorities not being adequately addressed by syllabuses and syllabus outcomes.(20) Student health, wellbeing and emotional security are important factors for academic achievement within school settings. Where students experience ill-health, including reproductive and sexual ill-health, emotional and social distress, they are more likely to achieve poor academic results.(21) Evidence shows that comprehensive sexuality education contributes to students' wellbeing, emotional development and safety, important elements of child protection.(6-9, 22)

A contemporary, evidence-based approach to comprehensive sexuality education should include the teaching of health literacy in sexual health education programs. Educators need to model information-seeking behaviours and build health literacy, such as how to navigate the health system to access health services. Teachers can support students to locate accurate and reliable sources of information about relationships, sexuality and sexual health to meet their health needs as a young person and across the lifespan.

Students who are supported to develop essential life-long skills, including health protection, protective behaviours, healthy relationships and media literacy skills, through the provision of age-appropriate evidence-based comprehensive sexuality education, will be much better equipped in school settings.

Responding to students' needs

Evidence-based content about sexuality, sexual health and relationships is age and stage appropriate. For example, the *NSW Syllabus for the Australian Curriculum* outlines that protective behaviours, a core element of comprehensive sexuality education, are important throughout schooling years and assist students to identify age-appropriate boundaries for behaviours, use of images, and understanding of verbal and non-verbal cues.(23)

Protective behaviours are taught throughout all stages of the curriculum, from Early Stage 1, where students demonstrate "protective strategies that keep themselves healthy, resilient and safe," through to Stage 5 where students "demonstrate protective skills to promote health, safety and wellbeing."(23) Similarly, students learn skills to manage change and transition throughout all stages of their lives. Comprehensive sexuality education supports student development, health and wellbeing across the lifespan. To best respond to student needs, teachers require a flexible

curriculum where they can prioritise evidence-based teaching of skill development, knowledge and protective behaviours to their students.

The essential role of comprehensive sexuality education within schools

Importantly, teachers and educators require skills and confidence to deliver timely, responsive and holistic comprehensive sexuality education that meets student's health and wellbeing needs that is appropriate to the child's age and stage of development.(13)

Schools should support not only the attainment of academic excellence and vocational skills, but the emotional, social and moral development of students as well. Schools are one of the leading sources of information for information and education on relationships, sexuality and sexual health and are most students preferred source of information.(13, 24) Further, some parents do not feel equipped to provide information on online bullying, sexting and emerging content areas and need to be supported with ongoing information and education. Parents are not solely responsible for such education and support - this is widely recognised as a shared responsibility between schools and parents.

As NSW's leading reproductive and sexual health organisation, we strongly support the integration of comprehensive sexuality education into the NSW school curriculum and acknowledge that sexuality education is a lifelong learning process and shared responsibility between both schools and parents.

Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability

Family Planning NSW advocates for the safety, health and wellbeing of all people and have made numerous submissions to the *Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability*.

People with disability, including children and young people, have the same reproductive and sexual health needs as other people. However, we know that they often face barriers accessing health information and services.(25) It is well established that people with disability experience high rates of sexual violence, abuse, neglect and exploitation, increasing the likelihood of engagement with the child protection and social services system.(26)

There is significant evidence highlighting children and young people with disability are among the most likely to be institutionalised, often through the child protection system.(27) Further, children with disability are more than three times likely to experience abuse than their peers.(27)

There is a need to increase availability and quality of sexuality and relationship support for people with disability across all ages, including children and young people especially as they transition through puberty. Currently, there is a lack of planning and consideration given to the needs and support requirements of children approaching puberty and their families. Parents of children with disability often struggle to support their child with the physical, emotional and social changes that happen during puberty.(28) However, sexuality and relationship support, when given proactively, can support a person with disability to improve their decision-making, self-protection skills and level of community participation.(29, 30)

A systemic lack of sexuality support means that sexuality and relationships are often responded to reactively, once behaviours have become more concerning. These behaviours can lead to social, physical and emotional harm for the person with disability and/or those around them. All people have the right to support that minimises their vulnerability to situations of exploitation, violence and abuse.

Further, there is limited availability of services that are able to support children and young people with disability with more complex sexuality or reproductive and sexual health needs, particularly in regional and remote areas. In NSW there are 11 locations where sexuality educators, counsellors and psychologists have experience in supporting people with autism with more complex sexuality matters (including our Sexuality and Disability Service in Newcastle). However, the majority are located in the Sydney metropolitan region. The limited availability of support increases vulnerability to poor reproductive and sexual health outcomes, violence, exploitation and abuse.

Family Planning NSW has recently been granted funding from the National Disability Insurance Agency to develop a digital resource and webinar series as part of a two-year project to build the capacity of parents and carers to better support their children with intellectual disability and/or autism in the transition through puberty to young adulthood. Strategies for supporting children to develop protective behaviours and understand consent will be reinforced throughout this project as they are an important way to minimise the child's vulnerability to violence, abuse, neglect and exploitation. Further, the project will increase the capacity of parents to support their children to develop protective health behaviours.

8. Any other related matter

Female genital mutilation

Female genital mutilation/cutting (FGM/C) is an illegal cultural practice that occurs in more than 40 countries around the world, including Australia. FGM/C has significant physical and mental health effects and as such is a child protection issue. Culturally and linguistically diverse communities from FGM/C practicing countries would benefit from being provided with education on the legal status of FGM/C in Australia and the health impacts associated with the practice. Communities should have access to culturally appropriate and accessible resources, education and support materials. One such support method is the use of bilingual community educators, who have been pivotal in supporting and educating newly arrived families about Australian legalisation and adverse health effects of the practice on women and young girls.(31) Bilingual community educators are well placed to facilitate access to health and support services for women and girls living with FGM/C. We encourage the Government to continue to fund such programs.

Additionally, advocacy should focus on increasing funding for co-designed health promotion programs that support attitudinal change toward FGM/C among people from FGM/C practicing countries. This may reduce the risk of young girls experiencing FGM/C in Australia, or being sent overseas for related practices.

Further, clinicians and specialist reproductive and sexual health professionals, need training in how to provide culturally safe services in response to clinical presentations of FGM/C. Clinicians also need access to education and resources to help them identify children and young people with FGM/C (or at risk of FGM/C), to enable appropriate referral, reporting and support.(32)

Underage forced marriage

Underage forced marriage is a violation of children's rights and a direct child protection concern. While there is very little information on the prevalence of underage forced marriage in Australia, and no publicly available government data on underage forced marriage in Australia, the National Children's and Youth Law Centre report 250 cases have occurred since 2012.(33) Experts assert that this number is likely underreported.(33)

Driven by gender inequality, underage forced marriage can be prevented through the delivery of evidence-based holistic comprehensive sexuality education that educates young girls and their families on their rights regarding relationships and health. Further, experts assert that timely and

universal support must be provided to all families, teachers, health professionals and community workers to identify children at risk before early intervention is required.(33)

Recommendations:

- Provide culturally and linguistically diverse communities from FGM/C practicing countries with culturally appropriate and accessible resources and education on the legal status of FGM/C in Australia
- Invest in a bilingual community educator program to support and educate newly arrived families about Australian legalisation and adverse health effects of FGM/C on women and young girls
- Utilise a bilingual community educator program to facilitate access to support services for women and girls living with FGM/C
- Provide evidence-based training for clinicians and specialist reproductive and sexual health professionals in providing culturally safe services in response to clinical presentations of FGM/C
- Provide access to education and resources to assist reproductive and sexual health professionals identify children and young people with FGM (or at risk of FGM/C), to enable effective intervention including referral, reporting and support
- Invest in and increase access to comprehensive sexuality education programs both within schools and through community programs

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9 December 2020

Committee on Children and Young People
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Sent via email: childrenyoungpeople@parliament.nsw.gov.au

To the Committee on Children and Young People

Re: Family Planning NSW's submission to the Inquiry into the Child Protection and Social Services System

We are writing to endorse Family Planning NSW's submission to the Inquiry into the Child Protection and Social Services System. We believe their submission comprehensively addresses issues in the system, the concerns also held by ACON in relation to these matters, and that it clearly articulates the evidence and system-wide change needed to improve the system for children and young people.

ACON is NSW's leading health organisation specialising in community health, inclusion and HIV responses for people of diverse sexualities and genders. Established in 1985, ACON works to create opportunities for people in our communities to live their healthiest lives.

While most lesbian, gay, bisexual and transgender (LGBT) people live happy, successful and fulfilling lives, some LGBT people often face issues such as social exclusion; violence, abuse and discrimination; a lack of support from their families and communities; and barriers to accessing appropriate support services.¹ These issues affecting LGBT people or communities apply equally to, and impact significantly on, children and young people.

LGBT people are more likely to experience poor mental health than the general population, and the rates of mental health issues among LGBT children and young people – including depression, anxiety, self-harm and suicidal thought – warrant urgent attention.^{2,3,4}

ACON and Family Planning NSW have a long history of collaboration and partnership to address the health needs of our communities, including for LGBT people of all ages. As a leading provider of reproductive and sexual health services in NSW, Family Planning NSW shares a similar vision by striving to support our communities, to make informed decisions about their health.

In their submission Family Planning NSW made a number of recommendations to the inquiry based on the Terms of Reference. ACON strongly supports all 15 recommendations from Family Planning NSW in their submission, as outlined below, because they are directly relevant to addressing the needs of LGBT young people.

Family Planning NSW recommendations:

1. Improve communication and collaboration between government services and the non-government sector.

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2. Include domestic violence and reproductive coercion screening as part of routine reproductive and sexual health clinical services.
3. Increase access to cultural competency and trauma-informed care training for clinicians, health professionals and educators.
4. Invest in and increase access to comprehensive sexuality education programs both within schools and through community programs.
5. Provide access to professional development and evidence-based resources for teachers, educators and health professionals to facilitate evidence-based inclusive comprehensive sexuality education.
6. Invest in a comprehensive national data collection system regarding domestic violence, child abuse, neglect and underage forced marriage.
7. Improve joint responses with health, police, community services and the justice system to support children and young people affected by domestic, family and sexual violence.
8. Invest in evidence-based family psychosocial early intervention programs, parent education and comprehensive sexuality education as part of a holistic early-intervention program.
9. Invest in sexuality support services and early intervention for vulnerable families, children and young people with disability.
10. Increase the level of funding to both tertiary services and the non-government sector to provide proactive and responsive support to children, young people and families.
11. Provide culturally and linguistically diverse communities from female genital mutilation/cutting (FGM/C) practicing countries with culturally appropriate and accessible resources and education on the legal status of FGM/C in Australia.
12. Invest in a bilingual community educator program to support and educate newly arrived families about Australian legalisation and adverse health effects of FGM/C on women and young girls.
13. Utilise a bilingual community educator program to facilitate access to support services for women and girls living with FGM/C.
14. Provide evidence-based training for clinicians and specialist reproductive and sexual health professionals in providing culturally safe services in response to clinical presentations of FGM/C.
15. Provide access to education and resources to assist reproductive and sexual health professionals identify children and young people with FGM/C (or at risk of FGM/C), to enable effective intervention including referral, reporting and support.

These recommendations were drawn from a large body of evidence that shows that the health, safety and wellbeing of children and young people is fundamental in ensuring that they are able to participate in Australian society fully and meaningfully. As Family Planning NSW outlined in their submission, managing and maintaining the health of children and young people, including their reproductive and sexual health, is important not just today, but for their lifelong wellbeing and the health of the next generation.

Despite progress in how the health, education, justice and social service systems in NSW support some children and young people, there are clear opportunities for improvement, gaps in equity that should be addressed, and continuing challenges in relation to sexual health and education. If implemented properly, the recommendations outlined by Family Planning NSW will address many of these issues.

As stated in Family Planning NSW's submission, supporting children and young people to develop protective behaviours and respectful relationships is essential to ensure the attainment of optimal health, wellbeing, relationship and life outcomes. It is vital that support for these respectful relationships and protective behaviours is inclusive, so that the skills and knowledge provided to young people benefits all and that no one is left behind, including young people of diverse sexualities and genders.

Should you require further information about ACON or our support for Family Planning NSW's submission to this inquiry, please feel free to contact me on (02) 9206 2122 or nparkhill@acon.org.au.

Kind regards



Nicolas Parkhill
Chief Executive Office

¹ UN Free and Equal n.d., Fact Sheet: International Human Rights Law and Sexual Orientation and Gender Identity, United Nations Human Rights Office. Retrieved from http://www.ohchr.org/Documents/Issues/Discrimination/LGBT/FactSheets/unfe-11-UN_Fact_Sheets_GenderIdentity_English.pdf

² Hillier, L., Jones, T., Monagle, M., Overton, N., Gahan, L., Blackman, J., & Mitchell, A. (2010). Writing themselves in 3: the third national study on the sexual health and wellbeing of same sex attracted and gender questioning young people. Australian Research Centre in Sex Health and Society, La Trobe University.

³ Morris S 2016, Snapshot of Mental Health and Suicide Prevention Statistics for LGBTI People and Communities, National LGBTI Health Alliance, Sydney, Australia. Retrieved from <http://lgbtihealth.org.au/wp-content/uploads/2016/07/SNAPSHOT-Mental-Health-and-Suicide-Prevention-Outcomes-for-LGBTI-people-and-communities.pdf>

⁴ Hill, A. O., Bourne, A., McNair, R., Carman, M. & Lyons, A. (2020). Private Lives 3: The health and wellbeing of LGBTIQ people in Australia. ARCSHS Monograph Series No. 122. Melbourne, Australia: Australian Research Centre in Sex, Health and Society, La Trobe University.